



United States Department of the Interior

BUREAU OF INDIAN EDUCATION
Washington, D.C. 20240

IN REPLY REFER TO:

National Policy Memorandum

Bureau of Indian Education

Number: NPM-EDUC-22

Effective: November 1, 2010

Expires: November 1, 2011

Title: Suicide Prevention, Early Intervention, and Postvention Policy

1. Purpose

The Bureau of Indian Education (BIE) recognizes suicide is a critical mental health issue among American Indian/Alaskan Natives (AI/AN) particularly AI/AN youth. The *Trends in Indian Health 2002-2003* Report (IHS, 2003) summarized key statistics regarding suicide in Indian Country:

- The American Indian and Alaska Native (AI/AN) suicide rate (17.9 percent) for the three year period (2002-2004) in the IHS service areas is 1.7 times that of the rate for all races (10.8 percent) in the U.S. for 2003.
- Suicide is the second leading cause of death (behind unintentional injuries) for AI/AN youth ages 15-24 residing in IHS service areas and is 3.5 times higher than the national average.
- Suicide is the 6th leading cause of death overall for males residing in IHS service areas and ranks ahead of homicide for AI/AN men.
- AI/AN young people ages 15-34 make up 64 percent of all AI/AN suicides in Indian country.

In recognition of this alarming mental health concern, BIE supports school initiatives promoting suicide prevention and early intervention, and further acknowledges the role of schools in fostering positive and emotional development. This policy mandates specific actions for BIE-operated schools to continue to develop and implement core competencies for suicide prevention, early intervention activities, and postvention services.

2. Scope

This policy applies to all BIE-operated schools, dormitories, and BIE-operated post-secondary institutions: Southwestern Indian Polytechnic Institute (SIPI) and Haskell Indian Nations University (Haskell). While tribally-controlled grant and contract schools are not bound by this policy, they are encouraged to develop suicide prevention, early intervention, and postvention policies and programs. Grant and Contract schools are welcomed and encouraged to use

resources developed by BIE and to participate in BIE-sponsored suicide prevention, early intervention, and postvention trainings.

3. Policy

Bureau-operated schools and residential facilities must take the following actions:

- 1) Develop, adopt, and implement policies designed to foster a supportive school-based approach towards suicide prevention, early intervention, and postvention services no later than December 15, 2010 (45 days) from the effective date of this policy.
- 2) Develop comprehensive school-level guidelines, action plans, and programs for suicide prevention, early intervention, and postvention to ensure effective policy implementation. School-level development may include the following:
 - a) Promote Awareness that suicide is preventable by implementing effective training programs for recognition of at-risk behaviors and delivery of effective treatment. Program and delivery can be implemented by targeting early warning signs thereby identifying youth with high risk suicidal behaviors for appropriate referrals to outside agencies for appropriate assessment and treatment.
 - b) Implement resiliency-promoting programs that encourage active and effective life problem solving and are integrated into the school curriculum and day-to-day operations.
 - c) Establish Crisis Response Teams (CRT) through identified stakeholders as a means to develop school-based support for suicide prevention. The CRT will help to develop and deliver a consistent plan of action towards conducting proactive approaches in response drills and formalized crisis management protocols during the school year to respond to attempted or actual suicide(s).
 - d) Promote capacity of schools to identify and manage emotional and mental health concerns through the establishment, where appropriate, of school-based behavioral health programs either directly through the school or in collaboration with community providers such as IHS and tribal behavioral health programs.
 - e) Promote prevention and early intervention efforts to reduce methods of self-harm by addressing the “code of silence” among students that often surround suicide along with other risk factors of suicide through the utilization of appropriate strategies with emphasis on cluster suicides.
 - f) Develop and implement community-based suicide prevention programs through established parent and community orientations to facilitate a consistent understanding of youth suicide and the needed resources available to address serious childhood and adolescent distress towards the prevention of suicide.
 - g) Establish parental consent procedures for students under the age of 18 in all suicide prevention policies and procedures except when it cannot be reasonably obtained in cases of emergency crisis situations.
 - h) Development of postvention services following a crisis to include communication with media, parents, teachers, and school personnel, and provide outreach programs and mental health resources for those affected by a suicide or suicide attempt.

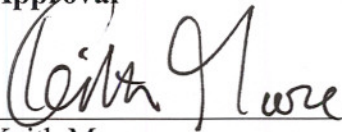
- i) Maintain a registry of prevention activities of demonstrated effectiveness for suicide and suicidal behaviors for areas of reporting and improvement.
- j) Explore and utilize evidence-based research in an effort to identify successful models and best practices to inform school-based suicide prevention policies, programs, and services.
- k) Identify and establish partnership opportunities to provide effective referral services to appropriate outside agencies for students considered to be at-risk of suicide.
- l) Provide training activities on a continued basis for staff, students, and the larger community on best practice approaches on suicide prevention, early intervention, and postvention models to include culturally appropriate educational materials and cultural competency training.
- m) Develop collaborative partnerships with outside entities (i.e., local service providers, tribal, state, and federal agencies, etc.) to identify and develop school-based suicide prevention, early intervention, and postvention models, and to serve as a resource to school-based efforts.
- n) Conduct annual evaluations to assess existing school service delivery protocols and reevaluate revisions of suicide prevention, early intervention, and postvention protocols, policies, and procedures.
- o) Provide technical assistance to schools to assist in the development of suicide prevention, early intervention, and postvention policies, and make available opportunities for in-service training in suicide-related services. Technical assistance will be sponsored by BIE and provided system-wide.

4. Roles and Responsibilities

- A. Director, Bureau of Indian Education.** The Director of the Bureau of Indian Education is responsible for final approval of the Suicide Prevention, Early Intervention, and Postvention Policy.
- B. Deputy Director, School Operations.** The Deputy Director, School Operations is responsible for the annual review of the policy for implementation efficacy in BIE-operated schools. The Deputy Director is responsible for adherence of the Suicide Prevention, Early Intervention, and Postvention Policy in BIE-operated schools and its implementation by the Associate Deputy Directors (ADDs) and indirectly by the Education Line Offices, through the ADDs.
- C. School Safety Specialists.** The School Safety Specialists are responsible for the coordination of suicide prevention, early intervention, and postvention activities in BIE-operated schools and dormitories, including technical assistance, school-level policy development, program model formation, training activities, partnership liaisons, best practices information sharing, compilation of school-level annual evaluations, and system-wide data collection and reporting.
- D. Program Specialist (SCAN).** The Program Specialist (SCAN) is responsible for receiving and compiling Critical Incident and Death Reports, including suicide and attempted suicides from BIE-operated schools nationwide, and ensures appropriate distribution of report information to key officials in the BIE.

- E. Associate Deputy Directors, School Operations. The ADDs are directly responsible for supervising the Education Line Offices for adherence to the Suicide Prevention, Early Intervention, and Postvention Policy and for reporting implementation issues to the Deputy Director, School Operations.
- F. Education Line Officers. The Education Line Officers are responsible for ensuring the Suicide Prevention, Early Intervention, and Postvention Policy occurs and is fully implemented by the BIE-operated schools.
- G. School Principals. School Principals are responsible for ensuring compliance with the Suicide Prevention, Early Intervention, and Postvention Policy. They coordinate consultation between teachers, health care professionals, and other school personnel.
- H. Deputy Director, Policy, Evaluation, and Post Secondary. The Deputy Director is responsible for the annual review of the Suicide Prevention, Early Intervention, and Postvention Policy in regard to needed updates and changes.
- I. Associate Deputy Director, Policy, Evaluation and Post Secondary. The Associate Deputy Director will provide oversight of the BIE-operated post-secondary institutions of the Southwestern Indian Polytechnic Institute (SIPI) and Haskell Indian Nations University (Haskell) with respect to the application of the Suicide Prevention, Early Intervention, and Postvention Policy.
- J. Post Secondary Presidents. The Presidents of SIPI and HINU are responsible for ensuring the Suicide Prevention, Early Intervention, and Postvention Policy is fully implemented at the BIE-operated post-secondary educational institutions.

5. **Approval**



Keith Moore
Director, Bureau of Indian Education

10-26-10
Date