



**SAN MATEO
COUNTY
OFFICE OF
EDUCATION**

San Mateo County Schools Suicide Prevention Protocol

May 2017



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 2015, an estimated 740 San Mateo County youth under the age of 18 experienced psychiatric emergencies severe enough to require a trip to the emergency room. Because some adolescents went more than once, the number of visits totaled almost 1,000. According to many experts, the teens' initial experience of receiving help significantly affects their treatment at the hospital, their re-entry into everyday life, and their willingness to go to the emergency room again should the need arise."¹

Furthermore, San Mateo County's 2015 California Healthy Kids Survey results indicated that between 27-37% of high school age youth reported chronic feelings of sadness or hopelessness over the past year and between 12 and 24% of students seriously considered attempting suicide.

Suicide is not the result of one issue, but 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.

¹ San Mateo Civil Grand Jury, "Teens in Mental Health Crisis: From 911 to the Emergency Room Door". San Mateo 2012-2016

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SECTION 1: INTRODUCTION

Suicide is an issue for people from all education and socioeconomic 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 a person to kill him/herself. Appropriate and timely prevention, intervention, and post-vention (after suicide) can help school administrators maintain control in a crisis and may help prevent copycat attempts by others.

About These Guidelines

These prevention and intervention guidelines are designed for schools to assist at-risk students 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. 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 school/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:²

- 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

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 Systems 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.

² Adapted from materials developed by the National School Climate Council

3. Improve access to school-based mental health supports by ensuring adequate staffing levels in terms 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 and should be afforded the time and resources to sustain change over time.³

³ 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, fair discipline
- Modeling and teaching desirable skills and behavior
- Promoting access to school and community resources

Youth Mental Health First Aid

Youth Mental Health First Aid (YMHFA) is an eight-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. Participants are introduced to risk factors and warning signs of mental health problems in adolescents and learn the importance of early intervention. Additionally, participants learn how to help a youth in crisis or non-crisis situations, including when experiencing a mental health or substance use challenge.

The San Mateo County Office of Education (SMCOE) has partnered with San Mateo County Behavioral Health and Recovery Services' (BHRS) Office of Diversity and Equity to offer Youth Mental Health First Aid certification training to all schools throughout the county at no cost. School staff members in all capacities—classroom teachers, school site administrators, school office personnel, coaches, bus drivers, after-school providers, parents, teacher's aides, school health aides, yard duty staff, crossing guards, and other school personnel—are strongly encouraged to become Youth Mental Health First Aiders. Through school-based YMHFA training, campus communities can help get a student in crisis to the appropriate help. More information can be found at www.smchealth.org/MHFA.

Suicide Prevention Poster

The Suicide Prevention poster is a tool that can be used to help faculty and staff remember the risk factors and warning signs of students at risk of suicide. These posters are available from BHRS and SMCOE free of charge and are presented to faculty and staff along with a brief training about how to identify at risk students and what to do when they have been identified. To order these posters for your school site, please contact SMCOE. You may also order posters through BHRS by visiting the Suicide Prevention webpage at <http://smchealth.org/bhrs/SuicidePrevention>.

SUICIDE is PREVENTABLE

Help Save a Life

Did You Know?

- Suicide is the 2nd leading cause of death for youth.
- Most suicidal youth 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.
- LGBTQ youth are 4 times more likely to attempt suicide.
- Over 25% of Transgender youth have reported a serious suicide attempt.
- **We MUST take every threat seriously.**

Risk Factors – DO NOT cause suicide. They CAN increase a student's risk for 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 his/her 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 Admin 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)

Important Non-Emergency Phone Numbers

- My local Police Department: _____
- 24/7 Child and Teen Hotline: for parents, educators and youth **650-567-KIDS (5437)**

LEARN MORE WAYS TO HELP

Sign up for Youth Mental Health First Aid, an 8-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/MHFA.



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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 his/her life by suicide, has chronic suicidal thoughts, or has displayed a significant change in behavior suggesting 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 (thoughts of suicide) including thoughts regarding potential means of death and/or a plan. However, a student may also have a desire to be dead without a clear plan or intent to end one's life but 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 a statement
 - ▶ "I wish I were dead"
 - ▶ "If such and such doesn't happen, I will kill myself"
 - ▶ "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; trying to buy a gun, researching ways to die, seeking/buying pills
- Rapid shift in mood or affect; 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 each 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.

Administrative/guidance personnel: Superintendent, principal, assistant principal, curriculum director, dean of students, guidance counselors, 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, and 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 faculty and staff maintain appropriate levels of training and education around crisis response including suicide prevention and intervention, has been offered and completed by faculty and staff, 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 is potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated 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 he/she has 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 the student presents.

Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent 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 and will be administering the assessment, remain with the student; do not leave the student alone for any reason. During the assessment, 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 determine the level of risk the student presents with and determine the action plan and follow steps needed to keep the student safe.

Table 1: Levels of Suicide Risk

Risk Levels	Definition	Indicators
Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential. The student appears to be at low risk for harming him/her self. The student is in distress, but has positive supports. The student's concern 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).
Moderate Risk	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
High Risk	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, 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 with calm and caring; 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 at 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 Seven
- 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 be indicative of more complex mental health issues for this particular student
- 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: 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 the student presents.

Risk Levels	Definition	Indicators	Actions
Low Risk	The student appears to be at low risk for harming him/her self. The student is in distress but has positive supports. The student's concern and needs may be readily addressed. The student does not appear serious about harming him/her self right now.	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.
Moderate Risk	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 has other risk factors.	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.
High Risk	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 in section 8; 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 is needed to determine next steps.

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's responsiveness to the situation and parent'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. Where an immediate threat is posed, immediately contact law enforcement.]

- Contact parent/guardian and notify them of the current situation, unless unsafe to do so
- Ask parent/guardian to immediately come to the school. If parent/guardian cannot report to the school immediately follow steps to have law enforcement transport 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 parent/guardian arrives at the school site, meet with them separate from their student to discuss the situation and next steps needed to ensure safety
- Have parent/guardian complete the "Released to Parents for Psychiatric Assessment Form"
- Explain to parents 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 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 by his/her parent/guardian and notify them if there is a release of information
 - ▶ Mills-Peninsula Hospital Psychiatric Emergency Department - (650) 696-5915
 - ▶ San Mateo Medical Center Psychiatric Emergency Services - (650) 573-2662

- 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, encouraging parents/guardians to sign release of information 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 Eight 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 his/her parent/guardian and describe what will happen next (using age appropriate language)
- If your school site has a school resource officer, notify him/her 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 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 the 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 to direct them 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 he/she contact the SMART Car for transport, if appropriate

- When 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 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 so the school site and the receiving hospital can coordinate care and the student's return to school when appropriate
- Contact parent/guardian and notify them of the current situation as soon as possible and tell them the facility the student is being transported
- 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 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 from the parents 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 assessment and outcome.

Guidelines for Low-Risk Situations

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, 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 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 and is en route to the school
- Describe what will happen next (using age-appropriate language)
- In person or over the phone, communicate concerns and make recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, and razor blades)

- Provide school and/or local community mental health resources. Provide the school's MTSS (Multi-Tiered Systems of Support) document to highlight resources on and off campus
- Offer to facilitate contact with community agencies and offer 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 agency
- Document everything. Complete a DORA to document assessment and outcome.

Develop a Safety Plan

This should be done with the student and encouraged that the student shares this with his/her parent/guardian. Use the Student Safety Plan (Attachment D).

- Identify caring adults in the school, home and community environment
- Discuss what information the student would like to share with other school employees and discuss who on campus the student would like the mental health professional to share this information with
- Discuss and identify helpful coping skills for at school and at home
- Provide after-hours resource numbers
- Let the student know that the mental health professional on campus or another identified support person on campus will check in with the student regularly, until the student no longer poses a risk

SECTION 10: 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 supportive transition.

SECTION 11: GUIDELINES FOR RETURN TO SCHOOL AFTER AN EVALUATION/ HOSPITALIZATION

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

- Create the Student Safety Plan with the student (Attachment C)
 - ▶ Identify caring adults in the school, home and community environment
 - ▶ Discuss what information the student would like to share with other school employees and discuss who on campus the student would like the mental health professional to share this information with
 - ▶ Discuss and identify helpful coping skills for at school and at 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 student and family
- Review any concerns the school site, parents/guardians or student may have related to the incident
- Give parent/guardian MTSS for school site, 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 missed, develop a plan with student, parent/guardian and teachers to ensure the student can get caught up in academic work.

Offer to the student and parent/guardian to speak to the student's teacher explaining 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 have knowledge of. 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 12: 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 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 help better determine 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)

For matters related to students who identify as LGBTQ, special consideration and cultural appropriateness is important in assessing level of risk. Several studies have indicated that LGB youth are up to seven times more likely than other youth to attempt suicide, and between 41% and 64% 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 and neighboring schools may experience a higher risk of suicide, regardless of the relationship they had with the student who dies by suicide. Addressing the complicated grief that loss survivors experience is needed to reduce their risk of suicide.

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

Homeless youth and youth 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 level of risk, keeping in mind that they may not have support outside of school and this could elevate their level of risk due to inability to maintain safety outside of school. Coordination with foster-care liaisons, group home staff, foster parents, or other supportive providers may be necessary to assist with the safety planning of a youth at risk of suicide or returning to school from a hospitalization.

SECTION 13: RESPONDING TO A STUDENT DEATH BY SUICIDE

The following are general procedures for the school site Crisis Response Team in the event of a completed suicide.

The school site Crisis Response Team should designate a staff member to be the point of contact with the family of the deceased; this 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.

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

In the event that the family does not give permission to disclose the cause of death, it is still important to acknowledge the loss of the student, offer support to other students, faculty and staff. The following guidelines address how to respond when the family does not give permission to disclose the cause of death.

- Establish a plan to notify staff of the death. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school 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 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 not to disclose 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. Notification of staff is recommended 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 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 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 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, as 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
- Determine need to call in more support from San Mateo County Behavioral Health and Recovery Services or local community based mental health providers
- Clarify procedures for students and staff who may need additional support in coping 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 can provide a therapist to offer support groups and/or individual session for staff at the school site
- Request substitute teachers, as needed
- Maintain sign-in sheets and documentation on students serviced for follow-up, as needed

Refer students or staff who require a higher level of care for additional services. School site MTSS might be helpful to identify resources available within the community. For Faculty and Staff the District might offer free services through an EAP, or your employer health care coverage.

- Indicators of students and staff in need of additional support and/or referral may include the following:
 - ▶ Persons with close connections to the deceased (e.g., siblings, relatives, teacher)
 - ▶ Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member)
 - ▶ Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when majority are expressing sadness
 - ▶ Persons unable to control crying
 - ▶ Persons with multiple traumatic experiences may have strong reactions that require additional assistance

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, social groups and even across school sites. Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased. Offer continual crisis counseling at school for several months after a suicide to help reduce the risk of another suicide.

Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either the student or the death. 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 mental health professional on campus and/or the designated member of the school site crisis response team should offer guidelines for a meaningful, safe approach to acknowledge the loss.

- Memorials should not be disruptive to the daily school routine
- Monitor memorials for content
- Placement of memorials should be time limited. For example, they may be kept in place until the services, after which the memorial items may be offered to the family

Social Networking After a Completed Suicide

Students may often turn to social networking sites as a way to communicate information about the death; this 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 and/or law enforcement.

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 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 student could use to cause harm or injury.
- Gather essential background information that could contribute to assessment of 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 Assessment should meet with the student to complete 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.
- In person or over the phone, communicate concerns and make recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, razor blades).
- Provide school and/or local community mental health resources. Provide information about the school's MTSS (Multi-Tiered Systems of Support).

- Provide a copy of the General Guidelines for Parents (Elementary) or General Guidelines for Parents (Secondary).
- Offer to help link 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 parent transports the student, ensure the parent/guardian completes the Released to Parents for Psychiatric Assessment form. Provide the Return to School Information and encourage a release of information for the hospital.
- Follow the procedures for law enforcement to transport if law enforcement is contacted.
- Call ahead to the hospital receiving the 5150 to let medical staff know that a student that is being transported by his/her parent/guardian 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 Safety Plan with the student (See Develop Safety Plan section of protocol).
- 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 and the FAQ regarding educational myths. What is this??
- Assist in accessing off-site, community-based support services for student and family.
- Review any concerns related to the incident expressed by school staff, parents/guardians or student.

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 s/he has 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: _____

Assessing for Level of Risk

Use professional judgment and rely on training in conducting a comprehensive and sensitive interview with the student. The following questions are intentionally designed as yes/no questions to help determine level of risk. Depending on the student's response, ask clarifying questions to help gain a better understanding of what is going on with the student.

Category	Assessment Questions	Yes	No
Intent	Are you thinking of killing yourself? Are you currently thinking about suicide? Have you been thinking of taking your own life? <i>Details:</i>		
Plan	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? <i>Details:</i>		

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

If the student answered "yes" to any of the questions above or if the interviewer suspects the student was not honest in his/her responses, consider the student to be high risk and follow the action steps for moderate to high risk in Section 8 of this protocol.

If the student is not at high risk, continue to assess the student to determine if he/she is low risk or moderate 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
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? <i>Details:</i>		
	Has anyone noticed or commented on your behavior being really different lately? <i>Details:</i>		
	Have you noticed a dramatic change in your mood lately? <i>Details:</i>		

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

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 the level of risk, low or moderate. If the student is determined to be at moderate risk, follow the action steps for moderate to high risk in Section 8 of this protocol. If the student is determined to be low risk, follow the action steps for low risk in Section 8 of this protocol.

STUDENT SAFETY PLAN

Student Name: _____ Date: _____

This plan should be developed by the student with assistance from the members of the school support team. Consider this a working document to help maintain the student's safety and feelings of support while at school. The student and the student support team can add other interventions already in place at the school to this plan in order to help support the student.

The student should identify the school staff members he/she feels most comfortable going to for extra support.

School Support Team Members	Contact Information

Things I can do at school to make myself feel better:

- 1.
- 2.
- 3.

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 Hour Suicide/Crisis Hotline: 1-800-273-TALK (8255)



**SAN MATEO COUNTY SCHOOLS
SUICIDE PREVENTION PROTOCOL
DOCUMENTATION OF RISK ASSESSMENT (DORA)**

DEMOGRAPHIC INFORMATION (Match Educational Records)

School Site: _____ Date: _____

Name of Student: _____ DOB: __/__/____ Age: _____

Gender: _____ Ethnicity: _____ Grade: _____ IEP: [] Y [] N

REASON FOR REFERRAL

- | | | |
|---|---|--|
| <input type="checkbox"/> Self Referred | <input type="checkbox"/> Signs of Self-Injury | <input type="checkbox"/> Discipline Referral |
| <input type="checkbox"/> Verbal Expression of Intent | <input type="checkbox"/> Changes in Mood | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Written Expression of Intent | <input type="checkbox"/> Changes in Behavior | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Media Post | | |
-

REFERRED BY

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Counselor | <input type="checkbox"/> Coach | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Dean | <input type="checkbox"/> School Resource Officer |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Health Aide | <input type="checkbox"/> Self |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Student/Friend |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Campus Aide | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Campus Security | <input type="checkbox"/> Principal | |

RELEASED TO PARENTS FOR PSYCHIATRIC ASSESSMENT FORM

I have been notified by _____ that my child, _____,

- [] expressed intent to harm his/her self;
[] 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

Witness

Date

SAMPLE STUDENT ANNOUNCEMENT OF DEATH (UNKNOWN AND SUICIDE)

Faculty should be informed of the suicide first, and they should be 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] death and send our condolences to [his/her] family and friends. Crisis 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] death and send our condolences to [his/her] family and friends. Crisis 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] 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] doing this, we can never really know what was going on that made [him/her] take [his/her] 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, our personal sense of shock and confusion can be overwhelming. If you knew the deceased personally, you may feel a jumble of emotions yourself. 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 this 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 his or her 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 he or she did not realize in the consequences of what he or she was doing.

Introduce the topic of help-seeking

Emphasize that nothing in life is ever so terrible or devastating that suicide is the way to handle it. Ask your child to whom she or he 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, his or her 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 its 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 and 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 help-seeking 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 his or her 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

www.nami.org

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 [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,

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 needs of the student are met, and privacy is maintained.

The Return-to-School Meeting is an opportunity to create a Student Safety 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 Student Safety 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 in referring to and accessing off-site, community-based support services for student and family.
- Review any concerns related to the incident that are expressed by school staff, parents/guardians, or student.
- Develop a plan with student, parent/guardian, and teachers to ensure that student can adequately complete all missed course work.
- Consider an assessment for special education for a student whose behavioral and emotional needs affect his/her ability to benefit from the current educational program.

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

Some of your concerns or questions may be answered in the "FAQ Regarding Educational Myths." This document can be found in the Return-to-School Information packet or on our school's website.

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 his/her 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 he/she needs 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 him or her. 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 him/her 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, 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 on parents. Reach out for personal adult supports within your community (friends, family, clergy, and 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

www.nami.org

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 risk factors associated with increased risk of 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, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior

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 intentional running in front of cars or jumping from high places
- Intense or excessive preoccupation with death

- 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

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 his/her 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 he/she needs 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 him or her. 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 him/her 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, 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 on parents. Reach out for personal adult supports within your community (friends, family, clergy, and mental health professionals).
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- 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% 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. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- ***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 reduced 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, separate and distinct from suicide.
- Self-injury 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 or pulling skin or hair, and 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 when focused on reducing the negative thoughts and environmental factors that trigger SI.

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, thumb tacks)
- 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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- 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% 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. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- ***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 reduced interest in previously important activities are all considered warning signs of suicide.

STUDENT SAFETY PLAN

Student Name: _____ Date: _____

This plan should be developed by the student with assistance from the members of the school support team. Consider this a working document to help maintain the student's safety and feelings of support while at school. The student and the student support team can add other interventions already in place at the school to this plan in order to help support the student.

The student should identify the school staff members he/she feels most comfortable going to for extra support.

School Support Team Members	Contact Information

Things I can do at school to make myself feel better:

- 1.
- 2.
- 3.

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.

24 Hour Suicide/Crisis Hotline: 1-800-273-TALK (8255)

