

Guidelines for School Personnel Regarding Suicide Prevention



WHAT IS SUICIDE?

Suicide is defined as the act or the instance of taking one's own life voluntarily and intentionally.

Young people who commit suicide usually are not focused on killing themselves. They are usually focused on ending their pain. Young people often believe that the sense of unhappiness they feel is a permanent condition and that they have limited choices. Those choices are to continue to live in pain or to end the pain by killing themselves. For youth, suicide is a permanent solution to a temporary problem.

Talking about suicide will not put the idea in a student's head. The 2003 Youth Risk Behavior Survey data for the DC Public Schools surveyed students in grades 7–12. Of the students surveyed, the following results were noted:

- 14.2 percent seriously considered suicide;
- 13.5 percent made a suicide plan;
- 12.1 percent attempted suicide; and
- 3.5 percent required medical attention after a suicide attempt.

In addition to secondary students surveyed, school data shows that children under the age of 13 had suicidal impulses that they may act on. Schools are important resources for prevention and intervention.

“Children are more likely to come into contact with a potential rescuer in a school than they are in the community.”

Who is at high risk?—

- Students with low self esteem;
- Students who are depressed or have other psychiatric disorders;
- Students who have previously attempted suicide;
- Students who have experienced recent conflicts at school;
- Students who are gay or lesbian;
- Students who have experienced a traumatic event or recent loss;
- Students who abuse alcohol or other drugs; and
- Students who are socially isolated.

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WARNING SIGNS

Although suicidal behavior and suicide may occur without warning, often students send clear signals that they are thinking about suicide including:

- Increased joking or talking about suicide;
- Engaging in risk-taking behavior;
- Making final arrangements and giving away cherished possessions;
- Increased use of drugs and alcohol;
- Neglect of personal appearance;
- Unexplained accidents leading to self-injury;
- Major change in mood;
- Withdrawing from family and friends;
- Preoccupation with death and dying;
- Sharp decline in academic performance;
- Dramatic changes in appearance;
- Irrational, bizarre behavior; and
- Changes in eating and sleeping patterns.

What Can Adults Do?

Suicide threats—

- Take all threats seriously.
- Assess the risk for suicide immediately by asking the student directly: "Are you thinking of killing yourself?"
- If the answer is yes, ask:
 - What method they have thought to use?
 - Find out if they have the means to kill themselves.
 - Find out when they plan to do it.

The more lethal and available the means, and the more definite the time frame, the greater the risk.

- Remain calm.
- Get pertinent information like the student's name, home phone number, and parent's work number from the enrollment data form or from SIS.
- Listen to the student nonjudgmentally.
- Do not leave the student alone.
- Do not promise confidentiality.
- Call 911 and the school's crisis team.
- Get the student to agree verbally to a no-suicide-contract.
- Monitor the student's behavior until emergency personnel arrives.
- Have the administrator or designee contact the student's parent, guardian, or emergency contact person.
- Notify the Office of the Superintendent and appropriate Assistant Superintendent.

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- The Supervisor of Social Workers should be contacted to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202-442-5138.

Suicide attempt in progress—

- Do not leave the student alone and assure them that help is on the way.
- Do not attempt to move the student; stay calm and provide comfort.
- Call 911 and have someone contact the administrator in charge.
- Secure all weapons, pills, and notes.
- Get the student's emergency contact information from the enrollment data form or SIS.
- Have the office call the student's parent/guardian and advise them that the student is hurt and that you will contact them with the hospital transport information immediately.
- Advise the parent to keep the phone line clear.
- Clear hallways and the classroom if other students are present.
- Note the time of the event and what the student said or did.
- Notify the Office of the Superintendent and appropriate Assistant Superintendent.
- The Supervisor of Social Workers should be contacted to determine the need and numbers of mental health providers needed to support students and staff at the local school. The contact number is 202-442-5138.

What to do when the crisis is over—

- Hold small group discussions for both students and staff members after the suicide attempt crisis is over and the steps listed above have been followed.
- Encourage students and staff to speak with a mental health professional if the grief reaction is severe.
- Make students and staff aware that grief is normal and grief reactions may occur months after the initial incident and on anniversary dates of the event.
- Prepare a general statement from administrators for staff with accurate information and the outcome.
- Notify parents and give phone numbers for mental health resources in their community.
- Encourage students and staff to seek help for family and friends who are at-risk for suicide.
- Provide them with a crisis hotline number and inform a trusted adult.

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How Counselors Can Support a Teacher Who Has a High Risk Student Returning to Class

- Let the teacher know that the incident has been handled.
- Provide pertinent information.
- Ask the teacher to return to his/her normal routine.
- Ask the teacher to pay special attention to the student throughout the day.
- If the child is on medication for depression, put a medical alert in DCSTARS and provide the information to the teacher.
- Check in with the teacher periodically to see how the student is progressing.
- At the end of the day, confer with the teacher to address any ongoing concerns.
- Convene a TAT to document a plan of ongoing support for the student if needed.
- Provide staff awareness on the suicide protocol and risk factors.

EMERGENCY CRISIS LINES



DC Mental Health Access Help Line:

1-888-793-4357

Crisis Link:

1-800 SUICIDE (24-hour line)

Covenant House Nine Line:

1-800-999-9999 (teen crisis)

DCPS Listen Only Hotline Referral:

202-442-5563

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SUICIDE ASSESSMENT CHECKLIST*

Use this checklist as an exploratory guide with students you are concerned about. Each “yes” raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts is of course sufficient reason for action. High risk is also associated with very detailed plans (when, where, how?) that specify a lethal and readily available method, specific time, and a location where it is unlikely the act would be disrupted. Further, high-risk indicators include the student having made final arrangements and information about a critical recent loss. Because of the informal nature of this assessment, it should not be filed in a student’s regular school records.

Points to Cover with the Student

Student’s Name: _____ Date: _____ Interviewer: _____

Past attempts, current plans, and view of death—

- | | | |
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| • Have you thought about hurting yourself? | Y | N |
| • Do you have a plan in mind for hurting yourself? | Y | N |
| • If so, what is your plan? | | |
| • Have you ever tried to hurt or kill yourself? | Y | N |
| • If so, when, where, and what happened? | | |
| • Have you made special arrangements such as giving away prized possessions? | Y | N |
| • Do you fantasize about suicide as a way to make others feel guilty or as a way to a happier afterlife? | Y | N |

Reactions to precipitating events—

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| • Are you experiencing severe emotional distress due to any big changes or losses in your life? | Y | N |
| • Have there been major changes in your behavior along with negative feelings and thoughts? | Y | N |

Such changes are often related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts are often expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.

Psychosocial support—

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| • Are there people or things that would stop you from hurting yourself? | Y | N |
| • Do you have family and/or friends who support you? | Y | N |
| • Do you feel isolated from others? | Y | N |

History of risk-taking behavior—

- | | | |
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| • Do you take unnecessary risks or are impulsive? | Y | N |
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* Adapted from the National Mental Health Association and the British Columbia Ministry of Education.

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Follow-Through Measures After Assessing Suicide Risk

As part of the process of assessment, make efforts to discuss the problem openly and non-judgmentally with the student. Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the greater the likelihood of engaging the student in problem solving.

Explain to the student the importance of and your responsibility to break confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

If not, be certain the student is in a supportive and understanding environment (not left alone and isolated) while you begin informing others and arranging for help.

Try to contact parents by phone to:

- Inform about concerns;
- Gather additional information to assess risk;
- Provide information about problem and available resources; and
- Offer help in connecting with appropriate resources.

If parents are uncooperative, it may be necessary to report child endangerment after taking appropriate measures.

If a student is considered in danger, only release him/her to the parent or someone who is equipped to provide help. In high-risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

- Student's name/address/birth date/social security number;
- Data indicating student is a danger to self (see Suicide Assessment Checklist above);
- Stage of parent notification;
- Language spoken by parent/student;
- Health coverage plan if there is one; and
- Where student is to be found.

Follow up with student/parents to decide what steps have been taken to minimize risk. Document all steps taken and their outcomes. Plan for aftermath intervention and support. Report child endangerment if necessary. If there is a completed suicide, refer to *DCPS School Crisis Response Handbook*.