

Schools in Action Youth Suicide Prevention Policy

The Governing Board of Schools in Action recognizes that suicide is a leading cause of death among among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students), (Center for Disease Control and Prevention, 2015).

The possibility of suicide and suicide ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing appropriate and timely response in prevention suicide ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicide ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. As it is know that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students (e.g. Attendance Policy, Discipline Policy, Bullying Policy).

This policy is based on research and best practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk for suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

In an attempt to reduce suicidal behavior and its impact on students and families, the Director of Schools and/or a Leadership Team Designee shall develop strategies for suicide prevention, intervention, and postvention, and the identification of mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for all school personnel in all job categories who regularly interact with students or are in a position to recognize the risk factor and warning signs of suicide, including expanded learning staff (e.g. afterschool staff) and other individuals in regular contact with students such as playground staff.

The Director of Schools and/or a Leadership Team Designee shall develop and implement preventative strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

The Director of Schools and/or a Leadership Team Designee shall involve school-employed mental health professionals, administrators, other school staff members,

parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the school's strategies for suicide prevention and intervention. The school should work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources (e.g. Enki Health and Research Systems and Hollenbeck Police Department).

To ensure all policies regarding suicide prevention are properly adopted, implemented, and updated, the school shall appoint an individual (or team) to serve as the suicide prevention point of contact for the school. In addition, the school shall identify at least one staff member to serve as the liaison to the school's suicide prevention activities on campus. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Schools in Action along with its partners has critically reviewed, and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

B. Suicide Prevention Training and Education

Schools in Action has carefully reviewed available staff training to ensure that it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

Training shall be provided for all school staff members and other adults on campus (including substitute teachers, volunteers, after school staff, and other individuals in regular contact with students such as playground staff).

Training:

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- All suicide prevention trainings shall be offered under direction of school-employed mental health professionals (e.g. school counselors, psychologists, or social workers) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff

training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

- At minimum, all staff shall participate in training in the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training provided by school-employed mental health professionals (e.g. school counselors, psychologists, or social workers) who have received advanced training specific to suicide. Core components of the general suicide prevention training shall include:
 - Suicide risk factors, warning signs, and protective factors
 - How to talk with a student about thoughts of suicide
 - How to respond appropriately to a youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment
 - Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member
 - Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide
 - Reviewing data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death
- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff should include the following:
 - The impact of traumatic stress on emotional and mental health
 - Common misconceptions of suicide
 - School and community suicide prevention resources
 - Appropriate messaging about suicide (e.g. correct terminology, safe messaging guidelines)
 - The factors associated with suicide (risk factors, warning signs, protective factors)
 - How to identify youth who may be at risk for suicide

- Appropriate ways to interact with youth who are demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on school guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on school guidelines
- School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention)
- Responding after a suicide occurs (suicide postvention)
- Resources regarding youth suicide prevention
- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide
- Emphasis that any student that is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.
- The professional development also shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:
 - Youth affected by suicide
 - Youth with a history of suicide ideation or attempts
 - Youth with disabilities, mental illness, or substance abuse disorders
 - LGBTQ youth
 - Youth experiencing homelessness or in out-of-home settings (e.g. foster care)
 - Youth who have suffered traumatic experiences (e.g. abuse or neglect)
 - Youth with limited support or resources

C. Employee Qualification and Scope of Service

Employees of Schools in Action and their partners must only act within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of suicide behavior, treatment of suicide ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with

suicidal thinking typically requires mental health resources beyond what schools are able to provide.

D. Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention shall be provided to mental health professionals (school counselors, psychologists, social workers, nurses) employed by Schools in Action.

E. Parents, Guardians, and Caregivers Participation and Education

- To the extent possible, parents/guardians/caregivers should be included in all prevention efforts. At a minimum, schools shall share with the parents/guardians/caregivers the Schools in Action suicide prevention policy and procedures.
- The suicide prevention policy shall be prominently displayed on the Schools in Action webpage and included in the parent handbook.
- Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.
- All parent/guardians/caregivers should have access to suicide prevention training that addresses the following:
 - Suicide risk factors, warning signs, and protective factors
 - How to talk to a student about thoughts of suicide
 - How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate suicide risk assessment.

F. Student Participation and Education

Schools in Action has carefully reviewed available student curricula to ensure that it promotes the mental health model of suicide prevention and does not encourage the stress model to explain suicide.

Under the supervision of school-employed mental health professionals, and following consultation with community mental health professionals, students shall:

- Receive developmentally appropriate, student centered education about the warning signs of mental health challenges and emotional distress

- Receive developmentally appropriate guidance regarding the schools suicide prevention, intervention, and referral procedures
- The content of the education shall include:
 - Coping strategies for dealing with stress and trauma
 - How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental issues in oneself and others
 - Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help
 - Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g. health classes, science class, advisory class, physical education).

Schools in Action will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g. School Counseling Week, Mental Health Awareness Week, Red Ribbon Week).

Intervention, Assessment, Referral

A. Staff

Two Schools in Action staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

- Under normal circumstances, the primary and/or secondary contact persons shall notify the the Director of Schools, principal, another school administrator, school counselor/social worker, if different from the primary/secondary contact persons. The names, titles, and contact information of multidisciplinary crisis team members shall be distributed to all students, staff, parents/guardians/caregivers and be prominently available on the school website.
 - Kristin Dust, Dean of Student Culture - Primary Liaison
 - Jesus Mascorro, Dean of Discipline - Secondary Liaison

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary suicide prevention liaisons.
- Students experiencing suicide ideation shall not be left unsupervised.
- A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about school and community-based resources.
- The Director of Schools and/or a Leadership Team Designee shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or attempt is made by a student or adult on campus or at a school sponsored activity.

B. Parents, Guardians, and Caregivers

A referral process should be prominently disseminated to all parents/guardians/ caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

C. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress, suicidal ideation, or attempt.

D. Parent Involvement

Schools in Action shall identify a process to ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

- After a referral has been made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student.
- If parents/guardians/caregivers refuse to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g. cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow up care for the student is still not provided, school staff should consider contacting the Department of Children and Family Services (DCFS) to report neglect of the youth.

- To report child abuse in Los Angeles County, California, contact the Child Protection Hotline 24 hours a day, 7 days a week
 - Toll-free within California, phone (800) 540-4000
 - If calling from outside of California, phone (213) 639-4500
 - TDD [Hearing Impaired] (800) 272-6699

E. Action Plan for In-School Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is crucial. The following steps should be implemented:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed
- Move all other students out of the immediate area
- Immediately contact the administrator or suicide prevention liaison
- Call 911 and give them as much information as possible about any suicide note, medications taken, and access to weapons, if applicable
- In needed, provide medical first aid until medical professional is available
- Parents/guardians/caregivers should be contacted as soon as possible (unless there is a significant reason not to contact parents, for example parental abuse)
- Do not send the student away or leave them alone, even if they need to go to the restroom
- Listen and prompt the student to talk
- Review options and resource of people who can help
- Be comfortable with moments of silence as you and the student will need time to process the situation
- Provide comfort to the student
- Promise privacy and help, and be respectful, but do not promise confidentiality
- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help

F. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of Schools in Action Property, it is crucial that the school protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students
- Obtain permission from the parents/guardians/caregivers to share information to ensure that facts regarding the crisis are correct
- Designate a staff member to handle media requests (if applicable)
- Provide care and determine appropriate support to affected students
- Offer the student and parents/guardians/caregivers steps for reintegration to school

G. Supporting Students After a Mental Health Crisis

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student the priority
- Listen actively and non-judgemental to the student. Let the student express his or her feelings
- Acknowledge the feelings and do not argue with the student
- Offer hope and let the student know they are safe that that help is provided. Do not promise confidentiality or cause stress
- Explain calmly and get the student to a trained professional or designated staff to further support the student
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student

H. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having streamlined and well planned re-entry process ensures the safety and wellbeing of student who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment.

The following steps shall be implemented upon re-entry:

- Obtain written release of information signed by parents/guardians/caregivers and providers
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation
- Inform the student's teachers about possible days of absences
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to the student)
- Mental health professionals or trusted staff or trusted staff members should maintain ongoing contact to monitor student's actions and mood
- Work with parents/guardians/caregivers to involve student in an aftercare plan

I. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore it is vital that we are prepared ahead of time in the event of such tragedy. The primary and secondary Suicide Prevention Liaisons for School in Action shall ensure that they school adopts an action plan for responding to a suicide death as part of the general Crisis Response Plan. The Suicide Death Response Action Plan (Suicide Postvention Response Plan) needs to incorporate both immediate and long-term steps and objectives.

- The Suicide Response Plan Shall:
 - Identify a staff member to confirm death and cause (school site administrator)
 - Identify a staff member to contact deceased family (within 24 hours)
 - Enact the Suicide Postvention Response Plan, include an initial meeting of the school Suicide Postvention Response Team

- Notify all staff members (ideally in-person or via phone, not via e-mail of mass notification)
- Coordinate an all-staff meeting, to include:
 - Notification (if not already conducted) to staff about suicide death
 - Emotional support and resources available to staff
 - Notification to students about suicide and availability of support services (if this is the protocol that is decided by administration)
 - Share information that is relevant and that which you have permission to disclose
- Prepare staff to respond to the needs to students regarding the following:
 - Review of protocols for referring students for support/assessment
 - Talking points for staff to notify students
 - Resources available to students (on and off campus)
- Identify students affected by suicide death and other students at risk of imitative behavior
- Communicate with the larger school community about suicide death
- Consider funeral arrangements for family and school community
- Respond to memorial requests in respectful and non-harmful manner; responses should be handled in a thoughtful way and their impact on other students should be considered.
- Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content. Research has proven that sensationalized media coverage can lead to contagious suicidal mental behaviors
- Utilize and respond to social media outlets:
 - Identify what platforms students are using to respond to suicide death
 - Identify/train staff and students to monitor social media outlets
- Include long-term suicide postvention responses:
 - Consider important dates (e.g. anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed
 - Support siblings, close friends, teachers, and/or students of deceased

- Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.

Definitions

1. **At risk** - A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the outlined procedures.
2. **Crisis team** - A multidisciplinary team of primarily administrative staff, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental health** - A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention** - Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. **Risk assessment** - An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
6. **Risk factors for suicide** - Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. **Self-harm** - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although

self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. **Suicide** - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
9. **Suicide attempt** - A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. **Suicidal behavior** - Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
11. **Suicide contagion** - The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. **Suicidal ideation** - Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.