Suicide Response Team Responsibilities

1. Stay with student. NEVER LEAVE THE STUDENT ALONE.
2. Notify a member of the Suicide Response Team.
4. If necessary, move student to private area (e.g., Guidance Office).

Primary Concern: This individual will immediately set forth the following crisis procedure:

Procedures in the Event of a Student Expressing Thoughts of Suicide

1. If finding scale of assessment of risk factors indicate that a student is at elevated risk for suicidal behavior, a plan will be put into place which may include small group intervention, check in/check out, and suicide warning signs listed in Appendix B.

2. The district shall utilize a multi-faceted approach to suicide prevention with intermediate school and community-based supports. This may include referral to the SAP/Suicide Response Team for further evaluation. Informal student counseling, consultation with parents, and/or consultation with community-based supports.

3. SAP/Suicide Response Team members who feel they have identified risk factors or warning signs of suicide ideation and action shall alert the Suicide Prevention Coordinator and School Nurse/Consultant. School psychologists, School Nurse, Counselor, School Psychologist, and Suicide Response Team, which may include but is not limited to the following members: Administration, has been made, has been alleviated or death by suicide has occurred. Each school building must have a

These Suicide Procedures are to be used in the event that suicidal ideation is suspected, a threat, or suicide
Let the parent know if student is being taken to the hospital.

2. Member of the Suicide Response Team will connect the parent and inform them of the situation and

4. Contact the Suicide Response Team.

3. Contact building administrator.

2. Contact nurse.

1. Call 911 if immediate medical attention is needed.

Procedures for a Response to Suicide Attempt in School

A referral to the SAP Team should be made.

- A re-entry planning meeting should be scheduled for when the student returns from home or
- either child and have received referral information.
- Have the parent sign a form indicating they have been notified of the suicidal emergency of
- Still member needs to document the conference.

5. Documentation and follow-up (Crisis Safety Planning procedures and D [Admission, Discharge, and Discharge, and Joint Coalition of Mental Health Services, for referral to the SAP Team if the student should have immediate psychiatric evaluation.

A determination will be made if the student requires immediate crisis services and the level of care needed is deemed to be higher.

If parents refuse to contact Crisis Services, the student is deemed to be higher.

Offer to assist the student and parent in connecting with Crisis Services.

4. Providing Referrals

If the student has a specific plan and method, steps need to be taken to remove access to it.

- Conference should focus on how everyone can work together to obtain treatment and support
- Together better to address the student.

The school staff must agree to meet with the parent of the emergency contact and student

If appears that the student is the victim of child abuse contact Child Abuse Prevention (1-800-932-4313)

The parents of the student must be notified, regardless if the information obtained in the

3. Warning Parents

Plan only the Special Education Supervisor.

If the student is identified as receiving Special Education Services and/or 504 Accommodations

Parents and provide appropriate referrals and follow-up.

When assessed at any level of risk, the school has the duty to supervise the student, warn his/her

Youself now.

committed suicide? 2) Have you ever attempted suicide before? 3) Do you have a plan to harm

Assess Risk

1. Student should not be left alone
I. The building administrator notifies the Suicide Prevention Coordinators.

Immediate Response:

1. Despite the best intervention and early identification methods utilized by district staff, a student may die by suicide. Procedures for Responding to Death by Suicide

Parental Involvement, and Report Procedures:

1. If a student suicide attempt has been verified, a referral to SAP will be made.
2. Check for suicide signs while in contact with the student, parents, and teachers.
3. Building Administrator. The Suicide Prevention Coordinator will be notified of the decision.
4. Decision on the type of support needed for the student is decided by the school, will be made by the student, with guidance and support from the school staff.
5. Complete incident report form.
6. Notify the Suicide Prevention Coordinator.

Follow-up Procedures:

1. The building administrator or designee will attempt to verify the validity of the report.
2. One crisis team member should have been notified of the suicide attempt. The crisis team should also be notified.
3. Once emergency medical services have been implemented, contact the parent or guardian if they have not yet been made aware of the situation. Crisis services should also be called.
4. Depending on the type of support needed for the student, the school, staff, and school will be made.
5. Complete incident report form.
6. Notify the Suicide Prevention Coordinator.

Building Administrator:

1. A referral to the SAP team should be made.
2. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
3. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
4. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
5. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
6. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
7. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
8. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
9. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
10. The parent is scheduled for a meeting. If the parent is not present, the meeting will be scheduled for the next school day.
For help, please contact emergency services or your local suicide prevention center. Recognize and respond to warning signs of suicide.

1. Supportive of appropriate and effective expressions of concern and distress.
2. Focus on suicide prevention and education to prevent further suicides.
3. Maintain a relationship with the victim.
4. Advise for appropriate expressions of concern and distress.
5. Advocate for the victim's family to offer support and receive appropriate referrals.
6. Confront the victim with support and determine their preferences for student outreach.
7. Alert the school crisis team.
8. Confront the victim with support and determine their preferences for student outreach.
9. Determine what and how information is to be shared. Correct any misinformation.
10. Inform students through discussions in classrooms and assemblies.
11. Identify at-risk youth. Provide support and referral when appropriate.
12. Focus on suicide prevention and education to prevent further suicides.
13. Advocate for appropriate expressions of concern and distress.
14. The School Safety Task Force should meet to discuss.
15. Media representatives should be encouraged to follow the American Association of Suicidology guidelines.

Announcements:

1. Suicide prevention coordinators will oversee arrangements for notification procedures in the home, school, and school districts so that the individual interviews may be conducted as quickly as possible.
Risk Factors

Appendix A
A suicidal young person generally has experienced a number of problems associated with adolescence.

1. The act of giving away favorite possessions, quitting one's allergies in order.
2. An adolescent's plans and hopes for the future.
3. Recovery from emotional loss (loss of a self-esteem) in the family of a young person, a sudden deterioration of physical health.
4. Family systems problems—conflict, family restrictions, rigid family structures, conflict hidden separation of divorce, physical abuse.
5. Prognosis of treatment in drug or alcohol abuse or recent heavy usage.
6. Disensues about one's appearance.
7. Disensues about one's appearance.
8. Disensues about one's appearance.
9. Disensues about one's appearance.
10. Disensues about one's appearance.

Expressions of depressed behavior such as enacting sickness, lack of energy, apathy about the

4. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent break-up with friends, recent death in family of a young person, withdrawal, behavior, refusal to communicate.
5. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent
6. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent
7. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent
8. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent
9. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent
10. A lack of connection, numbness, feeling of emptiness, no close friends, paralyzing a recent

Expressions of self-destructive thoughts in either written form (e.g., journals, letters, poetry, or art

Warning Signs of Suicidal Intention

Appendix B
Clear and present danger to himself. "Shall be shown by establishing that within the past 30 days:

- of the injury to common harm, 50 P.S. §7301(b).

"Clear and present danger to harm to others shall be shown by establishing that within the past 30 days:

- of the threat to common harm, 50 P.S. §7301(b).

A "clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of such threats."

A "person is severely mentally disabled" when, as a result of mental illness, he or she is "severely mentally disabled" within the meaning of "person who is severely mentally disabled and in need of immediate treatment." 50 P.S. §7301(a).

The Mental Health Procedures Act creates a procedure to provide for involuntary emergency procedures.

Emergency Involuntary Psychiatric Hospitalization ("302")

Voluntary Psychiatric Hospitalization ("201")

Appendix C
Procedures Act.

(2) A certification for extended involuntary emergency treatment is filed pursuant to the Mental Health Procedures Act, or such period as is demanded by the court or is necessary to determine that he is no longer in need of treatment and, in any event, within 24 hours, unless within involuntary admittance for in-patient involuntary treatment pursuant to this process shall be discharged whenever it is determined that he is no longer in need of treatment and, in any event, within 24 hours, unless within involuntary admittance for in-patient involuntary treatment pursuant to this process.

A person who is the person to be involuntarily committed to an approved psychiatric inpatient facility, a person who is examined by a physician, if the examining physician finds sufficient evidence to confirm the presence of severe mental disability and clear and present danger, shall, as the physician may then certify, make a positive determination that reasonable grounds exist, then enters for the individual to be investigated on the grounds of the complaint in line with the Mental Health Procedures Act, and upon investigation of the grounds of the complaint, as the Administrator, who may request to be a person with the County Mental Health/Mental Health Administrator Administrator, any responsible party who has observed the conduct of such an individual with whom the description which is substantially and reasonably probable that the person has substantially malleable himself or capable to malleable himself;

(3) The person has substantially malleable himself or capable to malleable himself, or

and has committed acts which are in furtherance of the Israel to common suicide; or

(4) The person has substantially malleable himself or capable to malleable himself, or

neither adequate treatment was afforded to him or her.

Serious bodily injury or serious physical delinquency would cause within 30 days unless adequate treatment was afforded to him.
be committed according to the Mental Health Procedures Act.

The mental health facility has the responsibility for the evaluation and whether or not the patient will

be committed according to the Mental Health Procedures Act.

If the parent/ guardian would be willing to act as the Peilhloner;

prepare to give background information to assist in the evaluation. An inquiry should be made to determine

the student and the Peilhloner to the mental health facility. The Peilhloner should be

prepared in accompanying the student. Once the warrant is obtained by Crisis Services, they will assist the

Crisis Services should be called (456-2012). They will come to the scene and will assist the

Influences of a threat, or a responsible individual can petition. It is to have a 302 warrant issued.

According to the Mental Health Procedures Act, if a responsible person is aware of the

student (said procedure. Describe in Appendix C, above).

Therefore, if a student is refusing to follow the District Emergency Medical Procedures, the District

student in jeopardy, the District will take such actions to maintain the safety of the student.

Chapter 12 - PENNSYLVANIA SCHOOL CODE dictates that "If the health, welfare and safety of a

Involuntary Commitment - 302 Procedures

Appendix D
Requests to see a counselor can be made through your teacher.

The school is sensitive to this need and has arranged to have counselors from our own school district as well as local mental health agencies and Crisis Services Intervention available to talk with you (time and place).

In other schools where this has happened, students have also found it helpful to speak to a counselor.

How you feel.

... That you speak to your parents about this and share your reactions. It is important to let your parents know like this can cause many strong feelings. It is good to talk to someone about these feelings. We recommend On (date) a student from our school died unexpectedly. We are all saddened by this loss. A sudden loss (to be read by designated classroom teacher)

Announcement of Student's Death

Appendix E
When point out a child's and without criticism, explain what we know and don't know.

10. If a child expresses the feeling that he should have done something to prevent the situation, listen to others.

These students are in the minority. We all need to be careful not to judge the feelings of our communications.

The feeling that there are some students who are using this type to avoid school responsibilities, emotional reactions from dysfunctional behavior to date. All reactions are normal. Teachers may get.

When may seem like inappropriate feelings expressed by some children react real feelings which

9. Be aware of the facts regarding this situation in order to be able to counteract inaccurate rumors.

8. Avoid feelings.

Establish your classroom routines as soon as possible.

7. Children have had a chance to express

6. You should give minimal support to other staff. The faculty room may be the most comfortable place.

5. You may be overwhelmed you can especially if you have had contact with the student. Here are

4. Both teachers and students need to support each other as much as possible.

3. It is okay for teachers to show their feelings.

2. It is okay for a teacher to feel uncomfortable about dealing with this situation. Ask for help from the

1. Don't expect to get your usual amount of quality of work done. Try to teach base on your feelings.

The following information will hopefully help you through this most difficult day.

---

Emergency Memo to Teachers

From:

To:

Appendix F
16. Monitor your child and help other staff. All support services available to students are available for staff.

15. Help the children to find appropriate ways to express sympathy to the family. Children should be reminded of the funeral. If you find your student grieving, discuss the matter with another grieving student. The St. John's School/your school is available to assist you. If in doubt, contact your student welfare officer.

14. Do not be surprised if you find yourself grieving. This may take a number of days. It begins to seem excessive when people say things like "Get over it." Many children may have to "talk this through." This may take a number of days. It begins to seem excessive when people say things like "Get over it." Many children may have to "talk this through."

13. Many children may have to "talk this through." This may take a number of days. It begins to seem excessive when people say things like "Get over it." Many children may have to "talk this through."

12. For those students who are extremely upset, designated areas have been set up in the building where professional support staff is available to assist them. These areas are separate from the rest of the school.

11. Think about who children can talk with, at home and at school.
If you have any questions or concerns, please feel free to call me at (phone number).

We will have a counselor available in the school to talk with students.

Suggest that you talk with your children about their feelings.

It is important that we recognize this loss and offer help. This is a sensitive issue for students and we always need and a sudden loss can affect surviving students.

I want to inform you of the death of (name of school) student (date). A young person’s death is

Dear Parents,

Letter to Parents Regarding the Recent Death of a Student

Sample One

Appendix C
Principal

Sincerely yours,

We appreciate your cooperation regarding this sensitive issue. If you have any questions, please call me.

Family on this sad occasion:

On behalf of the entire [Name of School], I have extended our sincere condolences to the student's family. Written excuses from parents will be required for students who want to attend the funeral.

Additional guidance: This may be accomplished individually or in small groups.

We have made arrangements to have counselors available to talk with students who may need to listen to their problems and concerns.

Loss can elicit profound emotions in teens. It is important that you let your child know you are available to help.

If it is difficult for you to talk with your children about their feelings concerning the death, death is often difficult to talk about. Parents often want to ignore the issue to save children pain. However, a sudden death can heighten feelings concerning the death. Death is a difficult concept, but especially at a young age, can cause many different feelings and have a profound effect upon other students.

On [date] one of our students died tragically. We are all saddened by this sudden loss. Death at any age...
School Conference Held: Yes

If Other Than Parent:

Notification Made By:

Person Notified:

Letter

Phone

Notification Date:

Date of Notification

Parent Notified:

Yes

Not Necessary

Emergency:

Parent/Guardian:

Home Phone:

Grade:

Age:

Date of Birth:

Address:

City

State

ZIP Code

Name:

Female

Male

Date:

Protocol for Mental Health Specialists

Confidential All Risk Student Evaluation Report
24-hour A Day - 7 Days Per Week At No Charge

Community Integration, which provides crisis counseling, assessment and referral services to children and families. Community Integration will provide crisis counseling, assessment and referral services to children and families. We have been provided Information regarding crisis services for others. I/we have been advised to consider seeking further evaluation and consultation has reported or exhibited behaviors that are a cause for concern for this/their personal safety or the child’s personal safety at school. I/we have been informed that our child was involved in a conference with the school personnel. I/we

__________________________________________

Date:

Report of Crisis Conference
Crisis Services at (814) 456-2014 or 1-800-300-9558

If I cannot reach the persons I have identified above, I agree to call:

If I am at home or in the community as part of my safety plan:

If at school and

I am in any type of crisis situation, I agree that I will immediately talk with
any time I have thoughts or intentions to hurt myself or someone else, or if
not to harm myself or anyone else. If at

I have discussed with

Safety Plan

Student Assistance Programs
UMCHAMT

- Outpatient
  - Adults: MCH, St V's, Clexon, Belmont, Warren, Medical
  - Medical
  - Warren
  - Belmont, Prines-Crisis can help (Direct admission/transport)
  - Clexon-Crisis can help (Direct admission/transport)
  - MCH-Crisis can help

ER and Inpatient for Youth

FREE

- Mobile Walk In, Telephone
- LifeLine 1-800-273-TALK
- Crisis Services at 814/456-2014 or 800-300-9558

24/7/365

Building level resources, like SAP

You can keep asking about their plan and get more info, but get a resource!

DO NOT LEAVE THE PERSON ALONE!

Get Help