

**5141.5/Suicide Prevention/Intervention**

TRUMBULL PUBLIC SCHOOLS  
BOARD OF EDUCATION  
POLICY MANUAL

SECTION: **5000**  
CATEGORY: **Students**  
POLICY CODE: **5141.5/Suicide Prevention/  
Intervention**

**SUICIDE PREVENTION/INTERVENTION**

**Policy Statement**

The Trumbull Board of Education recognizes that suicide has become a primary concern facing our country and, consequently, is a concern to this school system and the community it serves. The Board recognizes that suicide is a complex issue. The school may recognize potentially suicidal youth and school staff can conduct a crisis assessment to evaluate immediate level of risk; however, it cannot make clinical assessment of on-going risk and provide in-depth counseling. School staff must refer the youth who may be at risk of attempting suicide to an appropriate place for such clinical assessment and counseling if it is deemed necessary.

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.

The school system must provide Suicide Prevention Education to faculty/staff annually and to students as appropriate.

Adopted: 6/6/1989  
Revised: 5/10/1993, 4/27/1999,  
11/6/2006, 1/24/2017, 2/26/2019,  
1/14/2020

**References**

- Connecticut General Statutes §§ 10-209, 10-221(e)
- Trumbull Board of Education Emergency/Disaster Guidelines Flipchart
- Trumbull Board of Education Policy Code 5141.4: Reporting of Child Abuse, Neglect, and Sexual Assault

**Regulations**

All school district professionals have a responsibility to share with a building principal observations of student behavior or information gathered about the student which appears to be related to the possibility of suicide.

The principal, in turn, has a responsibility to follow the attached guidelines. If circumstances of a particular situation indicate that actions other than those described would serve the best interests of a given student and the school system, the principal may consult with the designated school-based team (e.g., Early Intervention Team (EIT), Student Assistance Team (SAT), Planning and Placement Team (PPT)) and/or other appropriate personnel to make such a decision and shall make appropriate documentation of the circumstances and the resulting decision.

**SPECIAL ISSUES IN USING PROCEDURES**

Communication: The building principal shall maintain communication with the Superintendent of Schools about all suicides or suicide attempts and shall call on Central Office administration for advice on how to proceed if any situation warrants. In turn, the Superintendent will keep the Board informed about suicide-related issues as appropriate. All communications must be kept confidential as appropriate.

Documentation: All actions taken by school personnel should be carefully documented. Such records should express facts, observable behaviors, and actions. They should be placed in the student's supplementary file. Following an incident of suicidal ideation, attempted or completed suicide, a daily log must be maintained. The log should document the actions taken by school personnel to monitor the student, including contacts with the student, contacts with the student's parent(s)/guardian(s), and contacts with private health care providers or agencies.

Contagion: Sometimes a suicide attempt or completed suicide will trigger other suicide attempts. There is no clear body of knowledge about how or why this occurs and what unique circumstances cause it. The best preventive measures against the contagion effect seem to involve careful identification and monitoring of students who may be in a risk category, efforts to reduce glamorization of the suicide, and carefully planned follow-up activities.

Anniversary Dates: The week, month, or year anniversary of the death, or any other anniversary date, may trigger a delayed grief reaction or a suicide attempt modeled after the first. School personnel should be sensitive to this and intensify monitoring of students at these times.

Support: While school-based team members will probably be sensitive to each other's needs for support, it can also be helpful to have support service providers from an unaffected school or, secondarily, an outside professional available during and following crisis periods to "debrief" the team and offer support to individual members as needed.

Suicide at School: Most experts agree it is better to keep students at school where adult support systems are available than to send them home where no adult supervisors might be available to them. Students must be released only to their parent(s)/guardian(s) or other responsible adults should they ask to leave school early.

I. Students at Risk for Suicide

General Procedures During School Hours: Any school staff member who becomes aware of a student who may be at risk for suicide or who has other reason to believe that the student is at risk for suicide must immediately bring that student's name to the attention of the principal or his/her designee. If the student is present in the school building at the time, the principal or his/her designee must ensure that the student will not be left alone. This must be done even if the student has confided in the staff person and asked the staff person to keep their discussion confidential. In such cases, the staff person would explain that he/she cannot keep confidentiality in these circumstances.

Appropriate staff member(s) working as a school-based team should gather background information prior to contacting the student unless there appears to be imminent risk of self-harm. This background check should be done with immediacy on the same day as the referral and may include:

- further discussion with the person who made the referral; and/or
- contact with other staff members to get data on recent student performance.

At the earliest possible moment following the collection of information, contact with the student will be made to determine the seriousness of the situation. This determination will be made by a school counselor, school psychologist, or school social worker. An assessment interview will be conducted following current best professional practices to ascertain the risk level of the student. The staff member conducting the assessment should have the opportunity to consult with colleagues over the phone or in person when needed. When possible and appropriate, two staff members can jointly conduct the assessment interview. This type of assessment does not need to be conducted in professional isolation; however, the confidentiality of the student should be maintained during any consultation. As stated earlier, at no time should the student be left unsupervised.

A. Critical Situation: The student has the intent to harm himself/herself, a specific plan for how he/she will do it, and immediate access to the method; in addition, he/she exhibits feelings of loneliness, hopelessness, helplessness, and the inability to tolerate any more pain. In this type of situation, the following actions will be taken, the order to be determined by the specific situation:

1. The building principal will assign a staff member who will stay with the student to offer support. This staff member should be the school counselor, school psychologist, or school social worker. In addition, he/she will explain to the student that someone will be contacting the student's parent/guardian because of deep concern.
2. The principal or assigned staff member (school counselor, school psychologist, or school social worker) will notify the student's parent(s)/guardian(s) and request that they come to the school immediately to pick up the student and take him/her to a licensed mental health professional for a thorough suicidal risk assessment. The following points should be covered in the meeting with the parent(s)/guardian(s):
  - The seriousness of the situation.
  - The need for parents/guardians to assure the health and safety of their child by obtaining an immediate suicidal risk assessment by a licensed mental health professional.

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- The need for the child's continued monitoring at home if he/she is released following the evaluation.
  - A request for parent(s)/guardians to sign a HIPAA-compliant release of information form for communication between the school and the facility to which the student will be taken, the student's mental health provider, and/or other individuals as appropriate.
3. The assigned staff member, principal, or principal's administrative designee will inform the parent(s)/guardian(s) that the student will not be accepted back into school until a formal mental health evaluation by a qualified professional has taken place to assess the current status of the student. The assigned staff member will complete a Suicide Intervention Report using the form developed by the Department of Pupil Personnel Services and provide a copy of that to the parent/guardian so that it can be reviewed by the professional who completes the mental health evaluation. The Documentation of Mental Health Evaluation, located in the Suicide Intervention Report, is to be completed and signed by the same professional. This summary should clearly indicate that the student was assessed and whether ongoing treatment will be in place. A mental health professional is any licensed health care or mental health care provider who has training to conduct mental health assessments. This includes, but is not limited to, pediatricians/physicians, psychiatrists, psychologists, school psychologists, social workers, professional counselors, and marriage and family therapists, who are not employees of the Trumbull Public Schools. The parent/guardian shall return the signed Suicide Intervention Report including the Documentation of Mental Health Evaluation to the principal prior to the student's return to school.
  4. If the parent(s)/guardian(s) cannot be contacted or if the parent(s)/guardian(s) refuse to come to school and the team determines that a medical emergency exists, normal procedures will be followed for such emergencies. The building principal will oversee these arrangements. These procedures are listed in the Trumbull Board of Education Emergency/Disaster Guidelines Flipchart under the section titled Medical Problem or Accident. Emergency Medical Services (911) will be phoned and arrangements will be made to transport the student to an area hospital emergency department in order to maintain the student's safety. The principal will explain that the school will file a medical neglect report with the State of Connecticut Department of Children and Family Services (DCF) (if the parent/guardian remains uncooperative and the student is less than 18 years of age).
  5. As a follow up, the assigned staff member will contact the family the next school day to discuss the family's plans to provide professional help and support to the student. Permission for communication between school and therapist/agency will be requested via a HIPAA-compliant release of information form. Prior to the student's return to school, the assigned staff member, principal, or principal's administrative designee shall meet with the parent/guardian to create a Re-Entry Plan using the form developed by the Department of Pupil Personnel Services.

If the student attends school without the parent/guardian providing documentation that the child has gotten proper mental health care to address the needs of the child,

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and there is a question if the student remains at risk for suicide, the child will remain under the supervision of a school staff member. A school counselor, school psychologist, or school social worker will conduct an assessment interview of the student following current best professional practices to ascertain the risk level of the student. The staff member conducting the assessment should have the opportunity to consult with colleagues over the phone or in person when needed. When possible and appropriate, two staff members can jointly conduct the assessment interview. This type of assessment does not need to be conducted in professional isolation; however, the confidentiality of the student should be maintained during any consultation. As stated earlier, at no time should the student be left unsupervised.

- a. If the results of this assessment indicate that the student remains a student at risk for suicide, the staff member will contact a parent/guardian of the student and inform the parent/guardian that school staff has concerns regarding the mental health needs of the student which require that the parent/guardian take steps to provide the child with appropriate mental health care. The parent/guardian will be informed that, if the parent/guardian refuses to obtain appropriate mental health care for the student, school staff will file a medical neglect report with the Department of Children and Family Services (DCF) (if the student is less than 18 years of age). DCF will then follow its procedures to ensure that the child has gotten, and/or gets, professional support.
  - b. If the results of this assessment indicate that the student is not a student at risk of suicide, the student may remain at school and the staff member may notify other staff, as necessary, to maintain a safe school environment for all students.
6. A plan of action for in-school support of the student will be discussed at the next appropriately-designed school-based team meeting. A specially scheduled meeting may need to be held. The team will continue to monitor the student.
  7. Parents/guardians must be informed by the assigned staff member of the Suicide Prevention/ Intervention Policy and that a copy of the Intervention Report will be filed in a confidential file located in the school, with a copy provided to the Superintendent of Schools, the Director of Pupil Personnel Services, and the Department Chair for School Psychologists and Social Workers. The report will not be released anyone without written parent/guardian consent.
- B. Potential Situation: The student has some intent to harm himself/herself and has thought about how he/she should do it. He/She has access to the method but does not have everything in place. Although the student may exhibit feelings of hopelessness, helplessness, and unbearable pain, he/she shows some willingness to accept help. In this type of situation, the following actions will be taken, the order to be determined by the specific situation:
1. The building principal will assign a staff member who will explain to the student that the student's parent(s)/guardian(s) will be contacted in order to arrange for professional help and to develop an appropriate support system. This staff member should be the school counselor, school psychologist, or school social worker. The

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- assigned staff member will offer to speak to the student's parent(s)/guardian(s) on the student's behalf.
2. Following the meeting with the student, the principal or the assigned staff member will:
    - a. convene the appropriate team to plan a course of action;
    - b. contact the student's parent(s)/guardian(s) to inform them of the seriousness of the situation and to request a meeting that day;
    - c. not allow the student to go home alone, but rather to be released only to a parent, guardian, or other responsible adult with the parent's/guardian's permission. If staff are unable to reach a parent/guardian, staff shall utilize the student's emergency contact information.
  3. When the parent/guardian arrives at school, the assigned staff member, principal, or principal's administrative designee shall meet with the parent/guardian to:
    - a. obtain further information from the parent/guardian concerning the student's mental health history, including therapy and previous suicidal attempts or threats. If the student is currently being seen by a mental health provider, the assigned staff member, principal, or principal's administrative designee will ask for parent/guardian permission to speak with that professional.
    - b. request that the parent/guardian sign a HIPAA-compliant release of information form for communication between the school and the facility to which the student will be taken, the student's mental health provider, and/or other individuals as appropriate;
    - c. communicate the need to the parent/guardian for an immediate suicidal risk evaluation by a licensed mental health professional;
    - d. inform the parent/guardian that the student will not be accepted back into school until a formal mental health evaluation by a qualified professional has taken place to assess the current status of the student;
    - e. discuss the need for continuing monitoring of the child at home if he/she is released following the evaluation; and
    - f. refer the parent/guardian to the appropriate professional services outside of the school system.
  4. The assigned staff member will complete a Suicide Intervention Report using the form developed by the Department of Pupil Personnel Services and provide a copy of that to the parent/guardian so that it can be reviewed by the professional who completes the mental health evaluation. The Documentation of Mental Health Evaluation, located in the Suicide Intervention Report, is to be completed and signed by the same professional. This summary should clearly indicate that the student was assessed and whether ongoing treatment will be in place. A mental health professional is any licensed health care or mental health care provider who has training to conduct mental health assessments. This includes, but is not limited to, pediatricians/physicians, psychiatrists, psychologists, school psychologists, social workers, professional counselors, and marriage and family therapists, who are not employees of the Trumbull Public Schools. The parent/guardian shall return the signed Suicide Intervention Report including the Documentation of Mental Health Evaluation to the principal prior to the student's return to school.

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5. The assigned staff member will take the lead for monitoring the case, notifying the Department Chair for School Psychologists and Social Workers, and communicating with appropriate school staff, the student's parent(s)/guardian(s), and private health care providers or agencies. Upon the student's return to school, the staff member, principal, or principal's administrative designee shall meet with the parent/guardian to create a Re-Entry Plan using the form developed by the Department of Pupil Personnel Services.
  6. If the student's parent/guardian does not follow through and the school staff continues to have concerns regarding the mental health needs of the student which require that the parent/guardian takes steps to provide the child with appropriate mental health care, the parent/guardian will be informed that school staff will file a medical neglect report with the Department of Children and Family Services (DCF) (if the student is less than 18 years of age). DCF will then follow its procedures to ensure that the child has gotten, and/or gets, professional support.
  7. Parents/guardians must be informed by the assigned staff member of the Suicide Prevention/ Intervention Policy and that a copy of the Suicide Intervention Report will be filed in a confidential file located in the school, with a copy provided to the Superintendent of Schools, the Director of Pupil Personnel Services, and the Department Chair for School Psychologists and Social Workers. The report will not be released to anyone without written parent/guardian consent.
- C. General Procedures for Field Trips/After School Hours: If a staff member has become aware of a potentially suicidal student on a field trip or during after-school hours, he/she should consider and decide upon the following actions:
- contacting the parent(s)/guardian(s).
  - contacting the police.
  - contacting the principal.

Upon returning to school, a parent/guardian of the student will be contacted by the assigned staff member, principal, or principal's administrative designee and informed that school staff has concerns regarding the mental health needs of the student which require that the parent/guardian take steps to provide the child with appropriate mental health care. The parent/guardian will be informed that, if the parent/guardian refuses to obtain appropriate mental health care for the student, school staff will file a medical neglect report with the Department of Children and Family Services (DCF) (if the student is less than 18 years of age). DCF will then follow its procedures to ensure that the child has gotten, and/or gets, professional support.

Staff members who are privy to information received outside of school that is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will maintain the privacy of such information to the extent required by law.

## II. Students Who Attempt Suicide

### A. In-School Attempt

1. The staff person who becomes aware of the attempt will remain with the student and will immediately send for the nurse and principal.

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2. The nurse and principal will follow school medical emergency procedures to get immediate medical help for the student.
3. The parents/guardians will be contacted.
4. The actions and steps outlined in Regulation IB, “Critical Situation,” above will be followed.
5. If the attempted suicide is causing visible distress among students, staff may be asked to follow “Guidelines for Talking to Students about Suicide/Sudden Death,” available through the Department of Pupil Personnel Services and each building principal. An after-school meeting may be held to identify other “at-risk” students and discuss concerns.
6. The principal, in conjunction with the appropriately designed school-based team, will develop a plan to monitor and support high-risk students.
7. A team member will be assigned to follow-up with and monitor the student upon his/her return to school.
8. If appropriate, information will be shared with the principal of any sibling’s school.

### B. Out-of-School Attempt

1. The staff person who receives the information concerning an attempted suicide will immediately contact the school principal, who will verify the information and actions taken by the parent(s)/guardian(s).
2. The principal will determine if the situation warrants informing the full faculty.
3. If the attempted suicide is causing visible distress among students, staff may be asked to follow “Guidelines for Talking to Students about Suicide/Sudden Death,” available through the Department of Pupil Personnel Services and each building principal. An after-school meeting may be held to identify other “at-risk” students and discuss concerns.
4. The principal, in conjunction with the appropriately designed school-based team, will develop a plan to monitor and support high-risk students.
5. The actions and steps outlined in Regulation IB, “Critical Situation,” above will be followed.
6. A team member will be assigned to follow up with and monitor the student upon his/her return to school.
7. If appropriate, information will be shared with the principal of any sibling’s school.
8. Staff members who are privy to information received outside of school that is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will maintain the privacy of such information to the extent required by law.

### C. Completed Suicide

In the event that a student of the Trumbull Public Schools has completed suicide, the principal of the student’s school shall immediately notify the Superintendent, and then convene the school crisis team members to develop and execute an emergency response plan. The plan will include:

- a. Support for high-risk students;
- b. Effective communication to staff, students, and parents/guardians. Communication will not include details as to the cause of death, but instead will provide resources for support.
- c. Support for the entire school community, including family of the deceased.
- d. Short-term and long-term plans to support staff, school, and community needs.



**III. Forms**

Forms to support the implementation of this policy will be developed and reviewed periodically by the Director of Pupil Personnel Services or his/her designee.

**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, or 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.

**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 feelings of aloneness, despair; perception that no one can help;
- 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
- Break 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 parent(s)/guardian(s) or close peer(s)
- Being arrested for a crime (especially if incarcerated)
- Sudden or unexpected failure or setback
- Recent traumatic event (e.g., moving, car accident, a major loss, disciplinary crisis) that makes facing the future seem 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 college or staying behind while friends go to college

**The listing below is a free provider for mental health evaluations of students at risk for suicide in our region of the state.**

**Emergency Mobile Psychiatric Services (EMPS) Telephone Number: 1-866-242-7818  
EMPS Provider: Child and Family Guidance Center**