

SUICIDE PREVENTION AND RISK ASSESSMENT

Suicide is a major cause of death for children and adolescents. The Board of Education understands that most District employees do not have expertise either in the general area of mental health care nor the specific areas of child and adolescent suicide. However, school-based mental health providers will be identified as those professionals who will conduct assessment and facilitate intervention. The Superintendent of Schools is responsible for the planning and implementation of programs which address the problem of child and adolescent suicide. The programs may be planned in cooperation with State or community mental health agencies. Moreover, they will be aligned with best practices established by professional mental health organizations.

- * Please refer to Regulation 5431-R for specific prevention and assessment protocols and 5431-E for corresponding forms.

Confidentiality

In the case of behaviors or indications that would suggest a suicide attempt, students and staff members involved must understand that confidential information will only be released to parties designated by the District/Building Administrator to assist individuals in suicide prevention. All reports on individual cases shall be kept in a confidential file by the Building Principal.

The Superintendent of Schools or his/her designee shall be the only parties authorized to release information regarding an alleged student suicidal gesture, or actual suicide, to the media.

The Building Principal shall keep the Superintendent of Schools informed on an on-going basis about procedures following a suicidal gesture.

Revised: May 5, 2015

SUICIDE PREVENTION AND RISK ASSESSMENT
REGULATION

The purpose of this regulation is to provide clear guidelines and procedures in the event of suicidal or homicidal behavior being manifested by any student in Kindergarten through Grade 12. These guidelines have been developed to address the roles of school and community service agency personnel in providing counseling crisis-intervention services. The procedures are designed to ensure that District staff do their best to prevent suicide/homicide, to obtain appropriate services for youth at risk for suicidal/homicidal behavior, and to assist the school and community in dealing effectively with suicidal/homicidal behaviors or a completed attempt.

A. Suicide Risk Management Protocol

1. Suicide Prevention

- Middle School Health Curriculum
- Initial Staff/Parent Training (e.g., NYS Suicide Prevention Center)
- Annual Staff Training Refresher
- School-Based Mental Health Provider Training in Assessment Tools

B. Risk and Protective Factors for Suicide

1. Risk Factors

- a. Suicidal Behavior: History of prior suicide attempts, aborted attempts, or self-injurious behavior.
- b. Current or Past Psychiatric Disorders: Especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, personality disorders, conduct disorders (anti-social behavior, aggression, impulsivity). Co-morbidity and recent onset of illness increase risk.
- c. Key Symptoms: Anhedonia, impulsivity, hopelessness, anxiety or panic, insomnia, command hallucinations.
- d. Family History: Suicide, attempts or Axis 1 psychiatric disorders requiring hospitalization.
- e. Precipitants/Stressors/Interpersonal: Triggering events leading to humiliation, shame, or despair (e.g., loss of relationship); not taking prescribed medication; substance abuse; family turmoil/chaos; history of physical or sexual abuse; social isolation; or LGBTQ population at higher risk.

- f. Change in Treatment: Discharge from psychiatric hospital, provider or treatment change.
 - g. Access to Firearms
2. Protective Factors: Even if present, may not counteract significant acute risk.
- a. Internal: Ability to cope with stress, does not blame self for stress, strongly held religious or cultural beliefs, frustration tolerance, realistic life goals or future plans.
 - b. External: Family connection and support, positive therapeutic relationships, community and school/social connections and supports, responsibility to beloved pets or siblings, academic achievement, no access to lethal means.

C. General Protocol

1. Confidentiality:

In the case of behaviors or indications suggesting suicide attempt, students and staff members involved must understand that confidential information will only be released to parties designated by the District/Building Administrator to assist individuals in suicide prevention. All reports on individual cases shall be kept in a confidential file by the Building Principal.

The Superintendent of Schools or designee shall be the only parties authorized to release information regarding an alleged student suicidal gesture, or actual suicide, to the media.

2. Procedures

The Building Principal shall keep the Superintendent of Schools informed on an on-going basis about procedures following a suicidal gesture.

If any District employee suspects that a student is planning suicide, making suicidal gestures, giving evidence of suicidal ideation, or disclosing homicidal ideation/intent, the following plan should apply:

- a. Immediately notify Building Principal and/or School-Based Mental Health Professional (i.e., psychologist, social worker, school counselor) regarding the potential suicidality/homicidality of student.
- b. The designated School-Based Mental Health Provider will be responsible for determining the seriousness of the threat through the District's Risk Assessment Protocol, which includes the following steps:

- i. Clinical Interview with Student
- ii. Relevant Rating Scales
- iii. Determination of Risk
- iv. Written and Verbal Parent Communication
 - Parent Notification of Risk Assessment
 - Community Mental Health Resource List
- v. Development of Intervention/Safety Plan
- vi. Completion of Risk Assessment Report Form

- c. If a suicidal/homicidal risk is discovered after school hours, the staff member will provide support to the student, and notify a District/Building Administrator or School-Based Mental Health Professional who will notify the parent/guardian immediately.
- d. After interviewing the student, the School-Based Mental Health Provider should determine the level of imminent suicidal risk.

3. High Risk Indicators

Examples of high risk indicators include: feelings of hopelessness; detailed suicide plan; method of suicide available; written statements; history of previous attempt; and/or chronically self-destructive lifestyle, combined with severe loss, threat of loss, anniversary of loss, inability to accept help and/or lack of resources.

If a student is determined to be at High Risk:

- a. Do not let the student out of your sight.
- b. Notify the parent immediately and create a safety plan.
- c. Release the student only to a parent/guardian or someone who can provide help.
- d. Provide parents with emergency contacts and community-based mental health providers.
- e. Complete a Crisis Risk Assessment report form (5431-E4) to be kept on file with the Building Administrator. Attach parent letter.
- f. Follow-up to ensure that contact with a Community-Based Mental Health Provider has been made.
- g. If the Building Principal or School-Based Mental Health Provider feels that the parent's response is potentially damaging to the student or likely to cause a suicide attempt, the threat should be reported to the Department of Social Services as suspicion of neglect and, if necessary, to the Police Department.
- h. Allow re-entry into school only with a statement from a clinical source clearing the student for re-entry. Parent will initiate the re-entry process by contacting the Building Principal.

4. Moderate Risk Indicators

Examples of medium risk indicators include: threats of ‘ending it all’ with no concrete plan; no clear method for completing an attempt; absence of support from significant others or professional sources; and/or no radical behavior changes present.

If a student is determined to be at Moderate Risk:

- a. Escort the student to a District/Building Administrator or School-Based Mental Health Provider.
- b. Create an individual safety plan.
- c. Have the student contract for safety.
- d. Notify parent/guardian before the close of the school day and review the safety plan with them.
- e. Provide support on a regular basis.
- f. Make student and parent aware of referral resources in the community.
- g. If recommended professional help is not pursued by parent/guardian or student, ask them to sign a paper confirming knowledge of school recommendation for help.
- h. Complete Crisis Risk Assessment report form (5431-E3) to be kept on file with the Building Administrator. Attach parent letter.

5. Low Risk Indicators

Examples of low risk indicators include: vague feelings of hopelessness; no suicide plans; no explicit written or verbal threat; and/or supportive help is available.

If a student is determined to be at Low Risk:

- a. Notify the parent/guardian within 24 hours. Provide information about danger signs and means of getting help.
- b. Refer student and parent/guardian to counseling resources.
- c. Provide support to the student in school by alerting significant staff (teacher, nurse, etc.) of need for support and by encouraging activities that will help the student develop relationships.
- d. Complete Crisis Risk Assessment report form (5431-E2) to be kept on file with the Building administrator. Attach parent letter.

D. Definition of Terms

Self-Injurious Behavior: is defined as the intentional, direct injuring of body tissue most often done without suicidal intentions. The most common form of self-harm is skin-cutting but self-harm also covers a wide range of behaviors including, but not limited to, burning, scratching, banging or hitting body parts, or interfering with wound healing.

Suicidal Ideation: includes thoughts of killing oneself in however vague terms (i.e., “I don’t want to go on anymore”, “they would be better off without me”, “if he/she breaks up with me I will kill myself”).

Suicide Gesture: is defined as any self-destructive behavior that does not threaten a youth’s immediate safety. Since gestures over time can escalate into attempts, it is vital that all such gestures be taken seriously.

Suicide Attempt: is defined as any self-destructive behavior that threatens the youth’s immediate safety.

Suicide Behavior: includes suicide ideation, gesture, incident, or attempt.

Stabilization: refers to the support necessary to ensure the immediate safety of the youth.

Emergency Services: will include, but not be limited to, those provided by the school medical staff, school psychologist, school social worker, school counselor, and community resources such as local emergency rooms, Albany County Mobile Crisis Team, or the Colonie Police Department.

Revised: May 5, 2015

SUICIDE INCIDENT REPORT
Student Crisis Intervention Program

Student Name: _____

School: _____

Concern: _____

(What / When / Where) _____

Concerned Person Name (please print) and Signature

Date

Principal Contacted About This Incident: Name (please print) and Signature

Date

Lethality Assessment Completed By: _____

Title: _____

Date: _____

Action Taken: _____

Parent Contacted By: _____

Title: _____

Date: _____

Crisis Intervention Team Actions

Date	Initials	Comments on Action Taken <i>(Please date all entries and be specific)</i>

This document should be placed in a confidential file by the Principal.

CONFIDENTIAL

**Parent Notification of Student Risk Assessment
Low Risk**

Student Name: _____

Grade: _____

This is to confirm our conversation on _____ regarding your child, _____ . As discussed, your child was seen by a school mental health provider on _____ and deemed to be at **Low Risk**, suggesting that there does not appear to be an imminent danger to self.

As such, the following recommendations were made:

- _____ Warning/danger signs discussed.
- _____ Community counseling referrals given.
- _____ Emergency/crisis numbers given.
- _____ Significant staff in the student’s daily life were informed to watch for warning signs at school.

If you have any questions or concerns, please feel free to contact me at:

Phone: _____, extension _____ or
E-Mail: _____@southcolonie.k12.ny.us

Staff Name (please print) and Signature

Date

Principal Name (please print) and Signature

Date

- * **24 Hour Albany County Mobile Crisis Team: (518) 549-6500**
- * **Ellis Hospital Emergency Room: (518) 243-4000**
- * **National Suicide Prevention Lifeline (800) 273-TALK**

CONFIDENTIAL

**Parent Notification of Student Risk Assessment
Moderate Risk**

Student Name: _____

Grade: _____

This is to certify that I have spoken with school staff member _____ on _____ concerning my child’s suicidal risk. As discussed, my child was seen by a school mental health provider and deemed to be at **Moderate Risk**, where he/she may pose imminent danger to self. I have been advised to seek the services of a mental health agency or therapist immediately. If we opt for supportive interventions outside the professional mental health arena, such as religious-based interventions, we have agreed to provide at a minimum a safety plan and an issues-based intervention procedure that will keep the child safe and address the precipitant issues.

I understand that _____ will follow up with me, my child, and the agency where my child has been referred for services within two weeks. In addition, the following recommendations were made:

- _____ Suicide precautions reviewed.
- _____ Emergency/crisis numbers given.
- _____ Community counseling referrals given.
- _____ Community-based mental health assessment recommended and names of a licensed mental health practitioner or psychiatric emergency services center were provided.
- _____ Crisis/safety plan was written, discussed, and given to parent.

If you have any questions or concerns, please feel free to contact me at:

Phone: _____, extension _____ or
E-Mail: _____@southcolonie.k12.ny.us

Parent Name (please print) and Signature

Date

Staff Name (please print) and Signature

Date

Principal Name (please print) and Signature

Date

- * **24 Hour Albany County Mobile Crisis Team: (518) 549-6500**
- * **Ellis Hospital Emergency Room: (518) 243-4000**
- * **National Suicide Prevention Lifeline (800) 273-TALK**

CONFIDENTIAL

**Parent Notification of Student Risk Assessment
High Risk**

Student Name: _____

Grade: _____

This is to acknowledge that I have been informed that my child, _____, has expressed suicidal thoughts and/or behaviors. My child was assessed by a school mental health provider and deemed to be at **High Risk**, in that he/she poses an imminent danger to self with a viable plan to do harm. We have been advised that we should immediately seek consultation from a community-based mental health professional, mental health center, or hospital emergency room. Mental health resources have been provided by school staff. In addition, the following recommendations were made:

- _____ Do not let the student out of your sight.
- _____ Remove access to firearms, knives, razor blades and prescription medication.
- _____ Emergency/crisis numbers given.
- _____ As per District policy, community mental health evaluation is required as follows:
The student must receive a psychological or mental health assessment before returning to school. The assessment must include a recommendation that the student is safe to return to school. The content of the psychological/mental health report must include:
 - testing administered,
 - results and findings,
 - interventions recommended,
 - specific recommendations, including whether the student is a danger to themselves or others or is safe to return to school.
- _____ Crisis/Safety plan was written, discussed and given to parent.
- _____ Re-entry meeting with appropriate staff where assessment is reviewed and safety plan updated prior to return to school.

If you have any questions or concerns, please feel free to contact me at:

Phone: _____, extension _____ or
E-Mail: _____@southcolonie.k12.ny.us

Parent Name (please print) and Signature

Date

Staff Name (please print) and Signature

Date

Principal Name (please print) and Signature

Date

- * **24 Hour Albany County Mobile Crisis Team: (518) 549-6500**
- * **Ellis Hospital Emergency Room: (518) 243-4000**
- * **National Suicide Prevention Lifeline (800) 273-TALK**