

**SAN LORENZO  
UNIFIED SCHOOL DISTRICT  
BOARD POLICY  
Suicide Prevention**

**Students**

BP 5141.52

Education Code 215, as added by AB 2246 (Ch. 642, Statutes of 2016), mandates that the Governing Board of any district serving students in grades 7-12 adopt a policy on student suicide prevention, intervention, and postvention (i.e., intervention conducted after a suicide) with specified components. For the San Lorenzo Unified School District we understand that despite the 7-12 grade range, we are responsive to suicide prevention and postvention beginning at the elementary level.

The Governing Board recognizes that suicide is a major 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 may 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.

Such measures and strategies may 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 elementary and secondary grades
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, such as self-harm and suicidal intent in others.
3. Restorative methods for promoting a positive school climate that focuses on social/emotional learning, enhances students' feelings of connectedness with the school, and ~~that~~ is characterized by caring staff and harmonious interrelationships among students.
4. The provision of information to parents/guardians regarding risk factors, social media influences, and warning signs of suicide, the severity of the youth suicide problem, the district's suicide prevention curriculum (secondary level), 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 may 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 who have experienced trauma; 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>

**SAN LORENZO  
UNIFIED SCHOOL DISTRICT  
ADMINISTRATIVE REGULATION  
Suicide Prevention**

**Students**

AR 5141.52

**STAFF DEVELOPMENT**

Suicide prevention training may be provided annually to teachers, counselors, and other district employees who interact with students at the elementary and secondary level. The training will be offered under the direction of a district counselor/psychologist/school social worker and/or in cooperation with one or more community mental health agencies.

Materials for training may 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 online programs that can be completed through self-review of suitable suicide prevention materials.

Staff development may 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 trauma, homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth
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
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
7. Social media influences and tips/strategies for the appropriate and protective use of technology and electronics in the home

8. 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 will promote the healthy mental, emotional, and social development of students and will be aligned with the state content standards and curriculum framework. Suicide prevention instruction may be incorporated into the health education curriculum at appropriate secondary grades and will 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
5. Understand the influential role of social media, music, movies, and web television series, connected to potential forms of suicidal ideation

## **INTERVENTION**

Students will 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 or school social worker shall generally not be revealed, released, referenced, or discussed with third parties, the counselor/social worker may report to the principal or student's parents/guardians when he/she/they 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/social worker 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)

A school employee will act only within the authorization and scope of their credential or license. An employee is not authorized to diagnose or treat mental illness unless they are specifically

licensed and employed to do so. Whenever schools establish a peer counseling system to provide support for students, peer counselors will receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

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

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. The sensitive documentation is to be kept in a personal file and the extensive narrative is not to be added to the data information system (Aeries). A brief note can be added to the intervention screen but before the entry is finalized there should be a discussion with the school social worker and/or the Director of Student Support Services. If a student is transported from school by the paramedics due to a psychiatric episode or evaluation, the administrator, counselor/social worker/school psychologist will contact the family, informing them of the situation using appropriate language, tone, and cultural responsiveness.

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.

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor/social worker/school psychologist 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 will 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 will consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee may implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. The Superintendent or designee will 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 will be handled by the district-designated spokesperson who will not divulge confidential information. The district's response may not sensationalize suicide and will focus on the district's postvention plan and available resources.

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.

Board Approved: March 6, 2018