

Regulation

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR

General

The following procedures shall be used for suicide prevention and for identification and intervention with students at risk for suicide and other self-destructive behaviors.

Identification of Suicidal Ideation

- A. School personnel both teaching staff members and support staff members, shall be alert to any sign that a pupil may be contemplating suicide. Such signs include, but are not necessarily limited to, a pupil's:
1. Overt suggestion, regardless of its context, that he/she is considering or has considered suicide or has worked out the details of a suicide attempt;
 2. Evidence of preparation of a will, intention to dispose of his/her effects and belongings, or otherwise get life "in order";
 3. Obsession with death or afterlife, possession of a weapon or other means of suicide or obsession with such means;
 4. Sense of hopelessness or unrelieved sadness;
 5. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;
 6. Drop in academic achievement slacking off of energy and effort, or inability to focus on studies;
 7. Isolation from others by loss of friends, withdrawal from friends, lack of companionship, or family disintegration;
 8. Preoccupation with nonexistent physical ills;
 9. Loss of weight, appetite, and/or sleep; Substance abuse;
 10. Loss of economic resources
 11. Loss of interest and pleasure in previously enjoyable activities;
 12. Increased irritability and behavior problems;
 13. Giving away important possessions;
 14. Use of alcohol or drugs;
 15. History of physical, mental, emotional or sexual abuse;
 16. History of learning disabilities combined with sense of failure;
 17. Frequent sleeping disorders or complaints;
 18. Sudden interest in dangerous or uncharacteristic risk-taking activities;
 19. Inattention to personal hygiene;
 20. Rebelliousness, belligerence;
 21. Depression or grief following loss of emotionally supportive "significant other" relationships;
 22. Sudden lifting of severe depression; and
 23. Recent withdrawal from therapy or psychological counseling.
- B. The staff will be made aware of signs of suicide risk and instructed in the board policy related to suicide by the school counselor or child study team member or appropriate and approved outside agency.

Intervention for Potential Suicide

- A. Any indication of a potential suicide, whether, personally witnessed or received by report from another, must be taken seriously and must be reported to the principal immediately;
- B. The principal shall immediately inform the child study team, social worker, and guidance counselor who shall investigate the matter promptly and conduct such evaluations as may be appropriate;

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- C. The principal will inform the pupil's parents/guardians, in a conference if possible, of the signs demonstrated by the pupil and of the district's concern and seek parental approval of the pupil's evaluation. In the event parental abuse or neglect is suspected, the principal or the employee who forms the suspicion will immediately so inform the New Jersey Division of Child Protection and Permanency (DCP&P) in accordance with policy (5141.4 Child Abuse and Neglect);
- D. If the threat of suicide is immediate and serious, the principal may appoint teaching staff members, guidance counselors, social workers, and/or child study team members to a suicide intervention team, which shall determine the potential of the threat by directly questioning the pupil. The team shall evaluate the student and determine:
 - 1. Whether any suicide plans have been made, how detailed the plans are, and whether any preliminary actions have been taken;
 - 2. The pupil's feelings of hopelessness and the length of time the pupil has had such feelings;
 - 3. The pupil's thoughts of suicide and how persistent and strong those thoughts are; and
 - 4. Whether the pupil has considered alternative courses of action to resolve his or her problems;
- E. After gathering information, the suicide intervention team shall determine the life-threatening risk of the situation based on the pupil's signs of possible suicide and the pupil's responses to questioning;
- F. If it is determined that a substantial risk of suicide exists, the suicide intervention team shall:
 - 1. Assign staff members as required to assure that the pupil is never out of the presence of an adult who has been fully informed that the pupil may be in danger of self-destruction;
 - 2. Refer the pupil to the child study team for comprehensive evaluation;
 - 3. Notify the pupil's parent or legal guardian immediately and strongly recommend consultation with a licensed mental health professional or agency;
 - 4. Request the parent or legal guardian to sign a release of information form authorizing the chosen mental health professional or agency to share with appropriate district personnel such relevant information as premature termination of treatment, additional threats and/or attempts of suicide, and continuing warning signs;
- G. A member of the suicide intervention team will be appointed to follow up on the pupil's progress and to determine whether the pupil's parent/guardian has consulted a mental health professional or agency. Follow up reports will be made to the principal;
- H. If the pupil's parent/guardian does not sign the release of information form or does not cooperate in a comprehensive child study team evaluation or does not seek treatment for the pupil, the principal shall inform the New Jersey Division of Child Protection and Permanency (DCP&P).

Response to Suicide Attempt

Any attempted suicide, whether or not on school premises or during the school day, must be reported immediately to the principal.

The staff member who witnesses a suicide attempt on school premises or at a school sponsored event or in the course of school-related travel shall render first aid in accordance with policy (5141.1 Accidents) and summon medical assistance as appropriate.

Procedures as indicated above will be followed.

Prevention of Suicide Contagion

- A. All district principals will be promptly informed when a pupil of this district commits suicide;
- B. Each principal will assemble teaching staff members prior to the opening of school to provide them with accurate information, plans for the school day, and guidelines for handling the concerns of pupils;

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- C. The principal of the school or building that the victim attended will assign a crisis team from the appropriate staff to assist the staff in dealing with the general school situation and any individual problems that may arise.
- D. The suicide will not be given prominence by public announcement or a school-wide assembly. School will not be closed in order to permit pupils and staff members to attend the victim's funeral;
- E. Teachers will respond to the needs of pupils with as little interruption of the educational program as possible;
- F. Pupils will be provided with accurate information and will be given the opportunity to discuss their feelings of loss and their memories of the victim, both good and bad, without penalty;
- G. All school personnel shall be especially alert to signs of contemplated suicide among the victim's peers;
- H. Teaching staff members, under the direction of the principal, shall attempt to prevent social contagion by:
 - 1. Working with individual pupils;
 - 2. Identifying pupils in need of individual counseling; and
 - 3. Observing their pupils for signs of needed intervention;
- I. The chief school administrator may arrange for assistance from trained professionals from other district child study team structures to assist the district personnel.

Preventing Glorification or Romanticizing Suicide

Helping pupils recognize that suicide is irreversible and permanent and does not resolve problems. Staff shall:

- A. Encourage pupils to ask probing questions when a fellow pupil suggests suicide and to report such suggestions to a teaching staff member, and
- B. Discuss ways of handling depression and anxiety without resorting to self-destruction.

Pupils who were close to the victim, and their parents or legal guardians, shall be offered special counseling services and notified of available community mental health services.

Self-Injury

Self-injury is any deliberate, non-suicidal behavior that inflicts physical harm on your body and is aimed at relieving emotional distress.

Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behavior may calm or awaken a person. Self-injury only provides temporary relief. It does not release the underlying inner conflict. Self-injury can become a habitual, chronic and repetitive response to the stresses of day-to-day life and can escalate in frequency and severity.

- A. Self-injury can include but is not limited to:
 - 1. Cutting;
 - 2. Burning;
 - 3. Banging and bruising;
 - 4. Non-suicidal overdosing; and
 - 5. Deliberate bone-breaking.
- B. People who self-injure usually make a great effort to hide their injuries and scars, and are often

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uncomfortable about discussing their emotional inner or physical outer pain.

Procedures for Identification and Intervention for Self-Injuring Behavior

A. Risk Factor Associated with Self-Injury

Self-injury is a coping mechanism and it is important to recognize and respond to the underlying reasons behind a person's self-injury. Risk factors include, but are not limited to:

1. Low self-esteem;
2. Perfectionism;
3. Mental health issues such as depression and anxiety;
4. The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder;
5. Problems at home or school;
6. Physical, emotional or sexual abuse;

B. Warning Signs

As noted above, there may be no warning signs, but some of the things below might indicate that a student is suffering internally which may lead to self-injury:

1. Drug and/or alcohol misuse or risk taking behavior;
2. Negativity and lack of self-esteem;
3. Out of character behavior;
4. Bullying other students;
5. A sudden change in friends or withdrawal from a group.

C. Physical signs that self-injury may be occurring:

1. Obvious cuts, scratches or burns that do not appear of an accidental nature;
2. Frequent 'accidents' that cause physical injury;
3. Regularly bandaged arms and/or wrists;
4. Reluctance to take part in physical exercise or other activities that require a change of clothes;
5. Wearing long sleeves and trousers even during hot weather.

D. Intervention for Suspected Self-Injury

1. When a teaching staff member or other instructional personnel suspects that a student may be self-injuring, he/she shall report the name of that student immediately to the school nurse and the principal;
2. In the absence of the principal, his/her duties under this policy shall be performed by an administrative designee;
3. The principal will consult with the school nurse to determine if a referral to emergency medical services is necessary. The final decision to refer a student shall rest with the principal;

NOTE: In instances where the student is physically dangerous to him/herself or others, the principal shall summon the local law enforcement and/or emergency medical services for the purpose of transporting the student to the emergency room.

4. The principal shall notify the parents/guardians, if the student has an injury, to come to school. The principal shall request a conference to discuss the matter.
5. The principal shall notify the superintendent of the incident and actions taken;
6. The injured student shall be monitored by the school nurse until safely released to the parents/guardians or back to class as appropriate;
7. When requested by students, parents or guardians, or required under the policy, Egg Harbor City School District will provide information on local or county agencies that will assist them in

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dealing with self-injury.

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