

ADDENDUM Student/Parent Handbook 2020-2021

At The Mesivta, we are aware of the different stressors prevalent amongst teens today and we prioritize the mental wellness of our students so they are able to thrive in all areas of their lives. Anxiety, depression, substance abuse, suicidal ideation, and digital misuse are many of the realities that we must be prepared to address as a school community.

In accordance with ACT 71, all school entities in the Commonwealth of Pennsylvania are required to adopt a suicide awareness and prevention program, as well as offer professional development for all in-building educators working with students in grades 6-12. All staff shall receive 4 hours of suicide awareness training over a 5 year period as directed by Pennsylvania's ACT 71. Additionally, school entities are permitted to incorporate curriculum to educate their students on the suicide prevention program.

Suicide Risk Assessment

A student who may be at-risk for suicide will be evaluated by the appropriate designated school staff (e.g. school counselor, school psychologist, or a trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, level of hopelessness and helplessness, mental status, and other relevant risk factors.

Self-Harm

The definition of self-harm is behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although *non-suicidal self-injury (NSSI)* lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

INTERVENTION

Assessment and Referral

When a student is identified by a peer, educator, or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, acts in a way that causes self-harm, or expresses/shows signs of suicidal ideation), the student shall be seen by a school-employed mental health professional within the same school day to assess risk and facilitate referral if necessary. Such professionals are a school psychologist, a school counselor, or a trained school administrator. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a designated staff member shall address the situation according to school protocol until a mental health professional is brought in.

At-Risk Student - School Response Protocol

1. School staff shall continuously supervise the student to ensure his safety until the assessment process is complete.
2. A trained school administrator, and/or school mental health professional shall be made aware of the situation as soon as reasonably possible.
3. The school-employed mental health professional or trained school administrator shall contact the student's parent or guardian, and shall assist the family with urgent referral.
4. Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian.
5. If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law.
6. Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate.

When School Personnel Need to Engage Law Enforcement

A school's crisis response plan shall address situations when school personnel need to engage law enforcement. When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as may be relevant, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or suicide EDP, to allow for the dispatcher to send officers trained in crisis de-escalation and mental illness.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.
2. School staff shall supervise the student to ensure his safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. The school-employed mental health professional or trained school administrator shall contact the student's parent or guardian.
5. Staff shall immediately notify the school counselor and/or the trained school administrator regarding the incident of in-school suicide attempt.
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible.

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian (unless notifying the parent will put the student at increased risk of harm)
3. Inform school administrator, and/or mental health professional

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

Parental Notification and Involvement

The trained school administrator, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the trained school administrator, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include, but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the principal, and/or head of school shall meet the student's parent or guardian, and, if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student hospitalization, parents will inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.). Any necessary accommodations shall also be discussed and documented.
2. While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
3. The school-employed mental health professional shall check-in with the student and the student's parents (or guardians) at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g., for a period of two months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support. These check-ins will not take place of the student's (and/or parents') continued counseling with an outside provider.
4. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Publication and Distribution

This policy shall be distributed annually and be included in all student and faculty/staff handbooks. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.