



Model Suicide Awareness and Prevention Administrative Regulation

Pursuant to section 1526 of the School Code, 24 P.S. §15-1526, the Pennsylvania Department of Education developed a Model Youth Suicide Awareness and Prevention Policy as a model for school entities to adopt and implement in order to promote the safety and well-being of students and school personnel and comply with section 1526. The following Administrative Regulation was developed for school entities to use as an additional resource when developing/implementing their own Youth Suicide Awareness and Prevention policies. The information contained in this document includes research-based practices, which PDE *recommends* implementing with the school entity's Youth Suicide Awareness and Prevention Policy.

Neither the Model Policy nor this Administrative Regulation is intended to be adopted as written. Instead, each school entity should consider both the Model Policy and Administrative Regulation below as a reference for school entities to use when developing and implementing its own unique Policy.

As used throughout the document, the terms "school entity" and "school" refer to a school district, joint school district, charter school, regional charter school, cyber charter school, intermediate unit and/or area vocational-technical school.

Staff Development

Training Effectiveness:

Best practices in suicide prevention have found that improved outcomes [i.e., greater reduction in suicidal thoughts and behavior after training] are more likely when professional staff training is spread out over an extended period of time, as opposed to one long training session and then not revisiting training for several years.

Additional professional development in risk assessment and crisis intervention shall be provided to guidance counselors, mental health professionals and school nurses, and any individual that would reasonably be expected to assess at-risk individuals.

School staff should also receive training to better understand the intersection of suicide prevention and intervention and other responsibilities related to student safety (bullying prevention,¹ sexual harassment, gender-based violence, relationship violence,² etc.), including

¹ OCR "Dear Colleague Letter: Responding to Bullying of Students with Disabilities", October 21, 2014. <http://www2.ed.gov/about/offices/list/ocr/publications.html#Section504>.

² OCR Title IX guidance available here: <http://www2.ed.gov/about/offices/list/ocr/publications.html#TitleIX>.

how incidents are documented, involvement of key staff in case evaluation, investigations, and interventions.³

Additional protocols to consider for (general) awareness and prevention education:

1. Defining behavioral, emotional, and mental health disorders;
2. Defining minimal policy standards and expectations;
3. Establishing communication through a chain of command;
4. Determining appropriate staff trainings and appropriate trainees;
5. Awareness of and familiarity with appropriate resources; and
6. Selecting appropriate resources and materials.

Early Identification and Referral

Early identification of individuals with one or more suicidal risk factors is vital to a school entity's suicide prevention efforts.

Risk factors refer to personal or environmental characteristics that are associated with suicidal behavior including, but not limited to:

1. Behavioral Health Issues/Disorder, specifically but not exclusively:
2. Depression
3. Bipolar disorder or other mood disorder
4. Substance abuse or dependence
5. Depression
6. Previous suicide attempts
7. Self-injury
8. Hopelessness/low self-esteem
9. Loneliness/social alienation/isolation/lack of belonging
10. Poor problem-solving or coping skills
11. Impulsivity/risk-taking/recklessness
12. Adverse/stressful life circumstances
13. Gender identity/sexual orientation
14. Homelessness
15. Interpersonal difficulties or losses
16. Disciplinary or legal problems, including school disciplinary issues
17. Bullying (victim or perpetrator; target, aggressor and/or witness)
18. School or work issues
19. Physical, sexual or psychological abuse
20. Exposure to family or peer suicide
21. Family characteristics - lots of conflict, few activities
22. Family history of suicide or suicidal behavior
23. Family mental health problems, including alcoholism
24. Divorce/death of parent
25. Parent-child conflict

³ Please see the U.S. Department of Education, Office for Civil Rights (OCR), for guidance related to disability discrimination, sex discrimination, and other concerns. Reading Room:
<http://www2.ed.gov/about/offices/list/ocr/publications.html>.

Warning signs are evidence-based indicators that someone may be in danger of suicide, either immediately or in the future. These signs may mean that a youth is at risk for suicide, particularly for youth who have attempted suicide in the past. Risk is greater if the warning sign is new and/or has increased and if it seems related to an anticipated or actual painful event, loss, or change. Finally, the presence of more than one of the following warning signs may increase a youth's risk for engaging in suicidal behaviors.

1. Talking about or making plans for suicide;
2. Expressing hopelessness about the future;
3. Displaying severe/overwhelming emotional pain or distress;
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - a. Withdrawal from or changing in social connections/situations;
 - b. Recent increased agitation or irritability;
 - c. Anger or hostility that seems out of character or out of context; and/or
 - d. Changes in sleep (increased or decreased).

Intervention

The school entity shall approve intervention and assessment procedures that contain:

1. Procedures for responding to various risk scenarios;
2. A suicide assessment instrument to be used by trained school and or mental health staff (counselors, psychologists, social workers);
3. Guidelines for staff after conducting suicide assessment;
4. Guidelines for collaborating with community mental health agencies;
5. Guidelines for emergency evaluation referrals; and
6. Guidelines for notification of parents/guardians.

The following procedures will be followed in response to expressed suicide thoughts or intentions:

1. The staff member who learns of the expressed thoughts or intentions will locate the individual and arrange for or provide constant adult supervision.
2. The above-mentioned staff member will immediately inform the principal or designee.
3. The principal or designee will involve the school nurse practitioner and other staff as he/she sees fit. They can be reached at [insert phone numbers for school and non-school hours].
4. The appropriate staff or approved agency provider will determine risk and intervention needed by interviewing the student and gathering appropriate supportive documentation from teachers or others who witnessed the expressed suicide thought or intention.

The principal or designee will:

1. Contact the parent or guardian, apprise them of the situation, and make recommendations.
2. Put all recommendations in writing to the parent or guardian.
3. Keep a record of/ document how contact was made/established.
4. Maintain a file copy of the letter in a secure and appropriate location.
5. If the student is known to be currently in counseling, the principal or designee will attempt to inform his/her treatment provider in writing of what occurred and the actions taken. Encourage the family to sign a Release of Information at their treatment provider's office allowing communication between the school and the provider. This level of communication will help facilitate a return to school should an absence be warranted.

6. Notify the chief school administrator or central office.

Other procedures for early intervention and prevention:

1. Targeted Screening (any screening that is done will adhere to all policies previously adopted by the school entity);
2. Identifying preparatory acts;
3. Identifying gaps and areas in need of improvement; and
4. Creating channels for students to seek assistance through use of the school entity's Student Assistance Program.

Methods/Procedures for Community Support/Outreach

If an expressed suicidal thought or intention is made during an afterschool program and no school personnel are available, call [number for County Emergency Services], 1-800-SUICIDE, or 1-800-273-TALK for help. Inform the principal of the incident and actions taken.

Procedures for facilitating a student's return to school for members of the crisis response team:

1. Prior to the student returning to school, schedule a meeting between designated school staff from the crisis team and parent or guardian to discuss possible arrangements for support services and to create an individual re-entry plan.
2. Be familiar with the basic information of the case.
3. Maintain regular contact with the family.
4. Serve as a liaison between the student, family, and teachers with family permission.
5. Monitor the student's progress.
6. Closely monitor the student's re-entry into school and maintain contact with the student's parent or guardian and mental health provider.
7. If the student is unable to attend school for an extended period of time, determine how to help them complete course requirements. Assistance can include, but is not limited to, homebound instruction and/or a 504 plan to assist with accommodations.