OTC SUICIDE RISK POLICY AND GUIDELINES

Suicide rates in the Unites States are ever climbing. As reported by NPR (2016), the suicide rate has risen by a quarter from 1999 to 2014, with adolescent girls between the ages of 10 and 14 seeing the largest jump, tripling their numbers over a 15 year period. According to the Centers for Disease Control and Prevention (2010), suicide is the third leading cause of death among our nation's teenagers.

Many youngsters experience strong feelings of stress, confusion and self-doubt in the process of growing up, and the pressures to succeed can intensify these feelings.

For some teenagers, divorce, the formation of a new family with stepparents and step-siblings, or moving to a new community can be very unsettling and can amplify self -doubts. In some cases suicide appears to be a "solution". Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his/her illness recognized and diagnosed, and appropriate treatment plans should be made.

Many of the symptoms of suicidal feelings are similar to those of depression. The school staff should be aware of the following warning signs of children and adolescents who may attempt to kill themselves. Mental health professionals recommend that if one or more of these signs occurs, concerns should be assessed and professional help may be required if the concerns persist.

Symptom List:

- Change in eating and sleeping habits
- Withdrawal from friends and family and from regular activities
- Violent or rebellious behavior, or running away
- Drug and alcohol abuse
- Unusual neglect of personal appearance
- Radical personality change
- Persistent boredom, difficulty concentrating, or a decline in the quality of school work
- Frequent complaints about physical symptoms, often related to emotions, such as stomach ache, headache, fatigue, etc.
- Loss of interest in pleasurable activities
- Writing or drawings which indicate stress

A teenager who is planning to commit suicide may also:

- Complain of being "rotten inside"

- Give verbal hints with statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," "I won't see you again."

- Put his/her affairs in order: for example, give away favorite possessions, clean his/her room, throw things away, etc.

- Become suddenly cheerful after a period of depression

- Make suicide attempt or gesture

SUICIDE RISK DECISION GUIDELINES

To be followed if a problem or symptoms from *Symptom List* are observed by school personnel:

STEP 1: Observer (teacher or other school employee) speaks with the student about concerned behavior.

STEP 2: Observer consults with one or more members of the *Risk Team* (see below) to assess risk.

STEP 3: A *Risk Team* member assesses the student and discusses the case with at least one other *Risk Team* member.

(Determinations)

No Significant Risk Identified: Procedure Stops

Risk Identified: Move to STEP 4

STEP 4: *Risk Team* member(s) consults with the student's parent(s) or guardian to assess the risk.

(Determinations)

No Significant Risk Identified: Procedure Stops

Risk Identified: Move to STEP 5

STEP 5: The *Risk Team* and parents meet to discuss the student and to make recommendations. The recommendations may include but are not limited to:

- Emergency services
- Psychological evaluation
- School services
- Referral
- Follow up
- Monitoring

The amount of time required to move from STEP 1 to STEP 5 may vary depending on the problem; however, the process should move rapidly.

Risk Team Members:

- OTC Executive Director (Steve Richard)
- OTC Director (Paula Perkins, M.Ed)
- OTC Suicide Prevention Gatekeeper (Dianne Foster, M.Ed)
- OTC Behavioral Consultant (Paul Johnson, Ph.D)
- Other OTC personnel as needed

Important Note: **All meetings should be documented starting with STEP 2.**

Documentation will be stored in a separate file under the supervision of school secretary, Evelyn Cyr.