

Forms

ATTACHMENT A

SUICIDE RISK ASSESSMENT

This Suicide Risk Assessment will guide school staff in the evaluation process to determine the risk level and help staff develop a student safety plan.

Student: _____ School: _____
 Date of Birth: _____ Age: _____ Gender: _____ Grade: _____
 Name of Staff Member Completing Assessment: _____

Assessing for Level of Risk

- Use professional judgment and training to conduct a comprehensive and sensitive interview with the student.
- The following questions are intentionally designed as yes/no questions to help determine the level of risk.
- Ask clarifying questions to help gain a better understanding of what is going on with the student.
- The prompts below are examples of how to ask the question. Make sure the questions you ask and the way you go about asking them are appropriate for the student’s level of development and cognitive ability.

| Category | Assessment Questions | Yes | No |
|---------------|---|-----|----|
| Intent | <ul style="list-style-type: none"> Are you currently thinking about suicide? Have you been thinking of taking your own life? Sometimes, people who have experienced/been through what you have been through have a wish to go to sleep and never wake up. Do you wish that? Details: | | |
| Plan | <ul style="list-style-type: none"> Have you thought about how to make yourself die? Do you have a plan for how to complete suicide? Have you thought about what you would do to fall asleep forever? Have you taken any steps to make this plan happen? Details: | | |

| Category | Assessment Questions | Yes | No |
|--------------------------------------|---|-----|----|
| Means | <ul style="list-style-type: none"> • Do you have access to weapons or pills? • Do you have what you would need to carry out your plan? • Where would you get what you need to carry out your plan? <p>Details:</p> | | |
| Past Ideation | <ul style="list-style-type: none"> • How long have you had these thoughts? • Have you previously had thoughts of suicide? • Is suicide something you have thought of before? <p>Details:</p> | | |
| Previous Attempts | <ul style="list-style-type: none"> • Have you attempted suicide before? • Have you ever tried to kill yourself? • Do you have a previous suicide attempt? <p>Details:</p> | | |
| Changes in Mood/ Behavior | <ul style="list-style-type: none"> • In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? <p>Details:</p> | | |
| | <ul style="list-style-type: none"> • Have you or anyone else noticed or commented on your behavior being really different lately? • Have you been really angry/agitated lately? • Have you felt like you aren't in touch with reality? Feel disconnected from the real world? • Increased anxiety? Difficulty sleeping? Difficulty concentrating? <p>Details:</p> | | |
| | <ul style="list-style-type: none"> • Have you been using drugs or alcohol lately? • More than you previously used to? • Have you been doing anything to help yourself feel better in the moment, like marijuana, alcohol, eating lots of junk food? <p>Details:</p> | | |

| Category | Assessment Questions | Yes | No |
|--|---|-----|----|
| Trauma or Stressors | <ul style="list-style-type: none"> • Have you ever lost someone to suicide? • Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Details: | | |
| | <ul style="list-style-type: none"> • Have you recently had a traumatic or stressful experience? Details: | | |
| | <ul style="list-style-type: none"> • Are you being bullied/harassed or discriminated against here at school, at home, or in your community? Details: | | |
| Buffers or Protective Factors <i>(These questions help the student and assessor determine strength and supports to put in the safety plan)</i> | <ul style="list-style-type: none"> • Do you feel like you have support at home? Or within your family? • Who would that be? | | |
| | <ul style="list-style-type: none"> • Do you have supportive people you trust at school? • Who would that be? • What about in the community? (church, sports, neighborhood)? • Who would that be? | | |
| | <ul style="list-style-type: none"> • Do you have support elsewhere? Via social media? Friends from other schools? • Who would that be? | | |
| | <ul style="list-style-type: none"> • What are some of your reasons for wanting to live/ reason to not die? • What would be something you would miss if you went away forever? • If everything was better tomorrow, what would that look like? • If you could become anything or go anywhere in the future, what would that look like? | | |

Based on the student's responses to the above answers, determine if the level of risk is low, moderate, or high. If unsure of level of risk, consult with other members of your Crisis Response Team or contact Star Vista's Crisis Hotline at **650-579-0350** for assistance determining next steps.

STUDENT SAFETY PLAN

Student Name:

Date:

Name of Staff Member Completing the Safety Plan:

If harm to the student or others is happening now, or if the student is not able to participate in the safety planning or refuses to, please send the student to the psychiatric hospital.

This should be developed by the student with assistance from the members of the school support team.

With younger students, parents/guardians play a larger role in helping formulate and implement the safety plan. Regardless of age, if safe to do so, the parent/guardian should be made aware of the plan so they can help implement it when the student is not at school.

Consider this as a working document to help maintain the student's safety and feeling of support.

The goal is to keep you safe. What do you think will help you stay safe?

What can be done to stop your plan, if you have one? Who can help you?

If you have been using drugs/alcohol to cope, would you be able to not use?

What needs to be done for you to not use? Who can help you?

When can this happen and how?

Have you had any prior suicide ideation or had previous attempts?

What happened? Did anything in particular stop you from acting on your thoughts?

What could be done now? Who can help you? When can this happen and how?

Are there circumstances you can change right now that would help?

What are your strengths? Which ones will help you right now?

What supports do you have right now? Who is available? Who could you go to?

What are some things you are looking forward to, tomorrow, in a month, a year, 5 years, 10 years?

Important people you can reach out to at school or outside of school:

| Support Team Members | Contact Information |
|----------------------|---------------------|
| | |
| | |
| | |

Things I can do to help make myself feel better in the moment (think of things that make you happy or bring you joy. This might be a pet, art, reading, listening to music, working out, spending time in nature):

| At School | At Home/Community |
|-----------|-------------------|
| | |
| | |
| | |

Other interventions at school to keep me safe (i.e., regular meetings with a counselor):

If I begin to feel overwhelmed or unsafe at any time during the school day, I will immediately ask to see _____ to assess my level of risk and keep me safe.

24/7 Suicide/Crisis Hotline:
1-800-273-TALK (8255)
TEXT "HOME" to 741741

ATTACHMENT C

**SAN MATEO COUNTY SCHOOLS
SUICIDE PREVENTION PROTOCOL
DOCUMENTATION OF RISK ASSESSMENT (DORA)**

Demographic Information (Match Educational Records)

School Site: _____ Date: _____
Name of Student: _____ Date of Birth: _____ Age: _____
Gender: _____ Ethnicity: _____ Grade: _____ IEP: Y N
Name of Staff Member Completing This Form: _____

Reason for Referral

| | | |
|-----------------------------|------------------------------|---------------------|
| Self-Referred | Signs of Self-Injury | Discipline Referral |
| Changes in Mood | Changes in Behavior | Social Media Post |
| Verbal Expression of Intent | Written Expression of Intent | |
| Other: | | |

Assessment Information

Was the student assessed using the Suicide Risk Assessment? Y N
If no, please explain:
Level of risk identified: Low Moderate High
Was the student taken to the hospital? Y N
If yes, which hospital? Mills-Peninsula PES SMMC PES
 Edgewood CSU Unknown
How was the student transported? Parent/guardian transport SMART Car
 Law enforcement Ambulance

**RELEASED TO PARENTS FOR
PSYCHIATRIC ASSESSMENT FORM**

I have been notified by
that my child,

- Expressed intent to self-harm;
- Engaged in self-injurious behaviors; and/or
- Verbalized and/or manifested the dangers of possible suicide.

I acknowledge that staff explained the incident that led to this notification and recommended that I seek an immediate psychiatric assessment for my child. I will follow up with the school if I have further concerns about this.

Resources for obtaining a psychiatric assessment can be found at

- **Edgewood: Crisis Stabilization Unit** *(For Kaiser/Private Insurance Students)*
2681 28th Ave., San Francisco, CA 94116
Phone: (415) 682-3278
- **Mills-Peninsula Medical Center, Emergency Department** *(Any Insurance)*
1501 Trousdale Drive, Burlingame, CA 94010
Phone: (650) 696-5915
- **San Mateo Medical Center, Psychiatric Emergency Services** *(Any Insurance)*
222 West 39th Ave., San Mateo, CA, 94403
Phone: (650) 573-2662

Parent/Guardian Signature _____ Date

Witness _____ Date

Print Name _____

Witness _____ Date

Print Name _____

SAMPLE STUDENT ANNOUNCEMENT OF DEATH (UNKNOWN AND SUICIDE)

Faculty should be informed of the suicide first and given time to express their emotions and concerns before informing their students. These announcements should be presented in a small group, such as a classroom, as soon as possible following the death. Initial announcements should never be made over the loud speaker or in a large assembly.

Sample announcement for when a suicide death has occurred (with parent/guardian consent to disclose cause of death)

“This morning, we heard the extremely sad news that [student name] died by suicide last night. I know we are all saddened by [their] death and send our condolences to [their] family and friends. Stations will be located throughout the school today for students who wish to talk to a counselor.

Information about the funeral will be provided when it is available, and students may attend with parental permission.”

Sample announcement for a suspicious death not declared a suicide (when parental consent to disclose is not obtained)

“This morning, we heard the extremely sad news that [student name] died last night. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by [their] death and send our condolences to [their] family and friends. Stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

Sample announcement for elementary or middle school (cause of death not disclosed)

“We want to take some time to talk about something very sad. [Student name], a [grade level] grader, died unexpectedly last night. At this point, we do not officially know the cause of [their] death. Death is a difficult issue for anyone to deal with. Even if you didn’t know [student name], you might still have some emotional reactions to hearing about this. It is very important to be able to express our feelings about [student name]’s death, especially our loss and sadness. We want you to know that there are teachers and counselors available at [location] all through the day to talk with you about your reaction to [student name]’s death. If you want to talk with somebody, you will be given a pass to go to [location] where we have people who will help us through this difficult time.”

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate to make an announcement similar to the following over the loud speaker:

“Today has been a sad day for all of us. We encourage you to talk about [student name]’s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for [student name].”

On the second day following the death, many schools have found it helpful to start the day with another announcement by each teacher in their homeroom or first period.

Parent/guardian consents to disclose cause of death and invitation to funeral from family

“We now know that [student name]’s death has been declared a suicide. Even though we might try to understand the reasons for [their] doing this, we can never really know what was going on that made [them] take [their] life. One thing that’s important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out. Today, we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at [location] at [time].

There will be a funeral service at [time] at [location]. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative or have your parent’s permission to attend. We also encourage you to ask your parents to go with you to the funeral home.”

Parent/guardian does not consent to disclose cause of death

“I understand that many of you may have upsetting feelings and questions about [student name]’s death. I will try to answer any questions that I can. It is okay to cry. Together, we can talk about whatever you may be feeling or want to talk about. Today, we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements. There are support rooms now available at [location]. Anyone who would like to go to talk to someone in the support rooms may do so now. I will give you a pass.”

If there is not lengthy discussion, consider quiet seat work rather than lesson plans as usual.

Sample Letter to Staff

Date:

To: All Staff

From: [Name of school] Crisis Team

Re: [Name of deceased]

The recent death of [student name] [has had/is expected to have] a significant impact on our entire school community. Our crisis team has been mobilized to respond to this tragic event.

On [date], [student name] [insert brief facts about the death depending on parent/guardian consent]. We expect a variety of reactions to this loss from our students, parents, and members of our staff. Some of these reactions may be mild while others may be more intense.

To effectively assist all members of our school community, an emergency staff meeting will be held at [time] on [date] in the [location]. At that time, our crisis team will provide further details and answer questions. We will also discuss how to present the information to our students. In the meantime, please refer all inquiries from outside sources to [name of media or communications coordinator].

With students, you can acknowledge that this death has occurred. However, please avoid discussion of any details. Simply tell students that the school staff will provide information to everyone shortly. Please refer any student who appears to be in crisis or having significant difficulty to [name of counseling services coordinator]. As this tragedy has also affected our staff, we encourage you to also seek assistance from [name of counseling services coordinator], if desired.

Emergency Staff Meeting

Time:

Date:

Location:

If you have any questions or concerns before the meeting, please contact [name of crisis team coordinator].

HOW TO HELP YOUR CHILD AFTER A SUICIDE

Deal with your own reactions

When a young person makes the devastating choice to commit suicide, we can be overwhelmed by our personal sense of shock and confusion. If you knew the deceased personally, you may feel a jumble of emotions. Give yourself some time to let the news settle. Expect shock to mix with sadness and helplessness. It is critical for you to take time to deal with your own feelings before you approach your child.

Avoid gossip about the causes

We may never know all the reasons for any suicide, and within this vacuum of complete and accurate information we are often presented with half-facts and speculation. So don't give in to random conversations about the reasons for death.

Remain nonjudgmental about the deceased

While it's true that understanding the risk factors and warning signs of suicide can be very helpful, we don't want to make judgments or assumptions about any particular death.

Share your reactions with your child

Start by expressing your own sadness and confusion about the death, and then ask your child to share their reactions.

Ask for your child's response, and validate it

Validate whatever you hear: "I can appreciate your sadness/confusion/anger/lack of understanding." Be prepared for the classic response of "I don't know," and validate that too: "I understand when something like this happens, it can be hard to know how you feel."

If your child had a personal relationship with the deceased, your child's grief should be your first priority. Grief in childhood looks differently than it does in adulthood. Children tend to experience intense feelings, such as those that accompany a significant loss, in short bursts. Such feelings normally pass quickly, which is why it's important to seize those "teachable moments" when the door to conversation about the death may be open.

Acknowledge rumors, and put them into context

If you've been hearing rumors about the death, the chances are your child has heard them too. Address the rumors with your child: "There are a lot of rumors floating around about what happened. Have you heard anything?" Explain that, although some of the rumors may be true, they are only part of the story, and we have to be careful not to make judgments based on limited information. Emphasize that the most important piece of the story is the fact that the deceased felt so terrible or was thinking so unclearly that they did not realize the consequences of what they were doing.

Introduce the topic of seeking help

Emphasize that nothing in life is ever so terrible or devastating that it should be handled by suicide. Ask your child who they would turn to for help with a serious problem. Hopefully, your name will be on the top of the list, but don't be upset if it isn't. Depending on your child's age, their allegiance may have shifted to peers. Agree that friends are a great resource but that when a problem is so big that suicide is being considered as a solution, it's essential to get help from an adult, too. Ask which adults your child views as helpful, especially with difficult problems. If the list is short or nonexistent, make some suggestions. Good choices can include other adult family members; school staff, such as teachers, counselors, coaches, or the school nurse; clergy or youth ministers; a friend's parent; older siblings; or even neighbors.

You may also want to recognize that your child may be concerned about the well-being of a friend or classmate. Mention that these same adults are a great resource in those situations, too. It's never good to keep worries about a friend to one's self, especially if the worries are about something as serious as suicide.

Keep channels of communication open

Revisit these messages about seeking help in other conversations. Unanswered questions and complicated feelings about a suicide linger, even if they are unspoken, and ignoring them does not make them go away. Talking about suicide can't plant the idea in your child's head. Creating an open forum for discussion of difficult subjects, like suicide, can give your child the opportunity to recognize you as one of their trusted adults and will offer the chance to practice help-seeking skills.

Resources

The **24 Hour Crisis Line:** Suicide/Crisis Hotline:
1-800-273-TALK (8255)

Care Solace: 1-888-515-0595

www.star-vista.org

www.nami.org

SAMPLE LETTER TO PARENTS REGARDING THE DEATH OF A STUDENT

Dear [school name] Families:

It is with sadness that I inform you of the death of [student's name], one of our [grade] students. [Insert appropriate details about the death that have been approved by the family for release to community.]

For those of you who knew [student's name], we ask that you remember and celebrate [their] [insert some of the student's positive character traits]. For those of you who did not know [student's name], we ask that you respect our sadness and support us with your understanding.

It is very difficult for all of us to face the death of a young person. Today, a support team of counselors, psychologists, and community mental health partners worked with our staff members to provide counseling and support to students. Students who need additional support should contact their school counselor.

Your child may be coming home with questions and worries about this loss. We have enclosed some suggestions that may prove helpful to you as you discuss [student's name]'s death. Please feel free to contact the school if you have an issue you would like to discuss.

I know you join me in extending our heartfelt sympathy to [student's name]'s family. When we receive word regarding funeral arrangements, I will share the information with you.

Again, please do not hesitate to contact the school at [telephone number] if you have any concerns or questions.

Sincerely,

[signature]

Principal

GENERAL GUIDELINES FOR PARENTS (ELEMENTARY)

Suicide is Preventable

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their head." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting them. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend the problem is a minor one. Assure the child there are people who can help. State you will be with them to provide comfort and love.
- **Be supportive.** Children look for help and support from parents and older siblings. Talk about ways of dealing with problems and reassure your child that you care. Let children know their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center or local mental health agency or through clergy or other community supports.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, psychologist, counselor, or nurse.
- **Get support.** Providing support for a child at risk of suicide can be emotionally and physically draining. Reach out for personal adult supports within your community (e.g., friends, family, clergy, mental health professionals).
- **Access important numbers/websites.** *In an emergency, call 911.*

The **24 Hour Crisis Line:** Suicide/Crisis Hotline:

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Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain factors that make it more likely a student will consider suicide. In isolation, these factors are not signs of suicidal thinking. However, when present, they signal the need to be vigilant and alert for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child’s school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents/caregivers

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out or violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting, or marking the body
- Thinking, talking, or drawing about suicide
- Previous suicide attempts
- Risk-taking, such as intentionally running in front of cars or jumping from high places
- Intense or excessive preoccupation with death

GENERAL GUIDELINES FOR PARENTS (SECONDARY)

Suicide is Preventable

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their head." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting them. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend the problem is a minor one. Assure the child there are people who can help. State you will be with them to provide comfort and love.
- **Be supportive.** Children look for help and support from parents and older siblings. Talk about ways of dealing with problems and reassure your child that you care. Let children know their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center or local mental health agency or through clergy or other community supports.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.
- **Get support.** Providing support for a child at risk of suicide can be emotionally and physically draining. Reach out for personal adult supports within your community (e.g., friends, family, clergy, mental health professionals).
- **Access important numbers/websites.** *In an emergency, call 911.*

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- History of depression, mental illness, or substance/alcohol abuse disorders
- Family history of suicide or suicide in community
- Presence of a firearm or rope
- Hopelessness
- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide.

If such thinking is acknowledged, then intervention is required. Warning signs include the following:

- **Suicide threats.** It has been estimated that up to 80 percent of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- **Suicide notes and plans.** The presence of a suicide note is a significant sign of danger. Youth are at greater risk if they reveal a more detailed plan.
- **Prior suicidal behavior.** Prior behavior is a powerful predictor of future behavior. Therefore, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- **Making final arrangements.** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- **Preoccupation with death.** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- **Changes in behavior, appearance, thoughts, and/or feelings.** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and declining interest in previously important activities are all considered warning signs of suicide.

SELF-INJURY: GENERAL GUIDELINES FOR PARENTS

General Information

- Self-injury (SI) is a complex behavior that is separate and distinct from suicide.
- SI provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping, pulling skin or hair, and/or burning.
- The majority of students who engage in SI are adolescent females, though research indicates there are minimal gender differences. Students of all ages and socio-economic backgrounds engage in SI behavior. SI is commonly mentioned in media, social networks, and other means of communication.
- Individual mental health services can be effective in addressing SI when focused on reducing the negative thoughts and environmental factors that trigger it.

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots
- General signs of depression, social-emotional isolation, and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumbtacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Risk-taking behaviors such as gun play, sexual acting out, jumping from high places, or running into traffic

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- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then intervention is required. Warning signs include the following:

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- **Suicide notes and plans.** The presence of a suicide note is a significant sign of danger. Youth are at greater risk if they reveal a more detailed plan.
- **Prior suicidal behavior.** Prior behavior is a powerful predictor of future behavior. Therefore, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
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- **Changes in behavior, appearance, thoughts, and/or feelings.** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and declining interest in previously important activities are all considered warning signs of suicide.

RETURN TO SCHOOL SAFETY PLAN

This form should be used when a student returns from a Psychiatric Assessment or a psychiatric hospitalization. Complete this form in the return to school meeting, with the student and the parent or guardian. Provide a copy for the student and a copy for the parent/guardian so that the plan can also be implemented when the student is at home or in the community.

What are some types of situations, images, thoughts, feelings, and behaviors which might precede or accompany suicidal urges for you? What are events, thoughts, activities that make you sad?

What are some activities you can do that help you relax, feel less anxious, cheer up or be soothed you when you are upset? What are things that make you happy?

What are your reasons for living? When you are feeling suicidal, it is very easy to get caught up in the pain you are feeling and forget the positives in your life.

Your list will help you refocus your attention on the reasons to keep going until your suicidal thoughts and feelings pass.

Who can you talk to about how you are feeling? (*School Counselor, Teacher, Friend, Sibling, Parent, Neighbor, Pastor, Coach, etc.*)

At School

| Name | Contact Information |
|------|---------------------|
| | |
| | |
| | |

At Home

| Name | Contact Information |
|------|---------------------|
| | |
| | |
| | |

In the Community

| Name | Contact Information |
|------|---------------------|
| | |
| | |
| | |

Are there situations at school that can change to help support you and keep you safe?

Are there situations at home that can change to help support you and keep you safe?

24/7 Suicide/Crisis Hotline:
1-800-273-TALK (8255)
TEXT “HOME” to 741741

San Mateo County Board of Education Policy

Students

BP 5141.52
Page 1 of 3

Suicide Prevention

The Governing Board recognizes that suicide is a leading 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 shall develop measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies 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.

(cf. 1020 - Youth Services)

(cf. 1220 - Citizen Advisory Committees)

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

Such measures and strategies shall include, but are not limited to:

1. The strategies and measures described in the San Mateo County Schools Suicide Prevention toolkit
2. Staff development on suicide awareness and prevention for teachers, school counselors, and other district employees who interact with students in the secondary grades

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

3. 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 of suicidal intent in others

(cf. 6142.8 - Comprehensive Health Education)

Suicide Prevention

4. Methods for promoting a positive school climate that enhance students' feelings of connectedness with the school and that are characterized by caring staff and harmonious interrelationships among students

cf. 5131 - Conduct)

(cf. 5131.2 - Bullying)

(cf. 5137 - Positive School Climate)

(cf. 5145.3 - Nondiscrimination/Harassment) (cf. 5145.7 - Sexual Harassment)

(cf. 5145.9 - Hate-Motivated Behavior)

5. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the youth suicide problem, the Office suicide prevention curriculum, basic steps for helping suicidal youth, 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 procedures 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

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 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

Students

BP 5141.52

Page 3 of 3

Suicide Prevention

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>

Adopted: 06/21/17