Bainbridge Island School District
Support for Students Exhibiting Emotional or Behavioral Distress

Adapted from
Olympic Educational Services District Training: Networks for Life: An Educator’s Role in Youth Suicide Prevention;
Youth Suicide Prevention Program - www.yspp.org; and
Washington School Personnel Association and Patterson Buchanan Forbes & Leitch, Inc., PS Training: Suicide Prevention and Intervention
The Bainbridge Island School District works to support the emotional, social, and academic needs of every student. BISD has developed plans to support students who are experiencing emotional or behavioral distress related to possible:

- Substance abuse
- Youth violence
- Sexual abuse
- Youth suicide
Signs of Possible Substance Abuse

- Mood changes (temper flare-ups, irritability, defensiveness)
- Academic problems (poor attendance, low grades, disciplinary action)
- Changing friends and a reluctance to have parents/family get to know the new friends
- A "nothing matters" attitude (lack of involvement in former interests, general low energy)
- Finding substances (drug or alcohol) in youth’s room or personal effects
- Physical or mental changes (memory lapses, poor concentration, lack of coordination, slurred speech, etc.)
Providing support to students who may have possible substance abuse issues is crucial to supporting their health, welfare, and safety.

*Policy 2121 Student Alcohol, Tobacco, and Drug Use* and *Procedure 2121* – outlines district plan for prevention, intervention, and corrective action in substance abuse.
Warning Signs of Potential Youth Violence

- Serious or increased use of drugs or alcohol
- Access to or fascination with weapons, especially guns
- Trouble controlling feelings like anger, increased loss of temper, frequent physical fighting
- Withdrawal from friends and usual activities
- Regularly feeling rejected or alone
- Feeling constantly disrespected
- Increased risk-taking behavior
- Declining school performance
- Announcing threats or plans for hurting others
Definition of a Threat: The intention to commit harm to a target or be a menace or source of danger to a target.

Policy 4314 Notification of Threats of Violence or Harm and Procedure 4314

Threat Assessment System Objectives:
- Assess threats of potentially harmful or lethal behavior and determine the level of concern and action required.
- Organize resources and strategies to manage situation involving people that pose threats to others.
- Maintain a sense of psychological safety within the community.
Signs of Possible Sexual Abuse

- Unusual weight gain or weight loss
- Unhealthy eating patterns, like a loss of appetite or excessive eating
- Signs of physical abuse, such as bruises
- Signs of depression, such as persistent sadness, lack of energy, changes in sleep or appetite, withdrawing from normal activities, or feeling “down”
- Anxiety or worry
- Falling grades
- Changes in self-care, such as paying less attention to hygiene, appearance, or fashion than they usually do
- Self-harming behavior
- Expressing thoughts about suicide or suicide behavior
- Alcohol or drug use
Providing support to students who may have possible sexual abuse issues is crucial to supporting their health, welfare, and safety.

*Policy 3421 Prevention of Child Abuse, Neglect and Exploitation* and *Procedure 3421* – outlines district requirements for mandatory reporting of suspicion of child abuse, including sexual abuse.
Today’s Focus – Suicide Prevention

- Suicide is the second leading cause of death for Washington youth between the ages of 10 and 24.

- Suicide rates among Washington youth remain higher than the national average.

- Teachers and other school staff who interact with students daily are in a key position to recognize the signs of emotional distress and make appropriate referrals.
Objectives

To provide information on:

- Facts about youth suicide and prevalence;
- Early warning signs;
- Risk and protective factors; and
- How to show care and concern, and link a student to services.
Youth Suicide: The Facts

- An average of 2 youth between the ages of 10 and 24 die by suicide each week in Washington State.
- Suicide is the leading cause of death for ages 10-14.
- Suicide is the second leading cause of death for ages 15-34.
- On average, 5 youth ages 15-24 die by suicide each year in Kitsap County (average for 2010-2013).
Suicide within the Context of Stress

- Everyone has stress and problems
- Some people have depression and other mental health issues
- Fewer people think about suicide
- Even fewer people attempt suicide
- Fewer people die
Fewer people think about suicide

Even fewer people attempt suicide

Fewer people die
Normal Adolescent Behavior

• Testing rules and limits
• Touchy if asked too many questions
• Moody at times
• Easily embarrassed
• Amplified emotions and reactions
• Moving away from family – peer-oriented and motivated by peers' approval
A risk factor highly linked to suicide risk is depression.

It is estimated that one in eight adolescents experiences depression; and that most do not get appropriate treatment.
Youth Depression: Some Signs

- Irritability
- Anxiety and/or persistent feelings of sadness
- A drop in school performance
- Problems with authority
- Indecision, lack of concentration
- Overreaction to criticism
- Frequent physical complaints
Risk and Protective Factors

- **Risk factors** increase the risk of a negative outcome like suicide
- **Protective factors** reduce the impact of risk factors
Risk Factors: Experiences

- ACEs (Adverse Childhood Experience)
- Loss (death, break-up)
- Humiliation (bullying, public failure)
- Sudden stress (violence, unplanned pregnancy, unstable family)
- Instability (frequent moving, unstable family)
- Social isolation
- Exposure to suicide
- History of suicide attempts
Risk Factors: Health & Mental Health

- Depression
- Substance use
- Other mental health disorders
- Personality disorders
- Physical Disability or chronic illness
- Cognitive impairment
- Traumatic brain injury
- Psychological pain or distress
Risk Factors: Personality & Outlook

- Hopelessness
- Feeling like a burden
- Perfectionism (especially combined with depression)
- Black & white thinking
- Poor problem solving
- Feeling trapped
Highest Risk Factors

- Almost 20% of teenage students struggle with a mental health problem
- 90% of suicide victims had a history of mental health problems – diagnosed or undiagnosed
- 60% used drugs and/or alcohol the day of their death
- Most frequent precipitating events:
  - Severe argument with parents
  - Break-up of a romance
  - Suspension from school
Protective factors reduce the impact of risk factors
Protective Factors: Community

- Adequate and accessible health & mental health care
- Safe places
- Opportunities for youth to contribute positively
- Sense of belonging
Protective Factors: Family

- Supportive adults
- Safe and stable home environment
- Restricted access to means (weapons, etc.) in the home
- Responsibilities (pets, for example)
- Strong family connections
- Family support for identity
- Reasonable expectations
Protective Factors: Individual

- Good physical & mental health
- Willingness to seek help
- Problem solving skills
- Self-soothing and coping skills
- Self-esteem & self-worth
- Risk avoidance
- Belief system that discourages suicide
Protective Factors: School

- Supportive adults
- Access to peer support
- Connection to a network of resources
- Responsibility and future orientation
- Opportunities for participation and skills building
- Safe place, supported by policies and culture
The more risk factors and fewer protective factors...

The higher a person’s risk of depression and other mental health issues → The higher the person’s risk of suicide.
Populations at higher risk

• Youth living with mental health issues

• Youth experiencing stresses (current or past) like poverty, abuse, violence, racism or living in low-resource communities

• Youth in vulnerable identity groups, including:
  • LGBTQ youth (worse with family rejection)
  • Native American youth
  • Latina adolescent girls
  • Foster care youth and alumni
  • Homeless youth

• Youth who abuse alcohol or other substances

• Youth who have attempted suicide before
Experiences that may increase risk

• The death or illness of a family member, friend or community member, including another teen suicide in the community

• A loss or sudden change in circumstances

• A problem with peers, like a breakup, bullying or conflict with friends

• A major stress like failing a test, unplanned pregnancy, family conflict or being arrested

• Being abused

• Being or feeling socially isolated

• Having access to firearms or other lethal weapons
Youth Suicide: Intervention Steps

- Acknowledge - Ask questions
- Show you Care
- Tell - Call for help
“I have noticed that ____, and it makes me feel concerned about you because _____. How ARE YOU DOING?”

“I want to help. WOULD YOU Tell me more about what’s happening?”

"I care about you and how you’re holding up.”

“I’m on your side...we’ll get through this.”
Tell - Call For Help

- “I know where we can get some help.” (Mention specific resource people in the school.)
- “Thank you for being honest with me. I am concerned and want to get you some help. Let’s go talk to the school counselor.”
- “Do you want someone to come with you to the counselor’s office.”
- “I want you to know you’re not alone, let me help you, let’s go talk to the counselor together.”
- “Who are the 3 people in your life that you trust the most?”
- “Together we can figure out how to make you feel better.”
The following steps should always be taken:

• Always err on the side of caution!
• If possible, remove the means a student may have to harm themselves
• Notify school administration and counseling office
• Do not leave the student alone (if possible)
• Document all actions
Approach to students:
• Take suicidal threats seriously
• Remain non-judgmental
• Listen carefully to what the student is saying
• Respond with statements that reflect the content and emotion of their thoughts
• Do not make light of the situation
• Do not leave a student who has made a threat alone!
Beware of suicide clusters!

- Can occur when suicides or suicide attempts happen close together in time or location
- Approximately 55% of all youth suicides occur in clusters
- Imitation may occur even where students had no relationship with student
- Media, including social media, can contribute
When staff member obtains suicide information directly from the student (verbally or through observation), staff member will:

- Obtain basic information from the student about crisis
- Share information with a member of the school’s Student Support Team* in presence of student and with student’s participation whenever possible

*Student Support Team for Mental Health consists of building administrator(s), school counselor(s), school nurse and school psychologist
Intervention Steps in Specific Situations

When staff member obtains suicide information from a source other than the student, staff member will:

- Obtain the student’s name and basic information about crisis
- Refer a member of the school’s Student Support Team before the end of the school day, or at the beginning of the next school day if information obtained outside school hours
Members of the school’s Student Support Team have been trained in the steps necessary to determine the Level of Risk for each specific student situation. Following the identification of the student’s Level of Risk, the Student Support Team will take the appropriate steps.

- For details regarding identification of Risk Level, and appropriate steps to support the student, reference District and Building Plan for Suicide Prevention, Intervention and Postvention Response on the BISD website - Resources tab - Counseling & Crisis Resources
Overall Response to an Identified Suicide Risk

Student Support Team for Mental Health member meets with student before end of day. If no qualified team member is available to assess risk, call 911 and notify building or district administrator.

Assess Level of Risk

IMMINENT RISK? Attempt imminent or in progress, or danger to others

- Notify building or district administrator
- Call 911

Plan but no intent to follow through and not attempt yet; refer to HIGH RISK and Chart 3 in Plan

Plan and intent to follow through but no attempt yet; refer to MODERATE RISK and Chart 4 in Plan

Thoughts of death, no plan, intent or attempt; refer to LOW RISK and Chart 5 in Plan

No thoughts of death, not plan, intent or attempt; refer to CRISIS WITHOUT SUICIDAL IDEATION in Plan
For students who have been identified as having High Risk, Moderate Risk, or having received treatment (i.e., hospitalization) for Imminent Risk, a **Student Safety Plan for Mental Health Purposes** will be written by the school’s Student Support Team and implemented by school staff.

This **Student Safety Plan for Mental Health Purposes** will be emailed to staff members who have daily, direct contact with the student (i.e., general education teachers, special education teachers, paraeducators, coaches, etc.).

To view this plan, access the student’s record in Skyward, see Custom Forms tab (left side of screen), **Safety Plan MH**. The student’s record will also be “flagged” with **M**.
Resources for Students & Families

Crisis Services for Students:

• Bainbridge Youth Services: 206-842-9675
• Crisis Clinic of the Peninsulas: 306-479-3033 or 1-800-843-4793 (over the phone crisis intervention, information referral, listening ear for people in distress in Kitsap, Clallam and Jefferson Counties)
• National Suicide Prevention Lifeline: 1-800-273-8255 (caller is routed to closest possible crisis center)
• The Trevor Lifeline: 1-800-488-7386 (service for LGBTQ young people)
• Crisis Text Line: Text HOME to 741741
Resources for Educators

- District and Building Plan for Suicide Prevention, Intervention and Postvention Response on the BISD website - *Resources* tab - *Counseling & Crisis Resources*

- After Suicide: A Toolkit for Schools – Publication by American Foundation for Suicide Prevention and Suicide Prevention Resource Center

- Trevor Resource Kit – Curriculum to help you discuss suicide and build empathy for LGBTQ people
  [https://www.thetrevorproject.org](https://www.thetrevorproject.org)

- School Safety Center Bullying and Harassment (HIB)
  [http://www.k12.wa.us/safetycenter/bullyingHarassment/](http://www.k12.wa.us/safetycenter/bullyingHarassment/)

- Crisis Clinic - [www.yspp.org](http://www.yspp.org)
• **Student Alcohol, Tobacco, and Drug Use - Policy 2121** and **Procedure P2121**
• **Notification of Threats of Violence or Harm - Policy 4314** and **Procedure 4314**
• **Prevention of Child Abuse, Neglect and Exploitation – Policy 3421 and Procedure 3421**
• **Prohibition Against Sexual Harassment – Policy 3700 and Procedure 3700**
• **Prohibition of Harassment, Intimidate and Bullying – Policy 3706 and Procedure 3706**
• **Suicide Prevention – Policy 2145**
Sources

Substance Abuse:

Youth Violence:

Sexual Abuse:
- https://www.rainn.org/warning-signs

Suicide Prevention:
- Olympic Educational Services District Training: Networks for Life: An Educator’s Role in Youth Suicide Prevention; Youth Suicide Prevention Program at www.ysspp.org
- Washington School Personnel Association and Patterson Buchanan Fobes & Leitch, Inc., PS Training: Suicide Prevention and Intervention
Thank you for your participation in this training

If you have additional questions, please contact a member of your building’s Student Support Team for Mental Health or
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