

# San Mateo County Schools Suicide Prevention Protocol

2020-2021



SAN MATEO  
COUNTY  
OFFICE OF  
EDUCATION

## **TITLE**

Suicide Prevention Protocol

## **POLICY**

The San Mateo County Office of Education is committed to providing a safe, civil, and secure school environment. Each school district is responsible for responding appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow up in the aftermath of a completed suicide.

## **PURPOSE**

The purpose of this protocol is to outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.

## **BACKGROUND**

In 2016, an estimated 850 San Mateo County youth ages 5-19 years old were hospitalized due to mental health issues. In 2014, the rate of hospitalizations for non-fatal self-inflicted injuries was 71.4 per 100,000 children/youth ages 5-20 in San Mateo and 43.1 per 100,000 children/youth ages 5-20 statewide.<sup>1</sup>

In the 2018-2019 school year, San Mateo County School Districts reported assessing over 650 students for risk of suicide using this protocol. More than 225 of those students, some as young as kindergartners, were transported to a psychiatric emergency room for further assessment.

Furthermore, San Mateo County's 2018 California Healthy Kids Survey results indicated that between 25-44 percent of high-school-age youth reported chronic feelings of sadness or hopelessness over the past year and between 14 and 22 percent of students seriously considered attempting suicide. Forty-eight percent of youth identifying as Lesbian/Gay/Bisexual seriously considered suicide in the last 12 months.<sup>2</sup>

Suicide is not the result of one issue. It is a manifestation of multiple, complex problems of child/adolescent development and adjustment. School personnel are instrumental in helping to save lives by identifying students at risk and linking them to essential school and community mental health resources.

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1 California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000-2009; Population Reference Bureau, Population Estimates 2010-2016 (Aug. 2017).

2 WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).

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## **SECTION 1: INTRODUCTION**

Suicide is an issue for people from all backgrounds. Few events are more painful or potentially disruptive than the suicide of a young person, regardless of the community they come from. The likelihood of students, faculty, or staff encountering a student at risk of suicide is real, even in the elementary grades. There is evidence that suicide is preventable in many cases. Contrary to popular belief, talking about suicide or asking someone if they are feeling suicidal will NOT create thoughts of suicide or cause people to kill themselves. Appropriate and timely prevention, intervention, and post-vention (after suicide) can help school administrators maintain control in a crisis, and it may help prevent copycat attempts by others.

In September 2016, Governor Jerry Brown signed Assembly Bill 2246 into law. AB 2246 (O'Donnell) required local education agencies (LEAs) to adopt suicide prevention policies before the beginning of the 2017–18 school year. Chaptered as California Education Code (EC) Section 215, AB 2246 mandates that the governing board of any Local Education Agency that serves pupils in grades seven to twelve adopt a policy on pupil suicide prevention, intervention, and post-vention. The policy shall specifically address the needs of students who are at risk of suicide and include annual and as needed suicide prevention and awareness training for school staff.

As of July 1, 2019, any school that serves pupils in grades 7 to 12 shall have printed on either side of the pupil identification cards the telephone number for the National Suicide Prevention Lifeline: 1-800-273-8255; the Crisis Text Line, which can be accessed by texting HOME to 741741; or a local suicide prevention hotline telephone number.

In October 2019, Governor Gavin Newsom signed Assembly Bill 1767 into law. AB 1767 extends AB2246 to include schools that serve pupils grades Kindergarten to sixth grade. AB 1767 mandates that at the start of the 2020-2021 school year, the governing board of any Local Education Agency that serves pupils in grades Kindergarten to sixth adopt a policy on pupil suicide prevention, intervention, and post-vention. The policy shall specifically address the needs of students who are higher risk, be delivered and discussed in a developmentally appropriate way, and include annual and as-needed suicide prevention and awareness training for school staff. This is particularly important because suicide is now the second leading cause of death for youths ages thirteen to eighteen; suicide is also a leading cause of death for youths age ten to twelve.

The board policies must be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts. At a minimum, the board policy must address procedures relating to suicide prevention, intervention, and post-vention. See Attachment N for the San Mateo County Office of Education Sample Policy.

## About These Guidelines

These prevention and intervention guidelines are designed for schools to assist students who are at risk and intervene appropriately in a suicide-related crisis. School boards and school personnel may choose to implement additional supportive measures to meet the specific needs of individual school communities. The purpose of these guidelines is to assist school administrators in their planning. These guidelines meet the legal mandate set forth by AB 2246 and are updated annually to include current practices and resources on suicide prevention, intervention, and post-vention. The guidelines do not constitute legal advice nor are they intended as such.

## SECTION 2: POSITIVE SCHOOL CLIMATE

The words “mental health” or “mental illness” often come attached with stigma and negative connotations, especially in a middle or high school setting. Mental health is a state of mental and emotional being that can impact choices and actions that affect wellness. Mental illness is defined as a collection of disorders and alterations in mood, thinking, or behavior. When we address school climate, we look to increase the amount of social, emotional, and behavioral supports on campus, reduce the stigma attached to getting help with a mental illness, and increase the student’s mental health and well-being.

### What is School Climate?

School climate refers to the quality and character of school life. School climate is based on patterns of school life for all stakeholders, including students, parents, and staff. A school’s climate reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures.

A positive school climate fosters positive youth development and supports a high-quality learning environment that provides young people with the foundation to pursue productive and rewarding lives. Evidence of a positive school climate includes the following:<sup>3</sup>

- Norms, values, and expectations that support social, emotional, and physical safety
- Respectful and engaging interactions and relationships
- A shared school vision that includes students, families, and educators working together
- Educators who lead by example and nurture positive attitudes
- Meaningful participation in the operations of the school and care of the physical environment by all stakeholders

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<sup>3</sup> Adapted from materials developed by the National School Climate Council

## Best Practices for Safe and Supportive Schools

1. Fully integrate learning supports (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration.
2. Implement Multi-Tiered System of Support (MTSS) that encompass prevention, wellness promotion, and interventions that increase in intensity based on student need and that promote school and community collaboration.
3. Improve access to school-based mental health supports by hiring an adequate number of school-employed mental health professionals who are trained to infuse prevention and intervention services into the learning process and who can help integrate services provided through school/community partnerships into existing school initiatives.
4. Integrate ongoing positive climate and safety efforts with crisis prevention, preparedness, response, and recovery to ensure that crisis training and plans (a) are relevant to the school context, (b) reinforce learning, (c) make maximum use of existing staff resources, (d) facilitate effective threat assessment, and (e) are consistently reviewed and practiced.
5. Balance physical and psychological safety to avoid overly restrictive measures (e.g. armed guards and metal detectors) that can undermine the learning environment. Instead, combine reasonable physical security measures (e.g., locked doors and monitored public spaces) with efforts to enhance school climate, build trusting relationships, and encourage students and adults to report potential threats.
6. Employ effective positive school discipline that (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive (e.g., zero tolerance); (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors.
7. Consider the context of each school and district and provide services that are most needed, appropriate, and culturally sensitive to a school's unique student populations and learning communities.
8. Acknowledge that sustainable and effective change takes time, and that individual schools will vary in their readiness to implement improvements. Schools should be afforded the resources they need to sustain change over time.<sup>4</sup>

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<sup>4</sup> Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists.

## **SECTION 3: SUICIDE PREVENTION THROUGH TRAINING AND EDUCATION**

Suicide prevention 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 includes:

- Promoting and reinforcing the development of desirable behavior, such as help-seeking behaviors and healthy problem-solving skills
- Increasing staff, student, and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury
- Monitoring and involvement in young people's lives by providing structure, guidance, and consistent and fair discipline
- Modeling and teaching desirable skills and behavior
- Promoting access to school and community resources

### **LivingWorks START Program**

Assembly Bill 1808 states that on or before June 30, 2020, the State Department of Education will determine an evidence-based suicide prevention strategy and make it available to all county office of educations to be distributed to their local education agencies. The training program determined by the state is to meet the requirements set forth by AB2246. California Department of Education names LivingWorks Start program the universal strategy for schools serving pupils in grades 7-12 for suicide prevention. The Start program is a 90 minute online course that includes scenario-based instruction, interactive modules, and online resources that the trainee can access for the entire school year. The San Mateo County Office of Education assists districts in accessing this online training for all teachers who serve grades 7-12. For more information regarding LivingWorks Start program, please contact Safe and Supportive Schools at the San Mateo County Office of Education.

### **Suicide Prevention Poster**

The Suicide Prevention poster is a tool that can be used to help faculty and staff remember risk factors and warning signs of students who are at risk of committing suicide. These posters are available from SMCOE free of charge and can be presented to faculty and staff along with a brief training about how to identify students who are at risk of suicide and what to do when they have been identified. Posters are available to print at [www.smcoe.org/for-schools/safe-and-supportive-schools/school-safety.html](http://www.smcoe.org/for-schools/safe-and-supportive-schools/school-safety.html).

### **SOS – Signs of Suicide (Sandy Hook Promise)**

The Signs of Suicide (SOS) Program is designed for all middle and high school students. Additionally, school faculty and staff, parents, and community members receive training as trusted adults who have a critical role in reducing stigma, promoting help-seeking, and

responding to youth in need. The SOS program uses an educational curriculum to teach students to recognize the symptoms of depression and suicide and can be implemented by existing school personnel within one class period. The program includes training and educational materials for faculty, staff, and parents.

Sandy Hook Promise offers this training and ongoing support free of charge. Learn more at [www.sandyhookpromise.org/prevention\\_programs](http://www.sandyhookpromise.org/prevention_programs).

### **The Directing Change Program & Film Contest**

The Directing Change Program & Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that are used to support awareness, education, and advocacy efforts on these topics.

Researching these topics, applying knowledge to the making of the film, and thinking deeply about impacting others' opinions requires a level of involvement that has a lasting impact.

Find out how your school can participate at [www.directingchange.ca.org/submission-categories](http://www.directingchange.ca.org/submission-categories).

# SUICIDE **is** PREVENTABLE

## Help Save a Life

### Did You Know?

- Suicide is the second leading cause of death for youth.
- Most youth who are suicidal don't want to die; they are in pain and see no way out.
- A previous suicide attempt is the largest predictor of suicidal behavior.
- LGB youth are five times more likely to attempt suicide.
- 30-50% of transgender youth have made a serious attempt at suicide.
- **We MUST take every threat seriously.**

### Risk Factors - Factors that increase a student's risk for suicide. They DO NOT cause suicide.

- One or more suicide attempts
- Loss of any kind
- Mental illness
- Alcohol or substance use
- Bullying or harassment
- Friend or family completed suicide
- History of abuse/trauma
- Access to guns or lethal weapons
- Lack of coping or problem solving skills
- Not getting needed services



### Warning Signs - What you might see or hear that indicates a student MAY be suicidal TODAY

#### Makes a statement

"I wish I were dead," "If such and such doesn't happen, I'll kill myself," "What's the point in living?"

#### Talking/writing about death or suicide

In text messages, on social media/chat rooms, in school assignments, poems, or music.

#### Looking for a way to attempt suicide

Looking for a gun, pills, or other means. Having a realistic plan about where to get the means.

#### Giving their possessions away

#### Rapid shift in mood/affect

From sullen or depressed to being happy or "at peace."

#### Other behaviors

- Signs of depression or anxiety
- Feeling like a burden
- Feeling trapped—no way out
- Drug/alcohol use increases or is excessive
- Neglecting appearance
- Drop in grades
- Increased absences

### What to Do

- **Listen to your Student.** Allow them to express their feelings and listen for warning signs.
- **Ask Direct Questions.** Talking about suicide or asking a student if they feel suicidal does not plant the idea in their head.
  - Do you want to kill yourself?
  - Do you have a plan to kill yourself?
  - Do you have access to the means?
- **Keep Student Safe.** Stay with them until someone else arrives. Ask the student if they have any weapons or objects that could harm them. If so, remove them.
- **Immediately Notify** your administrative team, mental health professional on campus, or school resource officer to assess the student for suicidality.



#### 24 Hour Crisis Line

Suicide/Crisis Hotline:

**1-800-273-TALK (8255)**

Text **"START"** to **741741**

#### Important Non-Emergency Phone Numbers

- My local Police Department: \_\_\_\_\_
- \_\_\_\_\_

#### LEARN MORE WAYS TO HELP

Sign up for Youth Mental Health First Aid, a 6-hour public education training program designed for any adult working with or assisting young people, ages 12-24. The course focuses on how to help a young person who may be experiencing a mental health challenge or crisis and is offered at all schools. Visit: [www.smchealth.org/YMHFA](http://www.smchealth.org/YMHFA).



## **SECTION 4: SIGNS OF STUDENTS AT RISK**

A student who is defined as high risk or at risk of suicide is one who has made a suicide attempt, has the intent to end their life by suicide, has chronic suicidal thoughts, or has displayed a significant change in behavior that suggests the onset or further development of a mental health disorder. Suicidal ideation is defined as thinking about, considering, OR planning for self-injurious behavior that may result in death. The student may have suicidal ideations including thoughts regarding potential means of death and/or a plan. However, a student who has a desire to be dead without a clear plan or intent to end one's life should still be considered at risk of suicide. Treat all suicidal ideation as a serious threat.

### **Self-Injury**

Self-injury or self-harm is the act of deliberately harming one's own body. 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. Self-injurious behavior includes anything a person might do to intentionally injure one's self. Some common actions that indicate self-injury include:

- Cutting or severely scratching the skin
- Burning or scalding
- Hitting or banging the head
- Punching things or throwing one's body against walls and hard objects
- Sticking objects into the skin
- Intentionally preventing wounds from healing
- Swallowing poisonous substances or inappropriate objects

Self-injury or self-harm can also include less obvious ways of hurting one's self. Driving recklessly, binge drinking, taking too many drugs, and having unsafe sex are all examples of self-injurious behaviors.

Because clothing can hide physical injuries, self-injury can be hard to detect. However, there are red flags, such as:

- Unexplained wounds or scars from cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest
- Blood stains on clothing, towels, or bedding; blood-soaked tissues
- Sharp objects or cutting instruments, such as razors, knives, needles, glass shards, or bottle caps, as part of the person's belongings
- Frequent "accidents;" someone who self-harms may claim to be clumsy or have frequent mishaps, in order to explain away injuries
- Covering up; a person who self-injures may insist on wearing long sleeves or long pants, even in hot weather

- Needing to be alone for long periods of time, especially in the bedroom or bathroom
- Isolation and irritability

### **Risk Factors**

Risk factors are characteristics that make it more likely an individual will consider, attempt, or die by suicide. School personnel should be aware of the common risk factors and address any concerns appropriately. Common risk factors include:

- One or more attempts of suicide
- Family member or friend completed suicide
- Loss of any kind
- Mental illness
- Substance abuse
- Trauma or abuse of any kind
- Lacking coping or problem solving skills
- Being bullied or harassed
- Barriers to accessing appropriate mental health treatment
- Having access to guns or lethal weapons
- Local cluster of suicide

### **Protective Factors**

Protective factors are characteristics that make it less likely individuals will consider, attempt, or die by suicide. Common protective factors include:

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions
- Restricted access to guns and lethal weapons/means
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

### **Warning Signs**

Warning signs are behaviors that may signal the presence of suicidal thinking. These 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 immediately. Common warning signs include but are not limited to:

- Student makes statements such as: “I wish I were dead,” “If such and such doesn’t happen, I will kill myself,” or “What is the point in living?”

- Talking or writing about suicide in text messages, on social media, in chat rooms, in school assignments, poems, or music lyrics
- Looking for a way to attempt suicide, including trying to buy a gun, researching ways to die, or seeking/buying pills
- Rapid shift in mood (e.g., from sullen or depressed to feeling “at peace”)
- Giving away prized possessions and/or saying final goodbyes
- Increased or recent signs of depression or anxiety
- Making comments or off-hand remarks that the person feels like a burden
- Feeling trapped and unable to see a way out
- Increased and/or excessive drug and alcohol use
- Neglecting personal appearance
- A drop in grades
- Increased absences

## SECTION 5: FORMING A CRISIS RESPONSE TEAM

Every school has different resources and services available on campus. Each district and/or school is encouraged to create and sustain a Crisis Response Team. The Crisis Response Team is a multidisciplinary team of administrators, mental health and safety professionals, and support staff whose primary focus is to address crisis prevention, provide intervention/response to crisis situations, and implement post-crisis response plans. These professionals should be specifically trained in the recommended trainings listed in Section 3 of this protocol.

### Potential Crisis Response Team Members

Each school site and/or district's Crisis Response Team will be comprised differently based on resources available. Potential Crisis Response Team members can be found below.

**Administrative/guidance personnel:** Superintendent, principal, assistant principal, curriculum director, dean of students, school counselors, or others administrators on campus or within the district

**Mental health professionals:** School social worker, school psychologist, school-based mental health provider, wellness coordinator, or any licensed or licensed-eligible mental health provider on campus. (For smaller districts/school sites without mental health professionals available, plan to collaborate with community-based organizations such as StarVista during a crisis.)

**Health professionals:** Health educator, school nurse, school-based health center staff, health coordinator, or any health professional on campus

**Safety professionals:** Campus aides, school security officer, school resource officer, or members of the local law enforcement agency

**Support staff:** Special education staff, teachers, technology staff, athletic staff, or other supportive staff on campus

While all school/district personnel are required to respond appropriately to a crisis situation, it is the role of the Crisis Response Team to guide the faculty and staff in their response. The Crisis Response Team ensures that appropriate levels of training and education around crisis response, including suicide prevention and intervention, has been offered and completed by faculty and staff. They will most likely be participants at a student's return to school meeting after a suicide attempt or psychiatric hospitalization and will lead the post-vention actions in the event of a completed suicide.

## **SECTION 6: IDENTIFYING STUDENTS AT RISK OF SUICIDE AND/OR SELF-INJURY**

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone who directly or indirectly expresses suicidal thoughts (ideation) or demonstrates warning signs.

When the risk is raised, the student should be brought by school personnel to the designated school site crisis team member to be assessed for level of risk. The student should be supervised at all times and asked if they have any weapons or anything that could be used to carry out self harm. Remove any potentially dangerous objects.

The mental health professional on campus or designated crisis team member should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).

Phone calls for consultation should be made in a confidential setting and not in the presence of the student of concern.

The mental health professional on campus or the designated member of the school site Crisis Response Team trained in suicide assessment should meet with the student to complete the Suicide Risk Assessment (Attachment B).

Parents should be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (see Suspected Child Abuse or Neglect section below). The mental health professional on campus or the designated member of the school site Crisis Response Team will determine the next steps depending on the level of risk presented by the student.

### **Suspected Child Abuse or Neglect**

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the district's Child Abuse and Reporting Requirements. This 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 the child protective services agency personnel.

## SECTION 7: ASSESSING STUDENTS AT RISK OF SUICIDE AND/OR SELF-INJURY

The level of suicidal risk will determine the steps the Crisis Response Team will take to keep the student(s) safe. Take the threat of self-harm seriously.

The mental health professional on campus or the designated member of the school site Crisis Response Team trained in suicide assessment should complete the Suicide Risk Assessment (Attachment B). The questions should be used as a guide while assessing the student and should not be read directly to them.

If StarVista is called to administer the assessment, remain with the student; do not leave the student alone for any reason. During the assessment, you may want to remain with the student, be available to answer questions StarVista may have, and provide any needed information in order to make an accurate assessment.

The Suicide Risk Assessment (Attachment B) will help determine the level of risk the student presents and determine the action plan and steps needed to keep the student safe.

**Table 1: Levels of Suicide Risk**

Risk Levels	Definition	Indicators
<b>Low Risk</b>	Does not pose imminent danger to self; insufficient evidence for suicide potential. The student appears to be at low risk for harming themselves. The student is in distress, but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about completing self harm right now.	Passing thoughts of suicide; no plan; no previous suicide attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect; evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).
<b>Moderate Risk</b>	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm right now. Other risk factors exist.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; recent trauma (e.g., loss, victimization).

Risk Levels	Definition	Indicators
<b>High Risk</b>	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential. There is a need for immediate intervention.	Current thoughts of suicide; plan with specifics, indicating when, where, and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.

## **SECTION 8: RESPONDING TO STUDENTS WHO SELF-INJURE**

Self-injury or self-harm is the act of deliberately harming one's own body. 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. Self-injurious behavior includes anything one does to intentionally injure one's self. Some of the more common ways include:

- Cutting or severely scratching the skin
- Burning or scalding
- Hitting self or banging the head
- Punching things or throwing the body against walls and hard objects
- Sticking objects into the skin
- Intentionally preventing wounds from healing
- Swallowing poisonous substances or inappropriate objects

Because clothing can hide physical injuries, self-injury can be hard to detect. However, there are red flags, such as:

- Unexplained wounds or scars from cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest
- Blood stains on clothing, towels, or bedding; blood-soaked tissues
- Sharp objects or cutting instruments such as razors, knives, needles, glass shards, or bottle caps are in the person's belongings
- Frequent "accidents;" someone who self-harms may claim to be clumsy or have many mishaps in order to explain away injuries
- Covering up; a person who self-injures may insist on wearing long sleeves or long pants, even in hot weather

### **Identifying a Student Who Is Self-Injuring**

- Respond immediately or as soon as possible; never leave the student alone
- Remove all objects that may be used as a weapon or tool to self-injure
- Assess for suicide risk using the protocol outlined in Section 7 to determine if there is suicidal ideation along with self-injury
- Encourage appropriate coping and problem-solving skills; do not discourage self-injury. Focus on the emotional distress causing the student to self-injure, not the act of self-injury itself
- Listen calmly and with care; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors
- Provide resources
- Identify a support system at home and school

- Communicate with and involve the parent/guardian as long as it will not exacerbate the situation. Even if the student is not suicidal, the behavior must be addressed as soon as possible. Encourage student and parents/guardian to access resources for counseling.

### **Self-Injury and Contagion**

- Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups, and schools.
- Respond immediately or as soon as possible.
- Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
- As students are identified, they should be supervised in separate locations.
- Each student should be assessed for suicide risk individually using the protocol outlined in Section 7.
- If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may indicate more complex mental health issues.
- If the self-injurious behavior is involving a large group of students at one school, it is recommended that StarVista be contacted. StarVista has the ability to hold small groups/presentations geared towards the appropriate age level of the students that may be involved in the behavior.
- When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school. StarVista can assist in facilitating a parent/guardian group as well.

## **SECTION 9: ASSESSING STUDENTS DURING DISTANCE LEARNING/ SCHOOL CLOSURES/WHEN STUDENT IS NOT ON CAMPUS**

There are many different reasons a school staff would need to be prepared to assess for signs of suicide or self-harm outside a school setting. Whether it is due to a pandemic like COVID-19, power outages, or a student who has school refusal, there are a number of different ways in which school staff interact with students while not on campus. During distance learning, risk factors for suicide may become apparent to teachers or staff. It is important that all staff who are engaged with students during distance learning know how to identify risk factors and warning signs that a student may be considering suicide, understand the district process and policy for getting the student assessed, and have access to these resources easily. Risk factors for self-injurious behavior and suicide can be found in Section 4 of this protocol.

When virtually assessing a student for risk of suicide, it is important to determine the location of the student and if there is anyone else with the student. The same questions on the Suicide Risk Assessment can be asked to a student outside of the school setting. The biggest difference is in the intervention.

### ***Low Risk- Low Moderate Risk***

If the student is determined to be low – low moderate risk, and is capable and willing to develop a safety plan with you, follow these steps.

- Explain to the student that their parent/guardian has to be notified and participate in creating the safety plan.
- Contact the parent/guardian and notify them of the current situation, encourage them to take part in the safety planning meeting with you and their student.
- Complete the questions on the safety plan and develop ways for the student to link to needed resources.
- Communicate concerns and make recommendations for safety in the home (e.g., securing firearms and medications, cleaning supplies, cutlery, and razor blades).
- Provide school and/or local community mental health resources. Provide the school's MTSS (Multi-Tiered System of Support) document to highlight resources on and off campus.
- Offer to contact community agencies and follow up to ensure access to services.
- Send a copy of General Guidelines for Parents (Elementary), General Guidelines for Parents (Secondary), and Self-Injury Guidelines (Attachments J, K, and L).
- Encourage parent/guardian to sign a release of information for certain school site staff to speak with community-based agencies the student is linked to.
- Let the student know that the mental health professional or another identified support person on campus will check in with the student regularly until the student no longer poses a risk.
- Document everything. Complete a DORA to document the assessment and outcome.

## **High Moderate - High Risk**

### **PARENT/GUARDIAN TRANSPORT**

If the mental health professional or designated member of the school site Crisis Response Team has determined that the student's parent/guardian can transport the student safely to either Mills Peninsula Emergency Department or San Mateo Medical Center Psychiatric Emergency Services, follow these steps to initiate the action plan:

- Explain to the student their parent/guardian has to be notified to ensure their safety.
- Contact the parent/guardian and notify them of the current situation, unless unsafe to do so.
- Explain to the parent/guardian the concerns you have regarding their child.
- Ask the parent/guardian to immediately take their child to the nearest Psychiatric Emergency Room.
- Explain to the parent/guardian the importance of having a return to school meeting (in person or virtual) following the outcome of the psychiatric assessment, and send the parent/guardian the Return to School Information Packet.
- Encourage parents to sign a release of information form at the emergency room so that the mental health professional or the designated member for the school site Crisis Response Team can communicate with the hospital.
- Call ahead to the hospital to let them know a student is being transported.
- Follow up with the hospital and the parent/guardian later that day.
- Document the situation and complete the Documentation of Risk Assessment (DORA).

The mental health professional or designated member of the school site Crisis Response Team should keep in regular communication with the parent/guardian and the receiving hospital.

### **LAW ENFORCEMENT TRANSPORT**

If the mental health professional or designated member of the school site Crisis Response Team has determined the student's parent/guardian should not or cannot transport the student safely to a hospital, either Mills Peninsula Emergency Department or San Mateo Medical Center Psychiatric Emergency Services, follow these steps to initiate the action plan:

- If you are on the phone or computer with the student, remain on with them.
- Let the student know that you need to contact local police to do a risk assessment.
- Call 911 and follow the script and steps below. Call from a landline whenever possible.
- "My name is \_\_\_\_\_."

- “I am calling from [name of school], I am the [role/title at the school] and I am working remotely.”
- “I am calling because I have a student who is at imminent risk of suicide.”
- Describe in detail what is going on and/or what the student told you.
- Let the dispatcher know the location of your student and that the student is alone in the home, or with parent/guardian that is unsafe.
- Let the dispatcher know who else may be present in the home.
- Request that the officer arrive without lights or a sirens.
- Request to speak with the officer when Law Enforcement arrives. Let them know you are affiliated with the school and to contact you when a determination has been made.
- Follow up with the hospital and the parent/guardian later that day or the following morning.
- Document everything. Complete a DORA to document the assessment and outcome

## SECTION 10: ACTION PLAN

Once the mental health professional at the school site, the designated member of the school site Crisis Response Team, or StarVista has completed the Suicide Risk Assessment, the action plan will depend on the level of risk presented by the student.

Risk Levels	Definition	Indicators	Actions
<b>Low Risk</b>	The student appears to be at low risk for harming themselves. The student's concerns and needs may be readily addressed. The student does not appear serious about harming themselves right now. The student is able to complete a safety plan.	Passing thoughts of suicide; no plan; no previous suicide attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse. Depressed mood/affect; evidence of thoughts in notebooks, internet positions, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise student; communicate concerns with parent/guardian, if appropriate/safe; assist in connecting to resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate coping skills; establish a follow-up plan and monitor, as needed.
<b>Moderate Risk</b>	The student may pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm right now but other risk factors exist.	Thoughts of suicide; plan with some specifics; unsure of intent; previous suicide attempts and/or hospitalizations; difficulty naming future plans; past history of substance abuse, with possible current intoxication; recent trauma (e.g., loss, victimization).	SEE HIGH RISK  *Document all actions as specified in documentation section.
<b>High Risk</b>	Poses imminent danger to self with a viable plan to do harm. There is clear suicidal thinking and warning signs are present. There is a need for immediate intervention and probably hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where, and how; access to weapons or means; giving possessions away, goodbye messages on social media; current sense of hopelessness; previous attempts; currently abusing substances; recent loss, traumatic event, or bullying.	Supervise student at all times (including rest rooms); follow Moderate to High Risk Situation Guidelines found on the next page; document all actions and outcomes as specified in documentation section; establish a follow-up and/or return to school plan and monitor, as needed.

## **Guidelines for Moderate- to High-Risk Situations**

Based on the suicide assessment, the student has been identified as being at moderate to high risk of suicide. Further assessment by law enforcement or hospital staff may be needed to determine next steps. If the student and student's family can assist in the safety plan (attachment C), further assessment may not be needed.

If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means should be removed whenever possible. It is best to call a trained law enforcement officer to remove lethal means.

### **NO STUDENT SHOULD BE SENT HOME ALONE OR TO AN EMPTY HOUSE!**

Determining who will transport the student to the hospital for further assessment will depend on the student's age, developmental phase, level of risk, parent/guardian's responsiveness to the situation, and parent/guardian's ability to keep their child safe during transport. All of the factors should be carefully considered.

## **Parent/Guardian Transport**

If the mental health professional or designated member of the school site Crisis Response Team has determined that the student's parent/guardian can transport the student safely to either Mills Peninsula Emergency Department or San Mateo Medical Center Psychiatric Emergency Services, follow these steps to initiate the action plan. [Note: In all instances, the immediate safety and security of the student, the student population, faculty, and staff are of paramount concern. When an immediate threat is posed, immediately contact law enforcement.]

- Contact the parent/guardian and notify them of the current situation, unless unsafe to do so.
- Ask the parent/guardian to immediately come to the school. If the parent/guardian cannot report to the school, immediately follow steps to have law enforcement transport the student.
- Explain to the student their parent/guardian has been notified and is on their way. Describe what will happen next (using age appropriate language).
- When the parent/guardian arrives at the school site, meet with them separately from their student to discuss the situation and steps needed to ensure safety.
- Have the parent/guardian complete the Released to Parents for Psychiatric Assessment Form.
- Explain to the parent/guardian the importance of having a return to school meeting following the outcome of the psychiatric assessment and give parents the Return to School Information Packet.
- Encourage parents to sign a release of information form so that the mental health professional or the designated member for the school site Crisis Response Team can communicate with the hospital.

- Provide Return to School Information Packet.
- Call ahead to the hospital to let them know a student is being transported.
- Follow up with the hospital and the parent/guardian later that day.

The mental health professional or designated member of the school site Crisis Response Team should keep in regular communication with the parent/guardian and the receiving hospital. They should encourage parents/guardians to sign the Release of Information form if the student gets transferred to an inpatient psychiatric hospital so the mental health professional on campus can coordinate support services and a support team upon the student's return to school. This mental health professional will work with the family to organize a return to school meeting and develop a safety plan. See Section 11 for Return to School Guidelines.

### **Law Enforcement Transport/Emergency Medical Services Transport**

If the mental health professional or designated member of the school site Crisis Response Team has determined the student's parent/guardian should not or cannot transport the student safely to a hospital, either Mills Peninsula Emergency Department or San Mateo Medical Center Psychiatric Emergency Services, follow these steps to initiate the action plan:

- Make sure someone remains with the student at all times. Make all calls away from the student. Try to use a landline whenever possible.
- Explain to the student that you will be notifying their parent/guardian and describe what will happen next (using age appropriate language).
- If your school site has a school resource officer, notify them immediately for assistance.
- The school resource officer can request the SMART Car for transport.
- If the school site does not have a school resource officer, notify the school's administrator that a call is being made for a possible 5150 transport.
- Call 911 and follow the script and steps below. Call from a landline whenever possible.
  - "My name is \_\_\_\_\_."
  - "I am calling from [name of school and address], I am the [role/title at the school]."
  - "I am calling because I have a student who is at imminent risk of suicide."
  - Describe in detail what is going on and/or what the student told you
  - Let the dispatcher know your location on the campus
  - Request that the officer arrive without lights or a siren
  - Notify the front office/clerk that a police officer will be coming and will need to be directed to the relevant location

- Meet with the student and the officer in a private office or in a confidential setting.
- Give the officer important information about the situation, including the results from the Suicide Risk Assessment.
- If the officer feels the student needs to be transported to a hospital, request that they contact the SMART Car for transport, if appropriate.
- When the student is ready to transport, either via SMART Car or by law enforcement, escort student to the vehicle when other students are not around (avoid passing periods, breaks, lunch, or escort them directly after school is over).
- Find out what hospital the student is being transported to. If the student is 14 years or older, have them sign a Release of Information form so the school site and the receiving hospital can coordinate care and the student's return to school when appropriate.
- Contact the parent/guardian to notify them of the current situation and tell them which facility the student is being transported to as soon as possible.
- Explain to parents the importance of having a return to school meeting following the outcome of the psychiatric assessment.
- Encourage parents to sign a Release of Information form at the hospital so that the mental health professional or the designated member for the school site Crisis Response Team can communicate with the hospital.
- Call ahead to the hospital to let them know a student is being transported by the SMART Car or law enforcement and that the parents have been notified. Ask hospital staff to secure a release of information form from the parents/guardians in order to communicate with the mental health professional on campus to coordinate the student's return to school.
- Follow up with the hospital and the parent/guardian later that day or the following morning.
- Document everything. Complete a DORA to document the assessment and outcome.

### **Guidelines for Low-Risk Situations/Students Not Needing Hospitalization**

Based on the suicide assessment, the student has been identified as being at low risk of suicide at this time. This means the student is struggling with some serious social, emotional, or behavioral issues that have gone unaddressed and can lead to an imminent situation. This is an opportunity to connect the student with on-campus or off-campus supports and resources, identify a support system (including parents/guardian, school staff, community providers, and supportive adults and friends), and formulate a safety plan to help increase the student's ability to cope with the distress they are experiencing.

If the student is in possession of any objects that could be used to self-injure, remove the objects from the student's possession.

**NO STUDENT SHOULD BE SENT HOME ALONE OR TO AN EMPTY HOUSE!**

- Contact the parent/guardian and notify them of the current situation, requesting they come to the school, if possible, for a meeting regarding their student's safety. If they cannot, set up a time that may work in the next few days to meet in person.
- Explain to the student their parent/guardian has been notified.
- Describe what will happen next (using age-appropriate language).
- Either in person or over the phone, communicate concerns and make recommendations for safety in the home (e.g., securing firearms and medications, cleaning supplies, cutlery, and razor blades).
- Provide school and/or local community mental health resources. Provide the school's MTSS (Multi-Tiered System of Support) document to highlight resources on and off campus.
- Offer to contact community agencies and follow up to ensure access to services.
- Provide a copy of General Guidelines for Parents (Elementary), General Guidelines for Parents (Secondary), and Self-Injury Guidelines (Attachments J, K, and L).
- Obtain parent/guardian permission to release and exchange information with community agencies.
- Document everything. Complete a DORA to document the assessment and outcome.

### **Develop a Safety Plan**

This should be done with the student. Encourage the student to share with their parent/guardian. Use the Student Safety Plan (Attachment C):

- Complete the questions asked In the Safety Plan.
- Identify caring adults in the school, home, and community environment.
- Discuss what information the student would like to share with school employees and others on campus.
- Discuss and identify helpful coping skills for when the student is at school and home.
- Provide after-hours resource numbers.
- Let the student know that the mental health professional or another identified support person on campus will check in with the student regularly until the student no longer poses a risk.

## **SECTION 11: DOCUMENTATION AND RECORD-KEEPING**

Notes, documents, and records related to the incident are considered confidential information to be accessed only by the mental health professional on campus and members of the Crisis Response Team as needed during a crisis situation. These notes should be kept in a locked confidential file separate and apart from the student's cumulative records. These records would include:

- Student Safety Plan
- Any discharge paperwork provided by the parent/guardian
- Releases of information related to the incident
- Child Abuse Reporting Form (if applicable)
- Released to Parents for Psychiatric Assessment Form
- Return to School Checklist Form
- Documentation of Risk Assessment (DORA) Form

If a student for whom a DORA has been completed transfers to a school within or outside the district, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful and supportive transition.

## **SECTION 12: GUIDELINES FOR RETURN TO SCHOOL AFTER AN EVALUATION/HOSPITALIZATION**

It is highly encouraged that a student's parents/guardians, and identified school personnel have a return to school meeting upon the student's discharge from a psychiatric inpatient or upon release from a hospital. Use the Return-to-School Packet to make sure all needs are addressed. This meeting is to facilitate the following:

- Create the Return to School Safety Plan with the student (Attachment M).
  - Identify caring adults in the school, home, and community environment.
  - Discuss what information the student would like to share with school employees and others on campus.
  - Discuss and identify helpful coping skills for at school and home.
  - Provide after-hours resource numbers.
  - Let the student know the mental health professional on campus or another identified support person on campus will be checking in with the student regularly until the student no longer poses a risk.
- Implement or begin to coordinate on-site academic and social, emotional, and behavioral support services.
- Assist in accessing off-site, community-based support services for the student and their family.
- Review any concerns the school site, parents/guardians, or student may have related to the incident.
- Give the parent/guardian the school site's MTSS so they are aware of what services are available on- and off-site

If the student is hospitalized for a length of time and school work is missed, develop a plan with the student, their parent/guardian, and their teachers to ensure the student can get caught up in academic work.

Offer to speak to the student's teacher to explain recent events, what supports are in place, needs in the classroom (if any), and items on the Student Safety Plan that would be important for the teachers to know. Be protective of the student's confidential information while establishing that student's safety net in the greater school community.

Consider an assessment for special education or a 504 plan for a student whose behavioral and emotional needs affect their ability to benefit from their current educational program.

## **SECTION 13: SPECIAL CONSIDERATIONS**

While suicide knows no social, economic, or demographic boundaries, specific groups may have an increased risk of suicide. Students in the following high-risk groups, as well as other high-risk groups, should be paid special consideration and cultural appropriateness when assessing for suicide or self-harming behavior.

### **Students with Disabilities, Mental Health Disorders, or Substance Use Disorders**

Students with disabilities and/or medical conditions can be more vulnerable to depression and suicide risk. It could be important to coordinate with parents/guardians, primary care providers, or other treatment providers to determine the level of risk for students with certain disabilities or medical conditions. Not everyone who attempts or considers suicide has a mental health disorder, and not all students with mental health disorders will contemplate suicide or attempt suicide. However, mental health disorders and substance use disorders are risk factors for suicide, and students who have a mental health diagnosis or a substance use disorder diagnosis should be given special considerations when assessing for self-harm and suicide risk. If possible, consultation and collaboration with current treatment providers can help appropriately assess the student for level of risk.

### **Students Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)**

Special consideration and cultural appropriateness is important in assessing level of risk for students who identify as LGBTQ. Several studies have indicated that LGBTQ youth are up to seven times more likely than other youth to attempt suicide, and that between 41 and 64 percent of transgender or gender non-conforming youth attempt suicide.

- 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.
- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- Provide LGBTQ-affirming resources.

### **Students Bereaved by Suicide**

Students who have lost a loved one, friend, or close community member to suicide are at higher risk of attempting suicide themselves. Special considerations should be taken when a school community has experienced the loss of a student to suicide. Students at that

school or neighboring schools may experience a higher risk of suicide, regardless of the relationship they had with the student who died by suicide. It is necessary to address grief experienced by loss survivors to reduce their risk of suicide.

### **Students Experiencing Homelessness, Foster Care, or Out-of-Home Placement**

Youth experiencing homelessness or living in out-of-home settings often lack the protective factors of youth with a more permanent family life and are at a higher risk of suicide. Care should be taken when assessing these youth and determining their level of risk. Keep in mind that they may not have support outside of school and this could elevate their level of risk due to their inability to maintain safety outside of school.

It may be necessary to coordinate with foster-care liaisons, group home staff, foster parents, or other supportive providers to assist with creating a safety plan for a youth at risk of suicide or returning to school from a hospitalization.

## **SECTION 14: RESPONDING TO A STUDENT DEATH BY SUICIDE**

A post-vention plan should emphasize a single point of contact for information if the school learns of a student death. The school site Crisis Response Team should designate a staff member to be the point of contact with the family of the deceased; this point of contact should be the mental health professional on campus or an administrator. Information regarding the cause of death cannot not be disclosed to the school community until the family has been consulted and has given consent.

Although it may not always be possible to immediately determine all of the details about a death, it is important to confirm as much factual information as possible before communicating with students. Speculation and rumors can exacerbate the emotional upheaval within the school.

Time is also of the essence in confirming factual information, since social media and other forms of communication may be occurring simultaneously and it is possible that others, including students, may already have some information about the death.

It can be challenging for a school to determine how to proceed if the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed. The school's principal or the superintendent should first check with the family, the coroner, and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death. Schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed.

- Acknowledge that there may be rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person and their family and friends.
- Given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social media), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..."
- Although the fact that a student has died may be disclosed immediately, official information about the cause of death should not be disclosed to students until the family has been consulted.
- The need to share information should be carefully balanced with honoring the family's request.

### **When the Family Does Not Give Permission to Disclose Cause of Death**

There may be cases where the death has been declared a suicide but the family does not want this communicated, perhaps due to prejudice, privacy concerns, fear of risking contagion, or because they simply do not (yet) believe or accept that it was suicide.

If this situation occurs, someone from the administration or mental health staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death among themselves and that having adults in the school community talk with students about suicide and its causes can help keep students safe.

Schools have a responsibility to balance the need to be truthful with the need to be sensitive to the family. If the family refuses to permit disclosure, schools can state, “The family has requested that information about the cause of death not be shared at this time.” But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example: “We know there has been a lot of talk about whether this was a suicide death.

Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal.”

- Establish a plan to notify staff of the death. Notification of staff is recommended as soon as possible (e.g., emergency meeting before or after school).
- Make it clear the family has chosen not to share the cause of death or any details about the death.
- Allow staff to express their reactions and grief. Identify anyone who may need additional support and provide resources.
- Validate the frustration around not being able to have the details about the death and concerns that students will speculate/assume.
- Reiterate that although some students, faculty, and staff may have information about the cause of death, the family has chosen not to share the cause or details and the school must honor the family’s decision not to disclose.
- Establish a plan to notify students of the student death in small group settings, such as the classroom. Do not notify students using a public announcement system.
- Provide staff with a scripted notification of death for students, including possible reactions, questions, and activities that students may engage in (e.g., writing, drawing, and referral to crisis counselor).
- Validate students’ emotions around not being told cause of death or details. Encourage students to access support services on campus and in the community.
- Provide clarity around procedures and locations for crisis counseling on campus.
- Establish a plan to notify other parents/guardians of the death. Prepare and disseminate a death notification letter for parents.
- Notify other schools in your district or surrounding cities that may be affected by the loss. Remember to refrain from disclosing the cause of death or details.

## **When the Family Does Give Permission to Disclose Cause of Death**

When the family does give permission to disclose the cause of death and details, make sure the plan for communicating with students is age appropriate. Oftentimes, details can be incredibly difficult to hear and do not need to be shared in order for students, faculty, and staff to process the loss of the student. The following guidelines address how to respond when the cause of death can be disclosed.

- Establish a plan to notify staff of the death. It is recommended to notify staff as soon as possible (e.g., emergency meeting before school or after school).
- To dispel rumors, share accurate information and all known facts about the death. (Be sensitive to giving too much detail.)
- Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music, and/or school.
- Allow staff to express their reactions and grief; identify anyone who may need additional support and provide resources.
- Establish a plan to notify students of the death in small group settings, such as during class. Do not notify students using a public announcement system.
- Provide staff with a scripted notification of death for students, including possible reactions, questions, and activities students may engage in (e.g., writing, drawing, referral to crisis counselor).
- Make sure to clarify procedures and locations for crisis counseling on campus.
- Establish a plan to notify other parents/guardians of the death. Prepare and disseminate a death notification letter for parents.
- Notify other schools in the district or surrounding cities that may be affected by the loss.

## **Providing Support on Campus**

Providing extra support services on campus after a completed suicide (regardless whether the cause of death can be disclosed or not) is extremely important in preventing further tragedy at the school site and in the community. It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide when significant events transpire that the deceased student would have been a part of, such as culmination, prom, or graduation. Depending on the impact, such triggering events may require planning for additional considerations and resources.

- Identify a member of the school site Crisis Response Team to assist with coordination of crisis counseling and support services.
- Discuss the ability to obtain mental health supports from other school sites or neighboring districts with your district administration.
- Determine the need to call in more support from San Mateo County Behavioral Health and Recovery Services' Community Response Team or local community-based mental health providers.

- Clarify procedures for students and staff who may need additional support to cope with the death.

Identify locations on campus to provide crisis counseling to students, staff, and parents as needed. (Consider keeping the staff counseling area separate from the student counseling area.) In some cases, the school district's Employee Assistance Program (EAP) can provide a therapist to offer support groups and/or individual sessions for staff at the school site.

- Oftentimes, students prefer to grieve in groups. Provide a space for students to access counseling or grieve with peers, such as a library or multi-purpose room.
- Supply student counseling area with tissue, water, snacks, support resources, and crisis hotline numbers.
- Make coloring paper and color pens or pencils available for students to process their emotions without having to talk.
- Have counselors available to monitor large group supports and be available for one-to-one support if needed.
- Request substitute teachers as needed and, if possible, to serve as "floaters" to provide relief for faculty that may need it.
- Maintain sign-in sheets and documentation on students serviced for follow-up, as needed.

For faculty and staff, the district might offer free services through an EAP or its employer health care coverage. Community-based mental health providers may be available to meet with faculty and staff. Contact them directly for support.

### **Suicide Contagion**

Suicide contagion is the process by which one suicide may contribute to another. This is a very real and familiar tragedy on the Peninsula and can be spread out over months between grades and social groups, and even across school sites. Although contagion is relatively rare (accounting for between one and five percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion. Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts or other risk factors:

- Have a history of depression, trauma, or loss
- Are dealing with stressful life events, such as a death or divorce in the family
- Were eyewitnesses to the death
- Are family members or close friends of the deceased (including siblings at other schools and teammates, classmates, significant others, and acquaintances of the deceased)

- Received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- Had a last interaction with the deceased that was very negative
- May have fought with or bullied the deceased

Offer continuous crisis counseling at school for several months after a suicide to help reduce the risk of another suicide. It may be helpful to offer services on campus to those students identified as needing more support, such as holding ongoing grief groups during school hours for students impacted by the suicide loss or using community-based organizations.

## **Memorials**

Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces prejudice associated with suicide and may be deeply painful to the student's family and friends.

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. Memorials can be an important way for students to begin to heal and express grief for the passing of a fellow student. If students initiate a memorial, the school mental health professional and/or the designated member of the school site Crisis Response Team should offer guidelines for a meaningful, culturally appropriate way to acknowledge the loss.

- It is important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death.
- Memorials should not be disruptive to the daily school routine.
- If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may be at risk themselves.
- Set time limits and offer straightforward communication regarding the memorials.
- Schools should discourage requests to create and distribute images of the deceased, such as on T-shirts or buttons.
- It is not recommended that flags be flown at half-staff (a decision generally made by local government authorities rather than the school administration in any event).
- Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family.
- Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

After approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to

strike a balance between compassionately honoring the student who has died while at the same time returning focus back to the classroom curriculum. Students may be involved in planning how to respectfully move or remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to eradicate suicide in their memory.

### **School Newspapers**

Coverage of the student's death in the school newspaper may be seen as a kind of memorial. Articles may also be used to educate students about suicide warning signs and available resources. Having some focus on healthy coping, resilience, and recovery is also helpful. Any such coverage should be reviewed by an adult to ensure it conforms to the standards set forth in Recommendations for Reporting on Suicide at [www.afsp.org/about-suicide/for-journalists](http://www.afsp.org/about-suicide/for-journalists).

### **Funerals/Memorial Services**

Funeral and memorial services should not be held on school grounds. The school should instead focus on maintaining its regular schedule, structure, and routine. Not all students will be impacted by the suicide, and it can be important for them to continue their daily routine.

If the family does hold the service during school hours, it is recommended that the school remain open and that school buses are not used to transport students to and from the service.

- Students should be permitted to leave school to attend the service only with appropriate parental permission.
- Coordinate with the family and funeral director to arrange for mental health professionals to attend the service.
- The principal or another senior administrator should attend the funeral.
- Parents should be encouraged to attend the services with their children that wish to attend. This provides not only emotional support but also an opportunity for parents to monitor their children's response and initiate a discussion with their children.
- Provide grief support and/or suicide prevention material to students and to the parent community, which can be found at [grievingstudents.org](http://grievingstudents.org).

### **Assemblies/Prevention Events**

Often, the parents of the deceased student express an interest in holding an assembly or other event to address the student body and describe the intense pain the suicide death has caused their family to dissuade other students from taking their own lives.

Schools should explain that presenting this content and holding assemblies or other large events for students is not an effective approach to suicide prevention and may actually be

risky. Encourage parents to work with the school to bring in local options around suicide prevention curriculum.

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the impact that the proposed activity will likely have on students, particularly on those who might be vulnerable to contagion.

### **Social Networking After a Suicide**

Students often turn to social networking sites as a way to communicate information about the death. That information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts, positive and negative, about the death and/or about their own feelings regarding suicide.

Encourage parents to monitor internet postings regarding the death, including the deceased's wall or personal profile pages. Social networking sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents/guardians and/or law enforcement.

The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died. Social media provides schools with a powerful set of tools:

- Disseminate important and accurate information to the school community
- Identify students who may be in need of additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages that emphasize suicide prevention
- Minimize the risk of suicide contagion by not glorifying suicide or describing the means used

### **Working with the Media**

A death of a school-age student by suicide can attract a lot of media attention. It is important for a school to develop safe messages in order to avoid contagion. The school should appoint a media spokesperson. Schools should strongly encourage the media to adhere to the recommendations for safe reporting.

- Do not glamorize or romanticize the victim or the suicide.
- Do not oversimplify the causes of suicide.
- Do not describe the details of the method.
- Do not include photographs of the death scene or of devastated mourners .
- Use preferred language, such as "died by suicide" or "killed themself" rather than a "successful" suicide.

- Include messages of hope and recovery.
- Include a list of warning signs, since most (but not all) people who die by suicide show warning signs.
- List the National Suicide Prevention Lifeline number (800-273-8255) and include information on local mental health resources in each article.

# Forms

## **SUICIDE ASSESSMENT PROTOCOL AT A GLANCE**

The following is a summary checklist of the general procedures for a mental health professional or the designated member of the school site Crisis Response Team to respond to any reports of students exhibiting behavior/ideation and/or self-injury. For the full description of each procedure, please refer to the San Mateo County Schools Suicide Prevention Protocol.

### **Identifying Students at Risk**

- Bring the student to the mental health professional on campus or the designated member of the school site Crisis Response Team.
- Supervise student at all times.
- Remove any weapons or anything the student could use to cause harm or injury.
- Gather essential background information that could contribute to assessment of the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).
- Make phone calls for consultation in a confidential setting and not in the presence of a student of concern.

### **Assessing Students at Risk**

- The mental health professional on campus or the designated member of the school site Crisis Response Team trained in the Suicide Risk Assessment should meet with the student to complete the Suicide Risk Assessment.
- If StarVista is called and will be administering the assessment, remain with the student; do not leave the student alone for any reason.
- If there is suspected child abuse, please follow procedure outlined in protocol.
- After completing the Suicide Risk Assessment, determine an appropriate action plan.

### **Action Plan**

Action plans will be based on the level of risk determined by the Suicide Risk Assessment

#### **Low Risk Action Steps**

- Contact parent/guardian and notify them of the current situation.
- Communicate concerns and make recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, razor blades) either in person or over the phone.
- Provide school and/or local community mental health resources. Provide information about the school's MTSS (Multi-Tiered System of Support).
- Provide a copy of the General Guidelines for Parents (Elementary) or General Guidelines for Parents (Secondary).

- Offer to help link the family to available resources and encourage a signed consent or release of information between the agency and the school.
- Develop a safety plan with the student.

### **Moderate to High Risk Action Steps**

- Contact parent/guardian or local law enforcement.
- Explain to the student that their parent/guardian or law enforcement has been notified and is on the way to the student's location. Describe what will happen next (using age appropriate language).
- If their parent/guardian transports the student, ensure the parent/guardian completes the Released to Parents for Psychiatric Assessment form. Provide the Return to School Information packet and encourage them to sign a Release of Information for the hospital.
- If law enforcement is contacted, follow the procedures for law enforcement to transport.
- Call ahead to the hospital receiving the 5150 to let medical staff know that a student is being transported by their parent/guardian or law enforcement and confirm there is an accompanying release of information.
- Follow up with the hospital staff and the parent/guardian within several hours after the incident.

### **Return to School Guidelines**

- Encourage a return to school meeting with identified supportive adults on campus
- Create a Return to School Plan with the student (Attachment M)
- Discuss what information the student would like to share with other school staff and discuss who on campus the student would like the mental health professional to share this information with.
- Implement or begin to coordinate on-site support services including the student's academic supports as well as social, emotional, and behavioral support services. Provide parent/guardian information about the school site's MTSS.
- Assist the student and their family in accessing off-site, community-based support services.

Review any concerns related to the incident expressed by school staff, parents/guardians, or students.

### **Document All Actions**

- Complete the Documentation of Risk Assessment (DORA) and send to appropriate school officials.
- Remember that notes, documents, and records related to the incident are considered confidential information to be accessed only by the mental health professional on campus and members of the school site Crisis Response Team as needed during a crisis situation.

- These notes should be secured in a locked, confidential file separate and apart from the student's cumulative records.

## SUICIDE RISK ASSESSMENT

The risk of suicide by a young person is raised when any peer, teacher, or other school employee identifies someone (a young person) who is potentially suicidal because they have directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs. When the risk is recognized, the student should be brought by school personnel to the designated school site crisis team member to be assessed for level of risk. The student should be supervised at all times. Remove any weapons or objects that could be used to cause harm. 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: \_\_\_\_\_  
 Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Staff Member Completing the Risk 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. Depending on the student’s responses, ask clarifying questions to help gain a better understanding of what is going on with the student.

Category	Assessment Questions	Yes	No
<b>Intent</b>	Are you thinking of killing yourself? Are you currently thinking about suicide? Have you been thinking of taking your own life?  Details:		
<b>Plan</b>	Do you have a plan on how you would kill yourself? Have you thought about how to make yourself die? Have you thought about how you would hurt yourself?  Details:		
<b>Means</b>	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?  Details:		

Category	Assessment Questions	Yes	No
<b>Past Ideation</b>	How long have you had these thoughts? Have you previously had thoughts of suicide? Is suicide something you have thought of before?  Details:		
<b>Previous Attempts</b>	Previous Attempts Have you attempted suicide before? Have you ever tried to kill yourself? Do you have a previous suicide attempt?  Details:		

If the student answered “yes” to any of the questions above, continue to assess the student to determine if they are low, moderate, or high risk by asking the following questions about current changes in behavior or recent trauma and stressors.

Some of the questions might be better answered by school personnel or by the student’s parent or guardian based on first-hand observation. Consider consulting with key adults in the student’s life as part of the assessment.

Category	Assessment Questions	Yes	No
<b>Changes in Mood/ Behavior</b>	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)?  Details:		
	Has anyone noticed or commented on your behavior being really different lately?  Details:		
	Have you noticed a dramatic change in your mood lately?  Details:		

Category	Assessment Questions	Yes	No
<b>Trauma or Stressors</b>	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:		
	Have you recently been involved in a traumatic or stressful experience?  Details:		
	Are you being bullied/harassed or discriminated against here at school, at home, or in your community?  Details:		

Other considerations: Does the student have a history of mental illness and or alcohol/substance abuse? Is the student currently on medications as treatment for mental illness?

Based on the student's responses to the above answers, determine if the level of risk is low, moderate, or high. If the student is determined to be at moderate/high risk, and you feel that the parents or guardians cannot keep the student safe, nor can the student create a safety plan at this time, follow the action steps for moderate to high risk in Section 9 of this protocol. If the student is determined to be low risk, follow the action steps for low risk in Section 9 of this protocol.

## STUDENT SAFETY PLAN

Student Name:

Date:

Name of Staff Member Completing the Safety Plan:

This plan should be developed by the student with assistance from the members of the school support team. Consider this as a working document to help maintain the student's safety and feeling of support. Consider bringing the student's parent/guardian into the meeting to help develop the Student Safety Plan, if possible. The parent/guardian should be made aware of the plan so they can help implement it when the student is not at school.

**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.**

Complete these questions with the student at risk:

Do you have a suicide plan?

Are there parts of this plan that can be interrupted?

What needs to be done to interrupt the plan? Who can help you?

When can this happen and how?

Are you using alcohol or drugs or taking any medications?

Would you be able to not use drugs or alcohol for a while?

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 you currently dealing with any mental health concerns?

What steps could help you deal with them?

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 need right now? Who is available? Who could you go to?

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:

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.

The one thing that is most important to me and worth living for is \_\_\_\_\_ .

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



**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

- **Mills-Peninsula Medical Center, Emergency Department**  
1501 Trousdale Drive, Burlingame, CA 94010  
Phone: (650) 696-5915
- **San Mateo Medical Center, Psychiatric Emergency Services**  
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 [his/her/other preferred personal pronoun] death and send our condolences to [his/her/other preferred personal pronoun] 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 [his/her/other preferred personal pronoun] death and send our condolences to [his/her/other preferred personal pronoun] 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 this morning 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 [his/her/other preferred personal pronoun] 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 in the library 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 the library 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 [him/her/other preferred personal pronoun] doing this, we can never really know what was going on that made [him/her/other preferred personal pronoun] take [his/her/other preferred personal pronoun] 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)

[www.smchealth.org/MH911](http://www.smchealth.org/MH911)

[www.nami.org](http://www.nami.org)

[www.star-vista.org](http://www.star-vista.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 [his/her/other preferred personal pronoun] [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

# **Return- to-School Information Packet**

## STUDENT RETURN-TO-SCHOOL GUIDELINES

Dear Parent/Guardian,

The transition back to school after a suicide attempt, psychiatric hospitalization, or other treatment can be a difficult one. The student's privacy going forward is critical. The student, the student's parents/guardians, and identified school personnel are integral in making sure the student's needs are met and privacy is maintained.

The Return-to-School Meeting is an opportunity to create a Return to School Plan with the appropriate supportive school site personnel that will help keep the student safe while at school. You and your student will be asked to identify supportive school site personnel and whether you want those individuals to attend the meeting.

This meeting should occur in the morning on the day the student is to return to school. This may prove difficult for some parents/guardians depending on work schedules, the need to care for other children, or transportation, etc., but every effort should be made to ensure the meeting takes place as soon as the student returns to the school environment.

Please contact \_\_\_\_\_ at \_\_\_\_\_ to schedule a return to school meeting. This meeting should accomplish the following:

- Develop the Return to School Plan with student and parent/guardian.
- Implement or begin to coordinate on-site support services, including academic supports as well as social, emotional, and behavioral support services.
- Assist the student and their family in referring to and accessing off-site, community-based support services.
- Review any concerns related to the incident that are expressed by school staff, parents/guardians, or the student.
- Develop a plan with the student, parents/guardians, and teachers to ensure that the student can adequately complete all missed course work.
- Consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from the current educational program.

If you have any concerns or questions please contact \_\_\_\_\_ at \_\_\_\_\_ to discuss them.

## 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:

1-800-273-TALK (8255)

[www.smchealth.org/MH911](http://www.smchealth.org/MH911)

[www.nami.org](http://www.nami.org)

[www.star-vista.org](http://www.star-vista.org)

## **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.*

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

1-800-273-TALK (8255)

[www.smchealth.org/MH911](http://www.smchealth.org/MH911)

[www.nami.org](http://www.nami.org)

[www.star-vista.org](http://www.star-vista.org)

## 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 for the warning signs of suicide. Specifically, these risk factors include the following:

- 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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## **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.

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What are some types of situations, images, thoughts, feelings, and behaviors which might precede or accompany suicidal urges for you? Listing these warning signs will help you and your support network know when the safety plan may need to be implemented.

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

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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**

<b>Name</b>	<b>Contact Information</b>

**At Home**

<b>Name</b>	<b>Contact Information</b>

**In the Community**

<b>Name</b>	<b>Contact Information</b>

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**

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**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