



## PERSONNEL

Prevention of Youth Suicide

4118.26

The Montville Board of Education recognizes that youth suicide prevention is a complex issue which requires the resources of school, home, and community in a continuous collaborative effort. Components of a youth suicide prevention program include education, intervention, post-intervention and evaluation. (P.A. 89-168)

### Education

The goals of the educational component are:

1. Promotion of the health and well-being for all children and youth.
2. Early recognition of those students who are vulnerable to becoming at-risk or who may already be at risk of suicide.

Implementation of the educational component includes:

1. Staff development.
2. A sequential and developmentally appropriate mental health curriculum which emphasizes the development of self-esteem and effective problem solving skills.
3. Involvement of parents and other community members in the youth suicide prevention program.

NOTE: In implementing the educational component, extreme care must be taken not to glamorize suicide or other self-destructive behaviors.

### Suicide Prevention Guidelines

When a staff member in the public school system is confronted with a situation in which a student makes a statement of suicidal thinking, or it appears that an attempt at suicide is possible, the following actions will take place:

1. The staff member immediately will notify the principal and in absence of principal the assistant principal of the suspicion.
2. In the event the staff member perceives that a student has taken action which creates a medical emergency, the school nurse will be notified immediately and emergency medical procedures will be followed.
3. The principal and the school nurse will seek the intervention of the department of student services worker--either the school psychologist or the school social worker.

4. The counselor and/or department of student services worker will meet with the student immediately for the purpose of establishing sequential facts or events leading to the crisis. At no time during this process is the student to be left alone.
5. If the student is referred, immediate contact will be made with a parent or guardian and a conference will be held the same day.

During the conference, the parent or guardian will be advised that an immediate psychiatric evaluation is needed.

Under no circumstances is a student allowed to go home alone. The student must be released only to a parent, guardian, or other responsible adult.

If reasonable attempts to reach the parent, guardian, or other responsible adult in whose custody the student may be released are not successful, the case will be treated as a medical emergency and arrangements will be made to transport the student to an area hospital emergency room or mental health facility.

If the student requires medical attention, he/she will be transported immediately to an area hospital.

A detailed report will be written within twenty-four hours by the department worker who assumes responsibility for the case. The report shall include:

- name of the student.
- name of the staff member(s) involved.
- time and date of all conferences.
- summary of all conferences.
- recommendations made to parents, student, and building staff.

Follow-up contact will be in accordance with the recommendations. A report will be written indicating those activities performed to follow through and ensure the safety and well-being of the student.

A copy of all reports will be submitted to the parents, the principal, and the director of special services.

Failure on the part of the family to take seriously and provide for the safety of the student in case of potential suicide will be considered emotional neglect and reported to the Department of Children and Families. (cf. 5141.4 - Child Abuse/Neglect).

If as a result of suicidal activity a need exists for changes in the student's program, the school's planning and placement team will convene and consult with the student's mental health professional, the parent(s) or guardian, appropriate outside facility staff members and, if feasible, the student to plan the student's educational program.

The school social worker or department of student services worker who assumes responsibility for the case will maintain contact with the student's mental health professionals to support programming needs and follow-up procedures.

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