



PRETORIA
BOYS HIGH SCHOOL

Suicide and Prevention Procedure

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1. **Introduction**

According to the World Health Organisation, suicide is the fourth leading cause of death for individuals aged 15-29 years old, with adolescent males being 2 to 4 times more at risk to attempt suicide than females. Differences in suicide rates, particularly at this age may be attributed to the differences in gender roles, emotional and behavioural problems and expectations on how emotions are to be dealt with. While not all suicide attempts are preventable, early risk identification and symptom management greatly decreases suicide attempts and mortality rates.

With this in mind, the purpose of the Pretoria Boys High School (PBHS) Suicide Policy and Prevention Procedure Document is to ensure that a protective framework is created for effective internal communication between the various support structures available to pupils at PBHS. This includes, but is not limited to, the relevant parties specified herein, who are responsible for the implementation and execution hereof. It may further include external third parties who have an interest or have been mandated to assist with the process.

PBHS is fundamentally aligned with acting in the best interest of all its pupils. Therefore, this policy has been drafted to align with the Department of Basic Education's pupils and caregiver support strategies to support pupils, staff members and caregivers of PBHS. The policy will at all times guide the staff of PBHS with regards to any and all processes related to suicide prevention, risk identification and management. This document strives to ensure that clear and effective procedures are in place to manage potential and emergencies that threaten the physical and psychological safety of the pupils at PBHS, assisting all staff to act in the best interest of the boy. Furthermore, this policy sets out the roles and responsibilities of staff members and caregivers to effectively support pupils who pose a risk to themselves in the boarding houses that are located on the premises of PBHS.

Any and all persons involved with the boarding houses at PBHS, as well as the Headmaster, Deputy Headmasters, Housemasters, Sanatorium sisters and psychologists, will be responsible for following the suicide prevention policy and procedural documents to promote the safety of pupils and staff.

Due consideration is given to the safety and wellbeing of pupils and staff who reside in the boarding houses, particularly if a pupil poses a potential or manifest risk to himself. The ultimate priority is to safeguard all the pupils' best interests by providing them with the necessary support in crisis situations.

2. **Definitions**

Attempted Suicide/ Para-Suicide	The act of intentionally taking or ending one's own life with a non-fatal outcome.
Caregivers	Parents or legal guardians. The person(s) appointed to look after the learner.
Ethical Considerations	The limits of confidentiality dictate that confidentiality be breached in respect to

	safeguarding a pupil who poses a suicide risk.
Mood Disorder	Marked disruption in emotion. This may be characterised by severe highs or severe lows. Potential diagnosis may include Major Depressive Disorder and Bipolar Mood Disorders.
Pretoria Boys High School (PBHS)	The all boys high school for whom this procedure and policy is written.
Psychosocial stressors	Changes in life situation or lifestyle that lead to extreme stress. This may contribute to the development of or the exacerbation of already existing mental disorders
Psychotic Disorder	Characterised by altered sense of reality. It may have the presence of delusions and hallucinations, or a marked diminished affect.
Risk Assessment	The process of evaluating an individual's chances of harming themselves.
Risk taking behaviour	The act of engaging behaviour that may be harmful to the individual e.g. substance abuse, absconding from school, running away from home, unsafe sexual behaviour etc.
Self-harm	The act of intentionally inflicting pain or injury to oneself by means of lethal or non-lethal behaviour (e.g. cutting, hitting, cigarette burns).
Sexual identity	An individual's concept of self as male, female, both or neither. Sexual identity may be the same or different as the gender at birth.
Sexual Orientation	An enduring pattern of emotional, physical or sexual attraction of the same, opposite or both sex(es).
Staff Members	All individuals employed at Pretoria High School including the Headmaster, Deputy Headmasters, House Masters, Tutors, Educators, Administrative staff, Support Staff ,Sanatorium Sisters and Psychologists
Suicide	The act of intentionally taking one's life with a fatal outcome
Suicidal Ideation	Thoughts of wanting to end or take one's own life.
Suicidal threat	Verbal or written confirmation of ones intention to take or end one's own life.

Trauma/ traumatic event	An emotional response to a terrible event e.g.: rape, death, change in socio-economic status, parents' divorce, breaks-up., etc.
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3. **Depression and Suicide**

Depression is a mood disorder and is often but not always a precursor to suicide. It may be identified by the following symptoms:

- Feelings of hopelessness, worthlessness, sadness or guilt
- A change in the pupil's appearance and hygiene practices
- Withdrawal from sporting, cultural or social activities they once enjoyed
- Significant and unintentional change in appetite which may result in either weight gain or weight loss
- Significant change in sleep patterns which the pupil may present as having diminished concentration in class, fatigue or a lack of energy
- Risk taking or self-harming behaviour
- Suicidal threats

4. **Risk Factors**

The symptoms of depression may not always be overt. Bearing this in mind, it is imperative that high risk individuals be identified as soon as possible. High risk individuals may include:

- Pupils with a history of suicide attempts or self-harm behaviour
- Pupils with a history of mental illness, particularly a mood or psychotic disorder or longstanding psychical illness
- Families who have a history of mental illness or suicide attempts
- Pupils who have difficult family dynamics and/or poor social support
- Pupils who have experienced traumatic events in the recent or distant past
- Pupils experiencing psychosocial stressors
- Pupils under high pressure and stress to perform
- Pupils who persistently perform poorly in academics and sport
- Pupils who struggle to adjust
- Pupils who are bullied or teased or struggling to fit in
- Pupils struggling with their sexual orientation and sexual identity
Pupils who have experienced an end of a significant relationship (platonic and/or romantic)
- Pupils who present as impulsive or aggressive or as having behavioural difficulties.

5. **Risk Assessment (questions to consider)**

- Do you have a plan to hurt/kill yourself?
- What is your plan? (When, where and how? Encourage them to give as much information)
- Have you attempted suicide before?

- Do you have access to anything that may assist you with your plan (pills, weapons, rope)?
- How often are you experiencing suicidal ideation?
- How intense are these thoughts?
- How are you feeling? (assess their mood: look out for signs of hopelessness, worthlessness, guilt and sadness)
- Has anything occurred in the recent past to amplify these feelings?
- What have you done in the past to keep you going despite these thoughts?
- How unbearable in your emotional pain?
- Who makes up your support structure? Is there anyone you can trust?
- Have you made plans to say goodbye to members of your support structure/ friends/family?

Note: When risk assessment has been completed and risk has been determined, it is imperative that the pupil be informed of the limits of confidentiality, and that their parents, psychologists and third parties such as emergency services and psychiatrists will be informed of such risk.

6. **Reporting Suicidal Behaviour**

6.1 Reporting suicidal behaviour within working hours:

Note: **All** suicide threats are to be taken seriously.

Staff members are to follow the exact referral process in the suicide prevention procedure document.

By reporting suicidal ideation, limits of confidentiality are breached with the intent to act in the best interests of the pupil.

When self-harming behaviour, suicidal threat, suicidal ideation or a suicidal attempt is identified within working hours, the following procedures are to be followed:

- The identified pupil is to be referred to the psychology department.
- The psychology department is to inform the caregivers to initiate the appropriate referral process.
- Caregivers are to be provided with appropriate referrals to external professional (i.e. Psychiatrists) to further assess, support and manage of the unique needs of the student.
- Caregivers are to follow the referral process and collect the pupil within a reasonable timeframe.
- If a gap exists between the times a pupil can be placed under the care of their caregiver the policy mandates relevant staff to stay with the pupil or to hand over the case to an accountable role player if it is the end of their working day, for the specific employee, until such time that their caregiver arrives, as pupils are not to be alone.
- When the end of the working day approaches and the psychologist must leave the school, caregivers who are unable to collect the pupil within the given

timeframe, consent to the psychologist to call an ambulance to take the pupil to hospital so that he is placed under medical observation.

- The pupil will be collected by the ambulance and taken to an emergency room at the parents' cost.

6.2 Reporting Suicidal behaviour after work hours

Note: **All** suicide threats are to be taken seriously.

Staff members are to follow the exact referral process in the suicide prevention procedure document and ensure that any pupil, who has been identified as posing a risk to himself, will be referred to the appropriate facilities and professionals that can aid in the assessment of risk and facilitate the process of appropriate support according to the unique needs of the pupil in question.

By reporting suicidal ideation, limits of confidentiality are breached with the intent to act in the best interest of the pupil.

In the event that a pupil presents as suicidal outside of psychology department hours, i.e. at their boarding house; after school; sporting or cultural events; bush school; camps and excursions, the following procedure needs to be followed:

- Assess the risk of pupil: This must be done with empathy, understanding and open-mindedness. Ask the pupil open-ended questions and allow for them to provide as much information as possible. In the case of vague answers, encourage more open dialogue. The objective of the risk assessment is to determine if the pupil has intent and means to attempt suicide (questions for risk assessment to follow).
- Explain limits of confidentiality.
- Pupils with a plan and intent: pupils who are in imminent danger should be taken to an emergency room for further observation.
- Staff members are responsible for the immediate reporting of any and all incidents and/or behaviour associated with self-harm/suicide ideation/suicide attempts to the relevant pupil's caregiver immediately
- Pupils without a plan or intent: The pupil is to be referred to the psychology department when appropriate to do so.
- The psychology department is to provide further support and management of the unique needs of the pupil.
- Should external referral be required, the psychologist will do so.

7 Reintegration of Pupil

- Adequate documentation is required from an external qualified professional (psychiatrist) that clearly indicates that the learner is able to return and be re-integrated into the school environment.
- The determination of the extent of support for each pupil upon their return/reintegration, must be based on the findings of the external professionals in the form of a formal written feedback report that has been submitted to the staff member involved, as well as the headmaster.

- All responsible parties must ensure that the required document mentioned above is received from the external professional that clearly indicates that the pupil is ready/able to return to the school and/or boarding house environment.
- The Headmaster and housemaster will then be informed that the pupil is ready to return to school and an appropriate support program will be developed and implemented for the pupil's benefit by the school psychologists, in conjunction with the recommendations by any external professional.
- The pupil will be required to make regular contact with the clinical psychologist to monitor their progress and well-being, unless monitored by external professional.
- The psychologists will base future support programmes to the pupil on the recommendations made by the external professionals.
- Should additional concerns arise, the procedure will set out the manner in which the psychologist will liaise with the outside professional and decide what the acceptable best practice would be in respect of each individual case.

8 Government Hospitals

If there is a threat of suicide, pupil are to be taken to the 24 hour emergency rooms at a local hospital. Once there, the pupil will be placed under 72 hour observation to further assess risk. Government hospitals are to be used for pupil who do not have medical aid. If the medical aid status of the pupil is not known, it is best to take the child to a Government hospital- they will be referred to an appropriate placement.

Hospital	Address	Contact details
Dr. George Mukhari Academic Hospital	3111 Setlogelo Drive, Ga-Rankuwa Unit 2, Ga-Rankuwa, 0208	012 529 3000 012 529 3111
Kalafong Hospital	10 Kalafong Rd, Atteridgeville, Pretoria, 0008	012 318 6400
Steve Biko Academic Hospital	Steve Biko and, Malan St, Capital Park, Pretoria	012 354 2243 012 354 8006 012 354 1826
Tshwane District Hospital	Cnr Steve Biko and Dr Savage Road. Pretoria, 0002	012 354 7644
Pretoria West Hospital	Philip Nek Park, Pretoria 0029	012 380 1273
Tembisa Hospital	Cnr Flint Mazibuko & Reverend RTJ Namane Drive, Tembisa, 163	011 923 2187
Helen Joseph	1 Perth Road, Auckland Park, 2092	11 489 0503

Chris Hani Baragwaneth	26 Chris Hani Road, Diepkloof, 1862	011 933 1090
Tambo Memorial Hospital	Cnr Hospital Road & Railway Street, Plantation, 1459	11 8 8046

9. **Useful Numbers in case of an emergency**

- Netcare Akeso Crisis Line – 0861 435 787
- Netcare 911- 082 911 (private ambulance)
- Public ambulance- 112- cellphone
- Public ambulance 10177- landline
- Police-10111 (for acute cases)
- Sadag- 0800 567 567 (when boys are feeling overwhelmed and want to talk)
- Lifeline- 0861 322 322 (When boys are feeling overwhelmed and want to talk)

