

**Youth Suicide Prevention**

The Solano County Office of Education (SCOE) recognizes that suicide is a leading cause of death among youth, and school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and offer appropriate referral and/or assistance. To attempt to reduce suicidal behavior and its impact on students and families, the County Superintendent or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies for SCOE, the Superintendent or designee may consult with school health professionals, school counselors, school psychologists, school social workers, administrators, other staff, parents/guardians, students, local health agencies, mental health professionals, and community organizations.

Such measures and strategies shall include, but are not limited to, staff development on suicide awareness and prevention for teachers, school counselors, and other SCOE employees who interact with students in grades 6 to 12, with the possibility of extending training before grade 6 and beyond grade 12.

As appropriate, these measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth. (Education Code §215)

Materials for training shall include how to identify appropriate mental health services at the school site and within the community as well as when and how to refer youth and their families to those services. Suicide prevention materials also may include programs that can be completed through self-review.

**Definitions**

Below are definitions of terms and phrases as used in this policy:

1. *At risk* means a student 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 following procedures.
2. *Mental health* means 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.
3. *Postvention* means 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 attempt or loss, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
4. *Risk assessment* means 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.

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5. *Risk factors for suicide* means 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.
6. *Self-harm* means behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It 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.
7. *Suicide* means 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.
8. *Suicide attempt* means 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 a 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.
9. *Suicidal behavior* means 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.
10. *Suicide contagion* means 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.
11. *Suicidal ideation* means 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.

Staff Development

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Suicide prevention materials also may include programs that can be completed through self-review.

Staff development shall include research and information on the following topics:

1. The higher risk of suicide among certain student populations, including, but not limited to students living with mental illness, with substance use disorders, who have engaged in self-harm or have attempted suicide, live in out-of-home settings, are experiencing homelessness, who have been bereaved by suicide, have chronic illness or disability, are American Indian/Alaska Native, or students who are lesbian, gay, bisexual, transgender, or questioning  
Individual risk factors, such as, previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide, instability, or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, intense unstable relationships, impulsivity, substance abuse, and other factors.
2. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as, changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent.
3. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community.

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4. Instructional strategies for teaching suicide prevention (lesson(s)/curriculum?) and promoting mental and emotional health (*need to adopt curriculum? Ed. Code 215: Policy is to address "any training to be provide" "materials approved by a LEA" Could leave out the words lesson/curriculum*).
5. When and how to provide school and community resources and mental health services, including resources and services that meet the specific needs of high-risk groups.
6. SCOE procedures for screening and intervening when a student attempts, threatens, or discloses the desire to die by suicide (Should we say procedure? Could say: Interventions for when a student attempts, threatens, or discloses the desire to die by suicide).

Instruction

SCOE's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide.
2. Develop coping and resiliency skills and self-esteem.
3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent.
4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention.

Intervention

Intervention toward suicide prevention shall include, but limited too:

1. Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.
2. Methods for promoting a positive school climate that enhances students' feelings of connectedness with the school and that is characterized by caring staff and harmonious interrelationships among students.
3. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the impact of the youth suicide problem, SCOE's suicide prevention policy, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis.
4. Crisis intervention procedures for addressing suicide threats or attempts.
5. Encouragement for students to notify appropriate school personnel or other adults when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, staff member shall promptly notify the principal or school counselor.

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Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor shall report to the principal and student's parents/guardians\* when there is reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for mental health services and/or treatment.

A school employee shall act only within the authorization and scope of their credential or license. An employee is not authorized to diagnose or treat mental illness unless specifically licensed and employed to diagnose or treat mental illness.

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary.
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened.
3. Keeping the student under continuous adult supervision until the parent/guardian\* and/or appropriate support agent or agency can be contacted and intervenes to take over physical care and supervision.
4. Removing other students from the immediate area as soon as possible

The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

The Superintendent or designee shall follow up with the parent/guardian\* and student within 24 hours to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian\* to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether they are required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parent/guardian\* and, if appropriate, with the student to discuss re-entry and appropriate next steps to safely ensure the student's readiness for return to school. SCOE may require a physician's release to return to school.

Postvention

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parent/guardian to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parent/guardian regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee shall implement procedures to address the grief of students and staff and minimize the risk of imitative suicide or suicide contagion. They shall provide students, parents/guardians, and staff with information on support services, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

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Any response to media inquiries shall be handled by the SCOE-designated spokesperson who shall not divulge confidential information. SCOE's response shall not sensationalize death by suicide and shall focus on SCOE's postvention plan and available resources.

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

*\*Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.*

Legal Reference:

EDUCATION CODE

- 215 Student suicide prevention policies
- 32280-32289 Comprehensive safety plan
- 49060-49079 Student records
- 49602 Confidentiality of student information
- 49604 Suicide prevention training for school counselors

GOVERNMENT CODE

- 810-996.6 Government Claims Act

PENAL CODE

- 11164-11174.3 Child Abuse and Neglect Reporting Act

WELFARE AND INSTITUTIONS CODE

- 5698 Emotionally disturbed youth; legislative intent
- 5850-5883 Mental Health Services Act

COURT DECISIONS

- Corales v. Bennett* (Ontario-Montclair School District), (2009) 567 F.3d 554

Policy Cross-Reference:

- 0450 Safety Plan
- 1020 Youth Services
- 1112 Media Relations
- 1220 Citizen Advisory Committees
- 1400 Relations Between Other Governmental Agencies and the Schools
- 4131 Staff Development
- 5125 Student Records
- 5131 Conduct
- 5131.2 Bullying
- 5131.6 Alcohol and Other Drugs
- 5137 Positive School Climate
- 5141 Health Care and Emergencies
- 5141.4 Child Abuse Prevention and Reporting
- 5145.3 Nondiscrimination/Harassment
- 5145.7 Sexual Harassment
- 5145.9 Hate-Motivated Behavior
- 6142.8 Comprehensive Health Education

Resources:

PUBLICATIONS & WEBSITES

- American Association of Suicidology: <http://www.suicidology.org>
- American Foundation for Suicide Prevention: <http://afsp.org>
- American Psychological Association: <http://www.apa.org>
- American School Counselor Association: <http://www.schoolcounselor.org>
- California Department of Education, Mental Health: <http://www.cde.ca.gov/ls/cg/mh>
- California Department of Health Care Services, Suicide Prevention Program: <http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx>
- Centers for Disease Control and Prevention, Mental Health: <http://www.cdc.gov/mentalhealth>
- National Association of School Psychologists: <http://www.nasponline.org>
- National Institute for Mental Health: <http://www.nimh.nih.gov>
- Trevor Project: <http://thetrevorproject.org>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>