ATTACHMENT 2.15

GUIDELINES FOR WHEN A STUDENT RETURNS TO SCHOOL FOLLOWING ABSENCE FOR SUICIDAL BEHAVIOR

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 continuity of care, it is often difficult to obtain appropriate information in order to assist the student. If possible, secure a signed release from parents/guardians to communicate with the hospital or 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.

Suggestions to ease a student's return to school:

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.

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 regarding the transition process.

from the Maine Youth Suicide Prevention Program