

Students

Suicide Prevention and Intervention

The Ansonia Board of Education recognizes that suicide has become one of the leading causes of death among young people and, consequently, is a concern to this school system and the community it serves. The Board recognizes that suicide is a complex issue and that, while the school may recognize potentially suicidal youth, it cannot make clinical assessment of risk and provide in-depth counseling but must refer the youth to an appropriate place for such assessment and counseling.

Therefore, any school employee who may have knowledge of a suicide threat must take the proper steps to report this information to the school Principal or his/her designee who will, in turn, notify the appropriate school officials, the student's family and appropriate resource services.

Suicide is usually a last desperate cry for help and acknowledgement that the young person has exhausted all internal and external resources to alleviate their pain.

The Board's task is to assure that no young person feels so alone and helpless that suicide seems a better alternative than life.

As an extension of the policy, established guidelines shall be used by all school district personnel when confronted with a situation in which a student makes a statement of suicidal thinking, or it appears that an attempt at suicide is possible.

Legal Reference: Connecticut General Statutes

10-221(e) Boards of education to prescribe rules

Policy adopted: April 7, 2004

ANSONIA PUBLIC SCHOOLS
Ansonia, Connecticut

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When a staff member in the public school system is confronted with a situation in which a student makes a statement of suicidal thinking, or it appears that an attempt at suicide is possible, the following actions will take place:

1. The staff member immediately will refer the student to the appropriate School Psychologist, Principal, Assistant Principal or Guidance Counselor.
2. In the event the staff member perceives that a student has taken action which creates a medical emergency, the school nurse will be notified immediately and emergency medical procedures will be followed.
3. The School Psychologist will notify the Principal or Assistant Principal immediately or the Supervisor of Special Education if the Principal and Assistant Principal are unavailable.
4. The School Psychologist will meet with the student immediately for the purpose of establishing sequential facts or events leading to the crisis. At no time during this process is the student to be left alone.
5. If the student is not found to be suicidal, the parents will be notified of the referral and of all conclusions reached.
6. If the student is found to be suicidal, immediate contact will be made with a parent or guardian and a conference will be held the same day.

Under no circumstances is a student allowed to go home alone. The student must be released only to a parent, guardian, or other responsible adult.

If reasonable attempts to reach the parent, guardian or other responsible adult in whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to transport the student to an area hospital emergency room or mental health facility.

If the student requires medical attention, he/she will be transported immediately to an area hospital. The school nurse will arrange to have the parents meet the student at the hospital.

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A detailed report will be written within twenty-four hours by the school psychologist who assumes responsibility for the case. The report shall include:

1. name of the student,
2. name(s) of the staff members(s) involved,
3. time and date of all conferences,
4. summary of all conferences,
5. recommendations made to parents, students, and building staff.

Follow-up contact will be in accordance with the recommendations. A report will be written indicating those activities performed to follow through and ensure the safety and well-being of the student.

The school psychologist who assumes responsibility for the case will maintain contact with the student's mental health professionals to support programming needs and follow-up procedures.

A copy of all reports will be submitted to the parents, the Principal, and the Superintendent of Schools.

Failure on the part of the family to take seriously and provide for the safety of the student in case of potential suicide will be considered emotional neglect and reported to the Department of Children and Youth Services. (cf. 5141.4 - Child Abuse/Neglect).

If as a result of suicidal activity a need exists for changes in the student's program, the school's Planning and Placement Team will convene and consult with the student's mental health professional, the parent(s) or guardian, appropriate outside facility staff members and, if feasible, the student to plan the student's educational program.

The School Psychologist or Guidance Counselor who assumes responsibility for the case will maintain contact with the student's mental health professionals to support programming needs and follow-up procedures.

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Warning Signs

It is important to note that adolescence is often a time of change and mood swings. When considering possible warning signs of suicide, you should look for the pattern, the duration, the intensity and the presence of a particular crisis event. You should measure these against what is perceived to be normal for a given adolescent.

Perhaps, most importantly, you should trust your instincts. When in doubt, seek help. Any young person exhibiting some combination of these signs is probably in need of some type of help.

Early Warning Signs

Sudden or unexpected changes in school behavior such as:

- attendance
- academic performance
- peer relationships
- failure to complete work
- inability to concentrate
- disciplinary crisis, especially involving violence or aggression
- communicating about death, suicide through writing, artwork, class discussion

Increased frequency and/or quantity of alcohol and other drug use.

Sudden changes in appearance - especially neglect of appearance.

Gradual withdrawal from friends, school, family; loss of interest in activities.

Sudden or increasingly negative changes in personality and attitude.

Depression (may be expressed as sadness or angry acting out).

Sleep disturbances - (inability to sleep, sleeping to "escape", e.g. pacing).

Eating disturbances (loss of appetite, sudden weight gain or loss, eating disorders).

Restlessness and agitation (especially if perceived as uncontrollable).

Over-reaction to criticism; overly self-critical.

Overwhelming feelings of failure, worthlessness.

Failure or inability to derive pleasure from one's life, friends, activities.

Exaggerated or long term apathy and disinterest.

Inability to recover from a loss; ongoing and overwhelming feelings of grief.

Excessive frequency and intensity of mood swings (especially if perceived as uncontrollable).

Persistent nightmare.

Frequent expressions of hostility, anger, rage (especially if perceived as uncontrollable)

Pessimism about life, about one's future.

Persistent physical complaints (especially if no physiological basis can be found) such as headaches, stomachaches, nausea, anxiety reactions.

Difficulties in concentration, completing tasks, making decisions (especially if perceived as uncontrollable).

Delusions or hallucinations; loss of touch with reality.

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Late Warning Signs

Threatening to commit suicide, openly talking about death, not being around, not being wanted or needed.

Dropping out of activities; increasing isolation and withdrawal.

Feelings of helplessness, inability to change or control one's life.

Feelings of extreme humiliation, loss of status.

Radical personality or behavioral change.

Sudden or increasingly dangerous risk taking behavior.

Increasing loss of control over behavior.

Making final arrangements; giving things away, putting one's life in order.

Sudden and inexplicable improvement in behavior, appearance.

Precipitating Events - Often one event will seem to trigger a suicide or suicide attempt. The most common of these seem to be:

Loss of a close relationship through:

Death

Divorce

Breaking up with boyfriend/girlfriend.

Suicide of a friend, family member or someone youth has known or identified with.

Unexpected loss of status with peers or failure to achieve such status.

Serious fight with parents or close peer.

Being arrested for a crime (especially if incarcerated).

Sudden or unexpected failure or setback.

Recent traumatic event such as moving, a car accident, a major loss or disciplinary crisis facing the future seems impossible.

Anniversary of someone else's suicide or death.

Fear of a major change in life status such as graduation, moving.

Actual major life changes such as going to college, staying behind while friends go to college.

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Guidelines For Talking To Students About Suicide/Sudden Death

1. Prepare students for the serious and tragic nature of the information you are about to share with them. Say that it is expected that this news will upset many of them and that both you and other staff are there to help them get through this.
2. Announce the facts of the situation and what actions are being taken as a result (i.e., all classes are being informed, counseling centers are being set up, etc.).
3. Allow students to react; pay special attention to the following:
 - a. Dispel any rumors or unconfirmed information.
 - b. Stress that we each react differently to tragedies and must respect one another's feelings and ways of reacting.
 - c. Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions to such news.
4. Convey a sense of acceptance for all the feelings expressed, avoid judgmental or value statements about anyone's feelings.
5. Note that some people's feelings will be stronger than others and that individual help is available (name where and with whom) for those who want to discuss their feelings further with someone.
6. If student's reactions seem particularly intense or you feel unable to respond to them adequately, strongly encourage them to seek assistance from one of the designated counseling centers. Offer to accompany them to the center after class. Refer to Student Assistance Team.
7. If students have questions you are unable to answer or if you are feeling uncomfortable in the discussion, summon a SAT member to assist you.
8. Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from adults if their feelings seem more intense or persistent than "normal".
9. Reassure students that they are not responsible for what happened - discourage guilt and unrealistic "hindsight regrets". Instead, focus discussion on how they might use what they now know to avoid similar tragedies in the future.
10. Stress that the feelings students now have are temporary and will diminish with time; display your own sense of assurance that things will get better.

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11. In cases of suicide, avoid glamorizing the death or dead person. Stress that this was a tragic and unnecessary event. Avoid memorial tributes.
12. In cases of suicide, avoid focusing on the details or circumstances that led up to the person's death; stress that suicide is a permanent solution to a temporary problem and focus discussion on how this person might have gotten help to avoid this tragic ending. Stress that suicide is not a normal reaction to life's setbacks.
13. Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from one of the counseling centers. Don't assume that the lack of a visible reaction means the student has no reaction.
14. Allow as much time as students seem to need for the discussion. Try to move discussion toward how students can help one another express sympathy for the family and help to prevent (in the case of suicide) similar tragedies.
15. End the class by reminding students of the counseling and support services that are available.