



## CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

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### Board Policy Statement

#### 5141.50 - Attempted Suicide and Suicide Prevention

Approved on May 4, 1992

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#### I. Philosophy

The District's philosophy regarding youth suicide prevention emanates from an appreciation that suicide and other self-destructive behaviors have become critical problems for children and youth, for families, for school personnel and for the community. Furthermore, the philosophy stems from the recognition that students who are experiencing stress or depression are less available for learning and that students who are engaging in self-destructive behaviors are jeopardizing not only their health and well-being, but also their academic achievement. Finally, because a continuum of factors underlie many youth suicides, there are sometimes opportunities to recognize in students the potential for suicide and to intervene in order to prevent self-destructive behavior and death.

#### II. Commitments

In order for the District's youth suicide prevention program to be effective, the district makes the following commitments:

- A learning environment that promotes the physical and mental health of students and staff;
- Collaboration with families and community providers in all program components for youth suicide prevention;
- An educational program that is effective in reaching students, staff and parents;
- High quality intervention services for students;
- Interagency cooperation that enables schools personnel to identify and access appropriate community resources for use in times of crisis;
- Effective reintegration of high risk youth into school following a crisis, hospitalization or residential treatment;
- Leadership and planning to ensure appropriate responses to attempted or completed suicides; and
- Regular evaluation and revision of the policy and procedures.

#### III. Specific Requirements

All school district personnel must act in accordance with the district's policy and procedures and timelines whenever there is any suspicion that a student may be at risk for suicide. All pupil services staff have annual update training in the Board Policy and Procedures regarding the suicide prevention program. In addition, pupil services staff annually update the faculty and administration of every school with regard to Board Policy and Procedures regarding suicide prevention.

Staff within the district will address the issue of attempted suicide and suicide prevention in a manner that is consistent with strong efforts to identify students at risk, to provide preventative measures and to cooperate with community mental health professionals.

#### **IV. Suicide Prevention Program Components**

The District's youth suicide prevention program includes the following components: education, intervention and evaluation.

The education component includes instructional programs for staff, for students, for parents and community that are aimed at the primary prevention of youth suicide. Annual instructional programs are offered for staff, parents and community. All students in grades K-12 receive education, training, awareness and prevention instruction through the district's comprehensive health education curriculum.

The intervention component refers to those activities that the school district staff will take in order to prevent self-destructive behaviors of students. These interventions will vary depending on the stages of vulnerability or risk that an individual student is in, or on the needs of a school community following a crisis.

The evaluation component refers to the District's process of regular review and revision, as appropriate, of policy, procedures and curriculum related to all aspects of the youth suicide prevention program.

#### **V. Levels of Prevention**

The district's suicide prevention program provides four levels of prevention services to individual students or groups of students:

The first level of prevention, often referred to as primary prevention, is achieved through educational program for students, staff and parents. Suicide prevention skills have been integrated through the district's comprehensive health education curriculum, according to the students' developmental levels.

Level II, or secondary prevention, is achieved through identification and clinical intervention with students who are identified as at risk for suicide. Secondary prevention occurs through the district's early intervention program for grades K-8 and through student assistance teams at the high school level.

Level III, or tertiary prevention is achieved through emergency and follow-up clinical intervention to prevent the death of students who attempt suicide.

The fourth level of prevention is aimed at the school-wide community following the suicide attempt or death of an individual. Its goal is to provide support through the grieving process and to promote healthy responses to a tragedy with the school and community so that the potential for further crisis is diminished.

Assessments and interventions for high risk students and post-intervention for completed suicide or sudden deaths are carried out by crisis teams in each school. Crisis teams function according to the administrative procedures for implementing this policy described in the district's handbook.