

Lower Merion School District

ADMINISTRATIVE REGULATION

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| No.: | 245 |
| Section: | STUDENTS |
| Title: | SUICIDE PREVENTION/SELF-HARMING BEHAVIOR |
| Date Adopted: | 5/18/15 |
| Date Revised: | 5/8/20 |

R245 SUICIDE PREVENTION AND SELF-HARMING BEHAVIOR

Target Population

A student expressing suicidal ideation, suicidal behavior or exhibiting self-harming behavior shall be referred by a staff member or another student to the school counselor, school nurse, or school administrator. Appropriate Crisis Response Team members shall coordinate a risk assessment of the student expressing suicidal ideation or exhibiting self-harming behavior. All Lower Merion School District schools have Crisis Response Teams that address a broad spectrum of emergencies.

Crisis Response Team Members (to address suicide prevention and self-harming behavior) include:

- Principal
- School Counselor
- School Nurse
- School Psychologist
- School Social Worker
- Other Staff Member (other staff members may be included as part of the team based upon student need as identified on a case-by-case basis)

Definitions

Categories of suicidal and other self-harming behavior are:

- “Suicidal Ideation” means having thoughts of ending one's own life. While it may not be abnormal to think about suicide at times, the sudden appearance of suicidal ideation or persistent thoughts of death are cause for concern.
- “Self-harming behavior” means deliberately harming one's own body with or without the intent of suicide. This includes but is not limited to cutting, burning, excessive risk taking, and evidence of binge drinking or other substances.
- “Suicidal Threat” means saying or doing something that reveals a self-destructive desire. All threats should be taken seriously.
- “Suicide Attempt” refers to a non-fatal self-directed potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- “Completed Suicide” means the taking of one’s life with conscious intent.

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- "Risk Factors" refer to an individual's characteristics, circumstances, history, and experiences that raise the likelihood for suicide.
- "Warning Signs" are visible signs that an individual may show indicating that they may be in crisis and thinking about suicide.

Protocols for Administration of Student Education

Students shall receive grade level-appropriate education on the importance of safe and healthy choices, coping strategies, how to recognize risk factors and warning signs, as well as help-seeking strategies for self or others including how to engage school and other resources and refer friends for help. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development.

Protocols for Administration of Employee Education

Every school's Crisis Response Team shall be provided annual training on the District Suicide Screening and Risk Assessment procedures. All District employees, including but not limited to secretaries, coaches, bus drivers, custodians and cafeteria workers, shall receive information regarding risk factors, warning signs, response procedures, referrals, and resources regarding youth suicide prevention.

As part of the District's professional development plan, school staff in grades K-12 shall participate in a minimum of four (4) hours of youth suicide awareness and prevention training every five (5) years. Included within this professional development plan will be opportunities for annual training.

Additional professional development in risk assessment and crisis intervention shall be provided to the members of the Crisis Response Team.

Resources for Parents/Guardians

The District shall provide Parents/Guardians with resources including, but not limited to, health promotion and suicide risk, including characteristics and warning signs; and information about community based behavioral/mental health resources.

Methods of Prevention

The methods of prevention utilized by the District include, but are not limited to, early identification and support for students at risk; education for students, staff, and Parents/Guardians; and delegation of responsibility for planning and coordination of suicide prevention efforts.

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Early Identification Procedures

Early identification of individuals with one (1) or more suicidal risk factors or of individuals exhibiting warning signs is crucial to the District's suicide prevention efforts. To promote awareness, District employees, students and Parents/Guardians shall be educated about suicidal risk factors and warning signs.

While this is not an exhaustive list, the following are some Risk Factors and Warning Signs for student suicide:

Factors that contribute to level of risk:

- Gender
- Gender identity
- Sexual orientation
- History of psychiatric disorders
- Race
- History of previous suicide attempt
- Alcohol or drug dependence
- Self-injurious behaviors
- Low self-concept and feelings of hopelessness
- Risk-taking behaviors or being reckless
- History of significant trauma
- Exposure to suicide loss
- Aggressiveness and high levels of impulsivity

Warning Signs:

- Reports feelings of being a burden to others
- Discusses suicide in writing
- Suicide notes and plans
- Lack of connections; withdrawing from peers and family
- Loss of energy or extreme fatigue
- Decrease in everyday interests
- Significant changes in weight and/or appetite
- Drop in grades and attendance
- Deterioration of self-care
- Expresses a hopelessness of the future getting better
- Preoccupation with suicide and death
- Uses Internet to research methods of suicide/self-harm or watches suicide/self-harm documentaries

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Procedures

STUDENT CONFIDENTIALITY IS NOT APPLICABLE IN LIFE-THREATENING SITUATIONS; THEREFORE, CONFIDENTIALITY MUST BE BROKEN WHEN THE STUDENT BECOMES A THREAT TO THEMSELVES AND/OR OTHERS.

Once evidence of self-harming behavior is made known to a District employee, the employee must intervene and immediately bring the concern to one or more of the following:

1. School Counselor
2. School Nurse
3. School Psychologist
4. School Social Worker
5. School Administrator

The member of the Crisis Response Team shall follow the procedures set forth herein, which shall include procedures for contacting Parents/Guardians.

If there is any indication that the child is in imminent danger, the child shall not be left alone and the adult shall remain in close proximity to the child. The reporting person shall remain with the child until a Crisis Response Team member arrives.

Suicidal Ideation/Threat or Self-harming behavior

- a. The student shall be referred to the school counselor for an initial risk screening and support.
- b. The counselor shall refer the student to the school psychologist or school social worker if indicated due to level of risk determined through use of the District's designated screening assessment.
- c. The school psychologist or school social worker shall conduct the District's designated suicide risk assessment to determine level of risk. The referring school counselor accompanies the student and participates in this assessment. If the school social worker completes the suicide risk assessment, they shall review the information gathered with the school psychologist or the Supervisor of Clinical Services prior to making a final determination regarding level of risk.
- d. The school psychologist or school social worker shall consult with the Crisis Response Team regarding the assessed level of risk and shall follow appropriate next steps as indicated below based on level of need.

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- e. Members of the Crisis Response Team will notify Parents/Guardians of the nature and outcome of the District’s designated suicide risk assessment. The team shall follow these steps depending on the assessment outcome.
 - 1. Low Risk
 - i. Notify Parents/guardians
 - ii. Create a safety plan with student and Parents/Guardians
 - iii. Identify school-based supports
 - iv. Coordinate, with Parents/Guardians, to connect student with community-based supports
 - 2. Moderate Risk
 - i. Notify Parents/Guardians
 - ii. Create a safety plan with student and Parents/Guardians
 - iii. Identify school-based supports
 - iv. Coordinate, with Parents/Guardians, to connect student with community-based supports
 - v. Increase frequency and duration of check-ins with designated members of the school team
 - vi. Reevaluate for suicide risk at every check-in meeting to determine suicide risk
 - vii. Maintain regular contact with Parents/Guardians and any community-based supports
 - 3. High Risk
 - i. Contact Parents/Guardians immediately
 - ii. Arrange with Parents/Guardians for safe transport of the student to a hospital or outpatient community mental health agency for a level of care assessment
 - iii. Discuss with Parents/Guardians and provide more details regarding what may occur at the hospital or outpatient community mental health agency
 - iv. The Principal or Principal's designee, when it is anticipated that the student is returning to school, shall convene a team meeting to develop a safety plan for monitoring the student’s health in coordination with the Parents/Guardians. Collaboration with the student's treating mental health service provider(s) shall occur with appropriate parental/guardian consent. The Crisis Response Team shall periodically assess the continued need for monitoring based upon the student's current level of functioning.

- f. A member of the Crisis Response Team shall contact the Office of Children & Youth if the Parents/Guardians are resistant to seeking help for the student, and if the student is

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exhibiting a level of risk that requires additional intervention to ensure the safety of the student.

- g. The members of the Crisis Response Team shall document all interventions and all contact with student, Parents/Guardians, and treating mental health service provider(s). This documentation shall be filed in the student’s confidential file, reviewed annually and destroyed in accordance with District timelines for destruction of such student records.

Suspected Suicide Attempt

- a. The staff member hearing of the alleged attempted suicide shall immediately notify the Principal.
- b. The Principal or the Principal’s designee shall verify the facts by contacting both the Parents/Guardians and the student.
- c. The school psychologist or school social worker will conduct the District's designated suicide risk assessment to determine next steps. The referring school counselor accompanies the student and participates in this assessment.
- d. The Crisis Response Team shall follow steps outlined above for Suicidal Ideation/Threat or Self-harming Behavior.

Attempted Suicide in the School Setting (school setting means on school property or at school-sponsored activities)

- i. The School Nurse shall administer first aid to the student needing immediate medical attention as the result of the attempted suicide. The school site or area of occurrence shall be cordoned off and the student provided as much privacy as possible.
- ii. 911 shall be immediately contacted for emergency transport to the hospital. Then the Principal, the Superintendent and the student’s Parents/Guardians shall be notified. If the Parents/Guardians cannot be reached, the individual listed on the emergency contact list shall be contacted immediately to meet the ambulance at the hospital.
- iii. The Principal or the Principal’s designee shall designate a staff member to accompany the student to the hospital and the designated staff member shall remain with the student until the Parents/Guardians arrive.
- iv. The Principal or the Principal’s designee shall convene the Crisis Response Team. The team shall identify and support students and staff members who may be impacted by the

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suicide attempt. The Crisis Response Team shall utilize the PREPaRE model of school-based crisis preparedness and response.

- v. The Principal or the Principal’s designee shall convene the Crisis Response Team to develop a plan for monitoring the student’s health in coordination with the Parents/Guardians when it is anticipated that the student is returning to school. Collaboration with the student’s treating mental health service provider(s) shall occur with appropriate parental consent. The Crisis Response Team shall periodically assess the continued need for monitoring based upon the student's current level of functioning.
- vi. The members of the Crisis Response Team shall document all interventions and all contact with student, Parents/Guardians, and treating mental health service provider(s). This documentation shall be filed in the student’s confidential file, reviewed annually and destroyed in accordance with District timelines for destruction of such student records.

Completed Suicide (Administrative Plan)

- i. The Superintendent and the Principal shall be notified immediately. Members of the Crisis Response Team shall be notified as soon as possible.
- ii. The Principal and Crisis Response Team, together with the Superintendent and/or designee(s), shall meet or consult within 24 hours of receiving the information and determine the plan for addressing the school community. The Crisis Response Team shall utilize the PREPaRE model of school-based crisis preparedness and response for the development of this plan.
- iii. The Principal, prior to the opening of school after a completed suicide, shall inform the staff and review the procedures for student referrals to the members of the Crisis Response Team.
- iv. The Principal shall send a letter home to Parents/Guardians to notify them of the untimely death and provide them with information and resources for their own children.
- v. Following consultation with the Superintendent or the Superintendent's designee, the Principal may release information to the school community noting the untimely death. Recognizing the family’s right to privacy and conferring with the family, additional details shall be shared as appropriate and with the family’s permission.

Completed Suicide (Student Plan)

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- i. The Principal shall share information about the student’s death with other students as appropriate once the death has been confirmed by the appropriate authorities. The following guidelines apply to any communication in accordance with the PREPaRE model of school-based crisis preparedness and response.
 - i. The Crisis Response team shall plan for student notifications. The students shall be informed in an age and developmentally-appropriate manner by staff members trained to provide information following a crisis event.
 - ii. The students shall be provided with information to aid in their understanding of the possible emotions commonly experienced in response to a suicide as well as resources on how to seek support.
 - iii. The students shall be encouraged to talk with supportive individuals in or out of school.
- ii. Members of the Crisis Response Team shall be made available to students immediately. The Crisis Response Team shall seek the support of internal and external crisis responders who have been trained in the PREPaRE model of school-based crisis preparedness and response as needed. Staff who will be interacting with students in response to the crisis event shall be provided with PREPaRE caregiver information.
- iii. Classroom (group) psychoeducation shall be offered to students to assist them in understanding and responding to the crisis event and to the resulting crisis-generated problems and initial crisis reactions.
- iv. The Crisis Response Team shall identify students at high risk based on the PREPaRE model of school-based crisis preparedness and response and meet with student to determine appropriate level of support. Parents/Guardians shall be notified of any individual crisis intervention support provided to their child in school and shall also be provided with a list of community-based mental health service providers.

Suicide Awareness and Prevention Resources

The District shall notify District employees, students and Parents/Guardians of this policy and shall post the policy on the District’s website. A listing of resources regarding suicide awareness and prevention shall be available on the District’s website.

Evaluation

The Policy and Administrative Regulations shall be reviewed periodically.

RESOURCES FOR MENTAL HEALTH COUNSELING

The following is a list of local mental health care providers compiled by the District as a service to families. Contact information for other suggested private therapists can be obtained from the school guidance counselors and psychologists. Families are urged to familiarize themselves with the qualifications of the providers as the District cannot and does not warrant the qualifications of any provider on this list.

- Montgomery County Mobile Crisis (855) 634-4763
500 Office Center Drive, Suite 100
Fort Washington, PA 19034 –3219
- Montgomery County Emergency Service (610) 279-6100
50 Beech Drive
Norristown, PA 19041
- Bryn Mawr Hospital (610) 526-3000
130 South Bryn Mawr Avenue
Bryn Mawr, PA 19010
- Horsham Clinic (215) 643-7800
722 East Butler Pike
Ambler, PA 19002
- Fairmount Behavioral Health (Roxborough) (215) 487-4100
561 Fairthorne Avenue
Philadelphia, PA 19128
- Brooke Glen Behavioral Hospital (Fort Washington) (215) 641-5300
7170 Lafayette Avenue
Fort Washington, PA 19034
- Belmont Center for Comprehensive Treatment (Bala Cynwyd) (800) 220-4357
4200 Monument Road
Philadelphia, PA 19131
- Lower Merion Counseling Service (610) 520-1510
850 W. Lancaster Avenue, 2nd Floor
Bryn Mawr, PA 19010-3220
- Children's Hospital of Philadelphia Emergency Department (215) 590-1944
3401 Civic Center Blvd
Philadelphia, PA 19104- 4319
- Suicide and Crisis Intervention (215) 686-4420
- 24-hour hotline

Please contact Student Services for additional and/or updated Resources for Mental Health Counseling: (610) 645-1918