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Berkeley Unified School District Board Policy 5141.52 – Youth Suicide Prevention Policy

Students

The Governing Board of Berkeley Unified School District recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campuses that minimizes suicidal ideation in students.

Overall Strategic Plan for Suicide Prevention

The Superintendent or Designee shall involve school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the District's strategies for suicide prevention and intervention. The District shall work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the District shall appoint an individual (or team) to serve as the suicide prevention point of contact for the District (hereinafter "District point person").

Prevention

Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, the District point person along with the District's partners shall critically review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

Suicide Prevention Training and Education

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Training:

Training shall be offered to relevant staff on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training. Core components of the general suicide prevention training shall include:

- o Suicide risk factors, warning signs, and protective factors;
- o How to talk with a student about thoughts of suicide;
- o How to respond appropriately to the youth who has suicidal

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- o The factors associated with suicide (risk factors, warning signs, protective factors);
- o How to identify youth who may be at risk of suicide;
- o Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on district guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines;
- o District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- o District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- o Responding after a suicide occurs (suicide postvention);
- o Resources regarding youth suicide prevention;
- o Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- o Emphasis that any student who is identified to be at risk of suicide is to be

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youth;

- o Youth experiencing homelessness or in out-of-home settings, such as foster care;
- o Youth who have suffered traumatic experiences;

Employee Qualifications and Scope of Services

Employees of the District and their partners must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

Parents, Guardians, and Caregivers Participation and Education

To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the District's suicide prevention policy and procedures.

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oneself and others;

- o Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
- o Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).

The District will support the creation and implementation of programs

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for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the youth (Alameda County Child Protective Services can be contacted at (510) 259-1800).

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary suicide prevention liaison.

Students experiencing suicidal ideation shall not be left unsupervised.

A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

The Superintendent or Designee shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity.

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Listen and prompt the student to talk;

Review options and resources of people who can help;

Be comfortable with moments of silence as you and the student will need time to process the situation;

Provide comfort to the student;

Promise privacy and help, and be respectful, but do not promise confidentiality;

Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

B. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of District property, it is crucial that the District protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

Contact the parents/guardians/caregivers and offer support to the family;

Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;

Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;

Designate a staff member to handle media requests;

Provide care and determine appropriate support to affected students;

Offer to the student and parents/guardians/caregivers steps for re-integration to school.

C. Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide.

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The following steps should be implemented after the crisis has happened:

Treat every threat with seriousness and approach with a calm manner; make the student a priority;

Listen actively and non-judgmental to the student. Let the student express his or her feelings;

Acknowledge the feelings and do not argue with the student;

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Work with parents/guardians/caregivers to involve the student in an aftercare plan.

E. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, the District must be prepared ahead of time in the event of such a tragedy. The District's point person shall develop a Suicide Death Response Action Plan (Suicide Postvention Response Plan) that incorporates both immediate and long-term steps and objectives.

Suicide Postvention Response Plan shall:

- o Identify a staff member to confirm death and cause (school site administrator);
- o Identify a staff member to contact deceased's family (within 24 hours);
- o Enact the Suicide Postvention Response Plan, include an initial meeting of the district/school Suicide Postvention Response Team;
- o Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).

Coordinate an all-staff meeting, to include:

- o Notification (if not already conducted) to staff about suicide death;
- o Emotional support and resources available to staff;
- o Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
- o Share information that is relevant and that which you have permission to disclose.

Prepare staff to respond to needs of students regarding the following:

- o Review of protocols for referring students for

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support/assessment;

- o Talking points for staff to notify students;
- o Resources available to students (on and off campus).

Identify students significantly affected by suicide death and other students at risk of imitative behavior;

Identify students affected by suicide death but not at risk of imitative behavior;

Communicate with the larger school community about the suicide death;

Consider funeral arrangements for family and school community;

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Policy BERKELEY UNIFIED SCHOOL DISTRICT
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