

Community Learning Center Schools Youth Suicide Prevention Policy

Community Learning Center Schools recognize that suicide is a leading cause of death 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) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our 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 a safe and nurturing campus that minimizes suicidal ideation in learners.

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

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 learners and families, the Executive Director or Designee shall collaborate with staff to 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 school personnel in all job categories who regularly interact with learners or are in a position to recognize the risk factors and warning signs of suicide, including expanded learning staff (afterschool) and other individuals in regular contact with learners such as crossing guards, campus supervisors, and coaches.

The Executive Director or Designee shall collaborate with staff to develop and implement preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

The Lead Facilitator or Designee, shall involve school-employed mental health professionals (e.g., school counselors, psychologists) administrators, other school staff

members, parents/guardians/caregivers, learners, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating **strategies for suicide prevention and intervention**. Community Learning Center School sites will work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

Resources:

- The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide.

Additional information about this Toolkit for schools can be accessed on the Heard Alliance Web site at <http://www.heardalliance.org/>.

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Community Learning Center School sites, along with their partners has critically reviewed and will review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

Resources:

- For information on public messaging on suicide prevention, see the National Action Alliance for Suicide Prevention Web site at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>
- For information on engaging the media regarding suicide prevention, see the Your Voice Counts Web page at <http://resourcecenter.yourvoicecounts.org/content/making-headlines-guide-engaging-mediasuicide-prevention-california-0>
- For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resourcecenter.yourvoicecounts.org/content/how-use-social-media>

B. Suicide Prevention Training and Education

Community Learning Center Schools sites, along with their partners will review available staff training to ensure 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

Training:

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- At a minimum, staff shall participate in training on 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. With an emphasis on immediately referring (same day) any learner who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;
- All counseling staff members shall attend a minimum of one hour general suicide prevention training. Core components of the general suicide prevention training shall include:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a learner about thoughts of suicide;
 - How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any learner judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
 - Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
 - Reviewing data from the school-wide survey annually to identify school climate deficits and drive program development. Questions from the California School Climate, Health, and Learning Survey (Cal-SCHLS) will be included in the school-wide survey sent out. See the Cal-SCHLS Web site at <http://cal-schls.wested.org/>.
- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development when available for counseling staff following components:
 - 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 district guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and

- o provide support based on district guidelines;
- o School-approved procedures for responding to suicide risk (including multitiered systems of support and referrals). Such procedures should emphasize that the suicidal learner should be constantly supervised until a suicide risk assessment is completed;
- o School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- o Responding after a suicide occurs (suicide postvention);
- o Resources regarding youth suicide prevention;
- o Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- o Emphasis that any learner who 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.

Resources:

- Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. See the Mental Health First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>
- Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>
- SafeTALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks Web page at <https://www.livingworks.net/programs/safetalk/>
- Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>
- Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure that the program is easy to disseminate and measures success at the

elementary, middle, and high school levels. See the Kognito Web page at <https://www.kognito.com/products/pk12/>

C. Employee Qualifications and Scope of Services

Employees of Community Learning Center School sites and their partners must act only within the authorization and scope of their credential or license. While it is expected that school counseling professionals are able to identify suicide risk factors and warning signs, and 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. Parents, Guardians, and Caregivers Participation and Education

- To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the Community Learning Center Schools suicide prevention policy and procedures.
- This suicide prevention policy shall be prominently displayed on the Community Learning Center School site Web pages.
- Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.
- All parents/guardians/caregivers should have access to suicide prevention parent education workshop that addresses the following:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with youth about thoughts of suicide;
 - How to respond appropriately to the youth who has suicidal thoughts.

Resource:

- Parents as Partners: A Suicide Prevention Guide for Parents is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>

E. Learner Participation and Education

Community Learning Center School sites, along with their partners will review available curricula to determine lessons that do not encourage the use of the stress model to explain suicide.

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

- Receive developmentally appropriate, learner-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding site 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.
- Learner-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).

Community Learning Center School sites will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs).

Resources:

- More Than Sad is school-ready and evidence-based training material, listed on the national Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at <https://afsp.org/our-work/education/more-thansad/>
- Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital Web page at <http://www.childrenshospital.org/breakfree>
- Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <http://www.reconnectingyouth.com/programs/cast/>
- Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-wedo/education/smart-schools-program-2/>
- Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide

prevention. LEADS for Youth is an informative and interactive opportunity for learners and facilitators to increase knowledge and awareness of depression and suicide. See the SAVE Web page at <https://www.save.org/what-we-do/education/leads-foryouth-program/>

Intervention, Assessment, Referral

A. Staff

School Counseling staff shall be designated as the primary and secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of learner'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 Lead Facilitator or another Administrator if the Lead Facilitator is unavailable. The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all learners, staff, parents/guardians/caregivers and be prominently available on the school's Web site.
- The Lead Facilitator or other school administrator shall then notify, if appropriate and in the best interest of the learner, the learner's parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification. If the learner 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 learner's suicidal intentions, they shall promptly notify the primary or secondary suicide prevention liaisons.
- Learners experiencing suicidal 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 the school and community-based resources.
- The Executive Director or designee shall establish crisis intervention procedures to ensure learner 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 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. Learners

Learners 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 learner's emotional distress, suicidal ideation, or attempt.

D. Parental Notification and Involvement

Each school site shall identify a process to ensure continuing care for the learner 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 learner, 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 learner.
- If parents/guardians/caregivers refuse or neglect to access treatment for a learner 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 learner is still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the youth.

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 learner and those around him/her is critical. The following steps should be implemented:

- Remain calm, remember the learner is overwhelmed, confused, and emotionally distressed;
- Move all other learners out of the immediate area;
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- Immediately contact the administrator or suicide prevention liaison;
- If needed, provide medical first aid until a medical professional is available;
- Parents/guardians/caregivers should be contacted as soon as possible by administration;
- Do not send the learner away or leave them alone, even if they need to go to the restroom;
- Listen and prompt the learner to talk;
- Review options and resources of people who can help;
- Be comfortable with moments of silence as you and the learner will need time to process the situation;

- Provide comfort to the learner;
- Promise privacy and help, and be respectful, but do not promise confidentiality;
- Learner 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 learner is outside of Community Learning Center Schools property, it is crucial that the LEA protects the privacy of the learner and maintain a confidential record of the actions taken to intervene, support, and protect the learner. 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 learners;
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;
- Designate a staff member to handle media requests;
- Provide care and determine appropriate support to affected learners;
- Offer to the learner and parents/guardians/caregivers steps for re-integration 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 learner 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 learner a priority;
- Listen actively and non-judgmental to the learner. Let the learner express his or her feelings;
- Acknowledge the feelings and do not argue with the learner;
- Offer hope and let the learner know they are safe and that help is provided. Do not promise confidentiality or cause stress;
- Explain calmly and get the learner to a trained professional, guidance counselor, or designated staff to further support the learner;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the learner.

H. Re-Entry to School After a Suicide Attempt

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

Resource:

- The School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats is a guide that will assist in school re-entry for learners after an attempted suicide. See the Mental Health Recovery Services Resource Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_f_or_schools-9/

I. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a learner or staff member) can have devastating consequences on learners and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. The Suicide Death Response Action Plan (Suicide Postvention Response Plan) needs to incorporate both immediate and long-term steps and objectives.

Suicide Postvention Response Plan shall:

- Identify a staff member to confirm death and cause (school site administrator);
- Identify a staff member to contact deceased's family (within 24 hours);
- Enact the Suicide Postvention Response Plan, include an initial meeting of the district/school 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 learners regarding the following:

- Review of protocols for referring learners for support/assessment;
- Talking points for staff to notify learners;
- Resources available to learners (on and off campus).

Identify learners significantly affected by suicide death and other learners at risk of imitative behavior;

- Identify learners 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 learners should be considered;

Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (go to the Reporting on Suicide.Org Web site at www.reportingonsuicide.org). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.

Utilize and respond to social media outlets:

- Identify what platforms learners are using to respond to suicide death
- Identify/train staff and learners 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 learners of deceased
- Consider long-term memorials and how they may impact learners who are emotionally vulnerable and at risk of suicide

Resources:

- After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/comprehensive-approach/postvention>
- Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>

For additional information on suicide prevention, intervention, and postvention, see the Mental Health Recovery Services Model Protocol Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_sc

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Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>

Additional resources regarding learner mental health needs can be found in the SSPI letter Responding to Student Mental Health Needs in School Safety Planning at <http://www.cde.ca.gov/nr/el/le/yr14ltr0212.a>