

Bishop CISD
Suicide Prevention Plan

Bishop CISD is committed to the safety of all students. Our suicide prevention plan is designed to give teachers and other staff the guidance they need to aid in the prevention of suicide. It will provide guidance for staff training, recognizing students who may be at-risk for committing suicide, recognizing early warning signs, intervening with students and procedures for providing notice to a parent/guardian while recommending early mental health intervention services due to early warning signs or due to being at-risk of committing suicide.

This plan prohibits any medical screening without prior written consent by the parent/guardian during any part of this process. Our intent is to ensure student safety and provide parents with resources for mental health intervention so that a **parent or guardian** may take appropriate action.

A primary component of our program is to provide effective training to all of our school staff. Our staff is responsible for our students' safety while attending school and the parents are responsible for their child's safety outside of school. Teachers will be trained through on line courses that are approved by TEA and follow the effective practices models. These trainings are free to public school personnel. Examples of these trainings would include: **ASK –(Ask about suicide - Seek more information (& Keep SAFE) - Know where and how to refer.)** training at <http://www.texassuicideprevention.org/training/video-training-lessons-guides/ask-about-suicide-ask/> - There is no certificate for completion on this web site so a sign in sheet would have to be maintained.

- Another free training that is expected to make the TEA list is": <http://newsite.mhatexas.org/> for teachers which takes about 1 hour. Go to Free Online Training for Suicide Prevention and open an account and access the training. When teachers have finished training they should print out the certificate of completion and give the certificate to their campus administrator. Other staff should refer any concerns to campus administrator and the campus administrator will refer the student to the campus school counselor. All bus drivers with concerns will refer students to an administrator or the campus counselor unless that option is not available. In those cases the bus driver will contact the maintenance and transportation director and then the suicide prevention hotline at (1-800-SUICIDE (784-2433)) to receive support as needed or they can also dial 911.

Suicide Prevention Tip Sheet for Teachers

Recognize warning signs of impending suicide:

- Giving away prized possessions.
- Asking about what happens after death.
- Consistent depressed mood.
- Changes in sleep and appetite patterns.
- Extreme personality change (ex: outgoing student becomes introverted, happy student becomes enraged easily)
- Verbal expressions about death.
- Known history of physical, mental, emotional or sexual abuse.
- Sudden interest in dangerous activities.
- Sudden lifting of depression or showing unexplained happiness.
- Mental disorders (diagnosed or not)
- Substance abuse

Any person whom you to believe to be suicidal should not be left alone at any time. Maintain contact and attempt to offer basic prevention counseling.

Risk Factors for Suicide:

- **Previous suicide attempts:** Between 20 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at much higher risk for actually taking their lives.
- **Talking about death or suicide:** Suicidal individuals often talk about suicide directly or indirectly using statements like, "My family would be better off without me." Sometimes they talk as if they are saying goodbye or going away.
- **Planning for suicide:** People contemplating suicide often arrange to put their affairs in order. They may give away articles they value, pay off debts or change their will.
- **Depression:** *Although most depressed people are not suicidal, most suicidal people are depressed.* Serious depression can be manifested in obvious sadness, but often it is expressed instead as a loss of pleasure or withdrawal from activities that had once been enjoyable.
- If the student has a depressed mood or has lost interest or pleasure in usual activities and has at least five of the following symptoms for at least two weeks, they probably are depressed:
 - Change in sleeping patterns
 - Change in appetite or weight
 - Speaking or moving with unusual speed or slowness
 - Decrease in sexual drive
 - Fatigue or loss of energy
 - Feelings of worthlessness, self-reproach or guilt
 - Diminished ability to concentrate, slowed thinking or indecisiveness
 - Diminished ability to function
 - Feelings of being out of control
 - Speaking of death or suicide
- Students are at heightened risk of suicide when their depression is accompanied by:
 - Feelings of hopelessness and desperation
 - Extreme anxiety, agitation or enraged behavior
 - Severe insomnia
 - Increased alcohol and/or drug use

Acting on Suicide Threats or Warning Signs:

- Take it Seriously
 - 75% of all suicides give some warning of their intentions to a friend or family member.

- Be Willing to Listen
 - Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.
 - If your student is depressed, or you just get that feeling that there is a threat of suicide ideation, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.
 - **ASK - Ask about suicide - Seek more information (& Keep SAFE) - Know where and how to refer.**
 - Teachers should refer the student to the school guidance counselor per Mental Health America of Texas' web training if possible. Use the form provided in **Appendix A –(Student Referral Data)**
 - **The School Counselor and/or administrator**, will speak with the students and perform a risk assessment (**See Risk Appendix B, Risk Assessment**) and develop a safety plan (**See Appendix C, Safety Plan**) with the student.
 - **The School Counselor**, will notify parent/guardian of the specific resources to call and when possible have the parent make initial contact from his/her office. Give them numbers below, but you may have them dial 361-851-6726 while in your office if they are agreeable to that to help them get the process started.
 - Otherwise, after advising the parent/guardian that we take all statements of suicide seriously, and that the we will supervise the student and ensure safety while the student is at school and they are not to leave student unsupervised at home and are responsible for their child's safety at home,
 - The counselor will use **Appendix C's, "Our Safety Plan"** with the parent to recommend and document that they remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt. Also, anything else that may be hazardous due to where they live such as bedroom on a second story etc.
 - Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved. **Avoid** the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."
 - You can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.
- In an Immediate Crisis
 - In an immediate crisis where parent cannot be reached or the student reports that the parent/guardian will cause a greater risk, call 911 and wait for law enforcement and CPS to come and help. Do not leave them alone until either the parent or law enforcement or CPS has taken custody of the student.
 - Hospitalization may be indicated and may be necessary at least until the crisis abates. Let the professionals decide.
- Follow Up on Treatment
 - **Guidance Counselors: Advise** parents privately, (without student present) that the their child may run away or avoid treatment after an initial contact unless there is support for their continuing.
 - Advise them that if medication is prescribed, to take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.
 - Try to build rapport with the student and check on student if you deem it prudent.

Suicide Hotlines & Referral Agencies:

- 1-800-SUICIDE (784-2433)
- 911
- Mobile Crisis Outreach Team (MCOT) Hotline: 1-888-767-4493
- Nueces County Sheriff's Department 361-854-2222
- (361) 851-6726 (Texas MHMR – Nueces County)

Sources:

- American Foundation for Suicide Prevention (www.afsp.org)
- Suicide Awareness Voices of Prevention (www.save.org)

Appendix A

Bishop CISD School Mental Health – Suicide Prevention Referral Data Form

Student's Name: _____
Last First M.I.

School: _____ District: _____ Grade: _____
Campus Name

Birth date: _____ Age: _____ Sex: M ___ F ___ Ethnicity: _____
Mo/DY/ YR

Parent Guardian: _____
Last First MI

Address: _____ City: _____ Zip: _____

Phone: _____ Work: _____

Student Referred by (Check one or More)

- | | | |
|------------------|----------------------|------------------------------|
| A. ___ Self | E. ___ Psychologist | H. ___ Nurse |
| B. ___ Parent | F. ___ Administrator | I. ___ Other (Specify) _____ |
| C. ___ Teacher | G. ___ Social Worker | J. ___ Student/Friend |
| D. ___ Counselor | | |

Reason For Referral: (Check one or More)

- | | |
|---------------------------------------|---|
| A. ___ Direct Threat | I. ___ Frequent Complaints of Illness or Bodily Aches |
| B. ___ Indirect Threat | J. ___ Drug or Alcohol Abuse |
| C. ___ Precious Attempts | K. ___ Other (Specify) _____ |
| D. ___ Giving Away Prized Possessions | L. ___ Completion Date: _____ |
| E. ___ Mood Swings | M. ___ Rard |
| F. ___ Sudden Changes in Behavior | N. ___ Self Injurious |
| G. ___ Signs of Depression | O. ___ Psychosocial stressors |
| H. ___ Truancy or Running away | |

Previous Rard ___ No ___ Yes

Data Recorded by (Case Carrier)

- | | | |
|---------------------|----------------------|------------------------|
| A. ___ Counselor | C. ___ Nurse | E. ___ Administrator |
| B. ___ Psychologist | D. ___ Social Worker | F. ___ Other (Specify) |

Intervention(S) Outcome (S)

- | | |
|---|---|
| A. ___ Parent Contact Made | F. ___ Group Counseling School Based |
| B. ___ Parent Brochure Provided | G. ___ Individual Counseling School Based |
| C. ___ Referral for Community M.H. Services _____ | H. ___ Program Modification |
| D. ___ Child Abuse form filled (Endagerment) | I. ___ IE, Smaller Class Size, IEP. |
| E. ___ Referred to P.M.R.T? | other (specify) _____ |

Appendix B

Assessment areas and questions

- What warning signs(s) initiated the referral?
- Has the student thought about suicide (thoughts or threats alone, whether direct or indirect, may indicate LOW risk)?
- Have they tried to hurt themselves before (previous attempts, repetitive self-injury may indicate MODERATE risk)?
- Do they have a plan to harm themselves now (the greater the planning, the greater the risk)?
- What method are they planning to use and do they have access to the means (these questions would indicate HIGH risk)?
- Has the student demonstrated abrupt changes in behaviors?
- What is the support system that surrounds this child (the more the student feels isolated and alone, the greater the risk)?
- Is there a history of mental illness (depression, alcohol and substance abuse, conduct or anxiety disorder, co-morbidity)?
- Is there a history of recent losses, trauma or victimization?

Note: From Poland & Lieberman (2002).

Questions, indicators, levels of risk and general interventions

LOW RISK (Ideation)

Sample student question: *Have you ever thought about suicide (harming yourself)?*

Other Indicators: current or recent thoughts; signs of depression; direct or indirect threats, sudden changes in personality, friends, behaviors; evidence of self harm in written or art work; dark internet websites and chat

Actions: Reassure and supervise student; warn parent; assist in connecting with school and community resources; suicide-proof environments; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills and resource numbers.

MODERATE RISK (Current ideation and previous behaviors)

Sample student question: *Have you ever tried to kill (hurt yourself) before?*

Other Indicators: previous attempts; recent mental health hospitalizations; recent trauma (losses, victimization); recent medications for mood disorders; alcohol and substance addiction; running into traffic or jumping from high places; repetitive self injury.

Actions: See high risk.

HIGH RISK (Current plan and access to method)

Sample student question: *Do you have a plan to kill (harm) yourself today?*

Other Indicators: current plan with method/access; finalizing arrangements: giving away prized possessions or written/e-mailed good bye notes; refusal to agree to a safety plan.

Actions:

1. Supervise student at all times (including rest rooms).
2. Notify and hand off student ONLY to:
 - a. Parent or guardian who commits to seek an immediate mental health assessment.
 - b. Law enforcement.
 - c. Psychiatric mobile responder.
3. Prepare re-entry plan when the student returns to school that establishes a circle of care between the home, school and community mental health agents.

Appendix C

My Safety Plan

I, _____ agree to make a commitment to living. I understand that this means I agree to be actively involved in all aspects of treatment including using my safety plan:

Here are some warning signs, (thoughts, ideas, images, behaviors, moods and feelings) that would let me know that I need to use my safety plan:

1. _____
2. _____
3. _____

These are things I can do, on my own, to take my mind off my problems (relaxation techniques, physical activities): 1. _____

2. _____
3. _____

These are people or places that could help me take my mind off my problems for a little while and distract me.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Place: _____ 4. Place: _____

These are family members or friends I could talk to when I am in a crisis and need help:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

These are agencies I can contact during a crisis:

Emergency Number: 911

Mobile Crisis Outreach Team (MCOT) Hotline: 1-888-767-4493

National Suicide Prevention Lifeline: 800-273-8255 (TALK)

Nueces County Sheriff's Department: 361-887-2222

Nueces County MHMR 361-851-6726

The things that are the most important to me and worth living for are:

Signature: _____ Date: _____

Our Family Safety Plan

I, _____ agree to support and assist, _____
with their commitment to living and to be actively involved in all aspects of treatment
including:

_____ Providing a healthy and safe environment, and not leaving student alone.

_____ Removing access to firearms, medicines, and other dangerous objects,

_____ Providing access to mental health services

_____ Participating in our safety plan and calling 911 if our family is not safe.

_____ In times of crisis or major mood shifts I will support and assist my child with:

○ Things they can do, on their own, to take their mind off their problems like:

○ Contacting people or going to places that will take their mind off their problems:

○ Contacting family members and friends that they can talk to when they are in crisis:

☑ My Important Numbers

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Signature: _____ Date: _____