

**SUICIDE
AWARENESS
AND
PREVENTION PLAN**

Richmond Elementary

Board Approval Date: May 11, 2017

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Students

BP 5141.52(a)

SUICIDE PREVENTION

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

In developing measures and strategies for use by the district, 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.

- (cf. 1020 – Youth Services)
- (cf. 1220 – Citizen Advisory Committees)
- (cf. 1400 – Relations Between Other Governmental Agencies and the Schools)

Such measures and strategies shall include, but are not limited to:

1. Staff development on suicide awareness and prevention for teachers, school counselors, and other district employees who interact with students in the secondary grades

- (cf. 4131 – Staff Development)
- (cf. 4231 – Staff Development)
- (cf. 4331 – Staff Development)

2. Instruction to students in problem-solving and coping skills to promote students’ mental, emotional, and social health and well-being

- (cf. 6142.8 – Comprehensive Health Education)

3. 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

(cf. 5131 – Conduct)

(cf. 5131.2 – Bullying)

(cf. 5137 – Positive School Climate)

(cf. 5145.3 – Nondiscrimination/Harassment)

(cf. 5145.7 – Sexual Harassment)

(cf. 5145.9 – Hate-Motivated Behavior)

4. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the youth suicide problem, the district’s suicide prevention curriculum, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis.

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.
6. Crisis intervention procedures for addressing suicide threats or attempts
7. Counseling and other postvention strategies for helping students, staff, and others cope in the aftermath of a student's suicide.

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)

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

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008

Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003

CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS

School connectedness: Strategies for Increasing Protective Factors Among Youth, 2009

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS PUBLICATIONS

Preventing Suicide, Guidelines for Administrators and Crisis Teams, 2015

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLICATIONS Preventing

Suicide: A Toolkit for High Schools, 2012

National Strategy for Suicide Prevention: Goals and Objectives for Action, rev. 2012 WEB SITES

American Association of Suicidology: <http://www.suicidology.org>

American Foundation for Suicide Prevention: <http://afsp.org>

BP 5141.52(c)

SUICIDE PREVENTION (Continued)

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>

Policy

Adopted: May 11, 2017

Students

RICHMOND ELEMENTARY SCHOOL DISTRICT

Susanville, California

AR 5141.52(a)

SUICIDE PREVENTION

Staff Development

Suicide prevention training shall be provided to teachers, counselors, and other district employees who interact with students at the secondary level. The training shall be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agencies.

(cf. 4131 – Staff Development)

(cf. 4231 – Staff Development)

(cf. 4331 – 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. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, 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
2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors.

(cf. 5131.6 – Alcohol and Other Drugs)

3. 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
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problemsolving ability, access to mental health care, and positive connections to family, peers, school, and community
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

(cf. 5141.6 – School Health Services)

(cf. 6164.2 – Guidance/Counseling Services)

AR 5141.52(b)

SUICIDE PREVENTION (Continued)

The district'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

(cf. 1020 – Youth Services)

(cf. 5131.6 – Alcohol and Other Drugs)

(cf. 5141.6 – School Health Services)

(cf. 6142.8 – Comprehensive Health Education)

(cf. 6164.2 – Guidance/Counseling Services)

Intervention

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.

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, he/she shall promptly notify the principal or school counselor.

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 may report to the principal or student's parents/guardians when he/she has 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 treatment. (Education Code 49602)

(cf. 5141 – Health Care and Emergencies)

SUICIDE PREVENTION (Continued)

A school employee shall act only within the authorization and scope of his/her credential or license. An employee is not authorized to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so. (Education Code 215)

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

(cf. 5138 – Conflict Resolution/Peer Mediation)

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 has the opportunity to intervene
4. Removing other students from the immediate area as soon as possible

(cf. 0450 – Comprehensive Safety Plan)

(cf. 5141 – Health Care and Emergencies)

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.

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

Postvention

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians 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 parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

SUICIDE PREVENTION (Continued)

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. He/she shall provide students, parents/guardians, and staff with information, 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.

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

(cf 1112 – Media Relations)

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.

PREVENTION

Richmond Elementary recognizes that prevention of youth suicide, violence, and substance abuse and the early identification and treatment of mental health disorders are most effective when students, staff, parents, and community members have access to prevention information and resources.

SUICIDE PREVENTION TRAINING FOR STAFF SHALL INCLUDE THE FOLLOWING:

1. Research identifying risk factors, such as previous suicide attempt(s), history of depression or mental illness, substance use problems, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor loss, family instability, and other factors
2. Warning signs that may indicate suicidal intentions, including changes in students' appearance, personality, or behavior
 - Youth bereaved by suicide
 - Youth with disabilities, mental illness, or substance abuse
 - Homeless youth
 - LGBTQ youth
 - Youth in the juvenile justice or welfare system
 - Native American youth
 - Youth on the fringes of mainstream social groups
3. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
4. School and community resources and services
5. District procedures for intervening when a student attempts, threatens, or discloses the desire to commit suicide

A training will be provided annually for all teachers and staff:

Keenan Link: www.keenan.safeschools.com – Youth Suicide: Awareness and Prevention

More information on evidence-based programs and practices can be found in [SAMHSA's National Registry of Evidence-Based Programs and Practices](#).

The Trevor Project can be found at: www.thetrevorproject.org

Intervention

The following process should be followed when a staff member becomes aware that a student is experiencing a crisis that may involve risk of harm to self or others:

- When a staff member suspects or has knowledge of a student's suicidal intentions, he/she shall promptly notify the Superintendent, Principal, or designee, who shall then notify the student's parents/guardians as soon as possible. The student may be referred to mental health resources in the school or community.
- 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.

IMMINENT RISK

- There is immediate danger to the student's self or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others).
- There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose).

The staff member who suspects or has knowledge of imminent risk will do the following:

- Provide for continuous supervision of the student at risk until an emergency responder arrives, keeping personal safety in mind. Evaluate the environment for safety and remove access to methods or lethal means.
- Notify the administrator or designee.

The administrator or other designee will do the following:

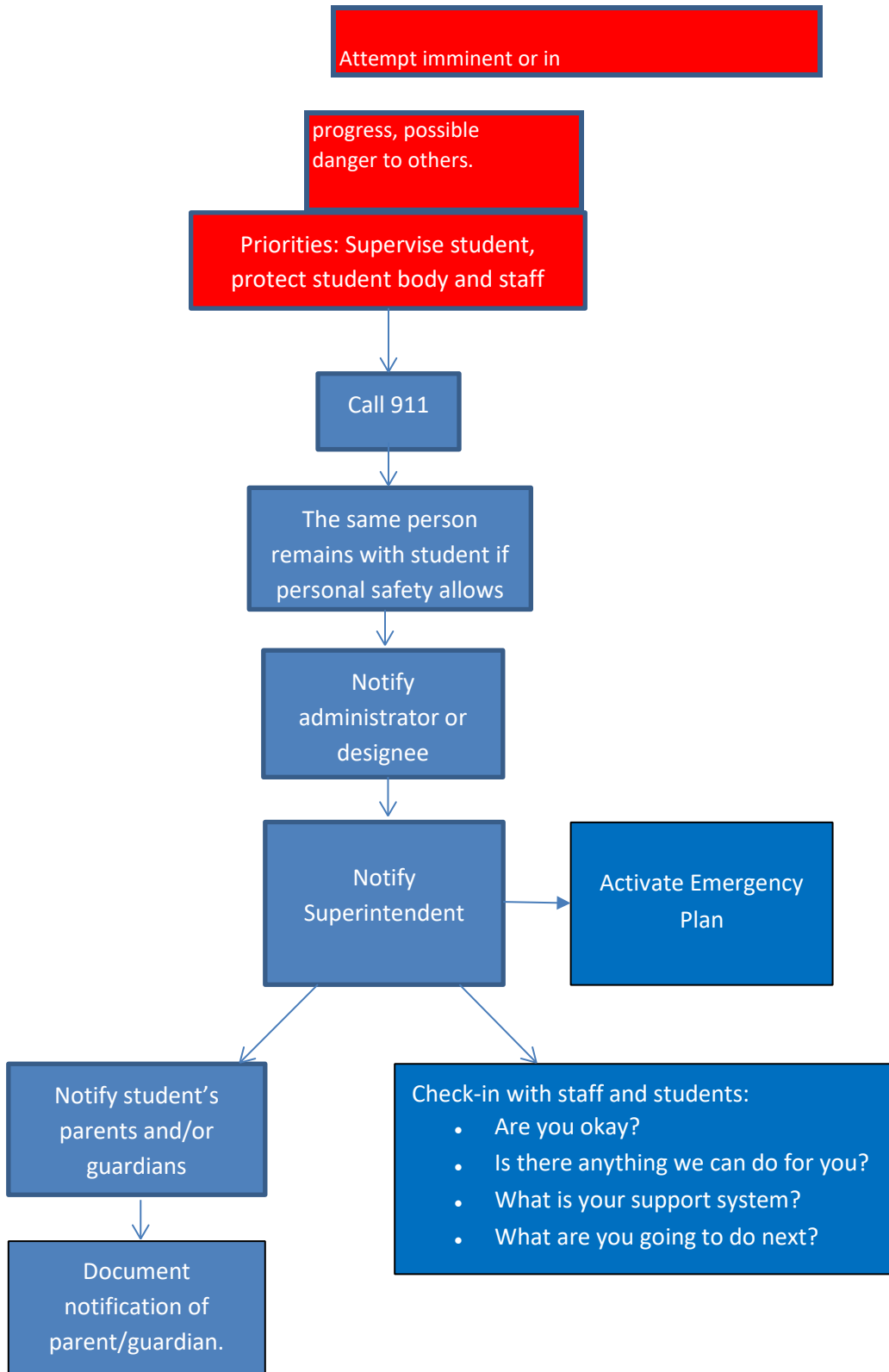
- Call 911 or designate a person to call. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.
- Notify the Superintendent.

Depending on the situation, the administrator or designee will:

- Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity. (Execute emergency plan.)

- Notify the student's guardian and/or emergency contact and document the time and content of the conversation.
- Fill out the district's incident report forms.

CHART 1: IMMINENT RISK



A school employee shall act only within the authorization and scope of the employee's credential or license.

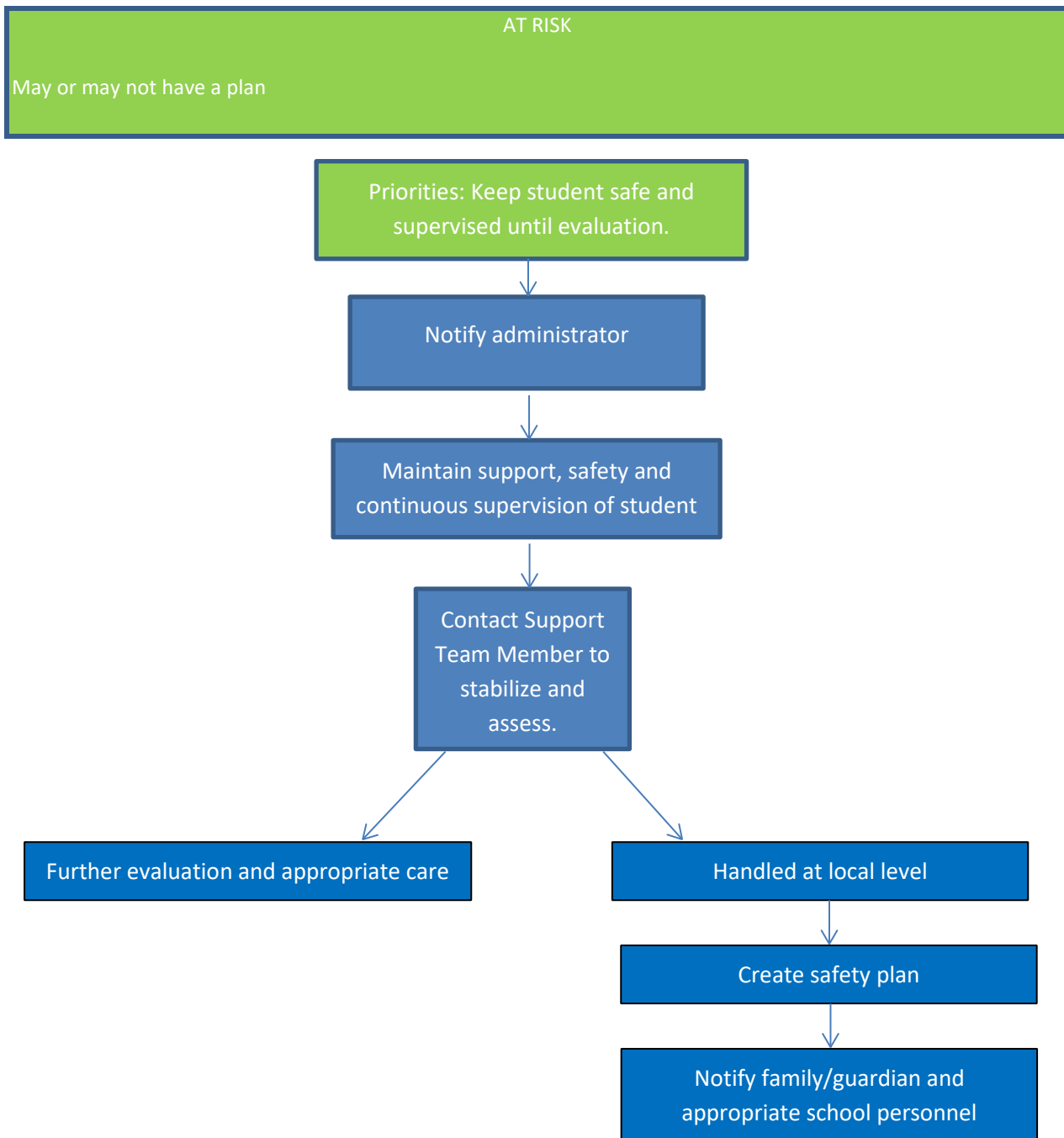
AT RISK

- The student identifies thoughts of death but has no plan, intent to die, or suicidal behavior.
- The student identifies thoughts of death and may have a plan, intent to die or suicidal behavior.
- The student is experiencing some stressors.

The administrator or designee will do the following:

- Remain with the student and provide support, safety, and continuous supervision.
- Contact support team members (school counselor, behavioral counselor, school psychologist, Lassen County Behavioral Health).
- The administrator must be notified if the student will be leaving school grounds.
- If the assessment is that the student needs additional evaluation, appropriate arrangements will be made.

CHART 2: AT RISK



A school employee shall act only within the authorization and scope of the employee’s credential or license.

POSTVENTION

Richmond Elementary recognizes that the death of a student, whether by suicide or other means, is a crisis that affects the entire school and community. In the event of a student's death, it is critical that the school's response be swift, consistent, and intended to protect the student body and community. In the case of a death by suicide, other concerns such as the prevention of [suicide contagion](#) will be taken into account.

confirming the news and convening the educational support team

Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the Superintendent, Principal, and/or designee. Contact must be made whether this is during or outside school hours.

- The Superintendent, Principal, or designee will contact:
 - Lassen County Office of Education (LCOE) County Superintendent of Schools
 - Superintendent will deploy self-plan (make a plan) and identify key staff who will comprise the support team; i.e., teaching and classified staff, parents, students, and/or community members.
 - Compose a potential "blanket statement" to share with students and staff so the same message is disseminated to everyone.
- The LCOE County Superintendent of Schools will convene the educational support team which may include:
 - Administrators
 - Behavioral Counselors
 - School Psychologists

before school begins on the first day

The Superintendent, Principal, or designee will:

- Release accurate and concise information according to district policy.
- Convene a schoolwide staff meeting to provide accurate information and to identify any potential high-risk students.
- Notify the other school districts or call the LCOE for assistance.

example of items for staff meeting agenda

- Assign personnel to identify and address high-risk students.
- Provide accurate information.
- Manage suicide contagion.

- Provide appropriate support to staff or send someone to his/her classroom.
- Make and set a time for debriefing.

Debriefing:

- Debriefing is critical to handling the next crisis better.
- Emphasis on improvement – What? When? Where? Why?

**Richmond Elementary's
Student Suicide Risk Documentation Form**

STUDENT INFORMATION		
Date student was identified as possible at risk:		
Name:		
Date of Birth:	Gender:	Grade:
Name of Parent/Guardian:		
Parent/Guardian's Phone Number(s):		
IDENTIFICATION OF SUICIDE RISK		
Who identified student as being at risk? Indicate name where appropriate.		
<input type="checkbox"/> Student (him/herself):		
<input type="checkbox"/> Parent:		
<input type="checkbox"/> Teacher:		
<input type="checkbox"/> Other staff:		
<input type="checkbox"/> Student/Friend:		
<input type="checkbox"/> Other:		
Reason for concern:		
RISK ASSESSMENT		
Assessment conducted by:		
Date of assessment:		
Type of assessment conducted:		
Results of assessment:		
NOTIFICATION OF PARENT/GUARDIAN		
Staff who notified parent/guardian:		
Date/time notified:		
Parent Contact Acknowledgement Form signed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, provide reason:		
MENTAL HEALTH REFERRAL		
Student referred to:	Date of Referral:	
Safety Plan developed with student and parent: _____ (date)		
Mental Health Resources List and Student/Parent given to:		
<input type="checkbox"/> Student _____ (date) <input type="checkbox"/> Parent/Guardian _____ (date)		
Staff member to conduct follow-up:	Date of follow-up:	

Guidelines for Notifying Parents

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes toward suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and/or prescription medications and alcohol.
4. If the student is at risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contract Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow-up with them in a few days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:
 - Stress the importance of getting the child help.
 - Discuss why they have not contacted a provider and offer to assist with the process.
7. If the student does not need to be hospitalized, release the student to the parents and notify the site administrator.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document *all* contacts with the parents.

Parent Contact Acknowledgement Form

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

This is to verify that I have spoken with a member of the school's staff

_____ (name) on _____ (date)
concerning my child's suicidal risk. I have been advised to see the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff member)
will follow-up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature: _____

Date: _____

Parent Contact Information:

Phone: _____

Email: _____

School Staff Member Signature: _____

Date: _____