

Pelham School District Suicide Prevention and Response Plan



Approved by the Pelham School Board

July 13, 2022

Purpose

The School Board is committed to protecting the health, safety, and welfare of its students and school community. This plan supports federal, state and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide or suicide attempt (“postvention”); and to promote access to suicide awareness, prevention and postvention resources. It is based on Pelham School District Policy JLDBB – Suicide Prevention and Response.

Suicide Prevention

The first step in protecting the health, safety, and welfare of its students and school community is to address suicidality before it becomes a crisis. Understanding suicide, the risk factors, warning signs, protective factors and referral process is an important place to start to help prevent the loss of life due to suicide in our community.

Risk Factors

Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e. suicide risk). Research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project suggests the following characteristics that compose “indicators of risk” for suicide.

- Prior attempts and/or hospitalization: This can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly affects a student’s previous pattern of behavior/lifestyle.
- Self-injurious/destructive behavior: This can include running into traffic, jumping from heights, injuring/scratching/cutting, marking the body, gunplay, alcohol/drug use, lack of concern for personal safety. (Cutting in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.)
- Family history: This involves consideration of family member or close friend who has died by suicide, family history of mental illness and/or depression.
- Grief and loss: This involves consideration of recent change in family dynamic, death of a loved one, divorce, a move or change in school, diagnosis of chronic illness (of one’s self or a loved one), or a change in relationship status (such as a breakup, loss of a close friendship).
- Changes in physical habits and/or appearance: Examples include changes in sleeping hygiene (such as a disregard or disinterest in sleep) or abruptly quitting enjoyable activities like sports or exercise.
- Threats, both direct and indirect: This includes ideation (meaning a student talking about suicide or “not being here anymore”), references to death in writing (including social media posts, texts, or notes), increase in risky behaviors (such as drugs, alcohol, or

sexual activity), obsessive thoughts, expressions of death, or preoccupation with the afterlife.

- Changes in school performance: This can be seen through increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (such as office referrals, arrests, and legal consequences).
- Depression: This presents as helplessness, hopelessness (meaning an inability to identify reasons for living), isolation, or withdrawal (meaning less activity or interaction with peers, family, or school).
- Financial Challenges: This can be the loss of a job, the need to work for family security, or food insecurity.
- A history of being bullied: Bullying is written, verbal, or electronic communication, or a physical act which physically harms a student or damages their property, causes emotional distress, interferes with their educational opportunities, creates a hostile educational environment, or substantially disrupts the orderly operation of the school.
- A stigma related to mental illness: A stigma is when someone views a person in a negative way just because they have a mental health condition. Some people describe stigma as a feeling of shame or judgment from someone else. Stigma can even be internal, if a person struggling with mental illness confuses “feeling bad” with “being bad”.

This is not intended to be a comprehensive list. These are examples and risk factors may take on different forms.

Warning Signs

Warning signs are behaviors that indicate that someone may be at immediate risk for suicide. Educators need to be aware that the signs may come in the form of writing in school assignments. They include, but are not limited to these signs:

- Talking/writing about feeling trapped or in unbearable pain
- Talking/writing about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swing
- Talking/writing about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking/writing about feeling hopeless or having no reason to live
- Giving away belongings

These are examples, but not a comprehensive list. Warning signs may also take other forms.

Protective Factors

On the other hand, there are many protective factors, personal or environmental characteristics that help protect people from suicide. Major protective factors for suicide include:

- Effective behavioral health care
- Belonging, or a sense of connectedness, to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Limited access to lethal and impulsive means of killing such as guns

As with the other sections, these are examples, but not a comprehensive list. Protective factors can take many other forms.

Referral Process

A critical element of the Pelham School District plan is referrals. Referrals must be done as quickly as practically possible. When a student is identified by a peer, educator or other source as potentially suicidal, the school liaison must make sure the student is seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, as quickly as practically possible with the target being on the same school day. The purpose is to assess risk and facilitate referral if necessary. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) must manage the situation until a mental health professional is brought in.

Staff Member: If you find yourself dealing with a student you think is at immediate risk of suicide, do the following:

- Supervise the student continuously to ensure their safety until the assessment process is complete. Do not leave the student alone.
- Tell the school liaison, a school counselor, and/or a school administrator as soon as reasonably possible. If they are not available, go up the chain of command until you reach someone.
- If the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), call 911 immediately.

Development Note: As a next step, in the summer of 2022, we will develop a one page flow chart of what to do for a staff member.

School Counselor, School Liaison, or Principal: Do the following. Keep in mind that this can be for students who are determined to be suicidal AND for students who are determined not to be.

- Contact the student's parent or guardian (being aware of rules about the sharing of information that may apply for that student.) *Development Note: As a next step, in the summer of 2022, we will develop a form/guide for sharing interview results with parents.*

- If appropriate, ask the student's family (or the student themselves if 18 or older) for written permission to discuss the student's health with outside care providers.
- If appropriate, assist the family with an urgent referral. This may include:
 - Working with the family to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the provider,
 - Contacting emergency services,
 - Arranging for the student to be transported to the local Emergency Department, or
 - Contacting the appropriate child protection services, as allowed by law, if parental abuse or neglect is suspected or reported.

The goal of a quick and careful response is to reduce the likelihood of a loss of life. Once initiated, the response plan will take an individualized path depending on the needs of the student.

Response to student suicides or attempts

Postvention

Postvention is a planned response after a suicide death that helps with healing and reduces risk of further suicide incidents. This is important because having known someone who dies by suicide is one of the most significant risk factors for suicide. The way a suicide is handled can impact risk for all, especially teens and young adults. The Pelham School District Plan is based on the protocol suggested by the National Alliance on Mental Illness - Maine.

- Contact with Family
 - Administrator/designee contacts family and arranges for meeting
- Support the Staff
 - Schedule time for debriefing (call local crisis agency), identify most affected staff
 - Review postvention protocols (below) and how to deal with students
 - Provide information on counseling services
 - Give time off / secure substitutes as needed
 - Continue to check in, offer support and debrief and evaluate
- Notify and Support Other Students
 - Arrange for additional clinical support
 - In small groups, briefly state relevant publicly known facts, allow questions, discussion, preserving privacy.
 - Identify and monitor those most impacted or vulnerable
 - Review self-care skills and help-seeking behavior
 - Review school resources for support
 - Carefully plan appropriate memorialization

- Continue to check in and support affected youth
- Direct media or outside inquiries to top administrator(s)
- Communicate with all families
 - Briefly state relevant publicly known facts
 - Provide information on memorial service
 - Provide fact sheets on grief and local resources for additional help
 - Provide information on the school's response and policies
- Document actions taken
- Continue to monitor and provide support for all affected
- Remain vigilant regarding contagion issues

Suicide Contagion

Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide. Sensational media reports and inappropriate memorial services may contribute to contagion. Teens and young adults are more at risk for contagion. As a result, reducing the potential for contagion is a vital element of postvention planning.

Student Education

Student education is an important way to support students' mental health and decrease the stigma associated with mental illness. Pelham students have access to health education in grades Kindergarten through 10th Grade. Many important topics are addressed, in age appropriate ways, in the curriculum including:

- Safe and healthy choices
- Coping strategies
- Recognition of risk factors and warning signs of mental disorders and suicide
- Help seeking strategies
- Using alternative (non-violent, non-self harming) language to express our feelings.

Additionally, the District integrates social emotional learning practices into classroom instruction at all grade levels through morning meetings and advisory.

Staff and Volunteer Training

Staff require specific training in suicide prevention and response. The District provides annual training to all staff, designated volunteers, and contracted personnel. Topics addressed include youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community.

Additionally, appropriate staff study elements of prevention and response more deeply. The District coordinator reviews training needs for this group annually in consultation with the school principals in order to provide additional training as needed.

Confidentiality Considerations

The District recognizes that matters of mental health and suicidality are sensitive. District personnel are expected to handle this information carefully. In addition, all District personnel are required to follow:

- the procedures outlined in Pelham School District Policy JRA Student Records and Access as they pertain to the maintenance of student records and
- the provisions of the Family Educational Rights Privacy Act (FERPA) and its corresponding regulations, as well as
- all state statutes pertaining to student records, record confidentiality, and access to the records.

District Coordinator and Building Liaisons

Prior to the start of each school year, the Superintendent designates a District Suicide Prevention Coordinator. The Coordinator plans and coordinates the implementation of this policy for the District. Each principal designates a suicide prevention liaison for their school. This person is the point of contact in each school for issues relating to suicide prevention and policy implementation. The Superintendent and principals can designate additional people to act as points of contact when students are believed to be at an elevated risk of suicide.

School Year: 2023-2024

District Suicide Prevention Coordinator: Kim Noyes, Director of Student Services
603-635-1145 ext. 5003
knoyes@pelhamsd.org

Pelham High School Liaison: Adam Barriere, Assistant Principal
603-635-2115 ext. 3005
abarriere@pelhamsd.org

Pelham Memorial School Liaison: Brian Driscoll, School Counselor
603-635-2321 ext. 2022
bdriscoll@pelhamsd.org

Pelham Elementary School Liaison: Shannon Prouty, School Counselor
603-635-8875 ext.1022
sprouty@pelhamsd.org

Additional Designated Points of Contact: Shannon Hebert, Mental Health Clinician
603-635-2115 ext. 3054
shebert@pelhamsd.org

State and Community Resources

All of these options are available 24 hours a day 7 days a week.

- Crisis Text Line - text HOME to 741741
- Lifeline (National Suicide Prevention Lifeline) Dial 988
- TrevorLifeLine LGBTQ+ Text START to 678-678 or call 1-866-488-7386 or chat directly through the website <https://www.thetrevorproject.org/get-help/>
- Center for Life Management Emergency Services 1-603-434-1577 option 1

Dissemination

Information about the Plan is distributed to students, parents, faculty, staff, and school volunteers. The names and contact information for District Suicide Prevention Coordinator and Building Liaison is included in each school student handbooks. This plan will be available on the school District webpage and relevant elements will be shared routinely throughout the year with students, parents, faculty, staff and school volunteers.

Cooperative Efforts

The District is fortunate to belong to a supportive and cooperative community. This starts with our families, friends, and neighbors. Our local faith-based organizations, mental health service providers, and community organizations as well as the Emergency Medical Technicians with the Pelham Fire Department and Police Department support community-wide efforts in prevention and response. This is a dynamic and changing group of providers and includes:

Center for Life Management (Community Mental Health Center for Pelham)

10 Tsienneto Road

Derry, NH 03038

OR

103 Stiles Road Salem, NH 03079

603-434-1577

Emergency Services available 24/7: 603-434-1577 Option 1

www.centerforlifemanagement.org

Granite State Children's Alliance

2 Wellman Avenue Suite 140

Nashua, NH 03064

603-889-0321

www.cac-nh.org

Alliance Counseling Service

59 Stiles Road Suite 203

Salem, NH 03079

603-952-4630
www.alliancecounselingservices.net

Castle CREATE (Center for Expressive Arts, Therapy and Education)
141 Union Street
Manchester, NH 03103
603-625-0010
www.castlecreate.com

Counseling Center of Nashua (3 locations)
50 Nashua Road Suite 305
Londonderry, NH
603-432-3033
AND
148 Coolidge Ave
Manchester, NH 03102
Phone:603-627-3111
AND
1 Main Street
Nashua, NH 03064
603-883-0005
www.counselingcenter.com

Greater Nashua Mental Health Center
7 and 15 Prospect Street
Nashua, NH 03060
Information: 603-889-6147
Intake department: 603-402-1574
www.gnmhc.org

New England Pastoral Institute
15 Ermer Rd. Suite 215
Salem, NH 03079
603-890-6767
<http://www.nepastoral.org>

Partners in Family Wellness
15 Ermer Rd. Suite 206 and 208
Salem, NH 03079
603-898-3388
www.partnersinfamilywellness.com

Salem Psychological Associates
87 Stiles Road Suite 106

Salem, NH 03079
603-893-7700
www.salempsychoassociates.com

Waypoint (formally Child and Family Services)
113 West Pearl Street
Nashua, NH 03060
603-518-4295
www.waypointnh.org

The District does not endorse any specific commercial mental health services. Rather, we recognize the value of a broad set of options for families.

Other Provisions

These additional provisions help the District meet the objectives of the Plan:

- Student Handbook Language - The Student Handbooks include, at a minimum, the contact information for the District Coordinator and School Liaisons.
- Reporting Processes - The District will use the following reporting guidelines from NAMI-NH
 - Report suicide as a public health issue.
 - Include stories on hope, healing, and recovery may reduce the risk of contagion.
 - Provide information on warning signs of suicide risk as well as hotline and treatment resources.
 - Use appropriate language - certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as “committed suicide” or referring to suicide as “successful,” “unsuccessful” or a “failed attempt.” Instead use, “died by suicide” or “killed him/herself.”
 - Emphasize help and hope - stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.
 - Ask an expert - interview suicide prevention or mental health experts to validate facts on suicide risk and mental illness.
- Memorial Parameters - Memorial services are an important part of postvention. NAMI NH recommends these parameters to avoid causing a contagion effect:
 - Provide a time-limited place where remembrances and expressions of grief can be placed.
 - Inform participants that anything left will be turned over to the family afterwards.
 - Consider locations other than school (churches, civic halls, other communities) for funeral services.
 - Consider “gifting the family with memories” such as a “what you’ll miss most about this person,” poems, songs, and/or video collages.

Biennial Review

No less than once every two years, the Superintendent will update this District Suicide Prevention Plan, and present it to the Board for review. The next update is scheduled to be completed by:

- June 2024

The update will be done in consultation with the District Suicide Prevention Coordinator and Building Suicide Prevention Liaisons with input and evidence from community health or suicide prevention organizations, and District health and guidance personnel. The update will be submitted to the Board in time for appropriate budget consideration.