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Sisters School District

Suicide Prevention Protocol

A Guide to Youth Suicide Prevention, Intervention and Postvention for the Sisters School District

2025-2026

6/2025

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Introduction: Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. Further, the guidelines serve to abide by Oregon state law described in Senate Bill 52, Senate Bill 918, and Senate Bill 485. Senate Bill 52 indicates that all school districts must have a comprehensive suicide prevention, intervention, and postvention plan; Senate Bills 918 and 485 state that when a youth suicide occurs in a community, the school district and the local mental health authority, in this case, Deschutes County Health Services, must communicate with one another and coordinate an appropriate response. The guidelines do not constitute legal advice, nor are they intended to do so.

Sisters School District

- Recognizes that physical and mental health underpin all learning. Physical and mental health and wellness are integral components of student outcomes, both educationally and beyond graduation.
- Further recognizes that suicide is a leading cause of death among young people aged 10-24 in Oregon and is the leading cause of death for 10-17 year olds in Deschutes County from 2011-2020 (Deschutes County Suicide Data & Trend Report, 2023, p.28).
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- Acknowledges the school's role in providing a culture and 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.
- Will publish its policy and plan on the district website and will revisit and refine the plan yearly.

Review

This plan is a living document and will be reviewed each year by the Student Services and Admin Leadership Team.

Confidentiality

School employees are bound by laws of the Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm or danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.

Quick Notes: What Schools Need to Know

- **Take every suicidal behavior and warning sign seriously EVERY TIME!**
- **Take IMMEDIATE Action.**
- **Contact the school screener and building administrator to inform them of the situation.**
- **Follow-up as needed.**

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and help securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves. See: Kalafat, J., & Elias, M. (1992). Adolescents' experience with and response to suicidal peers. Suicide and Life-Threatening Behavior, 22, 315-321.
- School personnel, parents, caregivers, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can’t help. Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Definitions

AT-RISK
Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention.

CRISIS RESPONSE AND SUPPORT TEAM
The Sisters School District Crisis Response Support Team (CRST) is composed of Sisters staff (school counselors, school psychologists, school nurses, administrators and our superintendent) who work in collaboration to address crisis preparedness, intervention, response, and recovery.

LETHAL MEANS:
Lethal means safety is an evidence-based suicide prevention practice that involves making a suicide attempt method less available or more difficult to access immediately, therefore less likely to cause a fatal suicide attempt. Putting time and space between someone experiencing suicidal thoughts and their access to lethal means reduces the risk of harm and can save lives. In the United States, the most common and most lethal method of attempting is by firearm.

MENTAL HEALTH:
A state of mental health, 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, school, social environment, early childhood adversity or trauma, physical health, and genes.

RISK SCREEN
An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (e.g. school counselor, school psychologist, school social worker, nurse, or ASIST trained program coordinator). The Columbia-Suicide Severity Rating Scale (C-SSRS) 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 other risk factors.

RISK FACTORS FOR SUICIDE

Characteristics or conditions that inrease the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological 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 inrease the long-term risk of a future suicide attempt or accidental suicide.

SUICIDE

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

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 unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

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 will be taken seriously.

SUICIDE CLUSTER

Suicide clusters can be defined as a group of suicides or suicide related behaviors that occur close together in time and geographical areas than would be expected within a community.

SUICIDE CONTAGION

The process by which suicide deaths or suicide related behavior influences an increase in the suicidal behaviors of others. Often times this can be exacerbated by close family or friends who have died by suicide, language that continues to stigmatize of suicide, and/or media coverage that does not meet best practices in preventing suicide.

POSTVENTION

Postvention refers to the community outreach and comprehensive response to those individuals and groups who were impacted by a suicide death in order to provide secondary prevention efforts with the goal to lower community risk. Overall goals of postvention includes: identify those at risk for suicide to help refer to care and/or resource-share, support those impacted by suicide and promote healing, promote help-seeking behaviors, de-stigmatize the conversation of suicide, and to safely speak of the suicide death by following best practice guidelines in order to do no harm.

Suicide Prevention Protocol

Comprehensive Suicide Prevention Plan Components

Prevention: Educate students, staff, and families to be prepared to recognize and respond to signs of suicide risk. Beyond early identification, prevention also includes programs to promote resiliency and support a positive school environment.

Sisters Suicide Prevention Trainings/Curricula/Resources

STAFF		
Prevention Effort	Description, Cadence	Target Audience
QPR	Question, Persuade, Refer 1.5 hour training where participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help; culturally infused.	All SSD staff, every 3 years, by building, program, or department.
ASIST	Applied Suicide Intervention Skills Training is a two-day course helping better understand ways that personal and societal attitudes affect views on suicide and interventions, provide guidance and suicide first aid to a person with thoughts of suicide that meet their individual safety needs, and identify the key elements of an effective suicide safety plan. First year; repeat as the training is updated and/or the screener cycles through the training cycle. Offered through Deschutes County Suicide Prevention	Trained Risk Screeners: Licensed school counselors, licensed school psychologists, clinically trained staff, school nurses.

WAY FINDER	Purpose: To align the Wayfinder Curriculum with Oregon's Adi's Act requirements for suicide prevention, intervention, and postvention in schools. This crosswalk identifies where Wayfinder supports Adi's Act components and where supplemental resources may be needed.	Yearly Training on Curriculum Implementation with Content Crosswalk on Adi's Act requirements and Wayfinder Curriculum.
SAFETY PLANNING	Participants will learn the core elements safety planning intervention, strategies for collaborating with young clients and their families, and ways to overcome challenges. One time, repeat as the training is updated and/or the screener cycles through the training cycle.	School counselors, school psychologists, school nurses, every 3 years.
WORK SHOPS & CONFERENCES & GUEST SPEAKERS	Topics around best practice for student suicide prevention; topics update yearly.	School counselors, school psychologists, school nurses, every 3 years.

REGIONAL SAFETY SUMMIT	Regional School Safety Prevention and Proactive strategies.	School counselors, building admin, superintendent
SUICIDE SCREENER TRAINING AND REVIEW	All staff receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.	School counselors, school psychologist
CARE SOLACE TRAINING	Yearly refresher training on using the Care Solace Platform and how to do a warm handoff.	School counselors, school psychologist, building admin, and TOSAs.
CALM	Counseling on Access to Lethal Means allows greater competency in describing strategies for raising the topic of lethal means and explaining to stakeholders that reducing access to lethal means is an evidence based strategy for suicide prevention. Year two; repeat as the training is updated and/or the screener cycles through the training cycle.	Licensed school mental health staff who safety plan with students: licensed school counselors or social workers, licensed school psychologists, clinically trained staff.

Students		
Prevention Effort	Description	Target Audience
PROJECT WAYFINDER	CASEL aligned skills designed to improve student outcomes and school culture, built for academics and life. Students learn the six core skills for future ready students: purpose, self awareness, adaptability, empathy, collaboration, and agency. Focusing on lessons on: 1. Suicide Prevention 2. Early Identification of At-Risk Students 3. Intervention Protocols 4. Culturally and Linguistically Responsive Practices 5. Postvention (Crisis Recovery) 6. Staff Training and Awareness 7. Student Empowerment and Peer Support	Integrated into health, advisory, or SEL periods as foundational suicide prevention content.

"SISTERS STRONG" BELONG PERIOD AT SMS	Belong period at SMS includes Tier I suicide prevention lessons and explores protective factors, normalizing help seeking, and identifies trusted adults and peers. Integrated into art programming.	Grades 6-8, peer groups and adult mentors.
TEACHING CURRICULA ALIGNED WITH OREGON STANDARDS BASED HEALTH INSTRUCTION	Focusing Wayfinder lessons on: 1. Suicide Prevention 2. Early Identification of At-Risk Students 3. Intervention Protocols 4. Culturally and linguistically Responsive Practices 5. Postvention (Crisis Recovery) 6. Staff Training and Awareness 7. Student Empowerment and Peer Support Standards Based Health Curricula.	Secondary students.
STUDENT SAFETY CHROME BOOK APPS INSTALLED	First Step Oregon: resource and tools for youth needing help for themselves or a friend. Resources include Youthline, Safe Oregon Tip Line and 988.	Secondary students.

STUDENT SAFETY INFORMATION POSTERS AND SWAG POSTED IN ALL SECONDARY BUILDINGS	First Step Oregon Resources	Secondary students.
UPSHIFT	A proven approach to reduce current substance use; delivered in 2-3 individual counseling sessions.	Secondary students In coordination with Mosaic Medical.

Parents		
Prevention Effort	Description	Target Audience
SISTERS SCHOOL DISTRICT WEBSITE	SSD Mental Health Resource Page Curated links to local and national resources for suicide prevention and intervention, including crisis intervention information.	Families, parents, guardians.

QPR (Question, Persuade, Refer)	Question, Persuade, Refer 1.5 hour training where participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Lines for Life offers trainings in a virtual model to Oregon residents.	Families, parents, guardians.
HOPE, HELP, HEAL	Annual community event to connect families, parents, and guardians with education, awareness and discussion around youth mental health in Deschutes County. Spanish interpretation and closed captioning included. Spanish language workshops and events also included.	Families, parents, guardians..
CARE SOLACE	Care Solace helps parents and families find mental health care and support for their children. It provides a convenient way to connect with mental health resources, therapists, and counselors tailored to individual needs and preferences.	Families, parents, guardians.

Suicide Intervention Protocol

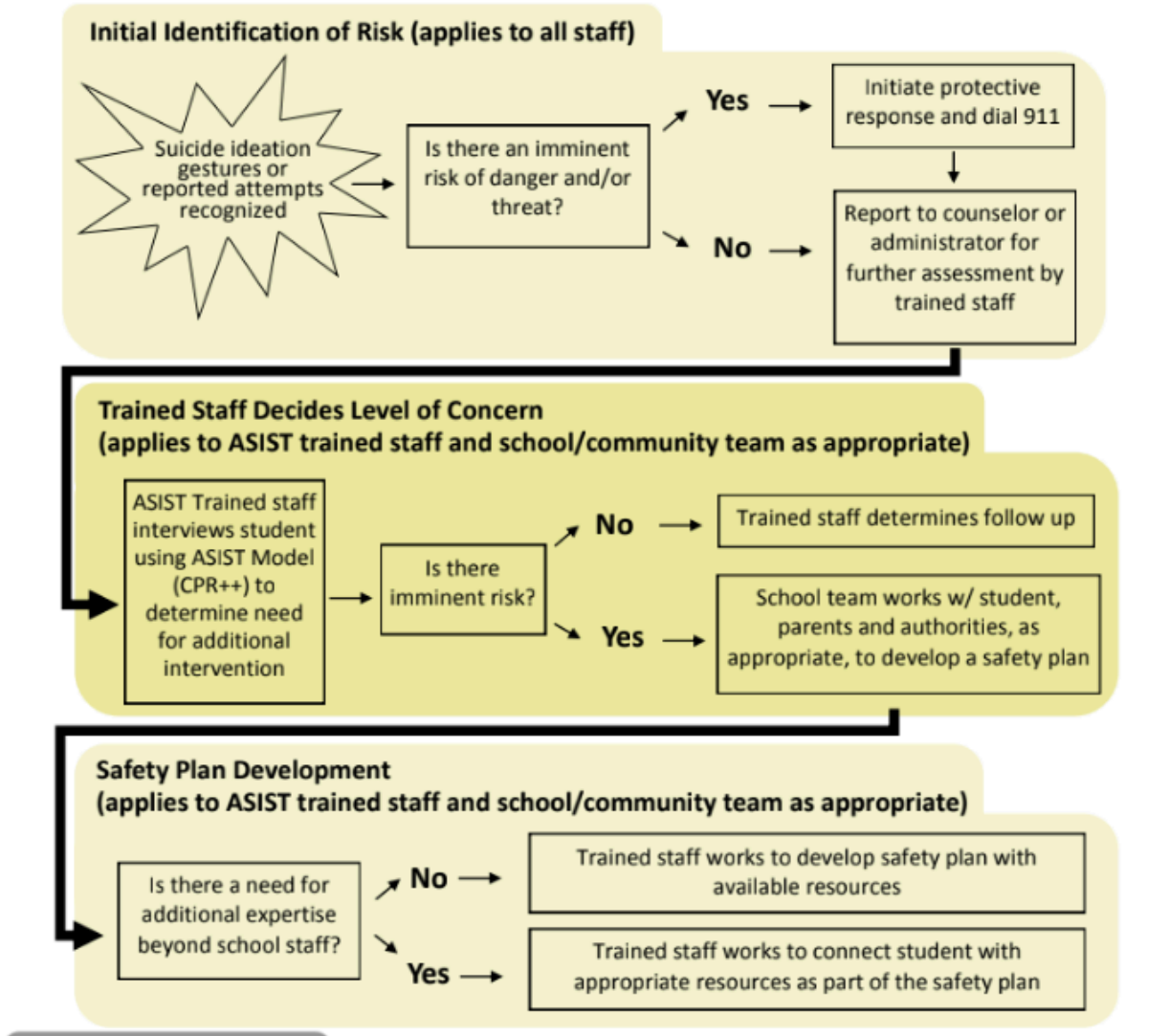
Intervention: Promote the importance of intervention with youth at risk and connect them with the needed help. This protocol will address the process used by staff when concerned about a student. This includes how to support the student, where to bring them for support, staff roles in a crisis, internal and external communication, referrals and follow up.

Our School Community		
Intervention Effort	Description	Target Audience
CARE SOLACE 24/7/365 MENTAL HEALTH CARE COORDINATION SERIVCE: 200 LANGUAGES SPOKEN	Care Solace Sisters	Students, families, Staff.

Staff Response		
Intervention Effort	Description	Target Audience
RISK SCREEN	C-SSRS: Screener (The Columbia-Suicide Severity Rating Scale) This screener is used as an information gathering tool; SSD does not assign or negate risk of potential harm to self.	Students and families.
SAFETY PLANNING INTERVENTION	Intervention is a brief intervention intended to provide intentional support for students experiencing suicidal ideation including coping strategies to implement while at school.	Students and families.

LETHAL MEANS COUNSELING	When a student indicates suicidal intent, schools 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.	Student, families, parents, guardians.
CARE SOLACE 24/7/365 MENTAL HEALTH CARE COORDINATION, 200+ LANGUAGES SPOKEN	Care Solace Sisters	Students, families, staff.
TRI-COUNTY RESPONSE TEAM	A trained team of regional school counselors from throughout the region with the goal of helping to restore stability in the wake of a crisis by supporting students, families, and staff.	Students, families, staff.

SSD Admin Suicide Intervention Protocol



Recommended Resources

For emergencies:

- 911
- Local emergency rooms
- Deschutes County Crisis Line (541) 322-7500

To speak with a counselor or schedule an appointment:

- Deschutes County Behavioral Health (541) 322-7500
- St. Charles Behavioral Health Services (541) 706-2768

Other resources:

- National Suicide Prevention Lifeline, 800-273-TALK, www.suicidepreventionlifeline.org
- www.deschutes.org/suicideprevention
- Youth focused - www.reachout.com
- Tri-County crisis response team—(541) 325-9911

SSD All Staff Suicide Intervention Protocol

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons or other means
- Someone talking or writing about death, dying or suicide

Warning signs that should be reported to a counselor or administrator for further assessment by a trained staff:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

Recommended Resources

For emergencies:

- 911
- Local emergency rooms
- Deschutes County Crisis Line (541) 322-7500

To speak with a counselor or schedule an appointment:

- Deschutes County Behavioral Health (541) 322-7500
- St. Charles Behavioral Health Services (541) 706-2768

Other resources:

- National Suicide Prevention Lifeline, 800-273-TALK, www.suicidepreventionlifeline.org
- www.deschutes.org/suicideprevention
- Youth focused - www.reachout.com
- Tri-County crisis response team—(541) 325-9911

SSSD Crisis Response Protocol

Developed in partnership with Deschutes County Suicide Prevention and modeled from Corvallis School District's plans. If a suicidal attempt, gesture, or ideation occurs or is recognized, staff ensure the supervision of the student and report it to an ASIST trained school staff member or a school administrator right away. If the situation is critical or suicide risk is imminent; such as having possession of the means, if the student is not at school or has left the campus and a plan to kill oneself is discovered, or if the person is unwilling or unable to make a plan to keep themselves safe), staff will call law enforcement. All threats of self harm must be taken seriously.

ASIST trained school staff will use the C-SSRS: Screener with Triage for Schools (The Columbia-Suicide Severity Rating Scale) to screen for suicidal ideation and determine course of action, following the above posted staff suicide intervention protocol.

District Crisis Response and Support Team (CRST): Lorna Van Geem, Brook Jackson, Kate Kuitert, Trish Roy, Jenny Morris, Rick Kroytz, Charlie Kanzig, Steve Stancliff, Justin Nicklous, Megan Storey, Curt Scholl.

Deschutes County Health Services Lead: Caroline Suiter, Deschutes County Postvention Response Lead.

Student Re-Entry Plan

The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless all members of the student's team (parents, caregivers, school staff, outside mental health professionals, etc.) work together utilizing evidence-based prevention protocols to monitor the student and establish a support system. It is critical to connect the student, their parents or caregivers, the student's mental health team, and the school counselor so that all pertinent information flows openly and a safety net is created.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated school counselor or school based mental health staff with the student, parent, caregiver, nurse (if necessary) and administrator. The district Suicide Prevention Coordinator may be available to help, as needed, to complete the Safety Plan.

1. A re-entry meeting should occur when students are returning to school following a suicide attempt as a best practice approach contributing to student safety.
2. The Safety Plan should be completed upon the student's return to school, prior to attending classes. The team will agree which staff members need to be informed about the safety plan in order to keep the student safe at school.

Postvention Response Protocol

Deschutes County Health Department Prevention and Promotion: Jessica Jacks, Caroline Suiter
Safe Schools Messaging and Communication: Curt Scholl
Sisters Director of Student Services: Lorna Van Geem

Definition of a Crisis: The definition of crisis response is a course of action for dealing with an emergency situation. Intervention is designed to restore a school and community to baseline functioning and to help prevent or mitigate damaging psychological results following a disaster or crisis situation. It is important that during the immediate hours and days following a crisis, students and staff are helped to return to previous emotional equilibrium. If left unchecked, some emotional responses may become internalized and exhibit themselves in unusual behaviors. It is a team approach to assist in the healing process of students and staff following a traumatic event or incident.

District Protocols: In the event of any crisis in which a near death, suicide, or sudden death (in which the cause of death is unavailable) event occurs that impacts students, staff or part of the school community, please follow the following postvention response procedures.

Postvention of a suicide is to assure that focus on promoting healing and reducing risk is a priority, and is mandated by the State of Oregon, ORS 418.735. It is about engaging and building capacity for key service providers who will be involved in a response to a suicide. Individuals who know someone who has died by suicide are statistically at higher risk for dying by suicide. Providing individuals and communities with timely and appropriate postvention activities and interventions not only offers

support to help survivors of suicide of loss grieve and promote community healing but can also serve as a vehicle to reduce the risk for further suicide incidents. The District will activate a long term postvention plan that will include key service providers.

Notification: Once information has been verified, notification to community partners will take place immediately. (See Deschutes County Postvention plan)

Postvention planning will include:

- Postvention responses aim to function consistently across deaths regardless of manner (suicide, sudden death, accident, etc.).
- Understanding the risk of contagion and promoting strategies for reducing this risk.
- Understanding warning signs in persons who may be at risk after a suicide death help audiences understand best practices for effective suicide response.
- Helping the survivors of suicide loss deal with the loss and grief in an appropriate way.
- Addressing cultural factors that involve the survivors and students at high risk.
- Engaging with community partners to provide additional supports.
- Provide safe and effective messaging after a suicide, including resources and communication that follow best practice framework.
- Coordinate community gatherings as a resource and opportunity for education, healing and concerted effort to strengthen protective factors and reduce risk factors as well as educate around risk and warning signs.
- Coordinate with community partners such as clergy leaders to offer immediate support to the family, especially if restoration services are needed for the home.
- Be sensitive to staff and response team's need to grieve and need for assistance.
- Recognize that the impact lasts for months and years, with anniversaries often as higher risk times.

Sudden Death Postvention Response Protocol

- School administrator or other is notified of suspected or known student/staff death by sudden death. The building administrator notifies the Assistant Director of Safety.
- Superintendent, building admin, or, designated personnel confirms the cause of death through law enforcement and Deschutes County Health Services Postvention Response Lead.
- District Crisis Response notifies members of district response team (student services and communications) and activates crisis response.
- District Crisis Response Team Lead contacts building principal/administrator to discuss the response, estimate level of need or response resources required, determines what information is to be shared, and offers general guidance about the postvention response.
- District Crisis Response lead mobilizes the Crisis Response and Support Team.
- School administrator or designee communicates with the family to offer condolences and determines their wishes for communication about the death.
- School administrator prepares any student, parent, community, or media statements if applicable. School administrator will develop safe messaging scripts for:
    - Stand up staff meeting and/or email
    - Parent letter and community members
    - Script for staff to read to students in class
    - Messaging for secretaries and front office staff
    - Talking points for staff to discuss with students
    - Ensuring all scripts include applicable resources and where to seek support.
- Staff and family letters are sent out at a designated time. Once the staff letter is sent, all school principals and school counselors are sent a copy of the staff letter for situational awareness.
- The administrator holds all-staff stand up meetings as soon as possible and distributes scripts and other resources for teachers/staff to use.
- Building teachers/staff as directed by the administrator will notify students and distribute any needed notifications or resource handouts.
- The district communications team monitors media information, including social media.
- Crisis response activities are held during the school day for students, staff, and families. The principal/administrator holds end-of-day

meetings with the Crisis Response Team, provides communication with staff, and determines any follow-up resources or coordination needed to support students or staff.

- The principal/administrator communicates needs for follow up to the District Response Lead and crisis team response lead (if applicable).
- The Crisis Response Team documents the date of death and identifies school needs (e.g. internal/external communications, on-site supports, follow-up intervals etc.) for the three-month and prior to the one year and future anniversaries to promote awareness and sensitivity to students and staff potentially impacted.

Sisters School District Crisis Response Team 2025-2026	
Name, Role	**Contact**
Safe Schools Messaging and Communication: Curt Scholl	541-549-5004
Sisters Director of Student Services: Lorna Van Geem	541-549-5017
Building Administrators ● **Steve Stancliff - SHS** ● **Justin Nicklous - SMS** ● **Megan Storey - SES**	541-549-5705 541-549-5507 541-549-5205

Memorialization

- **Permanent Memorials and Scholarships:** Some families and/or communities wish to establish a permanent memorial, sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship. It is highly recommended that all memorials be established off school grounds. The school will not install a memorial. As difficult as this can be, schools can play an important role in channeling the energy and passion of the students and greater community in a positive direction, balancing the need to grieve with the impact that the proposed activity will likely have on students, particularly those who were closest to the student or staff member who died.
- **Safe Memorialization Ideas:**
    - Holding a day of community service or creating a school-based community service program in honor of the deceased. (great suggestion for athletic teams or other extracurricular groups).
    - Gifting the family with memories: have students write down memories of the deceased and hand it into the school counseling office. School counselors will review the memories before giving them to the family.
    - Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations; ie. out of the darkness walks, or holding a local fundraising event to support a local crisis hotline or other suicide prevention program.
    - Sponsoring a mental health awareness day.
    - Purchasing books on mental health for the school or local library.
- **Funerals and Memorial Services:** Encourage services to occur at a location outside of the school if possible. If that is not possible, hold the service outside of school hours. Encourage services to occur at a time when parents/guardians can accompany youth. Do not close school for a memorial service and it is encouraged to have additional counselors or crisis team members attend if possible.
- **School Newspapers and Yearbooks:** The guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by

suicide, provided that the final decisions are made by a school administrator.
    - Coverage of the student's death in a school newspaper may be seen as a kind of memorial; also articles can be used to educate students about suicide warnings signs and available resources. All articles should be reviewed by a school administrator with the considerations of safe messaging practices. (see Safe Messaging document)
- **Events:** The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is also highly recommended to not use the aftermath of a suicide death as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high risk students at a higher risk of acting on their own suicidal thoughts.
- **Graduation:** Many times parents of deceased children would like an empty chair for their child placed amongst the graduation class, or a portrait placed, or a jersey, or some kind of tribute. The recommendation is to include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. Again, all deaths should be treated the same way. Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebratory event it is acceptable to have one of a deceased student as long as there is no reference to suicide or cause of death.

Acknowledgements

Several partners have made this guide possible. Considerable time was spent by staff from the following organizations. Their time, commitment, passion and administrative support are of honorable mention.

- Bend-La Pine School District
- Citizen Community Advisors
- Deschutes County Health Services
- Oregon Public Health Division
- Redmond School District
- Sisters School District

Research Sources

Information for this guide were derived from the following sources:

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Rudd, MD, Berman AL, Joiner, TE, Jr., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. Suicide and Life-Threatening Behavior, 36(3), 255-262.

Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.

Oregon DHS

Surgeon General

Resources

- **OregonYouthLine.org (teen-to-teen help line)**
- **TheTrevorProject.org (crisis intervention and resources for lesbian, gay, bisexual, transgender, and questioning young people ages 13-24)**
- **Deschutes County Crisis Page**
- **St. Charles Behavioral Health Services: (541) 706-2768**
- **OSU-Cascades free counseling clinic in Bend and La Pine, call (541) 322-2047 or e-mail cascades.counselingclinic@osucascades.edu (counseling provided by students in training and serving ages 14 and older).**
- **Youth Villages of Central Oregon:**