

SECTION: PUPILS

TITLE HEALTH SERVICES - CHILDREN OF SCHOOL AGE

ADOPTED: AUGUST 18, 2014

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Formerly 7110 AR

TURKEYFOOT VALLEY AREA SCHOOL DISTRICT

236 AR SUICIDE

Pursuant to section 1526 of the School Code, 24 P.S. 15-1526, and the Pennsylvania Department of Education developed a Model Youth Suicide Awareness and Prevention Policy as a mode for the school entities to adopt and implement in order to promote the safety and well-being of students and school personnel and comply with section 1526. The following Administrative Regulation was developed for school entities to use as an additional resource when developing/implementing their own Youth Suicide Awareness and Prevention policies. The information contained in this document includes research-based practices, which PDE recommends implementing with the school entity's Youth Suicide Awareness and Prevention Policy.

Statement of Philosophy and Policy

The Turkeyfoot Valley Area School Board recognizes that suicide is the second leading cause of death among teenagers in the general population. Policy and procedures have been developed to assist administrators and staff in dealing with students at risk.

The intent of the Turkeyfoot Valley Area School District is to coordinate efforts of staff, family and community resources in response to a perceived crisis situation. Services from the SAP Team are provided in an attempt to prevent harm to the student at risk and to develop within the student a feeling of self-worth. It is the District's believe that students at risk should receive the necessary help as quickly and professionally as possible.

All school personnel should be trained to the warning signs of childhood and adolescent depression/suicide.

Staff Development

Training Effectiveness:

Best practices in suicide prevention have found that improved outcomes (i.e., greater reduction in suicidal thoughts and behavior after training) are more likely when professional staff training is spread out over an extended period of time, as opposed to one long training session and then not revisiting training for several years.

Additional professional development in risk assessment and crisis intervention shall be provided to guidance counselors, mental health professionals and school nurses, and any individual that would reasonably be expected to assess at-risk individuals.

School staff should also receive training to better understand the intersection of suicide prevention and intervention and other responsibilities related to student safety (bullying prevention (1), sexual harassment, gender-based violence, relationship violence, (2) etc.), including how incidents are documented, involvement of key staff in case evaluation, investigations, and interventions (3).

Additional protocols to consider for (general) awareness and prevention education:

1. Defining behavioral, emotional, and mental health disorders;
2. Defining minimal policy standards and expectations;
3. Establishing communication through a chain of command;
4. Determining appropriate staff trainings and appropriate trainees;
5. Awareness of and familiarity with appropriate resources; and
6. Selecting appropriate resources and materials.

Confidentiality

The Turkeyfoot Valley Area School District covers every employee with liability insurance to protect them during the performance of their duties. Consideration must be given to the legal rights of students and parents. The school's professional staff operates under the concept of "in loco parentis" and the general release of student information is governed by the Family Education Rights and Privacy of confidential information. Individual rights are balanced in regard to the general welfare of the students. Information received in confidence from a student may be revealed to the appropriate authority where the health, welfare or safety of the student or other persons are clearly in jeopardy. Student confidentiality will be waived in situations which pose a substantial threat to the life or physical well-being of the student.

Early Identification and Referral

Early identification of individuals with one or more suicidal risk factors is vital to a school entity's suicide prevention efforts.

Risk factors refer to personal or environmental characteristics that are associated with suicidal behavior including, but not limited to:

1. Behavioral Health Issues/Disorder, specifically but not exclusively:
2. Depression
3. Bipolar disorder or other mood disorder
4. Substance abuse or dependence
5. Depression
6. Previous suicide attempts
7. Self-injury
8. Hopelessness/low self-esteem
9. Loneliness/social alienation/isolation/lack of belonging
10. Poor problem-solving or coping skills
11. Impulsivity/risk-taking/recklessness
12. Adverse/stressful life circumstances
13. Gender identity/sexual orientation
14. Homelessness
15. Interpersonal difficulties or losses
16. Disciplinary or legal problems, including school disciplinary issues
17. Bullying (victim or perpetrator; target, aggressor and/or witness)
18. School or work issues
19. Physical, sexual or psychological abuse
20. Exposure to family or peer suicide
21. Family characteristics – lots of conflict, few activities
22. Family history of suicide or suicidal behavior
23. Family mental health problems including alcoholism
24. Divorce/death of parent
25. Parent-child conflict

Warning signs are evidence-based indicators that someone may be in danger of suicide, either immediately or in the future. These signs may mean that a youth is at risk for suicide, particularly for youth who have attempted suicide in the past. Risk is greater if the warning sign is new and/or has increased and if it seems related to an anticipated or actual painful event, loss, or change. Finally, the presence of more than one of the following warning signs may increase a youth's risk for engaging in suicidal behaviors.

1. Talking about or making plans for suicide;
2. Expressing hopelessness about the future;
3. Displaying severe/overwhelming emotional pain or distress;
4. Showing worrisome behavior cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - a. Withdrawal from or changing in social connections/ situations;
 - b. Recent increased agitation or irritability;
 - c. Anger or hostility that seems of character or out of context; and/or
 - d. Changes in sleep (increased or decreased).

Definition of Terms

Student at Risk – a student who has indicated by changed behavior, depression or expressed suicidal ideation (verbal/written) that he/she may be contemplating a suicide attempt.

Depression – a mental state characterized by dejections, lack of hope and absence of cheerfulness and/or aggressive behavior and impulsive outbursts characterized by expressions of anger. (This is an Rx term which most teachers are not qualified to make. Use criteria from DSM III-R in defining “Depressed Functioning State”).

Prevention – prevention is a process which serves as a counteractive measure to actions not conducive to good health by providing students with the resources necessary to confront stressful life conditions.

Intervention – process and/or event which interfere with, prevents and/or alters the progression of the at risk student's possible suicide attempt.

Postvention – postvention consists of those activities that serve to reduce the after effects of a traumatic event in the lives of survivors of suicide. Postvention also includes notification of staff, students and media. Provides for establishment of short term support groups.

SAP team – a multi-disciplinary team composed of school personnel (teachers, staff, administrators, nurses, counselors) and invited specialists of the community trained to work with students at risk.

Parent – any adult, who has supervisory responsibility over the child. Examples include but are not limited to foster parent, natural parent, adoptive parent or legal guardian who is court appointed.

PROCEDURAL FLOW CHART

STUDENT AT RISK

PRIMARY CONTACT – Person initiating the referral; includes self, other students, District employees and community members

REFERRAL – Administrator, Counselor, Nurse, Care Team Members

INTERVENTION – Evaluation by two or more SAP Team Members

PARENT NOTIFICATION – Share information with parent/parents

DISPOSITION – Mental Health evaluation and treatment of High Risk Students Monitor Low Risk Students

FOLLOW-UP – Monitor progress and provide support

**ADMINISTRATIVE GUIDELINE
TURKEYFOOT VALLEY AREA SCHOOL DISTRICT**

The following procedures will be followed in response to expressed suicide thoughts or intentions:

1. The staff member who learns of the expressed thoughts or intentions will locate the individual and arrange for or provide constant adult supervision.
2. The above-mentioned staff member will immediately inform the principal or designee.
3. The principal or designee will involve the school nurse practitioner and other staff as he/she sees fit. They can be reached at 814.395.3621 extension(s) 119, 409, 405 or 408 during school hours. After school hours the principal can be reached at 814.233-3897 or 814.634.0858.
4. The appropriate staff or approved agency provider will determine risk and intervention needed by interviewing the student and gathering appropriate supportive documentation from teachers or others who witnessed the expressed suicide thought or intention.

The principal or designee will:

1. Contact the parent or guardian, apprise them of the situation, and make recommendations.
2. Put all recommendations in writing to the parent or guardian.
3. Keep a record of/document how contact was made/established.
4. Maintain a file copy of the letter in a secure and appropriate location.
5. If the student is known to be currently in counseling, the principal or designee will attempt to inform his/her treatment provider in writing of what occurred and the actions taken. Encourage the family to sign a Release of Information at their treatment provider's office allowing communication between the school and the provider. This level of communication will help facilitate a return to school should an absence be warranted.
6. Notify the chief school administrator or central office.

Other procedures for early intervention and prevention:

1. Targeted Screening (any screening that is done will adhere to all policies previously adopted by the school entity);
2. Identifying preparatory acts;
3. Identifying gaps and areas in need of improvement; and
4. Creating channels for students to seek assistance through use of the school entity's Student Assistance Program.

Scenarios at Different Risk Levels

SUICIDE Risk Level: LOW

Suicide Intervention Procedures

Situation A staff member is made aware of a change in student behavior or performance through direct observation, by another student, parent/guardian, and another staff member or community person.

Immediate Action Staff members will:

1. Notify building administration, counselor, nurse, or SAP team member immediately.

2. Monitor student until he/she is under the supervision of the building administrator, counselor or SAP team member.

Information Collection At least two SAP Area Team members will assess level of risk documenting all pertinent information about the student including but not limited to a private interview with the student (what about parent involvement, physical information, such as prescription drug usage, menses, family crisis, etc.)

Parent Notification – By phone, requesting an immediate in-school parent conference with building principal, counselor or nurse.

Referral When deemed appropriate, referral is made for professional assessment.

Disposition Counselor/SAP Team will meet with student’s teachers. If student remains in school, or upon return, student will be monitored for at least twelve weeks by the SAP Team.

SUICIDE Risk Level: HIGH

Suicide Intervention Procedures

Situation B This refers to the student who has attempted suicide in school.

Immediate Action Staff member will remain with the student until medical emergency procedures are initiated. Administrator, nurse, counselor immediately contacted.

Information Collection SAP team, principal will talk with witnesses and document all pertinent information concerning time, place and method of attempt.

Parent Notification Parents phoned for in school conference with principal if student’s medical condition is stable. Parents phone for notification of medical emergency, referral to local hospital, in-school conference to be held at a later date.

Referral Immediate and mandatory referral

1. Non-medical emergency referral to mental health services for assessment.
2. Medical emergency referral to a hospital. Once there, contact mental health/mental retardation – delegate if necessary.

Disposition

- Transport to hospital or mental health facility by parent or emergency method.
- Student admitted back to school upon written recommendation from mental health provider.
- Monitoring and documenting by SAP team for minimum twelve week period.
- Meeting with student’s teachers prior to student’s return to school.
- If parent/student does not comply with the hospital/mental health recommendation after assessment within five (5) to ten (10) days the matter will be referred to the administration.
- Must follow the guideline as recommended by outside professionals.

SUICIDE Risk Level: HIGH

Suicide Intervention Procedures

Situation C This refers to the student who has attempted suicide outside of school.

Immediate Action Administrator, counselor or nurse will contact parent/guardian to confirm attempt and relate necessary information, etc. for re-entering school.

Information Collection Information as provided by parent/guardian.

Parent Notification Not applicable

Referral Not applicable

Disposition Student returns with medical release, pertinent precautions and recommendations. Encourage compliance.

SUICIDE Risk Level: HIGH

Suicide Intervention Procedures

Situation D This refers to the student who has completed suicide in or outside of school.

Immediate Action Notify building principal and superintendent or designee. Follow emergency medical procedures if completed in school. SAP team implements postvention procedure and offers support to family, friends, and witnesses. Contact the Mental Health Agency for help with postvention plan.

Information Collection SAP team members will document all pertinent information relating to incident. Where? **Remember this documentation will be subpoenaed.**

Parent Notification Yes, if completion is in school

Referral Not applicable

Disposition As per postvention plan for survivors

Methods/Procedures for Community Support/Outreach

If an expressed suicidal thought or intention is made during an afterschool program and no school personnel are available, call the local Crisis Line (MHR) 814.443.4891, 1.800.SUICIDE, or 1.800.273.TALK for help. Inform the principal of the incident and actions taken.

Procedures for facilitating a student's return to school for members of the crisis response team:

1. Prior to the student returning to school, schedule a meeting between designated school staff from the crisis team and parent or guardian to discuss possible arrangements for support services and to create an individual re-entry plan.
2. Be familiar with the basic information of the case.
3. Maintain regular contact with the family.

4. Serve as a liaison between the student, family, and teachers with family permission.
5. Monitor the student's progress.
6. Closely monitor the student's re-entry into school and maintain contact with the student's parent or guardian and mental health provider.
7. If the student is unable to attend school for an extended period of time, determine how to help them complete course requirements. Assistance can include, but is not limited to, homebound instruction and/or a 504 plan to assist with accommodations.

Approved 1/21/91

Revised 3/11/02

- (1) OCR "Dear Colleague Letter: Responding to Bullying of Students with Disabilities", October 21, 2014. <http://www.2.ed.gov/about/offices/list/ocr/publications.html#Section504>.
- (2) OCR Title IX guidance available here:
<http://www.2.ed.gov/about/offices/list/ocr/publications.html#TitleIX>
- (3) Please see the U.S. Department of Education, Office for Civil Rights (OCR), for guidance related to disability discrimination, sex discrimination, and other concerns. Reading Room:
<http://www.2.ed.gov/about/offices/list/ocr/publications.html>.

