

The Brook Hill School Health Manual



The Brook Hill School
Christ-Centered. College Prep.

**Policy: Student in Crisis
Abuse, Bullying, Self-Injury
and Suicide Prevention**

Purpose

In keeping with the vision, mission and core values of The Brook Hill School, this policy aims to address issues related to Student in Crisis. It offers education and practical direction for our staff and faculty for dealing with students who struggle with these sensitive issues. While abuse, bullying, self-injury and suicide are all separate, those who bully, are bullied or observe bullying, those who self-injure and those who end their lives are ALL in emotional distress. It is vital that all emotional distress is taken seriously to minimize the chances of a poor outcome. All talk of these related issues and warning signs must be taken extremely seriously.

The policy includes "HOW TO" instructions for staff and faculty.

How to:

- Deal with and support students based on their individual needs in the short and long-term.
- Help all pupils improve their self-esteem and emotional literacy
- Support staff members who come into contact with students in crises
- Determine exactly who must be informed or contacted
- Understand the boundaries for protecting this highly private and confidential information

Abuse

The Brook Hill School will report any allegation of child abuse to the proper governmental authority of the State of Texas as required by state law. In Texas, teachers are "mandated reporters" and are required to report suspected child abuse. Potential abuse must also be reported to the Principal and the School Nurse, who are available to consult with teachers, offer support and contact Child Protective Services with the teacher present.

Bullying

Negative behavior exhibited by students will be addressed in a fair and balanced manner. Once the school is made aware of any such behavior, the situation will be evaluated as to the seriousness of the behavior by using the guidelines below:

Immature Behavior

- No intent to be unkind
- Annoying activity that causes discomfort
- Foolish actions that may cause harm to others and/or their property

Immature Behavior: Such behavior will primarily be addressed by the classroom teacher.

Unkind Behavior

- Intent is to be unkind
- Behavior is not frequent

The Brook Hill School Health Manual

- Behavior intensity level is low
- Behavior may reflect impulsivity and is infrequent
- Behavior duration is short

Unkind Behavior: Such behavior may be addressed by the classroom teacher or school administration.

Bullying Behavior

Bullying is an act of repeated aggressive behavior (including ridicule) in order to intentionally hurt another person, physically or emotionally. Bullying is characterized by an individual behaving in a certain way to gain power or control over another person.

- Intent is to be harmful (Physically or Emotionally)
- Behavior is frequent
- Behavior intensity level is moderate to severe
- Behavior duration is long
- Negative behavior is mostly one sided

Bullying: Such behavior will be determined and addressed by the classroom teacher and/or school administration.

In accordance with Texas Code Section 37.0832 retaliation against any person, including a victim, a witness, or another person, who in good faith provides information concerning an incident of bullying is prohibited. We recognize that bullying can have serious and long lasting outcomes for victims, for students who bully others and even for those who observe but do not participate in bullying behaviors. Youth who bully others and those who report being bullied are at increased risk for self-harm and suicidal behavior.

Please refer also to the Student Discipline Policy

See Additional Guidance on Bullying from the Texas School Safety Center attachment 1

Self-Injury or Self-Harm

We recognize that self-injury is increasingly becoming a problem in schools, and all teachers and non-teaching staff (in primary as well as secondary schools) must have a general understanding of self-injury, signs to look out for, and what to do if they become aware that a pupil is self-injuring. A student who self-injures will often go to great lengths to conceal their injuries. Self-injury involves deliberate, non-suicidal behavior that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, scratching, burning, banging and bruising, overdosing (without suicidal intent) and deliberate bone-breaking/spraining.

The Brook Hill School Health Manual

Risk Factors

- Mental health disorders including depression and eating disorders
- Drug/alcohol abuse, and other risk-taking behavior
- Recent trauma e.g. death of relative, parental divorce
- Negative thought patterns, and low self-esteem
- Bullying
- Abuse – sexual, physical and emotional
- Sudden changes in behavior and academic performance

Warning Signs that a Student is Self-Injuring:

- A student who self-injures can seem withdrawn or depressed.
- You may notice cuts or bruises that are always accompanied by excuses that don't seem to fit.
- Many people who self-injure will cut their arms and so they may wear long sleeves, even when it is very hot.
- A student who self-injures may look for excuses not to have to wear shorts or short sleeves and therefore may avoid activities like PE or swimming.
- Particularly where younger children are concerned it is important to keep a close eye on especially vulnerable students such as those with a history of abuse.

Reporting Self-Injury

Staff members and faculty will report concerns related to self-injury immediately to the Principal and the School Nurse. Parents will be contacted by the School Nurse or by the Principal. Medical help, or a counseling referral will be made, as deemed appropriate, by the School Nurse. The Nurse may mediate a conversation between the student and their parents if the student wishes to have the conversation. It is important to have a male or female staff member (as applicable) present when addressing self-harm in a conversation with the student. Although confidentiality is a key concern, the student must be told that it may not be possible for the support person involved to offer complete confidentiality under these circumstances.

General Tips for Staff and Faculty to Remember:

- Listen to pupils in emotional distress calmly and in a non-judgmental way
- Do not make promises which cannot be kept
- Anyone from any walk of life or any age can self-injure, including very young children
- Self-injury affects people from all family backgrounds, religions, cultures and demographic groups
- Self-injury affects both males and females
- A student who self-injures can often keep the problem to themselves for a very long time which means opening up to anyone about it can be difficult

The Brook Hill School Health Manual

- You cannot just tell someone who self-injures to stop - it is not that easy
- Listen to the student and try not to show them if you are angry, frustrated or upset. Staff should learn that the best way to respond to common self-injury is with a low-key, dispassionate demeanor and with respectful curiosity.
- There is a difference between self-injury and a suicide attempt.
- If someone tells you they self-injure it means they trust you and are willing to share this very personal problem.
- Some students will just want to be heard and empathized with. Try not to push them by asking questions that may overwhelm them.
- Encourage students to seek alternative and more constructive coping mechanisms. However, do not expect them to be able to stop self-injuring.
- The way a student's self-injury is dealt with should reflect the age of that child.

A student with an ongoing tendency toward self-injury will be expected to:

- Not display open wounds/injuries. These must be dressed appropriately
- Talk to the appropriate staff member if they are in emotional distress

Parents will be encouraged to:

- Endorse the school's approach to self-injury education and care
- Work in partnership with the school

ALL students will be instructed to alert a staff member or faculty if they suspect a peer of being at risk of harm to them-selves or others, and know when confidentiality must be broken

Preventing Suicide

Suicide is the third leading cause of death among children, teens, and young adults ages 10 to 24. About 4,300 young people in this age range die by suicide each year (CDC, 2007). But this is only the tip of the iceberg. Every year, approximately 118,000 young people ages 15-24 are brought to emergency rooms to receive treatment for self-inflicted injuries (CDC, 2009a). A recent national survey (CDC, 2009b) revealed that in the 12 months preceding the survey:

- Almost 13.8 percent of high school students had seriously considered attempting suicide
- 10.9 percent of high school students had made a plan for how they would attempt suicide
- 6.3 percent of high school students had attempted suicide one or more times
- Very few of these suicides, or suicide attempts, take place in schools. But many young people who are at risk of suicide attend school and exhibit warning signs that, if recognized and acted on, could prevent death or injury and reduce emotional suffering

The Role of Schools in Preventing Suicide

Recognizing the Warning Signs

- **Unhealthy peer relationships.** Teens whose circle of friends dramatically changes for no apparent reason, who don't have friends, or who begin associating with other young people known for substance abuse or other risk behaviors may signal a change in their emotional

The Brook Hill School Health Manual

- lives. Their destructive behaviors may discourage more stable friends from associating with them, or they themselves may reject former friends who “don’t understand [them] anymore.”
- **Volatile mood swings or a sudden change in personality.** Students who become sullen, silent, and withdrawn, or angry and acting out, may have problems that can lead to suicide.
- **Indications that the student is in an unhealthy, destructive, or abusive relationship.** This can include abusive relationships with peers or family members. Signs of an abusive relationship include unexplained bruises, a swollen face, or other injuries, particularly if the student refuses to discuss them.
- **Risk-taking behaviors.** Risk-taking behaviors often co-occur and are symptomatic of underlying emotional or social problems. Such behaviors as unprotected or promiscuous sex, alcohol or other drug use, driving recklessly or without a license, petty theft, or vandalism, especially by young people who formerly did not engage in these activities, can be an indication that something is wrong.
- **Signs of an eating disorder.** An eating disorder is an unmistakable sign that a student needs help. A dramatic change in weight that is not associated with a medically supervised diet may also indicate that something is wrong.
- **Difficulty in adjusting to gender identity.** Teens with gender identity issues have higher suicide attempt rates than their heterosexual peers. While coming to terms with gender identity can be challenging for many young people, these students face social pressures that are especially difficult.
- **Bullying.** Children and adolescents who are bullied, as well as those who bully, are at increased risk of depression and suicidal ideation

Responding to the Warning Signs/ Intervention

When staff members or faculty observe behavior or written communication that indicates that there is a problem - whether the student is acting out, withdrawing, committing destructive or aggressive acts toward himself or herself or others, or exhibiting a fixation with death or morbid themes - **TAKE NOTE AND TAKE ACTION!**

- **Contact the Principal and the School Nurse immediately** to ensure appropriate and quick assessment and treatment. Send a text. OR Send an E-mail OR Make a call.
- The Principal or School Nurse will contact the student’s parents or guardian
- If it is believed that contacting the parents or guardians may further endanger the student (if, for example, physical or sexual abuse is suspected), the principal may contact Child Protective Services.
- Suicidal students who must have a psychiatric consultation will be sent by ambulance to ETMC Emergency Department for medical clearance and a psychiatric referral to an appropriate facility. Every effort will be made to make the student’s departure from campus as discrete as possible.
- The Principal will notify the Headmaster

The Brook Hill School Health Manual

Ask the Tough Questions

If a student is calm and not demonstrating any immediate threat but chooses to reach out for help by confiding in you, do not be afraid to ask a student if he or she has considered suicide or other self-destructive acts. Research has shown that asking someone if he or she has contemplated self-harm or suicide will not increase that person's risk. Rather, studies have shown that a person in mental distress is often relieved that someone cares enough to inquire about the person's well-being. Your concern can counter the person's sense of hopelessness and helplessness. However, you need to be

prepared to ask some very specific and difficult questions in a manner that doesn't judge or threaten the young person you are attempting to help.

- I've noticed that you are going through some rough times. Do you ever wish you could go to sleep and never wake up?
- Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
- Are you thinking about killing yourself?

Be Persistent but Cautious

- A student may feel threatened by your concern. The student may become upset or deny that he or she is having problems. Be consistent, caring and firm.
- Do not promise confidentiality to a student when it comes to issues regarding the student's safety but always talk privately with a student before letting others know of your concerns for the student's safety

Get Help When Needed

- **ALWAYS contact the Principal AND the School Nurse when you suspect that a student has suicidal ideation**
- **If a student demonstrates aggressive, violent or destructive behavior toward you, contact School Security first and then the Principal and Nurse when you are able to do so. Say that you have an EMERGENCY and give your location.**
- **Always leave yourself an escape route if at all possible.** Even when students seem calm, emotional conversations can set off a wide variety of behaviors.
- **If any member of the staff or faculty believe that a student is in imminent danger of harming themselves or others, (example: you see a gun, knife or weapon of any sort) call 911 first.** Tell the dispatcher that you are concerned that the person with you "is a danger to [himself or herself]" or "cannot take care of [himself or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. **Do not hesitate to make this call FIRST if you suspect that someone may be a danger to himself or herself. It could save that person's life.**

A Student Returning to School after a Crises / Re-entry Protocol

- The student will be required to follow the Re-entry Protocol
- Prior to re-entry, the parents must provide documentation to the school that the student has been assessed by a licensed mental health professional and is not presently expressing suicidal ideation and is not a risk for serious self-injurious behavior.

The Brook Hill School Health Manual

- If the student has a treatment plan or Discharge Summary, the school requests that the parents share the plan and sign a release for the School Nurse to be able to talk to the attending mental health professional
- Prior to re-entry, the student, parent or guardian, School Nurse and Principal will be asked to develop an “Individualized Health Plan” or IHP for safety management at school. Each participant, including the student must sign the plan. The plan will be maintained in the student’s confidential health record.
- Each student’s plan will be formulated to meet their individual needs, however, the following guidelines shall be considered during the formation of the plan:
 - The student should meet with the School Nurse at an agreed upon appointment time for an agreed upon duration of time
 - If the student feels at risk, he/she will immediately seek assistance from school personnel
 - The student must agree not to discuss in school their ideation or suicide attempt with other students. We will do our best to maintain their privacy but they must participate in that effort
- School Security may review the plan with the nurse once it is in place.
- The Parents or legal guardian of the student returning to school will be asked to sign a release of information providing the school to access to their medical records, including psychological testing and counseling. See release Attachment 2

Postvention

A suicide, or violent or unexpected death, of a student, teacher, or even a celebrity can result in an increased risk of suicide for vulnerable young people. Although rare, a suicide in the community (or even a remote suicide that receives substantial press coverage) can also contribute to an increased risk of suicide. Therefore, responding appropriately to a tragedy that may put students at risk for suicide is an essential part of any crisis or suicide prevention plan.

Postvention describes the prevention measures implemented after a crisis or traumatic event to reduce the risk for suicide to those who have witnessed or been affected by the tragedy.

These measures include:

- Grief counseling for students and staff
- Identification of students who may be put at risk by a traumatic incident
- Support for students at risk
- Support for families
- Communication with the media to ensure that news coverage of such an event does not lead to additional suicides or emotional trauma

Confidentiality Related to Abuse, Bullying, Self-Injury and Suicide Prevention

- Discussions specific to particular students and ANY of the afore mentioned topics will be limited to ONLY the parties involved, the Principal, the School Nurse and the Headmaster. The Director of Boarding would clearly be involved should a boarding student be involved.
- Administration may inquire with staff members or faculty regarding the details of certain events with the understanding that the discussion MUST remain behind closed doors and discussion

The Brook Hill School Health Manual

between other members of the staff and faculty is prohibited. Discussions with uninvolved students is STRICTLY PROHIBITED.

- The Code of Ethics of the National Education Association stipulates that educators "shall not disclose information about students obtained in the course of professional service unless disclosure serves a compelling purpose or is required by law."
- Signed consent is required to exchange medical information in schools, the limits of information to be exchanged, and terms of notification when this information is exchanged. In the course of classroom discussions, private conversations with nurses, counselors, coaches, and others, students often reveal personal information they do not want others to know. Unless this information jeopardizes their safety or that of others (e.g., suicidal thoughts, disclosure of sexual assault, expressions of harming others), students should have the right to control whom at school is informed.
- Some school health records (e.g., records that derive from school-based health centers) fall directly under HIPAA jurisdiction, all schools need to exchange information with health providers, clinics, hospitals, and other entities required to adhere to HIPAA. As such, "release of information" forms used by schools to notify health agencies that student information is being sought must now comply with HIPAA regulations if they are to serve their purpose.
- Schools are increasingly providing students with more health services. Health clinics, counselors on site, the administration of prescription drugs, and vaccinations are among the types of healthcare offered on school campuses ranging from kindergarten through graduate school. Given that schools may have sensitive health information, students are entitled to privacy and confidentiality.

US Principal's cell #: 903-571-5661

MS Principal's cell #: 903-805-9322

LS Principal's cell #: 903-520-3043

US Nurse's cell #: 903-922-0062

LS Nurse's cell#: 903-721-0536

School Security: 903-312-7390

911 for Emergency Help (danger to themselves or others)

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Child Protective Service: 1-800-252-5400 24 hours/ day/ 7 days/ week

The Brook Hill School Health Manual