

# Loreto College Cavan



## Suicide Prevention Policy

### SUICIDE PREVENTION

#### Introduction and Overview

In any given year, suicide accounts for between 1% and 5% of all deaths in Ireland. Among young men, however, in the 15 to 24 age range, suicide is the leading cause of death.

Suicide prevention is not an exact science and relies upon whole school programmes, e.g. SPHE, initiatives towards a Health Promoting School, problem solving skills and substance use programmes, to be most effective. All members of the school community have a role to play in suicide prevention.

Parasuicide i.e. non-fatal acts of deliberate self-harm and attempted suicide, including interrupted acts, is ten to twenty times more common than suicide. Those aged under 25 years account for up to half of all cases of hospital-treated parasuicide on Ireland. School policy has to be inclusive of parasuicide.

The following have been identified as the main risk for suicide;

- \* History of suicidal behaviour – suicide attempters are approximately 10 times more likely to die by suicide.
- \* Mental illness – approximately 90% of all suicides exhibit signs of mental illness, most commonly depression.
- \* Alcohol/drug abuse – approximately 50% of male parasuicides and 25% of female parasuicide are intoxicated at the time of their attempt.
- \* Problem solving ability – this also generates a sense of hopelessness about the future
- \* Impulsivity
- \* Homosexuality – a recent US study suggests that young gay men are seven times more likely to commit suicide and young lesbians two and a half times more likely to commit suicide than their heterosexual counterparts

In order of frequency in the under 25 age group in Ireland, the main methods of suicide are hanging, drowning, firearms and self-poisoning.

Of all age groups, young people are most vulnerable to imitation following a suicide or parasuicide. This is referred to as copy-cat suicide, suicide contagion or suicide clustering.

## **SUICIDE – PRIMARY PREVENTION**

Loreto Secondary School, Cavan is committed to providing a wide range of activities in the school setting intended to develop protective factors against suicide. These are targeted at the full student body with teachers as the main focus of initiatives. Primary prevention in this school comes in the form of:

### **Health Promoting Initiatives**

This school is one that seeks to promote healthy lifestyles for all in a safe, supportive and non-threatening environment. Through its policies, procedures, activities and structures the school aims to create an environment in which:

- \* People feel valued
- \* Self-esteem is fostered
- \* There is respect, tolerance and fairness
- \* People in difficulty are supported
- \* There is open and honest communication
- \* Effort is recognised
- \* Difference is valued
- \* Conflict is handled constructively
- \* Social, moral civic values are promoted
- \* Initiative and creativity are stressed

We seek that these aims should inform the daily transactions between management, staff, students and the wider school community.

This process is further enhanced by a weekly timetabled class in Pastoral Care/Social, Personal and Health Education (SPHE) for each class

Evaluation of achievement and progress will be conducted at meetings of staff, Pastoral Care teachers, Heads of Year, Students' Council and BOM

### **SPHE/Pastoral Care**

SPHE is an enabling curriculum giving the school the time, space and resources to focus on students' needs at local level. Over the three years of the curriculum, students' progress through the following ten modules, all of which are intended to develop her sense of self-esteem and belonging:

Belonging and Integrating  
Self-management  
Communication skills  
Physical health  
Friendship  
Relationships and sexuality  
Emotional health  
Influences and decisions  
Substance use  
Personal safety

This is continued in Loreto College Cavan to and including Leaving Certificate level within the pastoral Care programme.

### **Peer Support Programmes**

The school believes that students can be both aware of problems being encountered by their peers and supportive of them, to an extent, at their time of need.

Accordingly, all students are encouraged to report any worries about their peers to the Class Tutor, Head of Year, Guidance Counsellor, Principal, Deputy Principal, Chaplain or any subject teacher.

The school also provides for the Head Girl, Deputy Head Girl, Prefects and members of the Students' Council to be pro-active in matters of student welfare.

However, the level of support that can be given by students to their peers is restrictive. It is imperative that serious issues or concerns be referred to members of the school staff at the earliest possible opportunity.

### **SUICIDE – SECONDARY PREVENTION**

Secondary prevention is often referred to as intervention. It relates to all activities undertaken by a teacher when a student is in emotional crisis or is suspected of being a suicide risk.

It is to be clearly understood that assessing suicidal risk in students is not part of the job of the teacher. However, the following components of secondary prevention may be useful when dealing with students who may be at risk:

#### **Identification**

All teachers in the school will be mindful of the following symptoms that may indicate a student in an at risk situation:

Unexpected reduction in academic performance

Ideas and themes of depression, death and suicide

Change in mood and marked emotional instability

Significant grief or stress

Withdrawal from relationships

Physical symptoms with emotional cause

The school is aware that the following may be the cause factors for suicide attempts:

Relationship and interpersonal problems

Death of a loved one or significant other person

Disciplinary or legal problems

Peer group pressure

Bullying and victimisation

Disappointment with school achievement

High demands at school and home before and during examination periods

Unemployment and poor finances

Unwanted pregnancy and abortion

HIV/STD infections

Serious somatic illness

Natural disasters

#### **Taking action**

If and when a teacher forms an opinion that a student may be at risk of suicide or parasuicide, s/he should proceed as follows:

- Believe it – take the threat seriously
- Check it out – confer with colleagues, Tutors, Heads of Year, parents, student herself.
- Be calm
- Listen to the student – encourage the student to verbalise her feelings and accept what she says without making judgement

- Show you care – express your concern and understanding and make yourself available to the student
- Get help – this should be done with or without the student’s consent. Contact the Principal or Guidance Counsellor or nearest available colleague.
- Do not be dismissive e.g. by saying “That’s stupid. How could you be so silly?”
- Do not promise confidentiality.

### **Referral**

- ◆ A teacher should inform the Counsellor, Head of Year or Principal immediately of a student who may be at risk of suicide or parasuicide. The Head of Year and the Counsellor will consult as a matter of priority with the Principal.
- ◆ The Principal will inform the student’s Parents/Guardians of their concerns and may invite them to visit the school. They will advise that the student needs to be assessed medically. This communication may be in writing, a copy of which will be retained in school.
- ◆ If requested by parents, the principal and/or Counsellor will provide assistance in making referral to the National Educational Psychology Service (NEPS) and/or other health professionals.
- ◆ Such referral will be made by the Principal, in consultation with the Counsellor, if she forms the opinion that Parents/Guardians are not taking the threat of suicide or parasuicide seriously.