



San Jose Charter Academy Youth Suicide Prevention Policy

The Governing Board of San Jose Charter Academy (SJCA) recognizes 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) (Center 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 students.

This policy aims to safeguard students and staff against suicide attempts, deaths and trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. This policy shall be paired with other policies that support the emotional behavioral wellness of students.

The Youth Suicide Prevention 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. Evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

Overall Strategic Plan for Suicide Prevention

To ensure the policies regarding suicide prevention are properly adopted, implemented and updated, the Principal or Designee at SJCA will serve as the suicide prevention administrator. The Principal or Designee shall involve school-employed mental health professionals (e.g., school counselor, psychologist, nurses), administrators, other school staff members in planning, implementing and evaluating the districts strategies for suicide prevention and intervention.

AB2639 states that all suicide prevention policies, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

SCOPE

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

DEFINITIONS

At-Risk

Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures. The type of referral, and its level of urgency, shall be determined by the student's level of risk — according to local district policy.

Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery. Crisis Team members often include someone from the administrative leadership, school psychologists, school counselors, school social workers, school nurses, resource police officer, and others including support staff and/or teachers. These professionals have been specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. Crisis team members who are mental health professionals may provide crisis intervention and services.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. NOTE: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death.

of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

PREVENTION

Youth suicide is a preventable public health problem. Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students. Youth Suicide Prevention Programming Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 health classes and other classes as appropriate. In addition, schools shall provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting.

Suicide prevention includes:

- Promoting a positive school-climate (TK-8).
- Increase staff, student, and parent/guardian knowledge of warning signs and risk factors for suicide and what to do when a student is expressing suicidal ideation/behavior.
- Engaging students by providing structure, guidance, and fair discipline.
- Monitoring students' emotional state and well-being by making referrals for support, as needed.
- Promoting access to school and community resources.

A. Training & Education

Trainings shall be offered to all school staff members and other adults on campus.

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- Training shall be offered under the direction of school-employed mental health professionals who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff trainings can be adjusted year-to-year based on previous professional development activities and emerging best practices.
- TK-8th grade 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). Core components of the general suicide prevention training shall include:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;

- How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
- Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;
- Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or deaths.
- In addition, ongoing staff professional development for all staff may include the following components:
 - The impact of traumatic stress on emotional and mental health;
 - Common misconception of 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 a youth at risk of suicide:
 - Youth bereaved by suicide.
 - Youth with disabilities, mental illness, or substance use disorders.
 - Youth experiencing homelessness or in out-of-home settings, such as foster care.
 - Lesbian, gay, bisexual, transgender, or questioning youth.
 - Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal;
 - School approved procedures for responding to suicide risk (including Multi-tiered Systems of Support referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
 - School approved procedures for responding to the aftermath of suicidal behavior (postvention);
 - Responding after a suicide occurs (postvention);

- 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 be constantly supervised by a staff member.

B. Employee Qualifications and Scope of Services

Employees at SJCA must act only within the authorization and scope of their credential or license. While school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

C. Parents, Guardians, and Caregivers Participation and Education

- SJCA will share the Suicide Prevention Policy and Procedures through our school website and will address 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 risk assessment.

D. Student Participation and Education

SJCA students shall:

- Receive developmentally appropriate guidance regarding the school's suicide prevention, intervention, and referral procedures.
- Student-focused suicide prevention education can be incorporated into classroom curricula;
- The content of 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.

SJCA 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, Getting Along Curriculum, Social-Emotional Learning, etc.)

INTERVENTION, ASSESSMENT, REFERRAL

When a student is identified by a peer, educator or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a school-employed mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to assess risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation according to district protocol until a mental health professional is brought in.

A. Staff

- Follow the SJCA Suicide Risk Assessment protocols.
- 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 a student is in imminent danger, a parent/guardian will be contacted immediately to discuss assessment options.
- If a parent is not available, 911 will be called for evaluation purposes.
- Students experiencing suicidal ideation shall not be left unsupervised.

B. Parents, Guardians, and Caregivers

Emergency telephone numbers and resources will be available on the SJCA website for all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

C. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

D. Parental Notification and Involvement

SJCA shall identify a process to ensure continuing care for the students identified to be at risk for 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/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, an 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 shall comply with mandated reporting governing laws by contacting LA County Department of Children and Family Services (DCFS) to report neglect of youth (24-hr hotline, 7 days a week 800-540-4000).

E. Action Plan for Lethal Means

- Firearms
 - Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student
 - Recommend that parents store all guns away from home while the student is struggling — e.g., following state laws, store their guns with a relative, gun shop, or police
 - Discuss parents' concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns — accept parents where they are, but let them know offsite storage is an effective, immediate way to protect the student
 - Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find the keys or get past the locks — If there are no guns at home:
 - Ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members) — If parent won't or can't store offsite:
 - The next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or don't keep ammunition at home for now)
 - If guns are already locked, ask parents to consider changing the combination or key location — parents can be unaware that the student may know their "hiding" places

F. 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;
- Move all other students out of the immediate area;
- Immediately contact the administrator or counselor;
- Call 911 to share as much information about any suicide note, medication 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;
- Student should only be release to parents/guardians/caregivers or to a person who is qualified and trained to help.

G. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of SJCA property, it is crucial that the LEA protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student.

- 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 rumors among teachers, staff and students;
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis are correct;
- Designate a staff member to handle media requests;
- Provide care and determine appropriate support affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

H. Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide 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 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;

I. Re-Entry to School After a Suicide Attempt

A student who has threatened or attempted suicide is at a higher risk of suicide in the months following the crisis. Having a streamlined and well-planned re-entry process ensure the safety

and well-being of students who have previously attempted suicide and reduces the risk of another attempt. 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 written release of information signed by parents/guardians/caregivers and providers;
- Confer with students 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 professional 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.

POSTVENTION

I. Responding After a Suicide Death

A death by suicide in a school community (whether by a student or a 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 Principal or Designee shall ensure that the school adopts an action plan for responding to a suicide death as part of the general Crisis Response Plan that includes the following:

- Verify death and cause;
- Identify staff member to contact deceased family (within 24 hours);
- Notify all staff members;
- Initiate support services;
- Reviewing protocols for referring students for support/assessment;
- Talking points for staff to notify students.