

ELKHART INDEPENDENT SCHOOL DISTRICT

Suicide Prevention Plan

2017-2018

(Adopted 1998-99)
(Updated February 14, 2017)

“Suicide is a permanent solution to a temporary problem”



Introduction

Suicide is now the second leading cause of death among adolescents – second only to accidents, some of which may actually be suicides. It is difficult to obtain an accurate assessment of the problem, however, because many suicides are confused as accidents and others are not reported as suicides in order to protect the family from public embarrassment.

It is estimated that as many as **9,000 teenagers commit suicide each year**, while an additional 400,000 try unsuccessfully to end their own lives. The suicide rate for teenage boys has increased **300 percent** in the last 25 years; the rate for teenage girls has increased **200 percent** during the same period of time.

The teenage years are a very confusing period for everyone. There are many things that cause frustration and pain for young people. Suicide can sometimes appear to be the only way out. However, teens must be reminded that **“Suicide is a permanent solution to a temporary problem.”**

The Elkhart I. S. D. Suicide Prevention Plan is designed to address the tragic statistics associated with teenage suicide. **Its single goal is to prevent student suicide** through safe, effective, research-based strategies.

ELKHART INDEPENDENT SCHOOL DISTRICT					
Suicide Prevention Plan					
Goal # 1					
Elkhart Independent School District will launch a Suicide Prevention Program that will deter student suicide attempts.					
Objective #1					
Potentially suicidal students will be identified.					
Strategies	Resources	Person(s) Responsible	Time Line	Evaluation	
1. Staff development on recognition of potentially suicidal students	Region VII	Counselors	Annually	Staff survey	
2. Staff development on areas of responsibility in suicide crisis procedures	Region VII	Counselors	Annually	Q & A period at end of training	
Objective #2					
Potentially suicidal students will be referred for assessment.					
Strategies	Resources	Person(s) Responsible	Time Line	Evaluation	
1. Staff development in student referral	Region VII	Counselors	Annually	Q & A period at end of training	
2. Staff development in confidentiality	Region VII, ACSEC	Counselors	Annually	Q & A period at end of training	

Objective #3

Potentially suicidal students will be assessed by the counselor or other professional.

Strategies	Resources	Person(s) Responsible	Time Line	Evaluation
1. Counselor or other professional will ask critical questions and record student answers during referred student's interview	ACCESS or other health care organization	Counselor or other professional	Date of referral	Counselor confidential report
2. Counselor or other professional will fill out Potential Suicide Assessment Form during/just after student interview		Counselor or other professional	Date of referral	Counselor confidential report
3. Counselor will check with student's teachers and close associates to determine if they have perceived problems		Counselor	Date of referral	Counselor confidential report
4. Counselor will make one of the following decisions: a. Work with the student through the school's counseling office b. Work with the student through the school's counseling office, but monitor student through teachers c. Immediately arrange for same day conference with parents, alert teachers, and refer student for outside counseling.		Counselor, other professionals	Date of referral	Counselor confidential report

Objective #4

Potentially suicidal students will receive follow-up monitoring services.

Strategies	Resources	Person(s) Responsible	Time Line	Evaluation
1. Potentially suicidal students will be assigned a mentor teacher	Classroom Teachers	Counselor, Principal	Date of student's return to school after assessment	Counselor/Teacher confidential report
2. Referring teacher or other staff member will be updated appropriately		Counselor	Date of assessment	Counselor/Teacher confidential report
3. Counselor/ Principal/Teacher will cooperate with Mental Health Care Professionals on the student's behalf		Counselor, Principal, Teachers	Date requested by Mental Health Professionals	Counselor Report
4. Staff will be updated on Crisis Intervention Plan Procedures related to Suicide if deemed necessary	Crisis Intervention Plan	Principals, Counselor	Within two days of assessment	Principal Q & A period at end of meeting

Objective #5

E.I.S.D. students will receive life-affirming self-esteem curriculum training through the regular classroom setting.

Strategies	Resources	Person(s) Responsible	Time Line	Evaluation
1. Classroom teachers will receive training in incorporating self-esteem, personal worth, and dignity into their regular subject matter	Teen-Aid or similar adopted program	Counselors, Principal	Annually	Student surveys
2. Counselor will present life-affirming programs for students	ACCESS Region VII	Counselors		Teacher survey
3. Parental Involvement will be encouraged through the volunteer program	Parents, Community members	Counselors, Principals		Parent survey
4. School Health Advisory Committee involvement in revisions of the Suicide Prevention Plan will occur yearly or more often if needed	SHAC members	Superintendent, Special Programs Director		Committee Q & A period
5. District and Campus Site-Based Decision Making Committees will approve and assist in the implementation of the Suicide Prevention Plan		Superintendent, Special Programs Director		Adoption & implementation completed
6. The Board of Trustees will adopt the Suicide Prevention Plan		Superintendent		Board minutes

Checklist for Student Referral for Crisis Counseling

For a troubled student to be helped, it is essential that the Counselor receive reports of observable behavior suggesting negative well-being. Please check all items that apply and forward this checklist to the Counseling Office in a **sealed envelope** clearly marked **CONFIDENTIAL**.

Do not fill this out in the presence of students or discuss with anyone other than a counselor.

Student _____ Date _____

Precipitating Behavior _____

A. Grades

- Lower than potential
- Falls behind in classwork
- Fails to prepare homework
- Lack of motivation (apathy)
- Other: _____

B. School Attendance

- Absenteeism
- Tardiness
- Frequent nurse/counselor visits
- Excessive toilet breaks
- Other: _____

C. Extracurricular Activities

- Loss of eligibility
- Decreasing involvement
- Loss of Interest (dropping out)
- Other: _____

D. Behavior: Criminal/Legal

- Possession of drugs/paraphernalia
- Involvement in thefts/assaults
- Vandalism
- Carrying weapons
- Drinking alcohol
- Smoking
- Other: _____

E. Behavior: Disruptive

- Defiance of rules/discipline problem
- Cheating
- Irresponsibility/blaming or denying
- Verbal/physical abuse of others
- Throwing objects
- Obscene language and/or gestures
- Dramatic attention-getting actions
- Other: _____

F. Physical Symptoms

- Smelling of alcohol or marijuana
- Vomiting
- Bloodshot eyes/dark glasses
- Coordination problem
- Slurred speech
- Bad hygiene
- Sleeping in class
- Time disoriented
- Physical complaints
- Physical injuries
- Inappropriate responses
- Inappropriate behavior
- Depressed/moody
- Defensive
- Withdrawn/loner
- Crying
- Negativism
- Hyperactivity/nervousness
- Other: _____

G. Behavior: Atypical

- New defiance of authority
- Avoids contact with others
- Erratic behavioral changes
- Changing peer group
- Bragging about misconduct
- Other: _____

H. Behavior: Suicidal

- Suicidal talk
- Suicidal writing/drawing
- Giving away possessions

I. Home Problems

- Potential family breakup
- Family moving away
- Other: _____

Printed Name of referring teacher

Signature of referring teacher

ELKHART INDEPENDENT SCHOOL DISTRICT
Suggestions for Conducting the Suicide Potential Screening Interview

Most guidance counselors are not experienced in conducting a screening interview to assess a student's potential for committing suicide. The following suggestions should help restore feelings of personal worth and dignity to the student. The counselor may thus make the difference between life and death for a potentially suicidal student.

1. **Listen carefully.** The first thing a student in a mental crisis needs is someone who will listen and really hear what is being said. Every effort should be made to understand the feelings behind the words.
2. **Evaluate the seriousness of the student's thoughts and feelings.** If the student has made effective self-destructive plans, the problem is likely to be more acute than when the thinking is less definite.
3. **Evaluate the intensity of severity of the emotional disturbance.** It is possible for the student to be extremely upset but not suicidal. It is usually cause for alarm when the student has been depressed and then becomes very agitated and restless.
4. **Take seriously every feeling and complaint expressed by the student.** Do not dismiss or undervalue what the student is saying. Many times a student may express difficulties in a low-key manner, while beneath the seeming calm there may be feelings of profound distress. All suicidal talk should be taken seriously.
5. **Ask directly if the student has entertained thoughts of suicide.** Experience shows that harm is rarely done by inquiring directly into such thoughts at an appropriate time. In fact, the student frequently welcomes the query and is glad to have an opportunity to open up and bring it out in the open.
6. **Do not be misled by the student's statement that the emotional crisis has past.** A student will often feel initial relief from having talked about suicide only to have the suicidal thinking recur later. Follow-up is crucial to assuring a successful prevention effort.
7. **Be affirmative and supportive.** A strong, stable sense of direction is essential for a distressed student. Provide emotional strength by giving the impression that you know what you are doing. Assure that everything possible will be done to help the student.
8. **Evaluate available resources.** The student will often have inner psychological resources, including mechanisms for rationalization and intellectualization, which can be strengthened and supported. There may also be outer resources in the student's environment, such as friends, relatives, and ministers, who can be contacted for help. Where these are absent, the problem is much more serious because continuing observation and support are vital.
9. **Act specifically.** Do something **tangible**; that is, give the student something **definite** to hang onto, such as arranging a referral or scheduling a follow-up appointment (*hand the student a card with the appointment date and time on it*). Nothing is more frustrating to a student than to feel that nothing was accomplished during the meeting.
10. **Do not hesitate to ask for assistance.** Call upon whoever is needed to provide appropriate consultation. Don't try to handle everything alone. However, you must also convey an air of confidence and composure to the student in order to provide assurance that something realistic and appropriate will be done.