Policy 5141.52: Suicide Prevention

Status: ADOPTED

Original Adopted Date: 05/08/2014 | **Last Revised Date:** 12/04/2025 | **Last Reviewed Date:** 12/04/2025

The Board of Trustees recognizes that suicide is a leading cause of death among youth, that prevention is a collective effort that requires stakeholder engagement, 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. In an effort to reduce suicidal behavior, its impact on students and families, and other associated trauma, the Superintendent or designee shall develop measures, strategies, practices, and supports for suicide prevention, intervention, and postvention.

In developing and updating district policy and procedures for suicide prevention, intervention, and postvention, the Superintendent or designee shall consult with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts. If the policy will affect K-6 students, the county mental health plan shall also be consulted. (Education Code 215)

School and community stakeholders and school mental health professionals with whom the Superintendent or designee shall consult may include district and school administrators, school counselors, school psychologists, school social workers, school nurses, other staff, parents/guardians and caregivers, students, local health agencies, mental health professionals, community organizations, law enforcement, legal counsel, and/or the district's risk manager or insurance carrier. The Superintendent or designee may also collaborate with county and/or city governments in an effort to align district policy with any existing community suicide prevention plans.

When developing or reviewing district policy on suicide prevention, the Superintendent or designee may make a recommendation regarding the need to hire a mental health professional for the district, or for any school that is not currently served by a mental health professional, and the possible funding source(s) for such hiring.

Measures and strategies for suicide prevention, intervention, and postvention shall include, but are not limited to:

1. Staff development on suicide awareness and prevention for teachers, interns, school counselors, and others who interact with students, including, as appropriate, substitute teachers, coaches, expanded day learning staff, crossing guards, tutors, and volunteers

2. Instruction to students in problem-solving, coping, and resiliency skills to promote students' mental, emotional, and social health and well-being; help-seeking strategies and resources; and instruction in recognizing and appropriately responding to warning signs of suicidal intent in others

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 relationships among students

4. The review of materials and resources used in awareness efforts and communications to ensure they align with best practices for safe and effective messaging about suicide

5. The provision of information to parents/guardians and caregivers regarding risk and protective factors, warning signs of suicide, the severity of the suicide problem among youth, the district's suicide prevention curriculum, the district's suicide prevention policy and procedures, basic steps for helping suicidal youth, the importance of communicating with appropriate staff if suicide risk is present or suspected, access to suicide prevention training, and/or school and community resources that can help youth in crisis

6. 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

7. Crisis intervention protocols for addressing suicide threats or attempts

8. Counseling and other postvention strategies for helping students, staff, and others cope in the aftermath of a

student's suicide

9. Establishment of district and/or school-site crisis intervention team(s) to ensure the proper implementation and review of this policy and other district practices related to the emotional and behavioral wellness of students, including, but not limited to, the oversight of mental health and suicide prevention training, ensuring the suicide prevention policy, protocols, and resources are posted on the district and school websites, collaboration with community mental health organizations, identification of resources and organizations that provide evidence-based treatment, collaboration to build community response, and compliance with Education Code 215

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 exceptional needs, 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. (Education Code 215)

In order to address mental health disabilities, the district may, as appropriate and in accordance with law, develop trauma-informed crisis management procedures that include an individualized assessment of the student's circumstances; provide and facilitate access to mental health evaluations and services; reasonably modify policies, such as attendance policies, for individual students; and train staff to recognize and respond appropriately to signs of distress and suicidal ideation in students.

The Superintendent or designee shall establish a process for school staff to maintain daily or regular contact with all students, including during distance learning and school closures, and for such staff to communicate any concerns about a student's emotional wellbeing and/or safety to the appropriate authorities.

Additionally, the Superintendent or designee shall ensure that school-based mental health professionals maintain regular contact with high-risk students, students who are on their caseloads, and those who are identified by staff as demonstrating need.

The Board shall ensure that suicide prevention measures and strategies for students in grades K-6 are age appropriate and delivered and discussed in a manner that is sensitive to the needs of young students. (Education Code 215)

If a referral is made for mental health or related services for a student in grade K-6 who is a Medi-Cal beneficiary, the Superintendent or designee shall coordinate and consult with the county mental health plan. (Education Code 215)

District employees shall act only within the authorization and scope of their credential or license. Nothing in this policy shall be construed as authorizing or encouraging district employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so. (Education Code 215)

When the district determines that a student is in need of mental or behavioral health services, the services shall be provided in accordance with protocols specified in Board Policy 5141.5 - Mental Health.

The Board shall review, and update as necessary, this policy at least every five years. The Board may, at its discretion, review the policy more frequently. (Education Code 215)

The Superintendent or designee shall periodically review district data pertaining to school climate and reports of suicidal ideation, attempts, or death to identify patterns or trends and make recommendations regarding program development.

The Superintendent or designee shall post this policy on the district's website, in a prominent location and in a manner that is easily accessible to parents/guardians and students. (Education Code 234.6)