APPENDIX E
SUICIDE PREVENTION AND RELATED MENTAL HEALTH PROMOTION

Students

The Board of Education recognizes that suicide is a major cause of death among youth and should be taken seriously. In order to attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop preventive strategies and intervention procedures.

The Superintendent or designee shall involve school health professionals, school counselors, administrators, other staff, parents/guardians, students, local health agencies and professionals, and community organizations in planning, implementing, and evaluating the district’s strategies for suicide prevention and intervention.

Prevention and Instruction

Suicide prevention strategies shall include, but not be limited to, efforts to promote a positive school climate that enhances students’ feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students.

The district’s instructional and student support program shall promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and resilience.

The Superintendent or designee may offer parents/guardians education or information which describes the severity of the youth suicide problem, the district’s suicide prevention efforts, risk factors and warning signs of suicide, basic steps for helping suicidal youth, reducing the stigma of mental illness, and/or school and community resources that can help youth in crisis.

Staff Development

Suicide prevention training for staff shall be designed to help staff identify and find help for students at risk of suicide. The training shall be offered under the direction of district staff and/or in cooperation with one or more community mental health agencies and may include information on:

1. Research identifying risk factors, such as previous suicide attempt(s), history of depression or mental illness, substance use problems, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, and other factors.
2. Warning signs that may indicate suicidal intentions, including changes in students’ appearance, personality, or behavior.
3. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health.
4. School and community resources and services for students and families in crisis and ways to access them.
5. District procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide.

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Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, he/she shall promptly notify the principal, another school administrator, psychologist, or school counselor. The principal, another school administrator, psychologist, or counselor shall then notify the student’s parents/guardians as soon as possible and may refer the student to mental health resources in the school or community.

Students shall be encouraged through the education program and in school activities to notify a teacher, principal, another school administrator, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student’s suicidal intentions.

The Superintendent or designee shall establish crisis intervention procedures to ensure student safety and appropriate communications in the event that a suicide occurs or an attempt is made by a member of the student body or staff on campus or at a school-sponsored activity.

Also see:
- cf. 4131 – Staff Development
- cf. 5022 – Student and Family Privacy Rights
- cf. 5125 – Student Records
- cf. 5030 - Student Wellness
- cf. 5141 – Health Care and Emergencies
- cf. 5137 – Positive School Climate
- cf. 5143 – Nondiscrimination/Harassment
- cf. 6142.8 - Comprehensive Health Education
- cf. 6164.2 – Guidance/Counseling Services