



Student suicide: Prevention and post-crisis intervention

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It is all too frequent that educators learn about the suicide of a school age student that is reportedly the result of bullying or harassment at school. In fact, the term, “bullycide” is often used to identify those children who become so emotionally distressed by peer conflict that they take their own lives.

In a survey conducted by the CDC in 2015, nearly 18 percent of students in grades 9-12 reported that they had seriously considered attempting suicide in the preceding 12 months. Tragically, that same year, the CDC reported that approximately 1,700 young adults, age 14-18, actually took their own lives. Given this data, we thought it might be appropriate to provide guidance for building administrators regarding student suicide.

Prevention: What can you do now?

Educators need to know that they can assist by learning how to identify students at risk and by referring those students to qualified mental health professionals. However, in order to identify at-risk students, educators need to learn the warning signs and risk factors for suicide. This is why the Ohio General Assembly enacted Revised Code Section 3319.073, which requires school districts to provide professional in-service training to address youth suicide awareness and prevention.^[1] Such training is required for every teacher, counselor, school psychologist, school nurse and administrator, as well as other personnel that the board deems appropriate.

Quality professional development should include, at minimum, a discussion of risk factors, warning signs, responsive protocols and procedures, and the availability of suicide prevention resources. In addition, the training should inform educators about those populations at increased risk of engaging in suicidal behaviors, such as:

- Students with mental health disorders
- Students with substance abuse issues
- Students who have previously engaged in self-harm or an attempted suicide
- Students who have been in out-of-home settings, such as foster care
- Students who have experienced homelessness
- Students who are LGBTQ and have experienced family rejection

Many Ohio school districts have developed formal suicide intervention protocols, and some have adopted such protocols as part of their board of education policies. Building leaders should be familiar with these protocols and familiarize staff with the applicable requirements.

In addition to following the district's suicide intervention policy or protocol, educators should be reminded to consider whether there are any disability implications. In the case of a student who is not currently identified as a child with a disability, educators should consider whether disability is suspected under Section 504 or the IDEA and follow the district's child find procedures. As a reminder, a child with a disability can include a student who has an emotional disturbance, which is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems[2]

Furthermore, when a student is hospitalized or otherwise misses school because of suicide intervention, it is important to provide that information to special education leadership so the district can consider if the student might qualify as a child with a disability. (See *Regional Sch. Dist. No 9 v. Mr. and Mrs. M*, 53 IDELR 8 (US Dist. Ct. CT 2009) where a district violated its child find obligation when it failed to identify a student who was hospitalized for suicide intervention.)

In the case of a student who is already identified, educators should be reminded to consider whether evaluations are warranted or whether additional services should be added to the student's IEP or 504 plan (e.g., counseling, additional supervision or other supports). Keep in mind that the definition of related services under the IDEA includes psychological services, counseling services and social work services.[3]

In addition, building administrators should become familiar with the availability of school and community-based mental health services. School-employed mental health providers (school counselors, social workers, school psychologists and, often, school nurses) can help ensure that educators appropriately respond to at-risk students and connect with appropriate emergency services and community-based supports. These professionals can also play a critical role in engaging other students as necessary to assess their well-being following a crisis event and assisting with a student's re-entry to school following suicide intervention.

Post-crisis: What do I do now?

When the unthinkable has happened, we recommend several actions for building administrators. First, determine if your district has adopted protocols related to student suicide and follow such protocols. Coordinate with district leadership to ensure that information regarding the situation is verified and distributed consistent with applicable confidentiality standards. Finally, school personnel should consider how the loss may affect other students and staff. Suicide contagion should be assessed and considered and districts should provide information about trauma as well as resources to assist students and staff to process and cope with grief.

[1] See [O.R.C. § 3319.073\(D\)](#).

[2] See [OAC 3301-51-01 \(B\)\(10\)\(d\)\(v\)](#).

[3] See [OAC 3301-51-01 \(B\)\(54\)](#).

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