

Regulation

SUICIDE AND SELF-INJURY PREVENTION

Suicide Prevention

The following regulations are established for guidance of staff members in recognizing the student who contemplates suicide, in responding to threatened or attempted suicide, and in preventing contagion when a student commits suicide. The Director of Student Advocacy or his/her designee shall be charged with coordinating district and school level training and responses to student mental health crises. Exhibits A through E provide guidance for identifying and addressing students in need of intervention.

Each school principal shall designate staff members as part of a Student Crisis Intervention Team (SCIT), such a team shall include, at minimum, the school counselor and/or school social worker, school nurse, and Principal or his/her designee. The members of this team must be reported to the Director of Student Advocacy or his/her designee.

Recognition of Potential Suicide

All school personnel, both teaching staff members and support staff members, shall be alert to any sign that a student may be contemplating suicide. Such signs include, but are not necessarily limited to, a student's:

- A. Overt suggestion, regardless of its context, that he/she is considering or has considered suicide or has worked out the details of a suicide attempt;
- B. Evidence of preparation of a will, intention to dispose of his/her effects and belongings, or otherwise get life "in order";
- C. Obsession with death or afterlife;
- D. Possession of a weapon or other means of suicide or obsession with such means;
- E. Sense of hopelessness or unrelieved sadness;
- F. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;
- G. Drop in academic achievement, slacking off of energy and effort, or inability to focus on studies;
- H. Isolation from others by loss of friends, withdrawal from friends, lack of companionship, or family disintegration;
- I. Preoccupation with nonexistent physical ills;
- J. Loss of weight, appetite, and/or sleep;
- K. Substance abuse; and
- L. Loss of economic resources.

STUDENT SUICIDE PREVENTION (regulation continued)Response to Potential Suicide

- A. Any indication of a potential suicide, whether personally witnessed or received by report from another, must be taken seriously and must be reported to the principal immediately;
- B. The principal shall immediately inform the Child Study Team or school counselor, which shall investigate the matter promptly and conduct such evaluations as may be appropriate;
- C. The principal or his/her designee will inform the student's parents/guardians, in a conference if possible, of the signs demonstrated by the student and of the district's concern and seek parental approval of the student's evaluation. In the event parental abuse or neglect is suspected, the principal or the employee who forms the suspicion will immediately so inform the Division of Child Protection and Permanence (DCP&P) according to the Child Abuse and Neglect board policy;
- D. The SCIT team shall utilize the questions included in the "Suicide Questionnaire" (Exhibit A) to determine the potential of the threat and shall record the student responses;
- E. After gathering information, the SCIT shall determine the life-threatening risk of the situation based on the student's signs of possible suicide and the student's responses to questioning.
- F. If it is determined that a substantial risk of suicide exists, the Suicide Crisis Intervention Team shall:
 - 1. Assign staff members as required to assure that the student is never out of the presence of an adult who has been fully informed that the student may be in danger of self-destruction;
 - 2. Notify the student's parents/guardians immediately and strongly recommend consultation with a licensed mental health professional or agency; and
 - 3. Request the parents/guardians to sign a release of information form authorizing the chosen mental health professional or agency to share with appropriate district personnel such relevant information as premature termination of treatment, additional threats and/or attempts of suicide, and continuing warning signs.
- G. A member of the SCIT will be appointed to follow up on the student's progress and to determine whether the student's parents/guardians have consulted a mental health professional or agency. Follow up reports may be made available to the principal; and
- H. If the student's parents/guardians refuse to sign the release of information form (Exhibit C and D), do not cooperate in an Intervention and Referral Services or a comprehensive Child Study Team evaluation, or do not seek treatment for the student, the principal shall inform the Division of Child Protection and Permanence (DCP&P).

Response to Suicide Attempt

- A. Any attempted suicide, whether or not on school premises or during the school day, must be reported immediately to the principal;
- B. The staff member who witnesses a suicide attempt on school premises or at a school sponsored event or in the course of school-related travel may render first aid and summon medical assistance as appropriate.

STUDENT SUICIDE PREVENTION (regulation continued)Prevention of Suicide Contagion

- A. All district principals will be promptly informed when a student of this district commits suicide;
- B. Each principal will assemble teaching staff members prior to the opening of school to provide them with accurate information, plans for the school day, and guidelines for handling the concerns of students;
- C. The principal of the school or building that the victim attended will assign the SCIT to assist the staff in dealing with the general school situation and any individual problems that may arise;
- D. The suicide will not be given prominence by public announcement or a school-wide assembly. School will not be closed in order to permit students and staff members to attend the victim's funeral;
- E. Teachers will respond to the needs of students with as little interruption of the educational program as possible;
- F. Students will be provided with accurate information and will be given the opportunity to discuss their feelings of loss and their memories of the victim, both good and bad, without penalty;
- G. All school personnel shall be especially alert to signs of contemplated suicide among the victim's peers;
- H. Teaching staff members, under the direction of the principal, shall attempt to prevent social contagion by:
 1. Preventing glorification or romanticization of the suicide;
 2. Helping students recognize that suicide is irreversible and permanent and does not truly resolve problems;
 3. Encouraging students to ask probing questions when a fellow student suggests suicide and to report such suggestions to a teaching staff member; and
 4. Discussing ways of handling depression and anxiety without resort to self-destruction.
- I. Students who were close to the victim, and their parents/guardians, shall be offered special counseling services and notified of available community mental health services.

Self-Injury

Self-injury is any deliberate, non-suicidal behavior that inflicts physical harm on your body and is aimed at relieving emotional distress.

Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behavior may calm or awaken a person. Self-injury only provides temporary relief. It does not release the underlying inner conflict. Self-injury can become a habitual, chronic and repetitive response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-injury can include, but is not limited to:

- A. Cutting;
- B. Burning;
- C. Banging and bruising;
- D. Non-suicidal overdosing; and
- E. Deliberate bone-breaking.

People who self-injure usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain.

STUDENT SUICIDE PREVENTION (regulation continued)Risk Factor Associated with Self-Injury

Self-injury is a coping mechanism and it is important to recognize and respond to the underlying reasons behind a person's self-injury. Risk factors include, but are not limited to:

- A. Low self-esteem;
- B. Perfectionism;
- C. Mental health issues such as depression and anxiety;
- D. The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder;
- E. Problems at home or school;
- F. Physical, emotional or sexual abuse;

Warning Signs

As noted above, there may be no warning signs, but some of the things below might indicate that a student is suffering internally which may lead to self-injury:

- A. Drug and/or alcohol misuse or risk taking behavior;
- B. Negativity and lack of self-esteem;
- C. Out of character behavior;
- D. Bullying other students;
- E. A sudden change in friends or withdrawal from a group.

Physical signs that self-injury may be occurring:

- A. Obvious cuts, scratches or burns that do not appear of an accidental nature;
- B. Frequent 'accidents' that cause physical injury;
- C. Regularly bandaged arms and/or wrists;
- D. Reluctance to take part in physical exercise or other activities that require a change of clothes;
- E. Wearing long sleeves and trousers even during hot weather.

Intervention for Suspected Self-Injury

- A. When a teaching staff member or other instructional personnel suspects that a student may be self-injuring, he/she shall report the name of that student immediately to the school nurse, school counselor and/or the building principal (Exhibit B).
- B. The nurse shall assess the severity of the injury and administer first aid, refer for medical treatment, or contact emergency services, as appropriate.
- C. Once the school nurse determines that the student is in no immediate physical danger or discomfort from the injury, the school counselor shall conduct an interview (Exhibit A) with the student to assess the risk of continued harm and suicidal ideation.
- D. The school counselor in consultation with the school nurse and principal (or designee) shall develop an action plan that may include:
 1. Scheduling a meeting between the parent/guardian, the student and the school;
 2. Program supports and accommodations;
 3. Referral to a community agency for individual and/or family treatment or counseling;

STUDENT SUICIDE PREVENTION (regulation continued)

4. Medical and/or psychological evaluation;
 5. Evaluation by the child study team or (I&RS) referral;
 6. Referral to the local crisis unit.
- E. The school counselor will notify the parent or guardian regarding the student's self-injury and request a conference to discuss the matter.
- F. The school counselor will provide the student and the parent/guardian information on local or county agencies that will assist them in dealing with self-injury.
- G. The school counselor will regularly follow-up with the student to monitor the student's adjustment and provide support.

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