

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Neither a school district nor a teacher has a duty to warn of the suicidal tendencies of a student absent the teacher's or school district's knowledge of direct evidence of such suicidal tendencies.

The District:

- a) recognizes that physical, behavioral and emotional health is an integral component of a student's educational outcomes,
- b) has a responsibility to take a proactive approach in preventing deaths by suicide, and
- c) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Definitions:

1. At risk: a student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. Crisis team: a multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. Crisis team members often include someone from the administrative leadership, school psychologist, school counselors, social workers, resource police officer, and others including support staff and/or teachers. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. Mental health: a state of mental, emotional and cognitive health that can impact perceptions, choices and actions that affect wellness and functioning. Mental health problems include mental health conditions such as depression, anxiety disorders, PTSD, and substance use

- disorders. Mental health can be impacted by the physical health, genes, the home and social environment, and early childhood adversity or trauma.
4. Postvention: suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
 5. Risk assessment: an evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
 6. Risk factors for suicide: characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment. Risk is highest when several risk factors are present and when the individual has access to lethal means.
 7. Self-harm: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
 8. **Suicide:** death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
 9. Suicide attempt: a self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
 10. Suicidal behavior: suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
 11. Suicide contagion: the process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster

of suicides.

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

Scope:

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of- school events where school staff are present.

Prevention:

This policy is meant to be paired with other policies supporting the emotional and behavioral health of students.

The Board directs the Superintendent or his or her designee to draft and implement procedures relating to:

1. Suicide prevention;
2. Suicide intervention; and
3. Suicide postvention.

Such procedures shall address:

[NOTE: The District must adopt a policy on suicide prevention which addresses procedures relating to suicide prevention, intervention, and postvention. To address these topics, the Board may choose to adopt all of the following options, only some of them, or other practices not listed. All practices adopted should be evidence-based.]

[OPTIONAL]

District Policy Implementation:

A district level suicide prevention coordinator [AND/OR] school-level suicide prevention coordinators shall be designated by the Superintendent [OR] Principal. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district. Any teacher with direct evidence of a student's suicidal tendencies shall report this knowledge to the suicide prevention coordinator. If any staff member believes a student is at elevated risk; they are encouraged to report this belief to the designated individual.

Staff Professional Development:

All staff/staff who work closely with students will receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and

resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning} students, students bereaved by suicide, and those with medical conditions or certain types of disabilities, suicide prevention, intervention and postvention. Such training shall be provided annually/within the employee 's first year of employment. Additional professional development in risk assessment and crisis intervention may be provided to school employed mental health professionals and school nurses.

Youth Suicide Prevention Programing:

Developmentally-appropriate, student-centered education materials on suicide prevention will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials may include: 1 } the importance of safe and healthy choices and coping strategies, 2 } how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3 } help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

Publication and Distribution

This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

These procedures may include, but are not limited to, the following measures:

1. Prevention:

- A. Offering and providing help and assistance, including early identification;
- B. Support and/or counseling by school support personnel for low-risk students;
- C. Referral to appropriate sources outside the school for high and moderate-risk students;
- ~~D. Attendance to the rights of the student and his or her family; and~~
- E. The designation of **a-District-level [AND/OR] and school level** suicide prevention coordinator(s) by the Superintendent to be responsible for planning and coordinating the implementation of procedures addressing suicide. These building level staff are typically building representatives on the Health and Wellness Committee (See Policy #830 Wellness Program).
- F. Encouraging staff to report to the coordinator students they believe may be at elevated risk of suicide.

- G. Education of students on suicide prevention through age-appropriate curriculum.
 - H. Small group suicide prevention programming.
 - I. Additional training on suicide prevention for all staff for whom such training is deemed necessary.
 - J. Offering resources to parents/guardians on suicide prevention.
2. Intervention:
- A. Contacting the parents/guardians of students identified as at imminent risk of suicide.
 - B. Contacting emergency services to assist a student who is at imminent risk of suicide.
 - C. Providing first aid until emergency personnel arrive, as appropriate.
 - D. Moving other students away from the immediate area of any suicide attempt on District property or at a District event.
3. Postvention:
- A. Provide Aafter care support by the school for faculty, staff, and students after a sudden death has occurred.
 - B. The development of a plan for responding to a death by suicide that has a significant impact on the school community.
 - C. Provide immediate Nnotification of the building principal and/or suicide prevention coordinator, if applicable.
 - D. The convening ~~creation~~ of a crisis team to respond to deaths by suicide ~~that have a significant impact on in the school community or District.~~
 - E. Contacting the State Department of Education to report any student deaths by suicide and to seek postvention assistance and/or resources.
 - F. Offering mental health services to students likely to be strongly affected by a recent death.
 - G. Appointing a spokesperson to handle inquiries related to issues involving suicide in the District.

District personnel shall attend to the rights of the student and his or her family- and shall follow District policies and procedures before organizing vigils, gatherings, etc. See Policy 2222

The District shall comply with all requirements of State law and administrative rules for training by personnel on suicide prevention and awareness.

~~Protecting the health and well-being of students is in line with the duties of the board of trustees and is an ethical imperative for all staff working with youth. The district believes in having guidelines and procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:~~

- ~~1. Realizes that school personnel spend more time with students than any other professionals, often more time than parents.~~

- ~~2. Recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes.~~
 - ~~3. Further recognizes that suicide is a leading cause of death among young people.~~
 - ~~4. Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.~~
- ~~Acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.~~

~~Toward this end, the board of trustees empowers the superintendent of schools to convene a standing committee on student health and safety which will establish and oversee development and maintenance of guidelines and procedures to prevent, assess the risk of, intervene in, and respond to suicide. Within the scope of this committee will also be the establishment of guidelines and procedures involving overall student health and emergency response to student tragedies.~~



LEGAL REFERENCE: Idaho Code 33-512; IDAPA 08.02.03.160

ADOPTED: August 17, 2015

RATIFIED:

AMENDED/REVISED: