

Georgia Cyber Academy Governing Board

Suicide Prevention and Awareness Policy

Adopted On: _____ Last Reviewed On: _____ Last Updated On: _____

The Board of GCA adopts the following policy, effective on the date of adoption by the Board.

Suicide Prevention and Awareness Policy

Georgia Cyber Academy shall provide to all certificated personnel annual training in suicide awareness and prevention in accordance with state law and rules established by the Georgia Department of Education.

The Head of School or designee shall develop procedures to address at a minimum, suicide prevention efforts, intervention, and aftercare. Such procedures shall be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts.

The suicide prevention training and procedures can be found at <http://gca.k12.com/content/dam/schools/gca/files/pdfs/gca-suicide-apip-policy-proposed-010318.pdf>

In accordance with state law, no person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of this policy or its implementing procedures or resulting from any training, or lack thereof, required by state law or this policy. The training, or lack thereof, required by the provisions of state law shall not be construed to impose any specific duty of care. Neither the training nor the procedures are designed to impose ministerial duties but to provide a framework in which educators can exercise their professional judgment in the best interest of students.

State Reference	Description
O.C.G.A 20-02-0779.1	<u>Suicide awareness training and prevention policy</u>
Rule 160-4-8-.19	<u>Suicide Prevention Training Requirement for Certificated School System Personnel</u>

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

Georgia Cyber Academy

Suicide Awareness, Prevention, Intervention and Postvention Procedures

School Climate

All GCA staff and students must work together to ensure that they maintain a positive and safe school climate. Fostering a feeling of connectedness between the students and the school, providing an opportunity for students to become involved in school activities, and ensuring an overall safe environment for all students are essential components of a safe and positive school climate.

GCA will set high expectations on all staff and students to behave respectfully and kindly to one another. In a positive school climate, all students are respected, supported, and feel comfortable approaching an adult when confronted with problems. Importantly, bullying among students will be taken very seriously, as research has shown that students who feel victimized by other students or staff have an elevated risk of suicidal ideations and behaviors.

Prevention, Intervention and Postvention

Raising staff awareness about suicide and training staff to take steps that prevent it are critical components of any comprehensive school-based suicide prevention program. All school staff should understand that suicide poses a risk to students and that the school is taking steps to reduce this risk. The staff should be made aware that the school's mission includes providing a safe environment in which education can take place and that the mental health of students affects their academic performance.

School System Policy Implementation

GCA Head of School shall appoint a suicide prevention coordinator to plan and coordinate the implementation of the school's suicide prevention policy. Likewise, school principals should designate a school-level suicide prevention coordinator to serve as the point of contact in each school for issues relating to suicide prevention and district policy implementation. The suicide prevention coordinator may be an existing staff member (e.g., school counselor). All staff members shall report students they believe to be at risk for suicide to the school suicide prevention coordinator or a staff member the school suicide prevention coordinator has designated to act in his or her absence.

Training

All GCA personnel shall receive annual training on youth suicide prevention. Suicide prevention training shall include warning signs to identify students who may be at risk for suicide and where to refer a potentially at-risk student. Record of all staff members who receive training shall be kept by the suicide prevention coordinator.

Suicide Screening, Assessment and Referral

When a student is identified by a staff person as potentially suicidal, (i.e., verbalizes about suicide, presents overt risk factors, student self-refers, etc.) the student should immediately be seen by a mental health professional to assess risk and facilitate referral. If there is no mental health professional available at the school, the school suicide prevention coordinator, a school nurse, school counselor, school social worker or a school administrator should fill this role until a mental health professional can be brought in.

NOTE: All students that exhibit risk factors for suicide that do not rise to the level of warning signs or suicide ideation should be referred to the School Suicide Prevention Coordinator, the school principal and/or the school counselor or social worker for screening and further action if warranted.

For students with warning signs for suicide:

- 1) School staff should make every effort to maintain communication with the student to ensure his or her safety until the parents/guardians and/or mental health professional arrive.
- 2) The School Suicide Prevention Coordinator, principal or his/her designee, school counselor, mental health professional, the Crisis Response Team, and the central office (e.g., head of school or his/her designee) should be informed immediately.
- 3) If possible, screen the student using a screener such as the [Columbia-Suicide Severity Rating Scale](#). The additional information obtained from the screener will be helpful in your conversations with family members and referral agencies.
- 4) The principal or mental health professional should contact the student's parent or guardian and should assist the family with urgent referral for professional assessment. When appropriate, this may include calling emergency services or bringing the student to the local emergency room, but in most cases, it will involve contacting the **Georgia Crisis and Access Line** or setting up an outpatient behavioral health appointment and communicating the reason for referral to the healthcare provider.

If the student is under the age of 18 and the parent or guardian refuses to seek appropriate assistance, the school shall have the option to contact and file a neglect report with the Department of Family and Children Services (DFCS). The school may also involve the appropriate law enforcement agency, if necessary.

- 5) The suicide prevention coordinator shall ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

Signs of Depression or Severe Emotional Distress

Low Self-Esteem; Poor Self-Concept

- May make self-critical remarks like, "I'm no good or I'm just a burden."
- Considers self a failure; guilty of some wrong.
- Says, "I can never do anything right." A series of crisis events may have happened, which leads to feelings of haplessness.

Sense of Hopelessness and Helplessness

Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.

Shame, Humiliation, or Embarrassment

Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.

Listlessness, Tension, or Irritability

May react impulsively or be upset about seemingly small events; quick anger

Self-Destructive Thoughts May Be Expressed

Intensity and frequency may vary as well as direct or indirect expression

Overt Sadness and Depression

May often appear sad and depressed or show signs of tension and extreme anxiety.

Acting Out Behaviors That May Mask Depression

Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, or preoccupation with hostility or revenge.

Unusual Changes in Eating or Sleeping Patterns

Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.

Sudden Personality Changes

Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.

Neglect of Personal Appearance

Formerly well-groomed person may become apathetic about personal appearance and hygiene.

Isolation and Social Withdrawal

Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.

Uncharacteristic Decline in Academic Performance

May suddenly appear disinterested in school or in future goals. May make remarks like, “Don’t bother to grade my final, I won’t be around,” or “It’s just not worth it.” An unusual decline in grades may be an indication that something is troubling a student.

Reversal in Valuation

Sudden change from loving to hating someone, from self-respect to self-hate.

Difficulty in Concentrating; Persistent Boredom

Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.

Vague or Unexplainable Physical Complaints

Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.

Loss of Touch with Reality

May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.

Preoccupation with Fatalistic or Morbid Thought

Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.

Experimentation with Self-Destructive Acts

Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very “accident-prone”.

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 will:

1. Call **911**.
2. Contact the student’s parent or guardian.
3. Contact the school principal and the suicide prevention coordinator.
4. Contact Central Office (e.g. Head of School or his/her designee).

For additional information, please refer to Appendix A: **Action Plan for Suicide Attempt and Suicide Ideation**.

Parental Notification and Involvement

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family should be the principal, school psychologist, or a staff member with a special relationship with the student or family. School staff should be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

Through discussion with the student, the principal or mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal or mental health professional believes, in his or her professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, the principal or mental health professional may delay such contact as appropriate. If parent or guardian notification is delayed, the reasons for the delay shall be documented.

If the principal, designee or mental health profession suspects child abuse or neglect, the Department of Family and Children Services (DFCS) shall be notified immediately. If the student is under the age of 18 and the parent/guardian refuses to contact a mental health provider, the school will have the option to contact and file a neglect report with DFCS.

Steps for parental/guardian notification:

1. Notify the parents/guardians about the situation and ask that they come to the school immediately.
2. Explain to the parent/guardian why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parent(s)/guardian(s) with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parent(s)/guardian(s) is in contact with you.
5. Provide the parent(s)/guardian(s) with resources to explain the risk of suicide and the role of parent(s)/guardian(s) in getting and maintaining help for their child.
6. Ask the parent(s)/guardian(s) to sign the Parent/Guardian Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals for assessment.
7. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:
 - Stress the importance of getting the child help.
 - Discuss why they have not contacted a provider and offer to assist with the process.

8. If the student does not need to be hospitalized, release the student to the parents.
9. Document all contacts with the parent(s)/guardian(s).

Note: Sample forms are available within the [Preventing Suicide: A Toolkit for High Schools](#) to document all contact with parents and guardians.

Appendix A

CONTACTS	PHONE NUMBERS
FIRE/POLICE/AMBULANCE	
LOCAL CRISIS RESPONSE TEAM	
CENTRAL OFFICE	
DFCS	
MENTAL HEALTH PROFESSIONAL	

Action Plan for Suicide Attempt and Suicide Ideation

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
Suicide Attempt		
1. If the student has made a suicide attempt or it is suspected that the student made a suicide attempt on school property, the principal or designee will immediately call 911 for any medical emergency while first responder attends to person in crisis.		
2. Secure the area to prevent onlookers and panic, and to maintain the integrity of the crime scene.		

<p>3. Make appropriate contacts.</p> <p>a) Custodial parent/guardian and/or emergency contact as quickly as possible</p> <p>b) Crisis Response Team consisting of trained personnel (e.g., School Counselor, School Social Worker, School Psychologist, School Resource Officer and School Nurse)</p> <p>c) Central Office</p> <p>d) <u>If there is a suspicion or accusation of child abuse</u> regarding the parent/guardian, school personnel will follow the Child Abuse Protocol and notify the Department of Family and Children Services (DFCS)</p>		
<p>4. Continue overseeing safety of student, secure school environment, and preserve the area</p>		
<p>5. Follow local school/district protocols</p>		
<p>6. Upon student's return, the administrator or designee will convene a meeting to develop an Individual Safety Plan. Recommended meeting participants include: Parent(s)/Guardian's, Administrator, School Counselor, School Social Worker, School Resource Officer, School Nurse, Teacher(s) and other duly notified staff.</p>		
<p>Reported Suicide Attempts, Warning Signs or Ideation</p>		
<p>1. The Suicide Prevention Coordinator/School Counselor, Principal, or Principal Designee will be notified and the student</p>		

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
<p>involved will be:</p> <p>a) Placed under constant adult observation (student will not be left alone, sent back to class, or sent home on the bus without constant adult supervision)</p> <p>b) Privately questioned by a trained staff member to determine the level of risk using school district procedures for suicide screening and assessment</p>		
<p>2. Notify Crisis Response Team. The team members will:</p> <p>a) Complete a Safety Assessment/Survey/Rating Scale as recommended by the Crisis Response Team</p> <p>b) Report screening/assessment finding to the Principal or designee and recommend a plan of action</p>		
<p>3. The School Counselor or Administrator will notify the custodial parent/guardian and/or emergency contact, and ask him/her to immediately come to the campus.</p>		
<p>4. Parent/guardian/emergency contact will be provided a copy of the following:</p> <p>a) Parent/Guardian Notification Form</p> <p>b) Safety Screening Results</p> <p>c) Release of Information Form(s)</p> <p>d) Helpful resources about the suicide risks and warning signs</p> <p>e) Available resources for Assessment related to suicide and the Georgia Crisis and Access Line contact information</p>		
<p>5. Parent/guardian/emergency contact will be strongly encouraged to take the student from the campus to a facility or provider of his/her choice for a mental health assessment.</p>		
<p>6. If the child is under the age of 18 and the parent/guardian refuses to seek appropriate assistance, the school will have the option to contact and file a neglect report with the Department of Family and Children Services (DFCS). The school may also involve local law enforcement, if necessary.</p>		
<p>7. Upon student's return, the administrator or designee will convene a meeting to develop an Individual Safety Plan. Recommended meeting participants include: Parent(s)/Guardian's, Administrator, School Counselor, School Social Worker, School Resource Officer, School Nurse, Teacher(s) and other duly notified staff. This process cannot delay the student's reentry.</p>		

Actions to be Assigned to Staff	Responsible Staff Person	Alternate Responsible Staff Person
In Both Suicide Attempts and Suicide Ideation		
1. Make appropriate contacts. a) Custodial parent/guardian and/or emergency contact as quickly as possible b) Local Crisis Response Team (e.g., School Counselor, School Social Worker, School Psychologist) c) Central Office d) <u>If there is a suspicion or accusation of child abuse</u> regarding the parent/guardian, school personnel will follow the Child Abuse Protocol and notify the Department of Family and Children Services (DFCS)		
2. Prepare for possible “lock down.” Clear driveway for entering and exiting of emergency vehicles.		
3. Gather information concerning the incident.		
4. Identify any witnesses. <i>Note: Segregate witnesses from other students. Allow them to talk with school personnel – no news media.</i>		
5. Retrieve student records for more information.		
6. Determine who will remain with the affected classroom of students to provide calming atmosphere.		
7. Discuss known and appropriate facts to diminish rumors or misunderstandings.		
8. Coordinate with Central Office for possible deployment of an Emergency Response Team(s).		
9. Collaborate with Central Office to prepare parent and media response. Coordinate communications with the wishes and permission of affected family.		

Resources

- [Preventing Suicide: A Toolkit for High Schools](#)
- [After a Suicide: A Toolkit for Schools](#)
- [Georgia Crisis & Access Line: 1-800-715-4225](#)
- [National Suicide Prevention Lifeline: 1-800-273-8255](#)
- [Society for the Prevention of Teen Suicide](#)
- [American Foundation for Suicide Prevention](#)
- [The Jason Foundation](#)

- [Georgia Disaster Mental Health](#)
- [The National Child Traumatic Stress Network](#)
- [American Association of Suicidology](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Suicide Prevention Resource Center](#)
- ☐ [FERPA and the Disclosure of Student Information Related to Emergencies and Disasters](#)