# 819. SUICIDE AWARENESS, PREVENTION AND RESPONSE

## 1. Purpose

The Joint Operating Committee is committed to protecting the health, safety and welfare of its students and school community. This policy supports federal, state and local efforts to provide education on youth suicide awareness and prevention; establish methods of prevention, intervention, and response to suicide or suicide attempt; and to promote access to suicide awareness and prevention resources.

## 2. Authority

In compliance with state law and regulations, and in support of the school’s suicide prevention measures, information received in confidence from a student may be revealed to the student’s parents/guardians, the building principal or other appropriate authority when the health, welfare or safety of the student or any other person is deemed to be at risk.

## 3. Guidelines

The school shall utilize a multifaceted approach to suicide prevention which integrates school and community-based supports.

### SC 1526

The school shall notify school employees, students and parents/guardians of this policy and shall post the policy on the school’s website.

### SC 1526

## SUICIDE AWARENESS AND PREVENTION EDUCATION

### Protocols for Administration of Student Education

Students shall receive age-appropriate education on the importance of safe and healthy choices, coping strategies, how to recognize risk factors and warning signs, as well as help-seeking strategies for self or others including how to engage school resources and refer friends for help.

Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development.

### Protocols for Administration of Employee Education

All school employees, including but not limited to secretaries, coaches, bus drivers and custodians, shall receive information regarding risk factors, warning signs, response procedures, referrals, and resources regarding youth suicide prevention.
As part of the school’s professional development plan, professional educators in buildings serving students in grades six (6) through twelve (12) shall participate in four (4) hours of youth suicide awareness and prevention training every five (5) years.

Additional professional development in risk assessment and crisis intervention shall be provided to school counselors and school first aide nurses.

**Resources for Parents/Guardians**

The school may provide parents/guardians with resources including, but not limited to, health promotion and suicide risk, including characteristics and warning signs; and information about local behavioral/mental health resources.

**METHODS OF PREVENTION**

The methods of prevention utilized by the school include, but are not limited to, early identification and support for students at risk; education for students, staff and parents/guardians; and delegation of responsibility for planning and coordination of suicide prevention efforts.

**Suicide Prevention Coordinator**

The Director of Student Services shall be designated as the suicide prevention coordinator to act as a point of contact for issues relating to suicide. The school suicide prevention coordinator shall be responsible for planning and coordinating implementation of this policy.

**Early Identification Procedures**

Early identification of individuals with one (1) or more suicidal risk factors or of individuals exhibiting warning signs, is crucial to the school’s suicide prevention efforts. To promote awareness, school employees, students and parents/guardians should be educated about suicidal risk factors and warning signs.

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

- Behavioral Health Issues/Disorders:
  - Depression.
  - Substance abuse or dependence.
  - Previous suicide attempts.
  - Self injury.
Personal Characteristics:
- Hopelessness/Low self-esteem.
- Loneliness/Social alienation/isolation/lack of belonging.
- Poor problem-solving or coping skills.
- Impulsivity/Risk-taking/recklessness.

Adverse/Stressful Life Circumstances:
- Interpersonal difficulties or losses.
- Disciplinary or legal problems.
- Bullying (victim or perpetrator).
- School or work issues.
- Physical, sexual or psychological abuse.
- Exposure to peer suicide.

Family Characteristics:
- Family history of suicide or suicidal behavior.
- Family mental health problems.
- Divorce/Death of parent/guardian.
- Parental-Child relationship.

**Warning signs** are indications that someone may be in danger of suicide, either immediately or in the near future. Warning signs include, but are not limited to:

- Expressions such as hopelessness, rage, anger, seeking revenge, feeling trapped, anxiety, agitation, no reason to live or sense of purpose.
- Recklessness or risky behavior.
- Increased alcohol or drug use.
- Withdrawal from friends, family, or society.
- Dramatic mood changes.

**Referral Procedures**

Any school employee who has identified a student with one (1) or more risk factors or who has an indication that a student may be contemplating suicide, shall refer the student for further assessment and intervention.

**Documentation**

The school shall document the reasons for referral, including specific warning signs and risk factors identified as indications that the student may be at risk.
METHODS OF INTERVENTION

The methods of intervention utilized by the school include, but are not limited to, responding to suicide threats, suicide attempts in the school, suicide attempts outside of the school, and completed suicide. Suicide intervention procedures shall address the development of an emotional or mental health safety plan for students identified as being at increased risk of suicide.

Procedures for Students at Risk

A school approved suicide assessment instrument may be used by trained mental health staff such as counselors, psychologists, social workers.

Parents/Guardians of a student identified as being at risk of suicide shall be notified by the school. If the school suspects that the student’s risk status is the result of abuse or neglect, school staff shall immediately notify Children and Youth Services.

The school shall identify mental health service providers to whom students can be referred for further assessment and assistance.

Mental health service providers – may include, but not be limited to, hospital emergency departments, psychiatric hospitals, community mental health centers, psychiatrists, psychologists, social workers, and primary care providers.

The school shall create an emotional or mental health safety plan to support a student and the student’s family if the student has been identified as being at increased risk of suicide.

Students With Disabilities

For students with disabilities who are identified as being at risk for suicide or who attempt suicide, the appropriate team shall be notified and shall address the student’s needs in accordance with applicable law, regulations and Joint Operating Committee policy.

If a student is identified as being at risk for suicide or attempts suicide and the student may require special education services or accommodations, the sending high school shall be notified and shall take action to address the student’s needs in accordance with applicable law, regulations and policies.
Documentation

The school shall document observations, recommendations and actions conducted throughout the intervention and assessment process including verbal and written communications with students, parents/guardians and mental health service providers.

The Administrative Director or designee shall develop administrative regulations providing recommended guidelines for responding to a suicide threat.

**METHODS OF RESPONSE TO SUICIDE OR SUICIDE ATTEMPT**

Response to Depressed and Suicidal Students

If an employee of the Lancaster County Career & Technology Center (LCCTC) reasonably believes that a student is potentially suicidal, the employee shall report that belief to the principal of the building, or an appointed designee, who will immediately share the information with the assigned counselor.

The counselor, with assistance as needed, will proceed according to the approved administrative guidelines for responding to depressed and suicidal students. These guidelines involve a Building Crisis Team which consists of the counselor, building administrator, the building first aide nurse, the director of student services, and the designated Student Assistance Program (SAP) team member/s. The referring staff member shall be a primary resource person for the team. The SAP coordinator located in each building may be utilized as a resource person as needed. The primary responsibility of the building Crisis Team working with a seriously depressed or suicidal student is to provide immediate support to the student, contact the student’s parents/guardians and refer them for treatment.

Response to Suicide or Unexpected Death

If a suicide by, or unexpected death of, a student or staff member occurs and becomes known, the Executive Director of the LCCTC, or an appointed designee, and principal, with assistance as needed, will proceed according to the approved administrative guidelines for responding to suicide or unexpected death.
Re-Entry Procedures

A student who has made an overt suicide attempt will be readmitted to school when the attending physician/psychiatrist and school authorities consider it appropriate. The returning student should not be treated differently than any other student who has been absent due to illness. The student should be returned to his/her normal routine within the school, as much as possible.

Teachers and other school personnel should be encouraged to discuss their concerns with crisis team members on an ongoing basis. Contact with other resource people may be made available when appropriate.

Periodic, discrete evaluations should be made by the crisis team members with the student’s teachers, school nurse, club advisors, etc. Also, attendance and academic development should be reviewed periodically in order to assess the student’s overall adjustment.

Contact with the student’s parents/guardians shall be maintained in order to extend support, and to report progress.

**REPORT PROCEDURES**

Effective documentation assists in preserving the safety of the student and ensuring communication among school staff, parents/guardians and mental health service providers.

When a school employee takes notes on any conversations or situations involving or relating to an at-risk student, the notes should contain only factual or directly observed information, not opinions or hearsay.

As stated in this policy, school employees shall be responsible for effective documentation of incidents involving suicide prevention, intervention and response.

The school counselor shall provide the Director of Student Services with a copy of the “Report of Potential Suicide” form regarding the at-risk student. Information and reports shall be provided, as appropriate, to sending school counselors, mental health professionals and school first aide nurses.
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<th>SC 1526</th>
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<tr>
<td><strong>SUICIDE AWARENESS AND PREVENTION RESOURCES</strong></td>
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<td>A listing of resources regarding suicide awareness and prevention shall be attached to this policy.</td>
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References:

- School Code – 24 P.S. Sec. 1526
- State Board of Education Regulations – 22 PA Code Sec. 12.12