

The District has a responsibility to notify a student's parent/guardian regarding any known changes in the student's mental, physical, or emotional health or well-being. However, 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 Board directs the Superintendent or their designee to draft and implement procedures relating to:

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

"Postvention" shall mean counseling or other social care given to students after another student's suicide or attempted suicide.

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

1. Prevention:

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- 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. The designation of a District-level **or** school level suicide prevention coordinator(s) by the Superintendent to be responsible for planning and coordinating the implementation of procedures addressing suicide.
- E. Encouraging staff to report to the coordinator students they believe may be at elevated risk of suicide.
- F. Education of students on suicide prevention through age-appropriate curriculum.
- G. Small group suicide prevention programming.
- H. Offering resources to parents/guardians on suicide prevention.

2. Intervention:

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- 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.
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2. Postvention:

- A. After 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. Notification of the suicide prevention coordinator, if applicable.
- D. The creation of a crisis team to respond to deaths by suicide that have a significant impact on the school community.
- 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.

Following notification of District staff of a suicide attempt by a student or following the identification of a student as being at imminent risk of suicide, the building principal may require a note from the student's doctor or counselor stating that it is the doctor or counselor's opinion that the student is ready to return to school. The student and their parent/guardian may meet with the school counselor to create a plan for the student's return to school, including any appropriate accommodations needed by the student.

District personnel shall attend to the rights of the student and their family.

The District shall comply with all requirements of State law and administrative rules for training by personnel on suicide prevention and awareness. This includes providing annual professional development to staff involved in preventing, intervening, and responding to suicide on:

- 1. School philosophy regarding school climate and the promotion of protective factors;
- 2. Data on suicide for the region or state, or both;
- 3. Risk and protective factors for students;
- 4. Suicide myths and facts;
- 5. How to develop community partnerships related to suicide prevention;
- 6. How to utilize safe and appropriate language and messaging when addressing students;
- 7. Warning signs of suicide ideation for students;
- 8. Local and school-based protocols for aiding a suicidal individual;
- 9. Local protocols for seeking help for self and students;
- 10. Identification of appropriate mental health services and community resources for referring students and their families;
- 11. Information about state statutes on responsibility, liability, and duty to warn;
- 12. Confidentiality issues;
- 13. The need to ask others directly if they are suicidal; and
- 14. Evidence-based protocol for responding to a student or staff suicide.

LEGAL REFERENCES:	<u>IC§ 33-136</u>	<u>Suicide Prevention in Schools</u>
	<u>IC § 33-512B</u>	<u>District Trustees - Suicidal Tendencies - Duty to Warn</u>
	<u>IC § 33-6001</u>	<u>Parental Rights</u>
	<u>IDAPA 8.02.02.112</u>	<u>Suicide Prevention in Schools</u>
	<u>IDAPA 08.02.03.160</u>	<u>Safe Environment and Discipline</u>

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 the District nor a teacher has a duty to warn of the suicidal tendencies of a student absent the teacher's or District's knowledge of direct evidence of such suicidal tendencies.

The District:

1. recognizes that physical, behavioral and emotional health is an integral component of a student's educational outcomes;
2. has a responsibility to take a proactive approach in preventing deaths by suicide, and
3. 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 thoughts 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.



LEGAL REFERENCE: Idaho Code 33-512; IDAPA 08.02.03.160

ADOPTED: August 17, 2015

RATIFIED:

AMENDED/REVISED: October 21, 2019; November 20, 2023