

## **SUICIDE AWARENESS AND PREVENTION POLICY** *(BOT Approved 2022.02.09)*

Golden Valley Charter Schools (GVCS) recognizes that suicide is a leading cause of death among youth, and that an even greater amount of youth consider suicide (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention through collaboration between home and school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create safe and nurturing campuses that minimize suicidal ideation in students.

Recognizing that it is the duty of GVCS 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 providing adequate supports for students, staff, and families affected by suicidal ideation, suicide attempts, and loss.

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 of 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 Executive Director or Designee shall develop strategies for suicide prevention, intervention, and postvention, and the identification of the 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 factors and warning signs of suicide.

The Executive Director or Designee will develop and implement preventive strategies and intervention procedures that include the following:

### **Overall Strategic Plan for Suicide Prevention**

Golden Valley Charter Schools’ Suicide Awareness and Prevention Policy shall involve school-employed mental health professionals, administrators, other school staff members, parents/guardians/caregivers, students, and appropriate community organizations in planning, implementing, and evaluating the school’s strategies for suicide prevention and intervention.

The Executive Director will ensure policies regarding suicide prevention are properly adopted, implemented, and updated. Each Golden Valley school (GVOS, GVRS, and GVTS) will have a Suicide Prevention Point of Contact (SPPOC). The Suicide Prevention Point of Contact will



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be the school principal. The SPPOC will coordinate and implement suicide prevention activities for their school. The SPPOC may designate the school psychologist to carry out these activities. 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, GVCS 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**

GVCS will provide training in the mental health model of suicide prevention for all school staff members and will be implemented as follows:

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 the direction of school-appointed mental health professionals (e.g., counselors, psychologist) 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.
- All GVCS staff will participate in a minimum of one-hour general suicide prevention training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) and will include:
  - Suicide risk factors, warning signs, and protective factors;
  - How to talk with a student about thoughts of suicide;
  - How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate suicide risk assessment referral;



- 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 staff member;
- Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- The impact of traumatic stress on emotional and mental health;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate messaging about suicide (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 of suicide;
- Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on GVCS 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 GVCS guidelines;
- GVCS-approved procedures for responding to suicide risk. Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- GVCS-approved procedures and protocols for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Resources regarding youth suicide prevention;
- 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 with a history of suicidal ideation or attempts;
  - Youth with disabilities, mental illness, or substance abuse disorders;
  - Lesbian, gay, bisexual, transgender, or questioning youth;
  - Youth experiencing homelessness or in out-of-home settings, such as foster care;



- Youth who have suffered traumatic experiences

### **C. Employee Qualifications and Scope of Services**

Employees of GVCS and their partners must act only 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 take action in attempt to prevent the immediate risk of a suicidal behavior, treatment of suicidal 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 and administratorsemployed by GVCS.

### **E. Parents, Guardians, and Caregivers Participation and Education**

- To the extent possible, parents/guardians/caregivers will be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the GVCS Suicide Awareness and Prevention Policy.
- This suicide prevention policy shall be prominently displayed on GVCS's Webpage and included in annual notification of policies.
- Parents/guardians/caregivers are invited to provide input on the development and implementation of this policy through meetings of the Board of Trustees' public comment period or private conversation with their school principal.

### **F. Student Participation and Education**

Under the supervision of school-employed mental health professionals, at-risk students and seventh and eighth grade 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 school's 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 health 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 such as middle school health class.

## **Intervention, Assessment, Referral**

### **A. Staff**

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the school Principal (aka, Suicide Prevention Point of Contact (SPPOC)) and the school psychologist. The SPPOC or designee will follow GVCS's Suicide Prevention Protocols and Suicide Risk Assessment Process.

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.

- Students experiencing suicidal ideation shall not be left unsupervised.
- A suicide risk assessment referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.
- The Executive Director or Designee shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity.

### **B. Parents, Guardians, and Caregivers**

A suicide risk assessment 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 or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

#### **D. Parental Notification and Involvement**

GVCS 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 is 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.
  - An Exchange of Information between the students' mental health treatment provider and the School will be requested from the parent/guardian/caregiver
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the SPPOC (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.
- An SST, 504, or IEP meeting will be scheduled if applicable

#### **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 critical. 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 Principal or Designee;
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- If needed, provide medical first aid until a medical professional is available;



- Parents/guardians/caregivers should be contacted as soon as possible;
- 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 resources 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;
- If appropriate follow GVCS Suicide Prevention Protocols and Risk Assessment;
- 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 GVCS property, it is crucial that the LEA 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 the facts regarding the crisis is correct;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for a re-entry plan 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 a priority;
- Listen actively and non-judgmentally 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 and 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.

## **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 a streamlined and well planned re-entry process ensures the safety and wellbeing of students 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:

- Schedule an SST, 504, or IEP team meeting prior to re-entry
- Obtain a written release of information signed by parents/guardians/caregivers and providers, and when appropriate mental health 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 student);





- Offer Independent Study if the student needs time to transition back to in person school
- Trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- Work with parents/guardians/caregivers to involve the student in a safety 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 a tragedy. The Executive Director shall ensure that each school site adopts a plan for responding to a suicide death as part of the general Crisis Response Plan. The Suicide Postvention Response Plan needs to incorporate both immediate and long-term steps and objectives.

- Suicide Postvention Response Plan shall include the following:
  - School Administrator shall confirm death and cause;
  - Enact the Suicide Postvention Response Plan, include an initial meeting of the GVCS Suicide Postvention Response Team;
  - Notify all staff members (ideally in-person or via phone, not via e-mail or 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 death and the 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 needs of 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 significantly affected by suicide death and other students at risk of imitative behavior;
- Identify students affected by suicide death but not at risk of imitative behavior;
- Communicate with the larger school community about the suicide death;
- Consider funeral arrangements for family and school community;
- Respond to memorial requests in respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered;
- 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 (i.e., 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

LOW	MODERATE	HIGH
• No suicide ideation	• Suicide ideation	• Suicide ideation with high frequency
• No immediate crisis	• Immediate crisis	• Immediate and/or prolonged crisis
• Feels slightly down	• Feels moderately sad and distressed	• Feels high level of sadness/distress
• Hopeful for change/future	• Limited hope for change/future	• Hopelessness about future
• No suicide plan	• Developing suicide plan	• Detailed plan, intent to act, lethal means
• No prior suicide attempts	• Suicide attempts, low lethality	• Previous attempts, one high-lethality or many low to moderate lethality
• Resources available	• Some resources, low effectiveness	• Ineffective or no resources
• No "High Risk Group" factors*	• "High Risk Group" 1 – 2 factors	• "High Risk Group" 3 – 4 factors
# of checks:	# of checks:	# of checks:

\*High Risk Group = mental or physical health issues, drug and/or alcohol abuse, LGBTQ youth, hx suicide in family/friends, hx of risky/impulsive behavior

**Ultimately, the decision for intervention level is based on professional judgement and consultation. This matrix is a guide.**

**Interventions:**

- High Risk: Emergency Situation
  1. **Stay with the student at all times**
  2. Call the police
  3. Try to get them to relinquish means if in possession
  4. Call parents to inform of action
  5. Share resources and follow up
- Moderate Risk: Crisis Intervention
  1. Stay with the student
  2. Determine if the situation is the result of caretaker abuse
  3. Meet with the parents
  4. Determine what to do if the parents are unable or unwilling to assist with crisis intervention
  5. Make appropriate referrals for immediate intervention by mental health professional
  6. Share resources and follow up
- Low Risk: Safety Plan and Referrals
  1. Determine if the situation is the result of caretaker abuse
  2. Speak with the parents (see follow-up)
  3. Make referrals as appropriate
  4. Write a safety plan with the student as appropriate
  5. Share resources and follow-up

**Follow-up and Notes:**

- Parents contacted      Yes      No      Time:      Location:
- Advise to restrict means
  - Advise as re-entry as appropriate
  - Contact not warranted at this time due to lack of perceived risk and information presented. Confidentiality maintained.
- Resources:
- Crisis card with 24 hour Crisis Line 756-5000
  - YCMH Provider Guide as appropriate
  - [www.suicidepreventionyolocounty.org](http://www.suicidepreventionyolocounty.org)
- |                                       |     |    |     |
|---------------------------------------|-----|----|-----|
| Safety Plan?                          | Yes | No | N/A |
| Re-Entry Meeting?                     | Yes | No | N/A |
| <i>Nurse and psychologist invited</i> |     |    |     |
| Release of Information?               | Yes | No | N/A |
| Contagion Risk?                       | Yes | No | N/A |
- Consultation
- Other District mental health professional: \_\_\_\_\_
  - Admin, teachers, nurse (as appropriate)
- Note taking
- Visit Maintenance
  - CPS/other agency
  - Prevention and Crisis manager notified

