Happy Valley Elementary School District
Youth Suicide Prevention Policy

California *Education Code* (*EC*) Section 215, as added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license. The California Education Code (EC) Section 215 as amended by Assembly Bill 1767, (Chapter 694, Statutes of 2019) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in kindergarten and grades 1 to 6, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license.

The Governing Board of Happy Valley Elementary School District recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth considers (17 percent of high school students) and attempts suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015). Additionally, the Governing Board of Happy Valley Elementary School District acknowledges that suicide is the second leading cause of death for youth ages fifteen to twenty-four. Students in earlier grades are also known to consider, attempt, and die by suicide—which is also a leading cause of death among ten to twelve-year-olds. Research demonstrates that suicidal ideation may start as early as preschool (however, suicide deaths are very rare among children nine years of age and younger).

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 students.

Recognizing that it is the duty of the district and schools 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 ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

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 Superintendent’s Designee, Lacey Carter, has developed strategies for suicide prevention, intervention, and postvention, and identified mental health challenges frequently associated with suicidal thinking and behavior. These strategies 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, including substitute teachers, volunteers, expanded learning staff (afterschool) and other individuals in regular contact with students such as crossing guards, tutors, and coaches.

The Superintendent’s Designee, Lacey Carter, has developed and implemented preventative strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

School-employed mental health professionals (including school counselors, psychologists, social workers, nurses, and administrators), local health agencies and professionals, law enforcement, and community organizations are a part of planning, implementing, and evaluating the district’s strategies for suicide prevention and intervention. Working in conjunction with local government agencies, community-based organizations, and other community supports we’ve identified these additional resources:

Shasta County Mental Health Youth Services, Hill Country CARE Center, and Shasta County Suicide Prevention Coordinator.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the district has appointed a team to serve as the suicide prevention point of contact for the district. In addition, each school shall identify at least one staff member to serve as the liaison to the district's suicide prevention point of contact, and coordinate and implement suicide prevention activities on their specific campus. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

Happy Valley Elementary School District
Youth Suicide Prevention Plan

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Happy Valley Union School District, 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

The Happy Valley Union School District, along with its partners has carefully reviewed 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 and other adults on campus (including intermittent staff, volunteers, interns, tutors, coaches, and expanded learning [afterschool] staff).

Training:

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.

- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff should include the 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 provide support based on district guidelines;

    - District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;

    - District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);

    - Responding after a suicide occurs (suicide postvention);

- Resources regarding youth suicide prevention;
- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- Emphasis that any student 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.

- 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 affected by suicide;
  - Youth with a history of suicide 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 the Happy Valley Union School District 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 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 (school counselors, psychologists, social workers, and nurses) employed by the Happy Valley Union School District.

E. 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 Happy Valley Union School District suicide prevention policy and procedures.

- This suicide prevention policy shall be prominently displayed on the Happy Valley Union School District web page and included in the parent handbook.

- 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 training that addresses the following:

    - Suicide risk factors, warning signs, and protective factors;

    - How to talk with a student about thoughts of suicide;

    - How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate suicide risk assessment.

F. Student Participation and Education

The Happy Valley Union School District, along with its partners, has carefully reviewed available student curricula to ensure it promotes the mental health model of

suicide prevention and does 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, 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 district'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 (e.g., health classes, science, and physical education).

  The Happy Valley Union School District 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, and National Alliance on Mental Illness on Campus Clubs).

Intervention, Assessment, and Referral

A. Staff

Two Happy Valley Union School District staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary Suicide Prevention Liaisons. Whenever a staff member suspects or has knowledge of a student'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 principal, another school administrator, school psychologist or school counselor, if different from the primary and secondary contact persons. The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all students, staff, parents/guardians/caregivers and be prominently available on school and district websites. The Primary Suicide Prevention Liaison designated for the Happy Valley Union School District is Lacey Carter (530) 357-2131 ext. 309.

  The principal, another school administrator, school counselor, school psychologist, social worker, or nurse shall then notify, if appropriate and in the best interest of the student, the student'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 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.

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary suicide prevention liaisons.

- Students 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 Superintendent 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 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. See All Staff Suicide Prevention Plan.

D. Parental Notification and Involvement

Each school within the Happy Valley Union School District 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.

- 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 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 student is still not provided, school staff should consider contacting Children's Services (CS) to report neglect of the youth. To contact CS, call 530-225-5144.

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 administrator or suicide prevention liaison;
- 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;

- The 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 Happy Valley Union School District 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;

- Designate a staff member to handle media requests;

- Provide care and determine appropriate support to affected students;

- Offer to the student and parents/guardians/caregivers' steps for reintegration 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-judgmental 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, guidance counselor, or designated staff to further support the student;

- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

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:

- Obtain a written release of information signed by parents/guardians/caregivers and 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);

- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood;

- Work with parents/guardians/caregivers to involve the student in an aftercare 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 Primary Suicide Prevention liaison for the Happy Valley Union School District, shall ensure that each school site adopts an action plan for responding to a suicide death as part of the general Crisis Response Plan. 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 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;

- 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 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

Resources

Resources for Schools:

For more information on **AB 2246** Pupil Suicide Prevention Policies, go to the California Legislative Information Web page at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246.

For resources regarding youth suicide prevention, go to the **State Superintendent of Public Instruction (SSPI)** letter regarding Suicide Prevention Awareness Month on the California Department of Education (CDE) Web page at http://www.cde.ca.gov/nr/el/le/yr16ltr0901.asp and the Directing Change For Schools Web page at http://www.directingchange.org/schools/.

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/.

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://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0

For information on h**ow to use social media for suicide prevention**, see the Your Voice Counts Web page at http://resource-center.yourvoicecounts.org/content/how-use-social-media

Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the **California School Climate, Health, and Learning Survey (Cal-SCHLS)** should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site at http://cal-schls.wested.org/.

Trainings for School Staff and Parents:

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/ Contact Marcia Ramstrom, MHFA trainer.

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/ Contact Amy Sturgeon, QPR trainer, Shasta County

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/ Contact Marcia Ramstrom, safeTALK trainer.

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/ Contact Marcia Ramstrom, ASIST trainer.

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/

Presentations for Students:

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-than-sad/

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-we-do/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 students and teachers to increase knowledge and awareness of depression and suicide. See the SAVE Web page at https://www.save.org/what-we-do/education/leads-for-youth-program/

Resources for Parents:

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/

Resources for Postvention:

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_schools-9/

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 student 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.asp.

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 students after an attempted suicide. See the Mental Health Recovery Services Resource Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/

Save for: Screener for younger students

Name:_____ Date:_____ Staff:_____

NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Name:_____ Date:_____ Staff:_____

Personal Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____
4. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity, ect):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Place:_____ Place:_____

Step 4: People whom I can ask for help:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Name:_____ Phone:_____

Step 5: Making the environment safe:

1. _____
2. _____

Step 6: Community supports to call in times of crisis:

1. Shasta County Mental Health (Youth)
   Phone: (530) 245-6888 Address: 1560 Market St. Redding Hours: M-F 8:00-4:30
2. Hill Country CARE Center
   Phone: (530) 691-4446 Address: 1401 Gold St. Redding Hours: M-F 12:00-9:00
   S-S 11:00-9:00
3. Shasta Regional (Emergency)
   Phone: (530) 244-8305 Address: 1100 Butte St. Redding Hours: 24 Hours
4. Mercy Medical (Emergency)
   Phone: (530) 390-6492 Address: 2175 Rosaline Ave. Redding Hours: 24 Hours

_____ _____
Student Parent/Caregiver

_____ _____
Counselor/School Staff Additional Participant

Happy Valley Union School District
Suicide Prevention Staff Handout

Youth suicide is a very real problem in the United States. With many pressures and a variety of emotional, social and family challenges to deal with, many of our students can find themselves having thoughts of suicide.

safeTALK - Suicide Alertness for Everyone provides steps to take to assess for the need for referral for additional assessment:
Tell **-** Signs (invitations) presented by student
Ask **-** Assessment (ask the question - Are you thinking of suicide?)
Listen**-** Open listening without interruption or judgment
Keep Safe **-** Screen and refer to counselor

Following is a list of Warning Signs to watch for. When any of these signs present themselves or a student has indicated a thought or feeling related to suicide, **please** follow the steps below as soon as possible. It is pertinent that staff members start the prevention process ASAP to ensure student safety.

Not all of these warning signs will be present in all students who may have thoughts of suicide. It is important to watch for two or three signs, especially drastic changes in behavior, as possible indicators of thoughts of suicide.

These warning signs are serious calls for help, not just someone looking for attention. Take all mention of suicide seriously. In many cases, youth don’t know how to deal with their overwhelming feelings and problems, and are asking for help the only way they know how.

Suicide Warning Signs

- Disinterest in favorite extracurricular activities
- Substance abuse, including alcohol and drugs (illegal and legal)
- Behavioral problems
- Withdrawing from family and friends
- Changes in sleep patterns
- Changes in eating habits
- Begins to neglect hygiene and other matters of personal appearance
- Emotional distress brings on physical complaints (aches, fatigue, migraines)
- Hard time concentrating and paying attention
- Declining grades in school
- Loss of interest in schoolwork
- Risk-taking behaviors
- Actually says, “I’m thinking of suicide” or “I want to kill myself” or “I wish I could die.”
- There are also verbal hints that could indicate thoughts or plans of suicide. These include such phrases as: “I want you to know something, in case something happens to me” or “I won’t trouble you anymore.”
- Begins giving away favorite belongings, or promising them to friends and family members.
- Throws away important possessions.
- Shows signs of extreme cheerfulness following periods of depression.
- Creates suicide notes.
- Expresses bizarre or unsettling thoughts on occasion.
  Complains more frequently of boredom
- Does not respond as before to praise

STEP 1 - IDENTIFICATION AND REFERRAL TO COUNSELOR/ADMIN

Identify the student based on signs a student has presented or has indicated to you or a peer. After identification, the process should be started ASAP.

- If you have been trained in safeTALK and are comfortable initiating a safeTALK conversation, address the student warmly. Assure the student that “this is important and I am here to help”. Listen as they share, then refer them to the office to meet with the Administrator or the School Counselor.

- If you are not comfortable beginning the conversation, or the student is hesitant to share his/her feelings with you, directly refer them to the office to meet with the Administrator or the School Counselor.

Contact Information (**To be updated yearly with staff info)**

- School Counselor, Primary: Lacey Carter (530) 357-2131 ext 309
- Superintendent/Primary School Principal: Gina Murphy (530) 357-2131 ext 330
- Principal, Elementary: Chris Nelson (530) 357-2111

STEP 2 - SCREENING BY COUNSELOR/ASIST TRAINED STAFF

- Engage student in conversation, weaving in questions from the Suicide Risk Screening Tool. Listen openly and non-judgmentally to responses. Don't dismiss answers or avoid questions. At this time do not offer advice or attempt to challenge their thoughts.

- If Student answers “**No**” to all questions 1 through 4, and you believe them, the suicide screening is complete, but continue the conversation sharing concern. Provide Resource Handout.

- If you feel the student is not being forthcoming about their thoughts or feelings proceed to STEP 4

STEP 3 - DETERMINE IMMINENT RISK

If student answers “**Yes**” to any of questions 1 through 4, or refuses to answer, they are considered at-risk. **Ask question #5.**

- If student answers **“No”** to question #5 (**potential risk identified**) together with the student prepare a Personal Safety Plan. Advise Administration and contact

parents. Give them the option of seeking additional assessment through local resources. Provide Resource Handout. Follow up weekly.

- If student answers **"Yes"** to question #5 **(imminent risk identified), student should be evaluated.** Student should not leave until evaluated for safety. Keep in sight. Remove all dangerous objects. Advise Administration and contact parents. Proceed to **STEP 4**

STEP 4 - REFER FAMILY TO COMMUNITY RESOURCE FOR FURTHER EVALUATION

Contact the parents of the students and report the safety concerns. Advise them their child should be picked up from school and taken to one of the listed resources for an evaluation.

- If the parents are unwilling or refuse to bring their child in for an evaluation and there is imminent risk to the child, call 911 and CFS.

STEP 5 - FOLLOW UP

- Always follow up with the child and family the day after. If the child is not present in school, please call home.

- Upon returning to school, a Personal Safety Plan is to be completed by student and trusted staff. Original goes to the student, and a copy goes in the student file.

In any and all suicide prevention situations, please advise Counseling Office and Administrator for follow up. Take all mention of suicide seriously.

Shasta County Community Resources

Shasta County Mental Health (Youth)
1560 Market St, Redding, CA ACCESS Team:
Phone: (530) 245-6888
Open 8:00 am to 4:30pm M-F

Hill Country C.A.R.E. Center
1401 Gold St, Redding, CA
Phone: (530) 691-4446
Open 12:00pm to 9:00pm M-F
11:00am to 9:00pm Sat & Sun

Crisis Phone and Texting Lines:
ALEX Project Text Line: Text LISTEN to 741741
National Suicide Prevention Lifeline at 1-800-273-TALK (8255)