#### Self-harm / Suicide Prevention Protocol

Revere Local Schools

# Revere Local Schools Matthew L. Montgomery - Superintendent Dr. Christine Kovach - Director of Student Services Jennifer Kirchner - High School Counselor Nick DePompei - High School Counselor Elizabeth Long - Middle School Counselor REVERE MINUTEMEN

#### **Threat Assessment Management**

A proactive plan to aid in the prevention





Suicide is the number 2 cause of death for adolescents and rates are at a 30 year high





While the act of suicide may seem selfish, the person behind the act is not. He or she is likely suffering, potentially from depression, which can cause distorted thoughts and feelings.

#### Myth

People who talk about suicide don't kill themselves.



8 out of 10 people who commit suicide tell someone that they're thinking about hurting themselves before they actually do it.

#### Myth

Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

### Truth

Talking about suicide provides an opportunity for communication, and fears that are shared are more likely to diminish. Talking about suicide is something that should be carefully managed.



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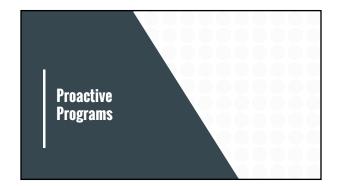
Suicide is often a cry for help that ends in tragedy.

#### Myth

Young people who attempt suicide won't try it again.



Out of every 5 people who commit suicide, 4 have made a previous suicide attempt.





#### See Something Say Something

Our district began an awareness campaign to encourage all members of our school community to say something if they see or hear something that does not seem right or if they believe someone may be hurt.



#### **Safe School Helpline**

Program the number into your phone

Magnets for lockers

-Phone number on the Revere Local School District website

-Anonymous



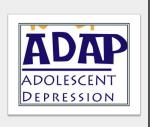
#### **School Resource Officer**

This position is funded through a collaboration with the school district and two local police departments.

Our school resource officer focuses not only on security, but also builds positive relationships with our students since he is visible in our buildings every day.



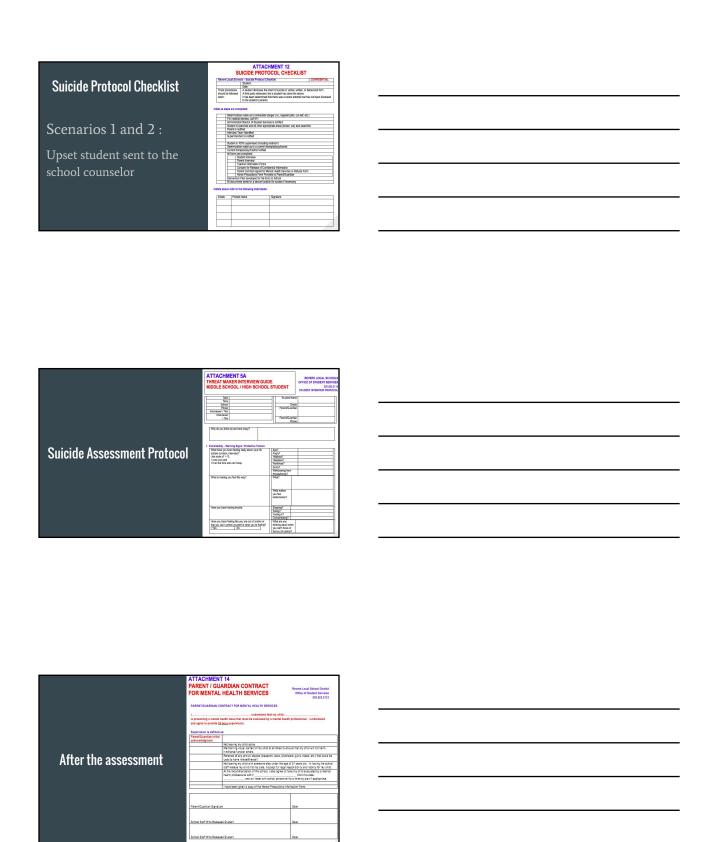
Adolescent Depression Awareness Program



2014-2015  Kognito  AWARD WINNER!	t	conversations hat make difference.	Kognito uses conversation simulations featuring virtual humans to drive measurable changes in physical, emotional, and social health.
Vocatio		Interactive staf	f training program
Kognito		Free through tl	
	*	Link to Ohio S Foundation <u>ww</u>	uicide Prevention w.ohiospf.org

#### **Suicide Assessment Protocol**

- Administrator and parent informed
- Two trained people interviewing the student
- Parent interview
- Triage
- Follow up



Resources - Hotlines	
National Suicide Prevention Lifeline 1-800-273-TALK (8255) Support Hotline (24 hours) Suicide/Crisis Problems 330-434-9144	
GLBT Teens National Hotline 1-800-246-7743  Adolescent Suicide Prevention Program 330-923-0688	
Psychiatric Intake Response Center (PIRC) at Akron Children's Hospital 330-543-7472 Child Guidance & Family Solutions Centers 330-762-0591	
Where to get more information	
Ohio Suicide Prevention Foundation 614-429-1528  American Foundation of Suicide Prevention 1-888-333-2377	
Not My Kid <u>www.notmykid.org</u> The Jed Foundation <u>www.jedfoundation.org</u>	
The Jason Foundation www.jasonfoundation.com  Suicide Prevention Resource Center www.sprc.org	
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Q & A	-

## ATTACHMENT 12 SUICIDE PROTOCOL CHECKLIST

Revere Local Schools – Suicide Protocol Checklist		CONFIDENTIAL
	Student:	
	Date:	
There procedures should be followed when:	A student discloses the intent of suicide in verbal, written, or behavioral form.  A third party witnesses that a student has done the above.  It has been determined that there was a recent attempt that has not been disclosed to the student's parents.	

#### Initial as steps are completed:

Determination made as to immediate danger (i.e., ingested pills, cut self, etc.)		
If in medical distress, call 911		
Administrator/Director of Student Services is notified		
Student is searched and all other appropriate areas (locker, car) also searched		
Parent is notified		
Interview Team Identified		
Superintendent is notified		
Student is 100% supervised (including restroom)		
Determination made as to a current therapist/psychiatrist		
Current therapist/psychiatrist notified		
All forms are completed		
Student Interview		
Parent Interview		
Teacher Information Forms		
Consent for Release of Confidential Information		
Parent Contract signed for Mental Health Services or Refusal Form		
Home Precautions Form Provided to Parent/Guardian		
Intervention Plan developed for Re-Entry to School		
All documents stored in a secure location for access if necessary		

#### Initials above refer to the following individuals:

Initials	Printed Name	Signature	

## **ATTACHMENT 13 HOME PRECAUTIONS INFORMATION**

Suicide Myth	Suicide Fact
"Young people don't kill themselves"	Suicide is the number 3 cause of death for
	young people ages 15-24
"People who talk about suicide don't kill	8 out of 10 people who commit suicide tell
themselves."	someone that they're thinking about hurting
	themselves before they actually do it.
"When adolescents talk about suicide, change	Take them seriously! Listen carefully! Give
the subject and try to get their mind off of it."	them a chance to express their feelings. Let
	them know that you are concerned and want to
	help.
"Most young people who kill themselves really	In fact, most people who kill themselves are
want to die."	ambivalent about whether they want to live or
	die. Suicide is often a "cry for help" that ends in
	tragedy.
"Young people who attempt suicide once won't	Out of every 5 people who commit suicide, 4
try it again."	have made a previous suicide attempt.

#### **WARNING SIGNS - AN EMERGENCY MAY BE COMING**

- Feeling trapped, hopeless, or deeply depressed
- Pronounced change in eating or sleeping habits
- Pronounced change in school grades
- Significant change in usual behavior
- Deep pain due to loss of a loved one through death, divorce, or love relationship
- Low self-esteem and feelings of worthlessness.
- Suddenly not caring for prized possessions, giving away favorite things.
- Extreme withdrawal or isolation from others
- A previous suicide attempt
- When someone is talking about suicide and has access to or possession of pills or a weapon
- Being suddenly very happy after a prolonged episode of depression.
   (Sometimes the reason the depression seems to be lifted is the person has decided to go ahead with the suicide attempt).

#### **HOME PRECAUTIONS**

- ✓ Secure medications, silverware (knives and forks), dog chains, tools, rope, scissors, sharp objects, sheets, flammable materials/objects, household chemicals, other items the child may use to harm him/herself, and car keys.
- ✓ Maintain 100% adult visual contact.

- ✓ Clearly monitor or prohibit Internet use.
- ✓ Do not draw the child/teen into a discussion at this time. Attempt to keep things calm. If you are unable to maintain a safe and calm environment, or if you need assistance, the following phone numbers may be of help.

#### **HOTLINE RESOURCES - WHERE TO TURN FOR HELP**

<ul> <li>Akron Children's Hospital Department of Adolescent Services</li> </ul>	330-543-8538
<ul> <li>Psychiatric Intake Response Center (PIRC) at ACH</li> </ul>	330-543-7472
<ul> <li>Child Guidance &amp; Family Solutions Centers (24 hour crisis line)</li> </ul>	330-762-0591
<ul> <li>Support Hotline (24 hours) Suicide/Crisis Problems</li> </ul>	330-434-9144
<ul> <li>National Suicide Prevention Lifeline (24 hour helpline)</li> </ul>	1-800-273-TALK (8255)
<ul> <li>Mental Health Association of Summit County Adolescent</li> </ul>	330-762-3500
<ul> <li>Adolescent Suicide Prevention Program</li> </ul>	330-923-0688
COUNSELING RESOURCES	
<ul> <li>Child Guidance &amp; Family Solutions</li> </ul>	330-762-0591
<ul> <li>Avenues of Counseling &amp; Mediation</li> </ul>	330-723-7977
<ul> <li>Catholic Social Services</li> </ul>	330-762-7481
<ul> <li>Jewish Family Services</li> </ul>	330-867-3388
Emerge Ministries	330-873-3439
ADDITIONAL SUPPORT AND SERVICES	
Poison Control Center	1-800-222-1222
Substance Abuse Information	330-762-3500
Child Abuse Hotline	330-434-5437
Safe Landings	1-800-786-2929
(emergency shelter for troubled youth or runaways)	
o Boy's Shelter 330-253-7632	
o Girl's Shelter 330-784-7200	4 077 006 7072
<ul><li>Rape Crisis Center</li><li>GLBT Teens National Hotline</li></ul>	1-877-906-7273 1-800-246-7743
WHERE TO GET MORE INFORMATION	1-000-240-7743
National Institute of Mental Health (NIMH)	1-866-615-6464
Ohio Suicide Prevention Foundation	614-429-1528
American Association of Suicidology	www.suicideology.org
Not My Kid	www.notmykid.org
American Foundation of Suicide Prevention	1-888-333-2377
Suicide Prevention Resource Center	
The World Health Organization	www.sprc.org www.who.int/en/
The Volid Fleath Organization     The Jed Foundation	www.jedfoundation.org
The Jason Foundation	www.jeuroundation.org
THE JASUH FUUHUAUUH	www.jasoniounuation.com

## ATTACHMENT 14 PARENT / GUARDIAN CONTRACT FOR MENTAL HEALTH SERVICES

Revere Local School District Office of Student Services 330.523.3112

PARENT/GUARDIAN	CONTRACT FOR MENTAL	_ HEALTH	<b>SERVICES</b>
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I,, understand that my child,			
is presenting a mental health issue that must be evaluated by a mental health professional. I understand and agree to provide 24 hour supervision.			
Supervision is defined a	s:		
Parent/Guardian initial acknowledgment			
	Not leaving my child alone.		
	Maintaining visual contact of my child at all times to ensi him/herself and/or others.	ure that my child will not harm	
	Removal of any and all objects (weapons, tools, silverware, guns, ropes, etc.) that could be used to harm himself/herself.		
	Not leaving my child with someone else under the age of 21 years old. In having the school staff release my child into my care, I accept full legal responsibility and liability for my child.		
	At the recommendation of the school, I also agree to have my child evaluated by a mental health professional within from this date: and will meet with school personnel for a re-entry plan if appropriate.		
	I have been given a copy of the Home Precautions Information Form.		
Parent/Guardian Signature		Date	
School Staff Who Released Student		Date	
School Staff Who Released Student Date		Date	