

Guidelines For When A Student Returns to School Following an Absence for Suicidal Behavior

This information is found in the Youth Suicide Prevention, Intervention and Postvention Guidelines published by the Maine youth Suicide Prevention Program (third edition 2006). The document is available at www.mainesuicideprevention.org or by calling the Office of Substance Abuse Information and Resource Center at 1-800-499-0027.

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to obtain information on the student's condition. If possible, secure a signed release from parents/guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

Some suggestions to ease a student's return to school are as follows:

1. Prior to the student's return, a meeting between a designated school staff such as the school nurse, social worker, administrator, or designee who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
2. The designated school staff should:
 - a. Review and file written documents as part of the student's confidential health record.
 - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with practical aspects of the case, i.e. medications, full vs. partial study load recommendations.
 - c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs.
 - d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.

3. Classroom teachers **do** need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They **do not** need clinical information or a detailed history.
4. Discussion of the case among personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be strictly on a "need to know" basis. That is, information directly related to what staff has to know in order to work with the student.
5. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her peers.
6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help seeking skills and resources for others who might be depressed or suicidal.

Other Issues and Options Surrounding a Student's Return to School Following an Absence: *Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional and the student will express concerns. Some of the more common issues are listed below:*

1. **Issue:** Social and Peer Relations

Options:

- ◆ Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate and when to be concerned.
- ◆ Place the student in a school-based support group, peer helpers program but not as the helper, or buddy system.
- ◆ Arrange for a transfer to another school if indicated.
- ◆ Be sensitive to the need for confidentiality and how to restrict gossip.

2. **Issue:** Transition from the hospital setting

Options:

- ◆ Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
- ◆ Consult with the student to discuss what support he/she feels that he/she needs to make a more successful transition. Seek information about what

the student would like communicated to friends and peers about what happened.

- ◆ Request permission to attend the treatment planning meetings and the hospital discharge conference.
- ◆ Arrange for the student to work on some school assignments while in the hospital.
- ◆ Include the therapist/counselor in the school re-entry planning meeting.

3. **Issue:** Academic concerns upon return to school

Options:

- ◆ Ask the student about his/her academic concerns and discuss potential options.
- ◆ Arrange tutoring from peers or teachers.
- ◆ Modify the schedule and adjust the course load to relieve stress.
- ◆ Allow make-up work to be adjusted and extended without penalty.
- ◆ Monitor the student's progress.

4. **Issue:** Medication

Options:

- ◆ Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- ◆ Notify teachers if significant side effects are anticipated.
- ◆ Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

5. **Issue:** Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

Options:

- ◆ Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
- ◆ Include parents in the re-entry planning meeting.
- ◆ Refer the family to an outside community agency for family counseling services.
- ◆ Include information about those with sliding fee scale.

6. **Issue:** Behavior and attendance problems

Options:

- ◆ Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- ◆ Discuss concerns and options with the student.
- ◆ Consult with discipline administrator.
- ◆ Request daily attendance report from attendance office.

- ◆ Make home visits or regularly schedule parent conferences to review attendance and discipline record.
- ◆ Arrange for counseling for student.
- ◆ Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

7. **Issue:** On-going support*

Options:

- ◆ Assign a school liaison to meet regularly with the student at established times. Talk to the student about his/her natural contact at school – try to assign the person who already has a relationship with the student.
- ◆ Maintain contact with the therapist and parents.
- ◆ Ask the student to check in with the school counselor daily/weekly.
- ◆ Utilize established support systems, Student Assistance Teams, support groups, friends, clubs and organizations.
- ◆ Schedule follow-up sessions with the school psychologist or home school coordinator.
- ◆ Provide information to families on available community resources when school is not in session.

*In the event that a student loses a family member to suicide, school personnel should understand that suicide evokes a special, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

For more information call (207) 822-0126 or 1-800-269-5208 and ask for Susan Lieberman at Keeping Maine/s Children Connected. Information can also be found at www.maine.gov/education/speced/kmcc/index.htm

