

TUSSEY MOUNTAIN SCHOOL DISTRICT SUICIDE POLICY AND OTHER TRAGIC DEATHS

POLICY STATEMENT

PURPOSE

The Tussey Mountain School District recognizes its part in the total community's responsibility for responding to suicide/self-destructive behaviors, and tragic deaths. Recognizing the alarming increase in student depression/suicides, the Tussey Mountain School District has developed procedures to assist administrators and staff in dealing with students at risk. These procedures have been developed as part of the District's Student Assistance Programs. The SAP team's responsibilities are support, identification, and parental contact. These referrals may utilize community as well as school resources.

The Board of School Directors recognizes that all school personnel and students should be inserviced to:

1. the warning signs of childhood and adolescent depression suicide and
2. the subsequent immediate response strategies.

In addition, every school will have a postvention assistance team trained in crises intervention skills.

The primary responsibility of the SAP Teams and school personnel working with a depressed or suicidal student is to see that the student receives the necessary help as quickly and professionally as possible. To that end, student confidentiality will be waived in life threatening situations. These procedures will attempt to coordinate efforts of staff members, family and community efforts that contribute toward the safety and well being of students at risk.

SUICIDE POLICY DEFINITIONS

Cluster - More than one suicide influenced by a recent suicide.

Confidentiality - Recognition of a student's right to privacy. Information is shared on a "need to know" basis. Information should be limited to the initial parties involved and extended only to administrators, counselors, nurses, Core Team members, and teachers needing the information in order to protect the welfare of the student.

Contagion - A process by which a suicide attempt, a completed suicide, or any death influences a subsequent suicide.

Copycat Suicide - A subsequent suicide completed with identical or highly similar methods.

SAD/Core Team - A group of staff members trained in the assessment and evaluation of information.

Critically Distraught - Critically distraught students are those who have not improved their personal coping mechanisms after school-based interventions.

Depression - A mental state characterized by dejection, lack of hope, and absence of cheerfulness; and/or aggressive behavior and impulsive outbursts characterized by expressions of anger.

Intervention - A reality-based confrontational process intended to protect an individual from harm, and to assist him/her in reestablishing psychological equilibrium by learning more effective ways of coping with the present critical situation.

Lethality - The degree of seriousness of suicidal intent. Lethality is determined by questions directed toward two primary areas: suicidal thoughts and suicidal plans. If the student admits to suicidal thoughts has a method to implement, and a time frame for implementation, this is considered a high-risk situation. The lack of all these aspects of the plan - a method, place, and time for action - lowers the risk dramatically. Feelings of guilt, despair, substance abuse history and prior suicide attempt also increases the degree of lethality.

Petitioner - Any reliable person who has first hand knowledge of acts or events that would cause them to believe that the student is a high suicide risk, and who is willing to attest to such before the Court.

Postvention - Postvention is an appropriate method to deal with the aftermath of a suicide. This includes notification of staff, students, and media as appropriate. It provides for establishment of short-term support groups to help the survivors live a longer, more productive, and less stressful life than they are likely to do otherwise and to discourage contagion.

Postvention Assistance Team - The Postvention Assistance Team will consist of the Postvention Core Team, members of the Pupil Personnel Services staff, mental health counselors, and others as determined by staff and Core Team.

Postvention Core Team - These will be specially designated members of the building Core Team trained in crisis intervention.

Professional Behavior - Professional Behavior is adherence by staff members to these written policy guidelines, maintaining the appropriate level of confidentiality, and using the Core Team as their primary support resource.

Student at Risk - A student who has indicated by changed behavior, depression, written or verbal remarks (ideation) that he/she may be contemplating a suicide attempt. A broad spectrum of behaviors may be exhibited including:

- Youth is observably depressed and has expressed suicidal thoughts. No plan has been developed; but feelings that life is unbearable are present.
- Youth is seriously depressed, has stated a plan of suicide, and may have the means to do it. May have observable behavioral changes or may have experienced situational trauma.
- Youth is threatening or making an attempt on his/her life.
- Youth has weapon or means of ending his/her life.

Suicidal Ideation - Suicidal Ideation is an indication, either verbal or written, of a student's thoughts about committing suicide.

SUICIDE INTERVENTION PROCEDURES

Low Risk

Level I

Situation

Staff member observes a student displaying several suicide warning signs (ex: has become withdrawn in class, grades have dropped and poor attendance).

Immediate Action

Staff member will:

1. Notify Building Administrator, Counselor, Nurse or Core Team Member immediately.
2. Monitor student until he/she is under the supervision of the Building Administrator or Counselor or Core Team Member.

Information Collection

At least two SAP members will assess level of risk by collecting and documenting all pertinent information about the student including but not limited to a private interview with the student.

Parent Notification

When appropriate, the Building Principal or SAP Team Member will contact the parent for a conference.

Referral

When appropriate, referral is made for professional assessment.

Disposition

Student remains in school and monitored by SAP team for as long as needed.

Continued/Monitoring may include talking with teacher, parents, mental health agencies, school counselors, and the student.

*If conflict occurs, this policy supersedes all other policies written previously to (October 18, 1993).

SUICIDE INTERVENTION PROCEDURES

High Risk

Level II

Situation

Student who is threatening an attempt on his/her life at the present time through written or verbal comment to staff, another student, or any referral person.

Immediate Action

Staff member will:

1. Notify Building Administrator or Counselor or Nurse, or SAP Core Member immediately.
2. Supervise student until he/she is under the supervision of the Building Administrator, Counselor or Core Team Member.

Information Collection

At least two Core Team Members will assess level of risk by collecting all pertinent information about the student including but not limited to a private interview with the student.

Parent Notification

Building Principal, Designee, Counselor or Core Team Member will immediately contact parents and request an in-school parent conference.

Referral

Referral for professional assessment.

Mental Health Agency, Bedford County: 623-5166

Disposition

Student admitted back to school upon proof of contact with Mental Health provider.

Monitoring by SAP Team as long as needed.

Notify student's teachers prior to their return to school.

Monitoring may include talking with teachers, parents, Mental Health agencies, school counselors, and students.

If after ten days the student has not contacted the school with a recommendation from Mental Health, follow up will be conducted and a possible board and/or administrative hearing scheduled.

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SUICIDE INTERVENTION PROCEDURES

Attempt In/School

Situation

Suicide attempt in school

Immediate Action

1. Staff member will remain with the student until medical emergency procedures are initiated.
2. Nurse, Principal, School Counselor and SAP member will be contacted.
3. Contact local police if applicable.
4. A member of the Core Team or Principal's Designee may accompany the student if taken to hospital emergency room.

Information Collection

TRUST Team or Principal will talk with witnesses to determine time, place and method of attempt.

Parent Notification

Building Principal or his/her designee will telephone the parents to notify them of procedures taken. Parents will be asked to come to the school immediately or to report to the hospital.

Referral

1. Immediate and mandatory referral to a hospital when it is a medical emergency.
2. If no medical emergency, referral to Mental Health Services. Mental Health, Bedford County: 623-5166

Disposition

Follow Medical Emergency Procedures.

Student admitted back to school upon proof of contact with Mental Health provider.

Support services provided per post prevention procedures.

Monitoring by Core Team as long as needed.

Notify student's teachers prior to their return to school.

Monitoring may include talking with teachers, parents, Mental Health Agencies, school counselors, and the student.

If after ten days student has not contacted the school with a recommendation from Mental Health, follow-up will be conducted and a possible board meeting scheduled.

*If conflict occurs, this policy supersedes all other policies written previously to it (October 18, 1993).

SUICIDE INTERVENTION PROCEDURES

Suicide Attempt Out of School

Situation

Suicide Attempt Out of School

Immediate Action

Administrator or Counselor or other SAP Member will contact parent/guardian to confirm attempt.

Information Collection

Principal, counselor, or SAD/Trust Member will:

1. Determine circumstances relating to incident.
2. Determine what professional assessment help or treatment was undertaken.

Parent Notification

N/A

Referral

Encourage parental follow-up with hospital or Mental Health.

Ask for release of information from Mental Health or hospital to school.

Disposition

Student accepted back to school with evidence of contact with Mental Health provider.

Monitoring by Core Team as long as needed.

Monitoring may include talking with teachers, parents, Mental Health Agencies, school counselors and the student.

Notify student's teachers prior to their return to school.

If after ten days the student has not contacted the school with proof of contact with Mental Health, a follow-up will be conducted and a possible board/administrative meeting scheduled.

*If conflict occurs, this policy supersedes all other policies written previously to (October 18, 1993).

SUICIDE INTERVENTION PROCEDURES

Student Completes Suicide in or out of School

Situation

Student completes suicide in or out of school

Tragic Deaths

Immediate Action

Notify Building Principal and Superintendent designee.

Follow emergency medical procedures if completed in school.

Principal or SAP/Core Team implements postvention procedures and offers support to family, friends, witnesses.

Notify State Police.

Mobilize crisis intervention team assemble faculty to present facts and discuss how the day will be handled.

Information Collection

Determine circumstances relating to incident.

Determine what professional assessment help or treatment was undertaken.

-Contact PA State Police - contact the family when appropriate.

Parent Notification

Yes, of completion in school.

Administration communicates with parent - if needed.

Referral N/A

Counseling need available to address grief issues with outside agencies.

Disposition

As per postvention plan for survivors.

The administration will be responsible for communicating information to the student body and outside parties.

Students closest to victim should be monitored.

SUICIDE/TRAGIC DEATH POSTVENTION PROCEDURES

Despite best efforts and methods utilized by district staff, a student may attempt to take his/her life or the life of another. If a suicide or tragic death does occur, it is the intent of the Tussey Mountain School District to provide support for students, parents and members of the school staff. We would hope that establishing procedures would help all individuals react in a calm, knowledgeable and professional manner and serve as a deterrent to future suicides.

1. The school principal has the responsibility to inform the counselor, nurse, core team member, teachers of the deceased and the Superintendent/designee. (contact parent and police if occurs in school). If the death occurs outside of school hours, the faculty phone chain will be activated to inform faculty.
2. The principal will notify the faculty and brief the staff in consultation with the counselors, nurse and core team. Faculty will be instructed to observe the peers of the deceased and to offer support. Faculty will be given information about referring students who seem to be most affected to various support personnel. Guidance counselors and support staff from other buildings can be temporarily assigned to affected buildings to provide support as needed. Referrals to outside agencies will be made by the counseling staff and/or core teams. Principal will continue to update faculty. Teachers will assist with monitoring students in the halls, etc.
3. All contacts with the media will be coordinated by the Superintendent or his designee.
4. The victim's family shall be contacted to offer support and referral to outside agencies when deemed appropriate. Families of other "As Risk" students and families of students who seem to be most affected will also be notified to alert them to their child's concerns and to offer support and/or referrals to outside agencies.
5. Following a student's death, under the direction of the principal, core team members will visit classrooms to discuss suicide. Announcements should express sympathy to the family and friends of the deceased. The Student Assistance Team will meet prior to the start of the school day to plan the day's activities.
6. Individual professionals of outside agencies may be brought in as consultants to the school staff if needed.

CORRECT PROCEDURE:

1. Emphasize to students that suicide is not a good choice to solve problems. Emphasize that help is available and that people care.
2. Emphasize that no one is to blame.
3. Provide small groups opportunities for other students to discuss student suicide. Groups should be scheduled during school time.
4. Information must be made available to any student as to who to contact for help if they or a friend are depressed or thinking of suicide.

INCORRECT PROCEDURE:

1. Do not dismiss the study body. The student needs to follow a normal pattern.
2. Do not encourage general student body attendance at the funeral.
3. Do not dedicate anything in the student's memory.
4. Do not schedule an assembly program.

Despite all good efforts, all youth suicides will not be prevented. When a youth suicide occurs, the community needs to deal with the problem of extreme grief and the fact that one suicide can lead to another. How a school district handles the aftermath or postvention of a youth suicide can prevent the cluster phenomenon and help the community deal with grief.