

Suicide Prevention, Intervention, and Postvention Policy

New Haven Unified School District

Finalized 12/12/2014

Introduction

According to the Center for Disease Control, suicide is the now the 3rd leading cause of death for youth between the ages of 10 and 24. Nationally, about 17% of high school students seriously considered attempting suicide during the past 12 months. (CDC, 2015).

According to NHUSD's Healthy Kids Survey, during 2015-16 18% of our 9th grade students and 15% of our 11th grade students reported having seriously considered attempting suicide during the past 12 months.

Even among children and preteens, suicide attempts have become more prevalent. A study published in the November 2013 Journal of Adolescent Health indicated that almost 40% of kids that attempted suicide make their first try in middle or even elementary school.

Suicide is only one manifestation of a number of interrelated problems of child/adolescent development and adjustment. Research has indicated that very common situational crises may combine with underlying depression to produce suicidal ideation in youth. These precipitating events can include: death of loved one, break up of a romance, academic or disciplinary crises at school, argument with parents or witnessing family violence, victimization or a suicide in the school community.

The tragic finality of suicide, particularly for young people, makes prevention and intervention efforts essential. Because schools are in a unique position to provide information, services, and help save lives in this respect, the District hereby adopts this policy.

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I. Definitions

Suicide:

The act of intentionally causing one's own death. Suicide is often carried out as a result of hopelessness and despair, the cause of which is frequently attributed to a mental health and psychiatric disorders such as depression, PTSD, bipolar disorder, substance use disorders (alcohol and/or drugs), and others.

Suicidal ideation:

Concerns thoughts about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing (e.g., standing on a chair with a noose), and unsuccessful attempts, which may fully intended to result in death, but the individual survives (e.g., for example in the case of a hanging in which the cord breaks).

Suicidal ideation is generally associated with depression; however, it seems to have associations with many other psychiatric disorders, life events, and family events, all of which may increase the risk of suicidal ideation.

Self Injury:

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration.

Warning Signs:

Warning signs are behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

- Talking or writing about death, suicide, or killing one's self
- Clinical depression -- deep sadness, loss of interest, trouble sleeping and eating
- Having a "death wish," tempting fate by taking risks that could lead to death, such as driving fast or running red lights
- Losing interest in things one used to care about
- Making comments about being hopeless, helpless, or worthless
- Putting affairs in order, tying up loose ends
- Saying things like "it would be better if I wasn't here" or "I want out"
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy
- Visiting or calling people to say goodbye

II. Responsibilities of District Employees

A. All District employees are expected to:

1. Inform the school site administrator/designee immediately or as soon as possible of any concerns, reports or behaviors relating to student suicide or self-injury.
2. Adhere to this Suicide Prevention, Intervention and Postvention (SPIP) policy and act in accordance with the policy.

B. All administrators or designees are expected to:

1. Respond to reports of students at risk for suicide immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Establish a safe, respectful and welcoming school environment.
4. Ensure that the SPIP policy is implemented.

C. Educational Service Center (ESC) Administrators are expected to

1. Be responsible for enforcing the SPIP policy.
2. Designate ESC staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.

III. Overview of Program

A. Goals & Objectives

1. The goals of our youth suicide prevention program are to reduce the incidence of suicide and suicide attempts and to increase coping skills among students in the District.
2. The objectives of the program are as follows:

- a. To increase the knowledge of staff concerning indicators of students-at-risk and resources for help which may be available to these students.
- b. To increase, through classroom instruction, the cognitive understanding of students concerning indicators of possible risk factors in themselves and other students and resources for help.
- c. To increase the awareness of parents concerning indicators of possible risk factors in their children and resources for help.
- d. To identify students who are at risk.
- e. To provide direct intervention services for students and parents as appropriate.
- f. To provide post crisis activities and services to reduce trauma in students, parents, and school staff in the event of a suicide or suicide attempt.

B. Program phases and components:

The District's suicide prevention program includes three phases – prevention, intervention, and postvention – with appropriate implementation components for each phase.

1. The prevention phase 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. Prevention also includes an instructional component for youth, annual training for all school staff, and a parent awareness component.
2. The intervention phase consists of establishing a process for identifying students-at-risk and providing direct intervention, referral, and follow up services for them and their parents.
3. The postvention phase consists of activities, services, and appropriate training for reducing post-crisis trauma in students, parents, and staff in the event of an attempted suicide or death by suicide that impacts the school community.

IV. Prevention Phase

A. Student Instructional Components

1. A suicide prevention curriculum "Teens for Life" has been developed and will be provided by Alameda County Crisis Support Services staff for use in Alameda County's middle and high school classrooms, including those at NHUSD.
2. The curriculum is designed to:
 - a. Increase youth confidence in recognizing depression and suicide warning signs.
 - b. Increase willingness of youth to act on behalf of themselves or a friend who is depressed and/or suicidal.
 - c. Provide awareness of the silence surrounding suicide.
 - d. Increase awareness of school and local resources, including 24-hour crisis line
3. A designated coordinator for each school site will arrange for the presentation of the curriculum in all seventh-grade science courses and all ninth-grade Life Skills courses each semester. Additional presentations for students not covered by these classes will be arranged by the coordinator at each school site, as needed.
4. The "Teens for Life student pocket brochure" is distributed by Alameda County Crisis Support Services staff to all students in conjunction with the teaching of the Teens for Life curriculum.

Included in the brochure are warning signs of depression, warning signs of suicide, how to help a friend (or you), and the 24-hour crisis support phone number (see brochure in INDEX).

B. Staff Awareness Component

1. Youth suicide awareness and prevention training is required annually for all elementary, middle, and high school certificated and classified staff. The training should be 30 minutes in length and the curriculum shall be approved by the District Psychological Crisis Response Team. See “Staff Training Handout” in index. Crisis Support Services of Alameda County’ Teens for Life Program is available for training consultation and assistance. (Teens for Life Coordinator, Mercedes Coleman 510-420-2473)
2. Suicide intervention training will be offered by the district annually and attendance is required annually for district/site personnel designated to conduct suicide assessments during the intervention phase of this policy. Designated personnel shall be determined by site crisis teams, but will likely include guidance counselors, school psychologists, and social workers.

C. Parent Awareness Component

1. Two brochures (elementary and secondary) are available to provide parents with information concerning the problem of youth suicide, indicators of possible risk factors in their children, what parents can do to help, and referral resources.
 - a. General Guidelines for Parents - Youth Suicide Prevention is the brochure which is available to all schools for distribution to parents (elementary and secondary versions in English, Spanish, and Tagalog). See INDEX.
 - b. “Teen Suicide: What Parents Need to Know” is a brochure designed by the Mayo Clinic for parents of any student who has been referred as at-risk for suicide and provides more detailed information on what to do and how to get help. A supply of this brochure is available in English, Spanish, and Tagalog and will be made available to each site’s crisis response team. Contact District Psychological Crisis Response team member for any additional languages. See INDEX.

V. Intervention Phase: Protocol for Responding to Students at Risk for Suicide

- A. The intervention phase of the suicide prevention program establishes a process for identifying students-at-risk and providing direct assessment, crisis counseling, and referral services for them and their parents.
- B. Intervention services will be provided by the school site crisis team or designees.
- C. The following are general procedures to respond to any reports of students at risk of suicide and/or exhibiting signs of self-injurious behavior(s) at schools, at District and school-related activities, and in all areas within the District’s jurisdiction. Although it is recognized that each case is different, the typical steps in the process and the forms to be used are summarized as follows:
 1. Respond **immediately**
 - a. Report concerns via direct contact to an administrator and/or a school site crisis team designee(s) (can include guidance counselor, school psychologist, social worker or member of the school-site crisis team) immediately. If reported first to school site crisis team designee, designee will also alert site administrator.

- b. Direct contact means, for example, do not leave a note, send an email, leave a voicemail, or wait until the end of the day to report a student at risk.
 - c. Ensure that any student sent to the office for assessment by school site crisis team member or designee is accompanied by a staff member (not a student) who understands the seriousness of the situation. Do not leave the at-risk student unsupervised.
- 2. Secure the Safety of the Student
 - a. Supervise the student at all times (including restrooms)
 - b. For immediate emergency or life threatening situation call 911 and administrator.
 - c. If there is a fresh wound or injury, refer student directly for medical attention, as needed.
 - d. If a student is agitated, unable to be contained or for immediate assistance call the Union City Police Department at 510-471-1365 (or 911) and administrator.
- 3. Assess for Suicide Risk
 - a. Supervise the student at all times (including restrooms)
 - b. The school site crisis team designee should gather essential information (what the student said, did, wrote, or drew that prompted the concern) and meet with the student to complete a risk assessment using the following forms, as indicated. The questions should be used as a guide while assessing the student and should not be read directly to them.
 - i. Suicide Assessment Form (INDEX)
 - ii. Suicide Risk Assessment Checklist (INDEX)
 - c. For immediate technical assistance or consultation, contact Crisis Support Services of Alameda County's 24-hour crisis line at 1-800-309-2131.
 - d. Information related to the crisis should be disclosed only on a need-to-know basis. See section on Confidentiality.
- 4. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident as suspected child abuse by phone to Child Protective Services (CPS) at 510-259-1800. The call and accompanying written report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by agency personnel.
- 5. Determine Appropriate Action Plan
 - a. After conducting the assessment, the designee should collaborate with at least one other school site crisis team member to consult on level of risk determined and resulting action plan (see "Suggested Action Plan for Safety Based on Level of Risk" chart below). If site crisis team member is not available, consult with Alameda County Crisis Support line 1-800-209-2131
 - b. Remember, there are circumstances that might increase a student's suicide risk. Examples include bullying, suspension, expulsion, relationship problems, significant loss, history of trauma, interpersonal conflict, or sexual orientation/gender bias.

Suggested Action Plan for Safety Based on Level of Risk:

LEVEL OF RISK	ACTION PLAN FOR SAFETY
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<p>Low Risk</p>	<ol style="list-style-type: none"> 1. Meet with student and parent/guardians (preferably face-to-face) to: <ol style="list-style-type: none"> a. Communicate concerns; b. Provide parent handouts, as appropriate (see INDEX for English, Spanish, Tagalog); c. Assist in connecting with mental health resources (school, community, or through private insurance), crisis lines using “NHUSD Crisis Support Resource Numbers” (see index), and any other helpful supports; d. If possible during this meeting, obtain parent/guardian permission to release and exchange information with mental health provider using form: “Medical Release & Clearance” (see INDEX); e. consider the need to develop (with student, family, and any mental health provider) a “Safety Plan” (elementary or secondary) that identifies caring adults, appropriate communication, coping skills, and resource numbers (provide copies for student & parent) - (see INDEX); 2. *Document all actions in “Staff Report of Suicide Risk” form (see INDEX). Keep a copy for your records and forward the original to your designated principal/administrator. 3. Enter “assessed for danger to self/others; contacted UCPD for further assessment” (as applicable) in visit screen
<p>Moderate Risk</p>	<ol style="list-style-type: none"> 1. Supervise student at all times (including restrooms); 2. Consult with other mental health/crisis professional in district or through Crisis Support Services of Alameda County’s 24-hour crisis line at 1-800-309-2131 to assure risk is “moderate” vs. “high”; 3. Meet face-to-face with student and parent/guardian(s) to: <ol style="list-style-type: none"> a. communicate concerns; b. Provide parent handouts, as appropriate (see INDEX for English, Spanish, Tagalog) c. assist in connecting with mental health resources (school, community, or through private insurance), crisis lines using “NHUSD Crisis Support Resource Numbers” (see index), and any other helpful supports; d. Obtain parent/guardian permission to release and exchange information with mental health provider using form: “Medical Release & Clearance” (see index) e. develop (with student, family, and any mental health provider) a “Safety Plan” (elementary or secondary) that identifies caring adults, appropriate communication, coping skills, and resource numbers (provide copies for student & parent) - (see index); 4. Document all actions in SRSR “Staff Report of Suicide Risk” form (see INDEX. Keep a copy for your records and forward the original to your designated principal/administrator. 5. Enter “assessed for danger to self/others; contacted UCPD for further assessment” (as applicable) in visit screen 6. Admin to submit electronic report of incident to District personnel, as determined by district policy. Include the following information: <ol style="list-style-type: none"> a. Student name and id# b. Date/time/school of incident c. Nature of incident

High Risk	<ol style="list-style-type: none"> 1. Supervise student at all times (including restrooms); 2. Contact Union City Police Department (UCPD) 510-471-1365 to inform them of a possible 5150 3. Upon police officer's arrival, share all pertinent information. 4. Once ambulance has arrived, determine which community intake facility they will transport to and contact that facility to provide information about the crisis and referral information. This will enable them to best determine services (see "NHUSD Crisis Support Resource Numbers" in index for facility phone numbers); 5. Administrator or designee should call parent/guardian to notify them of situation and provide relevant facility information. 6. Document all actions in SRSR "Staff Report of Suicide Risk" form. Keep a copy for your records and forward the original to your designated principal/administrator. 7. Enter "assessed for danger to self/others; contacted UCPD for further assessment" (as applicable) in visit screen 8. Admin to submit electronic report of incident to District personnel, as determined by district policy. Include the following information only: <ol style="list-style-type: none"> a. Student name and id# b. Date/time/school of incident c. Nature of incident
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6. Determine Appropriate Monitoring and Follow-Up

- a. The designee that originally conducted the assessment and helped develop the "Safety Plan" should advise and involve the student's guidance counselor (or designee at elementary sites) within 24 hours of the contract.
- b. The guidance counselor or designee will:
 - i. Serve as the point person to monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self. This should include consistent communications with:
 1. mental health provider and/or doctor assigned
 2. parent/guardian(s)
 3. other relevant parties on a need to know basis only.
 - ii. If the student was taken for hospitalization, direct and monitor student's re-entry after hospitalization utilizing form, "Student Re-Entry Guidelines" and other referenced forms therein. Consider this form for use for all students at risk (even if not taken for hospitalization). See INDEX.
 - iii. If the student is transferred to another school or location, the counselor and/or administrator should communicate with the receiving school to assist with the transition and ensure continued support services for the student.
- c. Document All Actions
 - i. The crisis team member that conducted the assessment shall maintain records and documentation of actions taken at the school for each case by completing an incident report and "Staff Report of Suicide Risk (SRSR)" and submitting it to the

site administrator within 24 hours or by the end of the next school day. This report should not be kept in the student's cum file or become part of their educational record, but should be filed separately. Additionally, this person should enter "5150 evaluation" in visit screen (uncheck "share" box if in zangle).

- ii. If a student for whom a SRSR has been completed transfers to a school within the District, the sending school should contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition

VI. Responding to Students who Self-Injure

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

1. Indicators of Self Injury
 - a. Frequent or unexplained bruises, scars, cuts or burns.
 - b. Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)
 - c. Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks)
 - d. Evidence of self-injury (e.g., journals, drawings, social networking sites)
2. Protocol for responding to a student who self injures
 - a. Respond immediately: Teachers or other staff who become aware of a student who is intentionally injuring him/herself should immediately refer the student to a school site crisis team member or designee (typically school counselor, psychologist, or social worker).
 - b. Staff should also accompany the student to the proper office and help broach the issue with the relevant staff.
 - c. School Site Crisis Team Member or designee will:
 - i. Assess the student for both self-injury and risk of suicide
 - ii. Communicate with and involve the parent/guardian in most cases, even if the student is not suicidal.
 - iii. Provide parent/guardian with the handout Self-Injury and Youth - General Guidelines for Parents (see INDEX for forms in English, Spanish, Tagalog)
 - iv. Listen with calmness and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
 - v. Provide resources and supports at home and school, including referral for mental health services.
 - vi. Follow up as indicated.

VII. Responding to Students who are Targets of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Bias

For matters related to students who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or

behaviors, the following should be considered:

- a. Assess the student for suicide risk using the protocol herein
- b. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- c. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- d. Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- e. LGBTQ students with rejecting families have an eightfold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- f. Provide LGBTQ-affirming resources. See NHUSD's Crisis Support Resource Numbers (INDEX).

VIII. Postvention Phase: Protocol for Responding to a Death by Suicide

In the event of a death by suicide, consult "Crisis Response Protocols" and specific section for "suicide" in NHUSD's Psychological Crisis Response Handbook at

<https://sites.google.com/a/nhusd.k12.ca.us/nhusd-psychological-crisis-response-handbook/appendix-a/4-suicide>

IX. Confidentiality

1. It is the legal and ethical responsibility of all NHUSD employees to use or share personal and confidential student information in accordance with applicable laws, including HIPAA, FERPA, and applicable California State Laws.
2. Written parental consent in the form of a Medical Release (see INDEX) is required in order to share information with parties outside NHUSD.
3. Information sharing within the district:
 - a. This includes sharing verbally or in writing with staff and in cumulative files
 - b. Considerations on whether to share information should include issues of safety as well as the sensitive nature of the information being shared and should be shared on a need-to-know basis only.
 - c. The student and family should be made aware any information sharing within the district in advance.

X. Contributors & References

Special thanks to the following NHUSD staff members for their contributions to the development of this handbook:

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