

Natomas Pacific Pathways Prep Youth Suicide Prevention Policy

Purpose:

The Governing Board of Natomas Pacific Pathways Prep 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).

The purpose of this policy is to protect the health and well-being of all K-12 NP3 students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. NP3: (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes, (b) further recognizes that suicide is a leading cause of death among young people, (c) has an ethical and legal responsibility to take a proactive approach in preventing deaths by suicide, and (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

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, NP3 shall develop strategies for suicide prevention, intervention, and postvention and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for staff.

Definitions:

1. At risk: 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 or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit 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.

2. Crisis team: A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the 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.

3. Mental health: A state of psychological and emotional being that can impact thoughts and behaviors and affect individual and community wellness. Mental health issues are often intertwined with substance abuse and addiction disorders

4. Postvention suicide: Postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. Risk assessment: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g. school counselor, or school psychologist). 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.

6. Risk factors for suicide: Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

7. Self-harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. 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.

9. Suicide attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

10. Suicidal behavior: Suicide attempts, intentional injury to self 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.

11. Suicide contagion: The process by which suicidal behavior or a suicide influences (books, movies, people in the media, pop culture, etc.) an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

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

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 school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including all educators and school personnel. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment. NP3 shall develop and implement preventative strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention:

1. NP3 Policy Implementation: A suicide prevention coordinator shall be designated by the Executive Director and/or Deputy Director. The suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for NP3. The suicide prevention coordinator will designate a point person (school counselor(s)) to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the appropriate school counselor.

2. Staff Professional Development: All K-12 staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities and/or disorders.

There will be an emphasis on the following: The impact of traumatic stress on emotional and mental health; common misconceptions about suicide; appropriate messaging; the factors

associated with suicide, how to identify youth who may be at risk; appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal; NP3 procedures for responding to suicide risk; immediate referral (same day) of any student who is identified to be at risk and constant monitoring by staff members.

3. Youth Suicide Prevention Programming: Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 students: The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. 4) Emphasis on reducing the stigma associated with mental illness.

4. Messaging about Suicide Prevention: Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, NP3 will review and continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

5. Employee Qualifications and Scope of Services: Employees of NP3 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 suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting.

6. Additional professional development in suicide risk assessment and crisis intervention shall be provided to mental health professional staff members employed by NP3.

Intervention, Assessment and Referral:

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.

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school employed mental health professional (school counselor or school psychologist) within the same school day to assess risk and facilitate referral if needed. If there is no mental health professional available, an administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
3. A school employed mental health professional or administrator will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

After a referral is made for a student, school staff shall verify with the parent/guardian that treatment has been accessed. If staff suspect the student was not linked to appropriate emergency medical or psychiatric services staff will address as mandated.

4. Staff will ask the student's parent or guardian for permission to discuss the student's health with outside care if needed and appropriate.
5. 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.

Action Plan for In-School Suicide Attempts:

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following NP3 emergency medical procedures (call 911).
2. School staff will supervise the student to ensure their safety.
3. Staff will be respectful, will listen, provide comfort, etc. to the student.
4. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. NP3 staff will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

Re-Entry Procedure & Supporting Students after a Mental Health Crisis:

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns. This person is responsible for coordinating make-up work, extended time on assignments, working with the student's teachers to ensure any follow-up that is needed (with parent permission).
4. The designated staff person will do the following: 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 their feelings; offer hope and a safety; do not promise confidentiality or cause stress; keep in close contact with the parents/guardian.

Out-of-School Suicide Attempts:

If a staff member becomes aware of a suicide attempt after the fact and out-of-school the staff member will notify the appropriate counselor. The counselor will contact the parents/guardian, offer support to the family, discuss in-school supports, etc. If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian to the best of their ability.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Notification, Involvement and Education of Parents/Guardians:

Parents/Guardians will be notified of the suicide prevention policy and procedures. Student and staff handbooks will include information regarding the policy. All parents/guardians will have access to suicide prevention information including: Suicide risk factors, warning signs, and protective factors; How to talk with a student about thoughts of suicide; How to respond appropriately to a student who has suicidal thoughts.

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.

Responding After a Suicide Death-Postvention:

1. Development and Implementation of an Action Plan:

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

a) Verify the death: Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

b) Assess the situation: The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year

of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

c) Share information: Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home to parents that includes facts about the death, information about what the school is doing to do to support students, the warning signs of suicidal behavior, and a list of resources available.

d) Avoid suicide contagion: It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

e) Initiate support services: Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

f) Develop memorial plans: The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

g) Ongoing/long-term suicide postvention responses: Identify what platforms students are using to respond to suicide death; identify/train staff and students to monitor social media outlets; consider important future dates (anniversary of death, deceased birthday, graduation, etc).

2. External Communication:

The Executive Director will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. If necessary the spokesperson will:

a) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

b) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

*Note: This policy was created using the Model Youth Suicide Prevention Policy provided by CDE and the Model School District Policy on Suicide Prevention created by a team of experts from The American Foundation for Suicide Prevention, The American School Counselor Association, The National Association of School Psychologists and The Trevor Project.

Resources:

- 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. <http://www.heardalliance.org/>.

- Information about a comprehensive suicide prevention toolkit for schools on the Palo Alto Unified School District Counseling Services Web page at <https://www.pausd.org/student-services/counseling-services>
 - 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 how 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>
 - 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/>
 - Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
 - 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/>
 - 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/>

- 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/>
- 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/>
- Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amsr>
- 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/>
- 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/>
- 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>.