

**SUICIDE REFERENCE GUIDE**

**WARNING SIGNS OF SUICIDE RISK**

This reference guide is to alert you to the typical indicators of risk for suicide or self-injury among children and adolescents.

This list is not exhaustive. Please note that a child may have one or more indicators and may not be at risk for suicide. However, the continued presence of an indicator, or the presences of several indicators in combination, should alert school personnel to the possibility of suicide risk. All indications of suicidality need to be taken seriously and the principal /designee should be alerted immediately.

<b>BEHAVIORAL INDICATORS</b>
<ul style="list-style-type: none"> <li>• Previous suicide attempts</li> <li>• Verbal or written statements expressing suicidal tendencies</li> <li>• Self-destructive behavior, e.g., self-inflicted burns, cuts, reckless or dangerous behavior</li> <li>• Use of drugs and/or alcohol</li> <li>• Isolation/withdrawal</li> <li>• School failure/truancy</li> <li>• Deteriorating school functioning</li> <li>• Neglect of personal welfare or appearance</li> <li>• Running away from home</li> <li>• Disciplinary crisis, e.g., suspension, arrest</li> <li>• Unusual or prolonged crying</li> <li>• Giving away personal belongings</li> <li>• Inappropriately saying goodbye</li> <li>• Changes in normal behavior, e.g., arguments or fights</li> <li>• Eating disorders/change in eating habits</li> </ul>

<b>EMOTIONAL INDICATORS</b>
<ul style="list-style-type: none"> <li>• Depression</li> <li>• Strong and persistent bereavement concerns</li> <li>• Loss of reality boundaries, hearing voices</li> <li>• Loss of emotions/apathy/inappropriate affect</li> <li>• Panic attacks, anxiety disorder</li> <li>• Low self-esteem, extensive self-criticism</li> <li>• Feelings of hopelessness</li> <li>• Exposure to violence or trauma</li> </ul>

<b>PERSONAL CIRCUMSTANCES</b>
<ul style="list-style-type: none"> <li>• Serious illness - self or family member</li> <li>• Unwanted pregnancy</li> <li>• Sexual identity concerns</li> <li>• Recent humiliating event</li> <li>• Family problems: child abuse or neglect, sexual abuse, domestic violence, homelessness, divorce, separation from family members, substance abuse or mental illness in family, institutionalized parent and family stress</li> </ul>

Please consult Chancellor's regulation A-755 for additional information  
Additional Resources in Suicide Prevention and Intervention

The Samaritans	1-212-673-3000
New York City Youth Line	1-800-246-4646
Safe Horizon	1-212-577-7700/7777
LifeNet	1-800-LIFENET
Lifeline	1-800-273-TALK
Covenant House	1-800-999-9999

**SUICIDE PREVENTION GUIDE – PROCEDURES FOR ACTION**

<b>PREVENTION</b>	<b>SUICIDE ATTEMPTS</b>
<p>The goal of the school-based suicide prevention team is to provide orientation and sensitivity for the total school community. The Suicide Prevention Team will:</p> <ul style="list-style-type: none"> <li>• Present the school's suicide prevention component to the entire school community</li> <li>• Conduct training for staff members, review indicators, assess risk and needs</li> <li>• Devise a variety of activities for students to help them develop an increased awareness of self, understanding of the finality of death, and concern for self and others</li> <li>• Provide training workshops for parents and community groups to become familiar with appropriate prevention strategies</li> <li>• Coordinate organizational linkages within the community</li> <li>• Establish liaison with mental health agencies and hospitals</li> <li>• Generate a detailed, up-to-date community resource list for quick reference</li> </ul>	<p>When a student has made a suicide attempt, the situation is to be regarded as life threatening and assistance must be summoned immediately. <u>Under no circumstances should the student be left alone.</u></p> <ul style="list-style-type: none"> <li>• Summon assistance immediately within the school</li> <li>• Immediately notify the principal or designee</li> <li>• Ensure that appropriate first aid procedures are followed and are administered by the medical aide or other trained staff</li> <li>• Call 911 to request an ambulance</li> <li>• Monitor student until ambulance arrives</li> <li>• Notify and summon parent/guardian to school or to hospital involved</li> <li>• Have staff member accompany student to the hospital and remain with student until the parent/guardian arrives</li> <li>• Notify the Emergency Information Center (718) 935-3210</li> <li>• Communicate with parent/guardian in supportive role; refer to appropriate mental health agency</li> <li>• Complete an On-line Occurrence Report</li> </ul>
<b>LADDER OF REFERRAL</b>	<b>SUICIDAL BEHAVIOR</b>
<p align="center">Staff (pedagogical or non-pedagogical)        ▼        Principal or Designee        ▼        Member of Crisis Team        (Principal, Social Worker, SBST, Psychologist, Guidance Counselor, SAPIS/SPARK, Dean)        ▼        Parent, Hospital or other Medical Facility        ▼        Youth Development Coordinator</p>	<p>The situation is to be regarded high risk whenever a student verbalizes or writes a detailed suicide plan of action in conjunction with a pattern of behavioral and emotional indicators.</p> <ul style="list-style-type: none"> <li>• Immediately notify the principal or designee</li> <li>• Where appropriate, contact 911</li> <li>• Principal or designee calls and notifies parent of the serious and potentially dangerous situation</li> <li>• Make appropriate referrals to treatment service provider</li> <li>• Ensure that appropriate school support services are provided to student and family</li> <li>• Follow up case with service provider in order to determine disposition of the case</li> <li>• Principal or designee maintains communication with family</li> <li>• Notify the Emergency Information Center (718) 935-3210</li> <li>• Complete an On-line Occurrence Report</li> </ul>
<b>FOLLOW-UP</b>	<b>SUICIDAL IDEATION</b>
<ul style="list-style-type: none"> <li>• Notify the Youth Development Coordinator for the Network</li> <li>• Make appropriate referrals to treatment service provider</li> <li>• Follow up case with hospital involved in order to determine disposition of the case</li> <li>• Ensure that appropriate school support services are provided (adjustment to academic program, in-house counseling, notification to student's subject classes, etc.)</li> <li>• Consider a referral to the CSE or a request for a 504 meeting.</li> <li>• Communicate with parent/guardian</li> </ul> <p>When it is believed that the suicidal condition is a possible consequence of suspected child abuse and neglect, a report must be filed with the New York State Central Register Hotline: 1-800-635-1522.    (See Chancellor's Regulation A-750)</p>	<p>When a student expresses general thoughts or feelings about suicide and exhibits various indicators, the situation is to be regarded as moderately dangerous.</p> <ul style="list-style-type: none"> <li>• Immediately notify the principal or designee</li> <li>• Where appropriate, contact 911</li> <li>• Principal or designee calls and notifies parent of the serious and potentially dangerous situation</li> <li>• The crisis team develops a plan that advocates for the student, the provision of services, meets with the student regularly, and monitors the progress</li> <li>• Refer the student to an outside mental health agency</li> <li>• Encourage student and family to participate in on-going therapeutic interventions</li> <li>• Notify the Emergency Information Center (718) 935-3210</li> <li>• Complete an On-line Occurrence Report</li> </ul>

**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 trained mental health staff are able to provide appropriate counseling services.**