

ABINGTON SCHOOL DISTRICT  
ABINGTON, PENNSYLVANIA

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SUPERINTENDENT'S  
ADMINISTRATIVE PROCEDURE

REGARDING: **Suicide and Self-Harming  
Behavior Prevention**

Section: **Students**

Effective Date: September, 2001

Reissued: 11/07, 8/26/08,  
8/21/15

See Also: Related Board Policy

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Purpose

The Abington School District adopts this policy in acknowledgment of the District's commitment to maintaining a safe school environment; to protect the health, safety and welfare of its students; to promote healthy development; and to safeguard against the threat or attempt of suicide among school-aged youth. The impact of students' mental health on their academic performance and the effect of mental health issues and suicide on students and the entire school community are significant. Therefore, in order to ensure the safety and welfare of students, the District will work to educate school personnel and students on the actions and resources necessary to prevent suicide and promote mental well-being.

This policy shall apply in any situation where a student is expressing suicidal thoughts or intentions of self-harm on school property, at any school-sponsored activity, or on any public vehicle providing transportation to or from a school or school-sponsored activity. This policy shall also apply following a student's suicide threat or attempt that does not occur on school grounds or during a school-sponsored activity, but that is reported to any school personnel.

Definitions

Categories of suicidal and other self-harming behavior are:

"At-Risk for Suicide" shall mean any youth with risk factors or warning signs that increase the likelihood of suicidal behavior.

"Risk Factors" shall mean the personal or environmental characteristics associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

“Self-harming behavior” includes, but is not limited to, threats of suicide or other self-harming behavior, excessive risk taking, purposeful self-injury, and evidence of binge drinking.

“Expressed Suicidal Thoughts or Intentions/Suicidal ideation” means a verbal or nonverbal communication that an individual intends to harm him/herself with the intention to die, but has not acted on the behavior.

“Suicidal threat” means saying or doing something that reveals a self-destructive desire. While threats may not be serious and are made sometimes by people who merely are seeking attention and/or trying to manipulate others, all threats should be taken seriously.

“Suicidal Act or Suicide Attempt” shall mean a potentially self-injurious behavior for which there is evidence that the person probably intended to kill him/herself, a suicidal act may result in death, injuries, or no injuries.

“Suicide” shall refer to death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

### Prevention Education for Students

Students shall receive age-appropriate lessons in their classrooms through health education or other appropriate curricula on the importance of safe and healthy choices, as well as help seeking strategies for self and/or others. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Students shall be taught not to make promises of confidence when they are concerned about a peer or significant other. These lessons may be taught by health and physical education teachers, community service providers, classroom teachers or pupil services staff.

Student education may include but is not limited to the following:

1. Information about suicide prevention. Resources are available on the Department’s website– [www.education.pa.gov](http://www.education.pa.gov).
2. Help-seeking approaches amongst students, promoting a climate that encourages peer referral and emphasizes school connectedness.
3. Increasing students’ ability to recognize if they or their peers are at risk for suicide.
4. Addressing problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use.

### Publication of Policy

The District will notify its school personnel and parents/guardians of this Superintendent’s Administrative Procedure and associated Board Policy Statement and will post them on the school entity’s website.

## Staff Development

Every principal or his/her designee shall develop their referral and implementation plan and instruct the school staff in the procedures annually. Education will be provided for all school personnel about the importance of suicide prevention and recognition of suicide risk factors, as well as strategies to enhance protective factors, resilience, and school connectedness. Additionally, all school personnel will be educated about the warning signs and risk factors for youth depression and suicide.

As part of the District's Professional Development Plan, professional staff in all school buildings serving students in grades six (6) through (12) shall participate in four (4) hours of youth suicide awareness and prevention training every five (5) years.

## Suicide Prevention Procedures

Suicide among youth is a major national concern. It is one of the leading causes of death among young people. In an attempt to reduce the risk of suicide among students, these procedures are to be followed:

1. Any school personnel who are made aware of any threat or witnesses any attempt towards self-harm that is written, drawn, spoken, or threatened shall immediately notify the principal or designee. Any threat in any form shall be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. In cases of life-threatening situations, a student's confidentiality will be waived.
2. If an expressed suicide thought or intention is made known to any school personnel during an afterschool program and the principal or designee are not available, call Montgomery County Emergency Services at 610-279-6100, 1-800-SUICIDE, 1-800-273-TALK, or 911 for help. Thereafter, immediately inform the principal of the incident and actions taken. In compliance with state regulations and in support of the school's suicide prevention methods, information received in confidence from a student may be revealed to the student's parents or guardians, the building principal or other appropriate authority when the health, welfare or safety for the student or other persons is at risk. In all such cases, concern for confidentiality is secondary to concern for the student's safety.
3. The principal/designee is responsible for implementing the procedure for crisis intervention of a suicidal student. The principal/designee will consult with the school psychologist and secondary counselor to respond to the student in crisis and formulate a plan of action.
4. The school psychologist and/or secondary counselor will conduct a formal interview with the student to assess the immediacy and intensity of the crisis and report back to the principal/designee. If available and with written

parent/guardian consent (see Attachment 1), a student can be assessed by the Abington Student Assistance Program mental health consultant who will provide information and recommendations. Consent will be obtained through either the principal/designee, psychologist, or secondary counselor.

5. Parent or guardian of a student identified as being at risk of suicide must be immediately notified by the school and must be involved in subsequent actions. Either a telephone conference or a meeting will be arranged with the principal/designee, school psychologist, and/or secondary counselor. All information relevant to the crisis will be discussed. A plan for intervention or follow-up is formulated. The plan should include one of the following options:
  - (a) Contact the Crisis Team in the Emergency Room at Abington Memorial Hospital (215-481-2525) and make an appointment to have the student seen immediately.
  - (b) The parent may choose to contact a private practitioner or agency. If so, have the parent call from the school/home and make arrangements for an immediate emergency psychiatric evaluation. For HMO subscribers, the parents will call their primary physician and make arrangements for an immediate psychiatric evaluation. Parent will deliver student to private practitioner or agency. If parent is unable to provide transportation, district will access assistance in this matter.
    - (a) Release the student to the custody of the parent/guardian through the health services during the time in which the student is in crises.
    - (b) Arrange for an immediate appointment with a district psychiatric consultant with written parental consent (see Attachment 2).
  - (c) If any mandated reporter suspects that a student's risk status is the result of abuse or neglect, that individual must comply with the reporting requirements of the Child Protective Services Law. Pursue formal action for intervention including contact with the Office of Children and Youth Services (1-610-278-5800).
  - (d) If the parent or guardian refuse to cooperate and there is any doubt regarding the child's safety, the school personnel who directly witnessed the expressed suicide thought or intention will pursue a 302 involuntary mental health assessment by calling Montgomery County Emergency Services at 610-279-6100 and ask for a delegate to request direct intervention on the student's behalf. The delegate will listen to concerns and advise on the course of action. If a 302 involuntary mental health assessment is granted, the first-hand witness will need to be the petitioner, with support from the principal or Director of Pupil Services.

6. Follow-up procedures formulated by the principal/designee, school psychologist, and/or secondary counselor will include both communication with the parent(s) to review the outcome of the intervention and, a plan to monitor the student's behavior on return to school.
7. For any student whose suicide attempt requires emergency medical intervention, the Office of the Superintendent will be informed by the building principal.
8. The building principal/designee is to maintain a record of each incident and provide a copy to the Director of Pupil Services (see Attachment 3).

## Response to Suicide or Suicide Attempt on Campus

The first school personnel on the scene of a suicide or suicide attempt must follow the school entity's crisis response procedures, and shall immediately notify the principal or designee. The school entity will immediately notify the parents or guardians of the affected student(s).

***STUDENT CONFIDENTIALITY IS NOT APPLICABLE IN LIFE-THREATENING SITUATIONS; THEREFORE, CONFIDENTIALITY MUST BE BROKEN WHEN THE STUDENT BECOMES A THREAT TO HIMSELF/HERSELF AND/OR OTHERS. THE STUDENT MUST BE INFORMED OF THIS WHEN THE SITUATION IS DEEMED LIFE-THREATENING.***

## Signs of Self-Harming Behavior

While this is not an exhaustive list, signs of self-harming behavior may be seen in one or more of the following relating to a student:

1. report of self-abuse by the student themselves
2. physical evidence of cutting or other self-abuse
3. writings
4. artwork
5. comments (to peers, to teachers and other school personnel, from other children)
6. change in certain behaviors
7. decrease in everyday interests
8. giving away possessions, withdrawal
9. drop in grade
10. sudden loss or gain in weight
11. fainting
12. lack of interest in social situations involving eating
13. frequent bathroom visits.

## Procedures for Referral of Concern of Other Self-harming Behavior

When referred to a student suspected of self-harming behavior, the school counselor, school nurse, or other school-based mental health specialist shall take the following steps in the order warranted by the situation and, in the case of nurse or counselor, in consultation with the school-based mental health specialist or qualified medical personnel:

- contact the student's parents and/or guardians as listed in the student's emergency contact;
- do an initial risk assessment to determine the severity of the situation (consent of parent or guardian not required in case of emergency);
- report the behavior to the school principal;
- refer to the Student Assistance Team or mental health provider;

- protect the confidentiality of the child while addressing the concerns of any other child or children; and
- involve police or emergency services if student is in immediate danger and parents cannot be located or are unable or unwilling to help.

Any further risk assessment deemed necessary by the school-based mental health specialist or qualified medical personnel shall be done only after consent of parent or guardian is obtained.

#### Resources for Youth Suicide Awareness and Prevention

A comprehensive set of resources for youth suicide awareness and prevention is accessible through the Department at [www.education.pa.gov](http://www.education.pa.gov)

PA Youth Suicide Prevention Initiative - <http://payspi.org/>

Suicide Prevention Resource Center - <http://www.sprc.org/>

American Foundation for Suicide Prevention - <http://www.afsp.org/>

Attachments



ABINGTON SCHOOL DISTRICT  
Abington, PA 19001

**ASSESSMENT CONSENT**

I, \_\_\_\_\_, agree to an assessment

by \_\_\_\_\_  
Person/Organization/Agency

I further agree to permit the aforementioned Person/Organization/Agency to share information with the Abington School District.

**Student:** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
Signature

**Date:** \_\_\_\_\_

CONFIDENTIAL



ABINGTON SCHOOL DISTRICT  
Abington, Pennsylvania

PARENTAL CONSENT FOR PSYCHIATRIC EVALUATION AND CONSULTATION

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Dear Parent(s)/Guardian:

A Multidisciplinary Team composed of the principal, special education supervisor (if applicable), the teacher(s), school psychologist and/or secondary guidance counselor met on \_\_\_\_\_ . This Team recommended that a psychiatrist consult with you and your child. This is based on your child's school performance and behavior.

We are requesting your permission to have \_\_\_\_\_ evaluated by a psychiatric consultant to the Abington School District. Also, we are requesting your consent to share all pertinent school records with the psychiatrist.

You have the right to consent to the evaluation, to reject the evaluation, to review school records, or to request a meeting to discuss the proposed evaluation. If you wish to review school records or to meet and discuss this recommendation, contact me at (215) 884-4700, extension \_\_\_\_\_.

As soon as we receive your written consent, we will advise you of the time and date of your meeting with the psychiatrist.

Two copies are provided: one for you to sign and return, the other is for your records.

Sincerely,

\_\_\_\_\_  
Administrator

Check One:

- ( ) I do consent to this evaluation and consultation.
- ( ) I do not consent to this evaluation and consultation.

Check One:

- ( ) The District psychologist may be present during the psychiatric evaluation.
- ( ) The District psychologist may not be present during the psychiatric evaluation.

\_\_\_\_\_  
Date  
Return to Building Principal  
7/99

\_\_\_\_\_  
Signature of Parent or Guardian

ABINGTON SCHOOL DISTRICT  
Abington, PA 19001

**SUICIDE PREVENTION RECORD  
CONFIDENTIAL**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Staff Member: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Nature of Referral:

Summary of Interview:

Summary of Parent Conference:

Intervention Plan:

Further Action Taken:

Follow-Up Procedures:

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Pupil Services Staff Member

c: Director of Pupil Services  
Building Principal  
Assistant Principal  
Confidential File