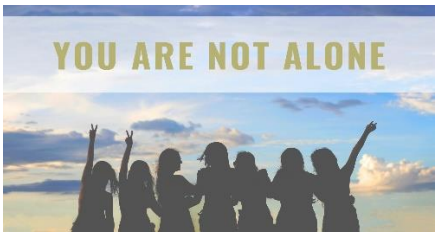

Guide to Suicide Prevention

988 SUICIDE & CRISIS LIFELINE

Resources Complied by
Pupil Services
Compton Unified School District

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- Suicide Prevention BP 5141.52
- Suicide Prevention AR 5141.52

Suicide Prevention

https://sprc.org/online-library/

You're not alone, if you are experiencing difficult thoughts call 988

Suicide Prevention Policies: EC 215

Student suicide rates are of concern to all members of the school community. One child, ages 12 and older, dies by suicide every five days in California. Local Districts were required by California law to provide suicide prevention education, according to age-appropriate and sensitive local policies, for grades 7 to 12. Legislators have determined that training in mental health and coordination around improved services is extended to our elementary students. A shared goal by all staff educators is to keep a safe place to learn, free from harm to any of our students.

What is suicide? Excerpt from NIHM

https://www.nimh.nih.gov/health/topics/suicide-prevention

Suicide is when people harm themselves with the intent of ending their life, and they die as a result.
A **suicide attempt** is when people harm themselves with the intent of ending their life, but they do not die.
Avoid using terms such as "committing suicide," "successful suicide," or "failed suicide" when referring to suicide and suicide attempts, as these terms often carry negative meanings

What are the warning signs of suicide?

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions

- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Planning or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

Suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress and should not be ignored.** If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

Here are five steps you can take to #BeThe1To help someone in emotional pain:

1. **ASK:** "Are you thinking about killing yourself?" It's not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. **KEEP THEM SAFE:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
3. **BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.
4. **HELP THEM CONNECT:** Save the 988 Suicide & Crisis Lifeline number **(call or text 988)** in your phone so they're there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. **STAY CONNECTED:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

WHAT ARE THE RISK FACTORS FOR SUICIDE?

People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex, and there is no single cause. The main risk factors for suicide are:

- Depression, other mental disorders, or substance use disorder
- Chronic pain
- Personal history of suicide attempts
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail

For people with suicidal thoughts, exposure, either directly or indirectly, to others' suicidal behavior, such as that of family members, peers, or celebrities can also be a risk factor.

Most people who have risk factors will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is actively showing warning signs of suicide may be at higher risk for danger and in need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

Family and friends are often the first to recognize the warning signs of suicide, and they can take the first step toward helping a loved one find mental health treatment.

See NIMH's page with resources for finding help for mental illnesses if you're not sure where to start.

Identifying people at risk for suicide

- **Universal screening:** Research has shown that a three-question screening tool helps emergency room personnel identify adults at risk for suicide . Researchers found that screening all patients—regardless of the reason for their emergency room visit—doubled the number of patients identified as being at risk for suicide. The researchers estimated that suicide-risk screening tools could identify more than three million additional adults at risk for suicide each year.
- **Predicting suicide risk using electronic health records:** Researchers from NIMH partnered with the VA and others to develop computer programs that could help predict suicide risk among veterans receiving VA health care . Other healthcare systems are also beginning to use data from electronic health records to help identify people with suicide risk.

WHAT TREATMENTS AND THERAPIES ARE AVAILABLE FOR PEOPLE AT RISK FOR SUICIDE?

Effective, evidence-based interventions are available to help people who are at risk for suicide.

Brief interventions

- **Safety planning:** Personalized safety planning has been shown to help reduce suicidal thoughts and actions. Patients work with a health care provider to develop a plan that describes ways to limit access to lethal means such as firearms, pills, or poisons. The plan also lists coping strategies and people and resources that can help in a crisis.

- **Follow-up phone calls**: Research has shown that when at-risk patients receive supportive phone calls for further risk monitoring and are encouraged to engage in safe behaviors and seek help, their suicide risk goes down.

Psychotherapies

Multiple types of psychosocial interventions have been found to help individuals who have attempted suicide (see below). These types of interventions may prevent someone from making another attempt.

- **Cognitive behavioral therapy (CBT)** can help people learn new ways of dealing with stressful experiences. CBT helps individuals recognize their thought patterns and consider alternative actions when thoughts of suicide arise .
- **Dialectical behavior therapy (DBT)** has been shown to reduce suicidal behavior in adolescents. DBT has also been shown to reduce the risk of suicide attempts in adults with borderline personality disorder , a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT can help a person recognize when their feelings or actions become overwhelming and teach the person skills that can help them cope more effectively with upsetting situations.

COLLABORATIVE CARE

Collaborative care is a team-based approach to mental health care. A behavioral health care manager will work with the person, their primary health care provider, and mental health specialists to develop a treatment plan. Collaborative care has been shown to be an effective way to treat depression and reduce suicidal thoughts.

How can I find help for mental health concerns?

If you're not sure where to get help, a health care provider can refer you to a licensed mental health professional, such as a psychiatrist or psychologist. Find tips to help prepare for and get the most out of your visit and information about getting help.

The Substance Abuse and Mental Health Services Administration has an online treatment locator to help you find mental health services in your area.

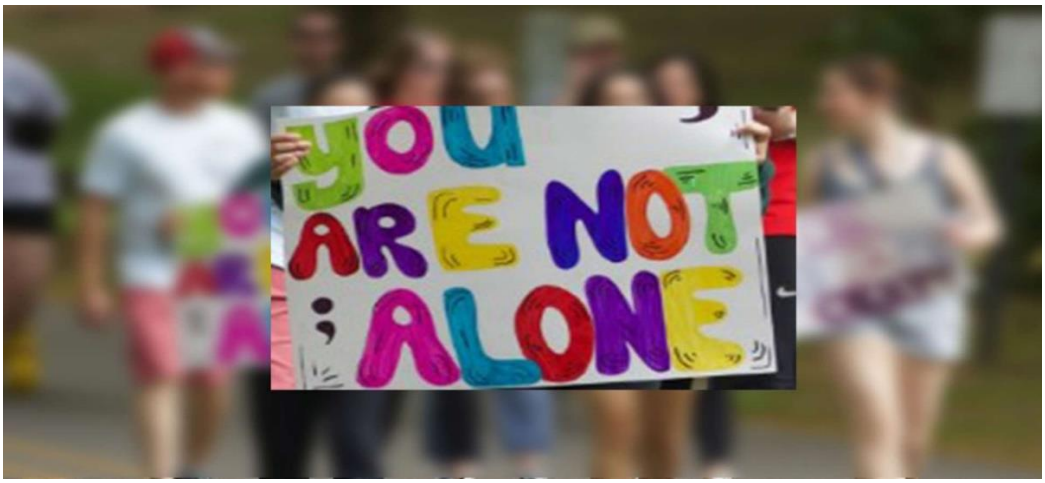
Where can I learn about NIMH research on suicide?

NIMH supports promising research that is likely to have an impact on reducing suicide in the United States. Research is helping improve our ability to identify people at risk for suicide and develop and improve effective treatments. NIMH researchers continue to study suicide and how to best implement suicide prevention and intervention programs in different contexts, including in health care, community, school, and justice system settings.

Learn more about NIMH research priorities and recent research on suicide prevention.

Our schools offer:

- Curriculum for SEL, Drug Prevention, Bullying, etc.
- School psychologists
- Social Workers
- Mental health Therapists
- Wellness Centers
- School nurses, licensed vocational nurses, and health & attendance aides
- Student Support and Monitoring meetings: collaborative meetings to discuss and develop plans to support students academically, socially, and emotionally; behavior contracts



WHAT CAN I DO TO KEEP MY CHILD SAFE?

Feeling connected to friends, family, and our community can be a protective factor for suicide. Care enough to create a safe space for your student. Parents, use this time to reach out to someone in your life and let them know that you are comfortable talking about anything they need, including suicide, and should they ever come to a point where they are questioning their reasons for living, you will be there to listen and support them. Creating this safe space at a time when there is no crisis is one way we can play a role in suicide prevention.

"Are you thinking about suicide?" These words can be difficult to say, but when it comes to suicide prevention, none are more important. Asking someone directly about suicide can be difficult; being direct allows the person to open up and talk about their feelings. Asking directly about suicide will not suggest the idea to them. It is through the act of listening, expressing concern, and providing reassurance that they will feel supported.

Start the conversation

- Have a list of resources available
- Practice what you will say
- Mention the signs you have noticed
- Ask directly about suicide
- If they answer "yes," stay calm, do not leave them alone, call 911 or the National Suicide Prevention Lifeline at 800-273-8255

Listen, express concern, and reassure

- Listen and validate
- Let them know you care
- Actively listen: "Help me understand what life is like for you right now."

Create a safety plan

- Ask about access to lethal means and help remove them if safe to do so
- Create a safety plan together
- Ask if they will refrain from using substances or agree to have someone monitor their use
- Get a verbal commitment that they will not act upon thoughts of suicide until they have met with a professional
- Limit access: Restricting access to lethal means, especially access to firearms, prescription drugs, and medications, is important in the prevention of youth suicide.
- Do not leave your child alone: Surround yourself with a support network or friends and family that can help as needed.

Get help

- Provide resources
- Call the National Suicide Prevention Lifeline anytime at 988 or 800-273-8255
- If the situation is critical, call 9-1-1, or take the person to the nearest emergency room or walk-in psychiatric clinic
- Reach out: Contact the school or mental health professionals if you are concerned about your child.

What NOT to say

- Do not ask in a way that indicates you want "No" for an answer, such as "You don't really want to die, do you?"
- Do not tell the person to do it.
- Do not show anger or frustration.
- Do not promise secrecy.

If you think someone is considering suicide, listen to your instincts and take them seriously. Do not leave them alone. Call the National Suicide Prevention Lifeline at 988 at any time for assistance.

Where can I learn more about suicide prevention?

Free brochures and shareable resources

- Frequently Asked Questions About Suicide: This brochure provides information about suicide including risk factors, symptoms and warning signs, treatment options and therapies, how to find help for yourself or others, and research about suicide and suicide prevention.
- Warning Signs of Suicide: This NIMH infographic presents behaviors and feelings that may be warnings signs that someone is thinking about suicide.
- 5 Action Steps for Helping Someone in Emotional Pain: This NIMH Infographic presents five steps for helping someone in emotional pain in order to prevent suicide.
- Digital Shareables on Suicide Prevention: These digital resources from NIMH, including graphics and messages, can be used to spread the word about suicide prevention and help promote awareness and education in your community.

Federal resources

- The African American Youth Suicide: Report to Congress is a response by the U.S. Department of Health and Human Services that builds upon the 2019 Congressional Black Caucus report, "Ring the Alarm: The Crisis of Black Suicide in America." The report examines patterns of youth suicide by race and ethnicity, what is known about youth suicide decedent characteristics, information on risk and protective factors, interventions, and remaining knowledge gaps.
- The Suicide Prevention Resource Center (SPRC) is the only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is funded by SAMHSA.
- The American Indian and Alaska Native (AI/AN) National Suicide Prevention Strategic Plan is a national initiative addressing suicide prevention, based on fostering collaborations across Tribes, Tribal organizations, Urban Indian organizations, and the Indian Health Service (IHS). The IHS Suicide Prevention and Care Program site provides resources to support suicide prevention efforts, and to help communities and individuals understand and obtain services related to suicide.
- The Center for Disease Control and Prevention's (CDC) Suicide Prevention webpage provides resources for communities and states to support suicide prevention efforts.
- MedlinePlus offers information about suicide from the U.S. National Library of Medicine.
- National Action Alliance for Suicide Prevention is a public-private partnership working to advance the National Strategy for Suicide Prevention.
- The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention outlines the actions that communities and individuals can take to reduce the rates of suicide and help improve resilience.
- #BeThe1To is the National Suicide Prevention Lifeline's message to spread the word about actions everyone can take to prevent suicide.
- Ask Suicide-Screening Questions (ASQ) is free screening resource for medical settings (e.g., emergency departments, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide.

VIEW MORE MULTIMEDIA ON SUICIDE PREVENTION

Crisis hotlines

- 988 Suicide & Crisis Lifeline : The Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Call or text **988** to connect with a trained crisis counselor. Support is also available via live chat at 988lifeline.org . Para ayuda **en español, llame al 988**.
- Disaster Distress Helpline : People affected by any disaster or tragedy can call this helpline, sponsored by SAMHSA, to receive immediate counseling. Call **1-800-985-5990** to connect with a trained professional from the closest crisis counseling center within the network.
- Veterans Crisis Line : This helpline is a free, confidential resource for veterans of all ages and circumstances. Call **988**, then press 1; text **838255**; or chat online to connect with 24/7 support.

Resources for media

- Recommendations for Reporting on Suicide
- Guidelines for Social Media
- Guidance for the entertainment industry: National Recommendations for Depicting Suicide
- NIMH Multimedia on Suicide Prevention

Additional Resources

Suicide Prevention

- National Suicide Prevention Lifeline: 1-800-273-8255 or call/text **988** or https://988lifeline.org/how-we-can-all-prevent-suicide/
- Local Suicide Prevention Hotline: 1-800-320-1616
- Connect with a Crisis Counselor by Texting "HOME" to 741741
- Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)
- TREVOR Project: 1-566-4-U-TREVOR (1-866-488-7386)
- Central Valley Suicide Hotline: 1-888-506-5991
- Veterans Crisis Line
- National Action Alliance for Suicide Prevention
- National Library of Medicine - Suicide
- National Strategy for Suicide Prevention
- NIMH Suicide Prevention
- StopBullying.gov
- How to Talk About Suicide
- Suicide: Preventing Youth Suicide
- Suicide: Tips for Parents
- Teen Mental Health Poster-English
- Teen Mental Health Poster-Spanish

General Services

- Crisis Text Line: HOME to 741741
- National Domestic Violence Hotline: 1-800-799-7233
- Tulare Youth Services Bureau
- Tulare County Office of Education Behavioral Services

COVID-19

- Coping with Stress during COVID-19
- How to Talk to Children about COVID-19

Mental Health

- Depression
- Depression: Helping at Home
- Anxiety and Depression in Children

Substance Abuse

- Recovery Resources
- Substance Abuse
- What is Substance Abuse

Board Policy
Suicide Prevention
BP 5141.52
Students

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 designee 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, as well as instruction in recognizing and appropriately responding to warning signs of suicidal intent in others
   (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
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 COMPTON UNIFIED SCHOOL DISTRICT
Adopted: November 4, 2014 Compton, California
Revised: September 11, 2018 Compton, California

Administrative Regulation
Suicide Prevention
AR 5141.52

Students

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

Note: Staff development may include training about risk factors associated with suicide, as provided in item #2 below. Information about risk factors is available from the CDE, Centers for Disease Control and Prevention, American Association of Suicidology, American Foundation for Suicide Prevention, Trevor Project, and other agencies and organizations.

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, problem-solving 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)

7. District procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide

Instruction

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)

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.

(cf. 5125 - Student Records)

The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner 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 he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

(cf. 5141.4 - Child Abuse Prevention and Reporting)

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.

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.

Policy COMPTON UNIFIED SCHOOL DISTRICT
Adopted: November 4, 2014 Compton, California
Revised: September 11, 2018 Compton, California