

5350 PUPIL SUICIDE PREVENTION AND SUDDEN DEATH POSTVENTION POLICY

Schools need to cope with emotionally traumatic or catastrophic events affecting the school community. The trauma resulting from a sudden death or catastrophic event oftentimes leaves school leaders in need of support and guidelines.

Suicide continues to rank as the third leading cause of death among youth behind unintentional injury (accidents) and homicide. Research has identified that 95% of youth who die from suicide suffered from a mental illness, and that 63% of those youth experienced symptoms for at least one year prior to their deaths. However, most youth with a diagnosed mental disorder do not commit suicide. Research also concludes that youth with unidentified mental health concerns are less likely to seek out help and are more likely to engage in dangerous coping behaviors such as self-injurious cutting behavior, substance abuse, risky sexual behavior, violence, dropping out of school and suicide.

The Board directs that all staff members be made aware of the identifying signs of suicide and the procedures necessary to follow thereby assuring a safe, supportive, controlled and structured environment conducive to learning.

Self-destructive behavior or suicidal ideation may not be apparent until a critical phase has been reached. School personnel must be prepared to spot an at-risk pupil and refer them to designated staff in each building. Any such signs or the report of such signs from another pupil shall be taken seriously and shall be communicated immediately to the Principal or a designee. The Principal or designee shall immediately arrange for a screening by a certified or trained Crisis Management Team Member, a Child Study Team Member, the Student Assistance Counselor, a Guidance Counselor, or the school nurse. Every effort shall be made to provide a positive intervention by using available school personnel and the assistance of appropriate agencies on behalf of the pupil.

1. Building Principals shall annually provide and distribute the names and locations of current staff members serving on the Building Crisis Management Team who can provide assistance to pupils who present with symptoms or signs of self-destructive behavior, depression, suicide.

The pupil's parents/guardians shall be notified immediately of any suspected self-destructive behavior and their cooperation shall be sought in arranging for appropriate evaluation.

2. If parents/guardians or an emergency contact cannot be reached by phone or indicate an unwillingness to cooperate in the appropriate interest of the pupil, the Building Crisis Management Team Member shall contact the Division of Youth and Family Services (DYFS). In addition, when the Building Crisis Management Team Member determines the pupil to be a safety threat to him or herself, the pupil shall be immediately referred to a district approved medical facility for an emergency psychiatric evaluation.

The cost of a recommended psychiatric evaluation by a district recommended medical facility shall be paid for by the district board of education.

The cost of treatment resulting from the psychiatric evaluation shall be the sole responsibility of the parent/guardian.

The pupil shall not return to school without written verification from the medical facility that the pupil has undergone an emergency psychiatric evaluation and is no longer a threat to him or herself and/or to others.

3. In-service and professional development hours shall be made available to professional staff to assist them in: identifying the signs of self-destructive behavior, depression or suicide in pupils and how to appropriately respond so as to notify and activate the Building Crisis Management Team to provide immediate intervention to the pupil. These hours would fulfill the state requirement that each public school teaching staff member complete at least 2 hours of instruction in suicide prevention in each professional development period.
4. The Core Curriculum Content Standards of Health Education Curriculum shall continue to provide suicide prevention instruction in grades K-12 as per Statute.
5. The Social Studies Curriculum shall continue to address Social Problem-Solving and appropriate Decision-Making Skills component to the K-12 curriculum.
6. Any teaching staff member who has reasonable cause to suspect or believe that a student has attempted or completed suicide must report the information to the Division of Mental Health Services, Department of Human Services.