

Category: **STUDENTS**

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Subject: SUICIDE PREVENTION / INTERVENTION

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## **SUMMARY OF CHANGES**

This regulation updates and supersedes A-755 dated January 20, 2011.

### Changes:

- This regulation has been revised to reflect that school staff should consider a referral to the CSE or a request for a 504 meeting for students who have attempted or have exhibited potentially suicidal behavior. (See Section III.D, page 5; Attachment No. 1.)
- This regulation has been revised to reflect the current Department of Education organization including the Children First Networks. (See Attachment No. 1.)
- The resources have been updated to reflect new and available mental health services (See Attachment No. 2)

## ABSTRACT

This regulation supersedes and replaces Chancellor's Regulation A-755 dated January 20, 2011. The number of suicides and attempted suicides among school aged youth has increased by alarming rates in recent years. This regulation focuses on the role of the school in dealing with potential or actual suicidal behavior and provides guidelines to assist each school in the development of a School Crisis Intervention Plan. It is the responsibility of every staff member to report knowledge of any potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential. Only School Based Mental Health Programs (SBMHP) trained mental health staff such as guidance counselors, psychologists, social workers, and psychiatrists are to provide appropriate counseling services. This staff is crucial in the formation of the school crisis response/prevention education/intervention team. The persons designated by the principal, e.g. the assistant principal, guidance counselor, social worker, mental health worker, must report suicidal behavior to the parent\* and complete a Department of Education "On-line Occurrence Report".

## INTRODUCTION

Students often give clues of their intent to commit suicide to peers, teachers and other personnel. It is important, therefore, that all school personnel (pedagogical and non-pedagogical) be made aware of behavioral manifestations which may suggest suicidal tendencies. All suicide related behaviors must be taken seriously.

### I. ADMINISTRATION

The principal of each elementary, intermediate, junior high school, high school, and citywide Special Education Program shall:

- A. Designate a staff member to serve as the school's School Suicide Prevention Liaison. He/she serves as the school's liaison to the Children First Network (CFN) Youth Development Liaison as appropriate on all matters related to suicide prevention education/intervention. The liaison is responsible for completing the suicide report in the DOE's "Online Occurrence Reporting System" (OORS). He/she also serves as a member of the school's "Crisis Team" (see Section I.B below)
- B. Establish a school crisis response/prevention education/intervention team ("Crisis Team"). The Crisis Team may be part of an already existing pupil personnel or comprehensive health team. The Crisis Team must include the school's designated suicide liaison and school based mental health workers. The Crisis Team is a multidisciplinary team which may also include the school principal, the designated suicide liaison, guidance counselors, teachers, school based support team members, Substance Abuse Prevention and Intervention Specialists (SAPIS), health resource coordinators, school nurses, School Based Mental Health Providers (SBMHP) personnel and other staff members who have an understanding and working knowledge of suicide issues.
- C. Ensure that the school's suicide prevention/intervention plan is fully implemented.
- D. Ensure that the Suicide Reference Guide - Warning Signs of Suicide Risk and Procedure for Action (Attachment No. 1) and the "Mental Health and Social Services for NYC Youth" (Attachment No. 2) are distributed to all school staff.
- E. Ensure that the Suicide Reference Guide, the list of Crisis Team members and intervention procedures are prominently posted.

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\* The term "parent," whenever used in this regulation, shall mean the student's parent(s) or any person(s) or agency in a parental or custodial relationship to the student or any individual designated by the parent to act in *loco parentis*, or the student, if he/she is an emancipated minor or has reached 18 years of age.

- F. Identify a service provider(s) from the New York State Office of Mental Health, if necessary, at: <http://www.omh.state.ny.us/omhweb/licensing/bic/locatebic1.asp>.

## II. PREVENTION THROUGH EDUCATION

The goal of suicide prevention through education is to heighten awareness of the school community (pedagogical/non-pedagogical personnel, parents, students, etc.) of the warning signs of, or the factors which may contribute to suicidal behavior, and to enable them to access appropriate prevention/intervention services. Warning signs and symptoms must be interpreted cautiously, in conjunction with other factors and each individual circumstance. See the Suicide Reference Guide on some of the symptoms and warning signs (Attachment No. 1).

### A. Crisis Team Responsibilities

Each School Crisis Team must:

1. Develop a School Crisis Intervention Plan which establishes the steps the school will take to provide intervention and support services to students who exhibit suicide-related risk behaviors. The plan must:
  - a. Address prevention-education/intervention and post-intervention (follow up) measures and activities;
  - b. Include a timeframe for implementation;
  - c. Include the names of staff involved in the implementation of the plan and their respective roles and responsibilities; and
  - d. Be included as part of the school's "Consolidated School and Youth Development Plan".
2. Conduct an Orientation Session for school personnel within the first two months of the beginning of every school year. The Orientation Session must include a presentation of the school's suicide prevention-education/intervention plan to the entire school community. It may be conducted at administrative conferences, pupil personnel meetings, teacher conferences and meetings for non-pedagogical staff and parents.
3. Facilitate or conduct Teacher Training/Professional Development for all school staff. This training should focus on the immediate referral of attempted suicide and/or suicidal behavior to the principal or designated school liaison. In addition, pertinent information must be provided to staff on suicidal risk factors, risk taking behavior, identifiable indicators, referral procedures, follow-up strategies, and sensitizing staff to the special needs of potentially suicidal students.
4. Provide a variety of developmentally appropriate Student Awareness activities for all students to help them develop an understanding of the finality of death, and responsible concern for self and others by seeking help, when appropriate.
5. Coordinate organizational assistance within the community, establish liaisons with mental health agencies and hospitals, and train parent and community groups to become familiar with appropriate prevention-education/intervention strategies. This training should be part of the school's comprehensive health program. The team shall encourage participation of community agencies/groups in training sessions. It is recommended that the team meet periodically with hospital/agency staff to ensure on-going communication, training and optimal collaboration.
6. Inform community mental health agencies and hospitals of the school's suicide prevention-education/intervention component. The crisis team shall develop and utilize a detailed community resource and reference list with an indicated liaison in each agency and/or hospital. The resource list should be updated annually.

### III. INTERVENTION PROCEDURES

Every staff member must report knowledge of any suicide attempt or potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential.

#### A. Suicide Attempts

##### 1. Intervention measures

When a staff member has knowledge of a suicide attempt, the following steps must be taken:

- a. The staff member must summon assistance and inform the principal/designee.
- b. The staff member must ensure that the student is not unattended under any circumstance.
- c. The staff member must ensure that appropriate first aid procedures are administered.
- d. The staff member must contact 911 immediately so that the student can be transported and admitted to the nearest hospital.
- e. The principal/designee must notify the parent and summon him/her either to the school or to the hospital involved. If the student must be removed to the hospital and the parent has not arrived, a member of the school staff must accompany the student to the hospital. If the parent does not arrive by the end of the staff member's school day, the staff member must contact the principal/designee.

##### 2. Post-Intervention/Follow-Up Procedures

The principal/designee must take the following steps after the suicide attempt to support the student and the parent:

- a. Communicate on an ongoing basis with the parent and the SBMHP or an outside treatment service provider to ensure appropriate school support.
- b. Continue to provide appropriate instruction. No student may be excluded from school pending a "medical clearance" or an "authorization to return to school".
- c. Provide appropriate school guidance and counseling services upon the student's return to school. This may include, but is not limited to:
  - i. maintaining contact with the student and family;
  - ii. communicating with the SBMHP, hospitals and mental health agencies;
  - iii. helping the student adjust and cope with school stressors;
  - iv. adjusting the school program where appropriate; and/or
  - v. integrating school services with outside sources of help.
  - vi. If the incident creates an impact on the larger school community, the crisis team should be called to assist staff and students in coping with the situation.

#### B. Suicidal Behavior

##### 1. Warning Signs

The situation is to be regarded as life threatening whenever a student verbalizes or writes a detailed suicide plan of action or whenever a student exhibits a combination of any of the following behavioral patterns:

- Severe and persistent bereavement
- Previous self-injuring behavior

- Total withdrawal/isolation
- Feeling of hopelessness
- Chronic depression
- Chronic substance abuse
- Deteriorating school functioning
- Loss of reality boundaries
- Lack of emotions/inappropriate affect
- Rage/anger

## 2. Intervention Measures

The following steps must be taken when any staff member becomes aware of suicidal behavior:

- a. The staff member must immediately inform the principal/designee.
- b. The staff member must contact 911 where appropriate.
- c. The principal/designee must contact the parents and make them aware of the serious and potentially dangerous nature of the situation and assist in developing an immediate plan of action to follow, i.e., referral to the SBMHP, location of a nearby hospital, mental health agency or other appropriate support services.
- d. If the student has indicated access to the means for attempting a suicide, the parent must be informed about appropriate preventative measures. In addition, the parent should be counseled on “means restrictions,” limiting the child’s access to the mechanism for carrying out the suicide attempt (i.e., dangerous weapons or medicine/drugs).

## 3. Post Intervention/Follow-Up Activities

The principal/designee must have ongoing communication with the parent and the treatment service provider to ensure appropriate school support. The principal/designee must work with the crisis team to assess the risk to the child and provide appropriate interventions and services. The Suicide Reference Guide – Procedures for Action Suicide Reference Guide (Attachment No. 1) shall be used to guide school personnel working with students that may be at risk of suicide.

## C. Suicidal Ideation

### 1. Intervention Measures

When a student expresses general thoughts or feelings about suicide and exhibits some of the warning signs or indicators listed on the Suicide Reference Guide – Warning Signs of Suicide Risk (Attachment No. 1), the following steps must be taken:

- a. The situation must be assessed by the crisis team to determine appropriate interventions and services.
- b. Any staff member becoming aware of such behavior must notify the principal/designee immediately.
- c. The principal/designee must make the student’s parent aware of the potentially dangerous nature of the situation.

### 2. Post Intervention Follow Up Measures

The crisis team must develop a plan of action, in collaboration with the parent, to:

- arrange for a designated member of the crisis team meet with the student on a regular basis to offer ongoing support and monitor student's progress;
  - conduct follow-up within the school and/or follow-up with the treatment service provider to determine what additional measures should be taken, if any;
  - refer the student to the SBMHP or an outside mental health screening program, depression screening program or mental health agency;
  - encourage the student and family to participate in ongoing therapeutic intervention; and/or
  - communicate with the suicide prevention, education and intervention team to review student progress on a regular basis and determine the outcome of their interventions.
- D. Where a student attempts suicide or exhibits potentially suicidal behavior, where appropriate, school staff should consider a referral to the CSE or a request for a 504 meeting. For information on how to conduct a 504 meeting, please see Chancellor's Regulation A-710, which is posted on the DOE's website at <http://schools.nyc.gov/NR/rdonlyres/381F4607-7841-4D28-B7D5-0F30DDB77DFA/97054/A7101202011FINAL.pdf>.

#### IV. **FOLLOW-UP PROCEDURES**

In the aftermath of a student suicide attempt or death by suicide, follow-up procedures should be established to assist staff, students, and family in coping with the situation. The following follow-up activities should be incorporated in each school plan:

- A. A staff conference open to all school personnel should be held as soon as possible following a suicide to:
1. Eliminate rumors surrounding the suicide;
  2. Develop a plan for dealing with the suicidal incident in individual classroom groupings (to permit open discussion and facilitate identification of other at-risk students and avoid imitation suicides);
  3. Consider a memorial service; and
  4. Address the grief reaction of students, staff and the entire school community.
- B. School mental health workers, crisis team members and/or community-based organizations should conduct small group sessions with students and staff to alleviate anxiety and help resolve the feelings that follow such an incident.
- C. In consultation with the principal, provide family members with a referral to outside resources for continuing support services.

#### V. **REPORTING PROCEDURES**

A. On-line Occurrence Reports

All school staff members must report any deaths by suicide, attempted suicides and expressions of suicidal intentions occurring in and out of school to the Department of Education as follows:

1. The school staff member must immediately notify the principal/designee.
2. The principal/designee must immediately notify the CFN Youth Development Liaison as appropriate by telephone.
3. The principal/designee must immediately notify the Department of Education's Emergency Information Center of the incident by calling (718) 935-3210.
4. The principal/designee must complete an On-line Occurrence Reporting System Report (OORS) Suicide Report within one school day. The DOE OORS link may be accessed at: <https://ats.nycboe.net/safety/portal/>.

5. The principal/designee must complete an OORS follow-up report within ten (10) days. The Office of School and Youth Development provides a help desk to assist with any technical questions regarding the filing of an OORS report. The help desk is available from 8:00 AM to 6:00 PM Monday through Friday. To contact the help desk, dial (718) 935-5004 and ask for the OSYD Web Support.B. Reports to the New York State Central Register for Child Abuse and Maltreatment (see Chancellor's Regulation A-750, Report of Suspected Child Abuse and Maltreatment).
1. All staff members are mandated reporters for child abuse and maltreatment. The staff member who has first-hand information must personally and immediately make an oral report to the New York State Central Register (SCR) for Child Abuse and Neglect at 1-800-635-1522 when:
    - a. A student exhibits potentially suicidal behavior and the school has reasonable cause to suspect that the child has been abused or maltreated.
    - b. The parent refuses to cooperate with the school or to take alternative preventive measures and the student is still at risk.
  2. Immediately after making the oral report to SCR, the staff member must inform the principal/designee who must then complete the LDSS 2221 A within 48 hours. Copies of the form may be obtained at: <http://schools.nyc.gov/StudentSupport/NonAcademicSupport/ChildAbuse/default.htm> (refer to Chancellor's Regulation A-750 - Reports of Suspected Child Abuse and Maltreatment).

#### VI. TECHNICAL ASSISTANCE

The CFN Youth Development Liaison can provide assistance with this regulation, in developing suicide prevention and intervention plans, conducting professional development and identifying educational materials on suicide prevention and intervention. For technical assistance, contact the Office of School and Youth Development at the number listed below.

#### VII. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

<u>Telephone:</u> 212-374-0805	<i>Office of School and Youth Development</i> <i>Suicide Prevention and Intervention</i> N.Y.C. Department of Education 52 Chambers Street - Room 218 New York, NY 10007	<u>Fax:</u> 212-374-5751
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