Regulation 5141.52: Suicide Prevention

Status: ADOPTED

Original Adopted Date: 07/01/2009 | **Last Revised Date:** 06/01/2021 | **Last Reviewed Date:** 06/01/2021

CSBA NOTE: Education Code 215 mandates policy on suicide prevention, intervention, and postvention for grades K-12. See the accompanying Board policy. The following administrative regulation provides additional strategies that fulfill the mandate and may be revised to reflect district practice. Pursuant to Education Code 215, the following regulation should be developed in consultation with school and community stakeholders, school-employed mental health professionals, suicide prevention experts, and, in developing strategies for grades K-6, the county mental health plan.

Examples of suicide prevention strategies are also available in the California Department of Education's (CDE) Model Youth Suicide Prevention Policy, Mental Health Services Oversight and Accountability Commission's (MHSOAC) Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025, the U.S. Department of Health and Human Services publication Preventing Suicide: A Toolkit for High Schools, and resources issued by other state and federal agencies and organizations. For further information about strategies to protect students from bullying, cyberbullying, and other harassment, see BP 5131 - Conduct, BP 5131.2 - Bullying, BP 5145.3 - Nondiscrimination/Harassment, BP/AR 5145.7 - Sexual Harassment, and BP 5145.9 - Hate-Motivated Behavior.

Staff Development

CSBA NOTE: Education Code 215 mandates that the district's policy address any training on suicide awareness and prevention to be provided to teachers of students in all grade levels served by the district. In addition, Education Code 49604 encourages each district to provide suicide prevention training at least once to each middle, junior high, and high school counselor.

CDE recommends that employees receive training on the core components of suicide prevention at the beginning of employment, and also receive training each year on risk factors, protective factors, warning signs of suicide, suicide prevention, intervention, referral, and postvention, with a minimum of one hour of general suicide prevention training. The following section should be revised to reflect district practice.

Education Code 216 requires CDE to identify evidence-based online training program(s), aligned with the requirements of Education Code 215, that districts may use to train students and staff.

Education Code 216 also requires CDE, dependent upon funds being appropriated in the annual Budget Act, to provide grants, upon application, to county offices of education for the acquisition of such training programs to disseminate to districts at no cost.

Suicide prevention training shall be provided to teachers, interns, counselors, and others who interact with students, including, as appropriate, substitute teachers, coaches, expanded day learning staff, crossing guards, tutors, and volunteers. The training shall be offered under the direction of a district counselor, psychologist, and/or social worker who has received advanced training specific to suicide and who may collaborate with one or more county or community mental health agencies.

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Additionally, staff development shall include research and information related to the following topics:

CSBA NOTE: Education Code 215 mandates that the district's policy specifically address the needs of high-risk groups; see the accompanying Board policy. One strategy to specifically address their needs is to increase staff awareness of the higher rates of suicide among these groups, as provided in item #1 below.

1. The higher risk of suicide among certain groups, including, but not limited to, students who are impacted by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning

   CSBA NOTE: Staff development may include training about individual risk factors associated with suicide, as provided in item #2 below. Information about risk factors is available from MHSOAC's Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025, the Centers for Disease Control and

Prevention, American Association of Suicidology, American Foundation for Suicide Prevention, Trevor Project, and other publications, agencies, and organizations.

2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe or traumatic stressor or loss, family instability, impulsivity, and other factors

3. Identification of students who may be at risk of suicide, including, but not limited to, warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent

4. Protective factors that may help to decrease a student's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community

5. Instructional strategies for teaching the suicide prevention curriculum, promoting mental and emotional health, reducing the stigma associated with mental illness, and using safe and effective messaging about suicide

6. The importance of early prevention and intervention in reducing the risk of suicide

7. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

8. Appropriate ways to interact with a student who is demonstrating emotional distress or is suicidal and procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide, including, but not limited to, appropriate protocols for constant monitoring and supervision of the student, during the time the student is in the school's physical custody, while the immediate referral of the student to medical or mental health services is being processed

9. District procedures for responding after a suicide has occurred

10. Common misconceptions about suicide

The district may provide additional professional development in suicide risk assessment and crisis intervention to district mental health professionals, including, but not limited to, school counselors, psychologists, social workers, and nurses.

Instruction

CSBA NOTE: The state's content standards for health education include voluntary standards pertaining to mental, emotional, and social health at selected elementary and secondary grades and suicide prevention instruction at grade 7 or 8 and in high school.

CDE recommends that the instruction be under the supervision of district-employed mental health professionals following consultation with county and community health agencies, and that it be incorporated into areas of the curriculum in addition to health classes.

The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum in an age and developmentally appropriate manner and shall be designed to help students:

1. Identify and analyze warning signs and risk factors associated with suicide, including, but not limited to, understanding how mental health challenges and emotional distress, such as feelings of depression, loss, isolation, inadequacy, and anxiety, can lead to thoughts of suicide

2. Develop coping and resiliency skills for dealing with stress and trauma, and building self-esteem

3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent

4. Identify trusted adults; school resources, including the district's suicide prevention, intervention, and referral

procedures; and/or community crisis intervention resources where youth can get help

5. Develop help-seeking strategies and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention

6. Recognize that early prevention and intervention can drastically reduce the risk of suicide

The Superintendent or designee may develop and implement school activities that raise awareness about mental health wellness and suicide prevention.

Student Identification Cards

CSBA NOTE: The following section is for use by districts that serve students in grades 7-12. Education Code 215.5 requires districts that issue or reissue student identification cards to have printed on either side of the card the telephone number of the National Suicide Prevention Lifeline (1-800-273-8255), and allows to have printed on the card the Crisis Text Line (texting HOME to 741741) and/or a local suicide prevention hotline telephone number.

Student identification cards for students in grades 7-12 shall include the National Suicide Prevention Lifeline telephone number and may also include the Crisis Text Line and/or a local suicide prevention hotline telephone number. (Education Code 215.5)

Intervention

CSBA NOTE: Education Code 215 mandates that the district's policy and procedures address suicide intervention. The following section should be revised to reflect district practice. In addition, the district may choose to incorporate crisis intervention strategies in its comprehensive school safety plan adopted pursuant to Education Code 32280-32289.5; see BP/AR 0450 - Comprehensive Safety Plan.

The following paragraph is for use by districts that have formed and trained district and/or school site crisis intervention team(s) to assist with suicide intervention; see the accompanying Board policy. The National Association of School Psychologists (NASP) recommends that crisis intervention teams assign one or more individuals as a "designated reporter" to receive and act upon all reports from teachers, other staff, and students who may be suicidal.

The Superintendent or designee shall provide the name, title, and contact information of the members of the district and/or school crisis intervention team(s) to students, staff, parents/guardians, and caregivers and on school and district web sites. Such notifications shall identify the mental health professional who serves as the crisis intervention team's designated reporter to receive and act upon reports of a student's suicidal intention.

Students shall be encouraged to notify a teacher, principal, counselor, designated reporter, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, the staff member shall promptly notify the principal, school counselor, or designated reporter, who shall implement district intervention protocols as appropriate.

CSBA NOTE: Education Code 49602 generally protects the confidentiality of information of a personal nature disclosed to a school counselor by a student age 12 years or older or by a parent/guardian. However, in certain circumstances, the counselor may disclose such information to avert a clear and present danger to the health, safety, or welfare of the student or others within in the school community. Also see BP 6164.2 - Guidance/Counseling Services.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, discussed, or referred to with third parties, the counselor may report to the principal or student's parents/guardians when there is reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or others within the school community. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment, or to report child abuse and neglect as required by Penal Code 11164-11174.3. (Education Code 49602)

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary

2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened

3. Keeping the student under continuous adult supervision and providing comfort to the student until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene

4. Removing other students from the immediate area as soon as possible

The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

CSBA NOTE: The following paragraph is optional. If a student's parents/guardians refuse or neglect to access treatment for a student who has been identified to be at risk for suicide, the Superintendent or designee shall consider whether a referral to child protective services for child neglect is needed. Pursuant to Penal Code 11164-11174.3, the Child Abuse and Neglect Reporting Act, school employees who are mandated reporters are required to report child abuse or neglect, as defined in law, when they have knowledge of or reasonably suspect that a child is a victim of child abuse or neglect. See BP/AR 5141.4 - Child Abuse Prevention and Reporting.

The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether it is necessary, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate steps to ensure the student's readiness for return to school and determine the need for ongoing support.

Postvention

CSBA NOTE: Education Code 215 mandates that the district's policy and procedures address suicide postvention. The following section should be revised to reflect district practice.

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

CSBA NOTE: Research has identified an increased risk of suicide among youth who are grieving the suicide of another (so-called "suicide contagion"). The NASP, in its Preventing Suicide: Guidelines for Administrators and Crisis Teams, recommends that memorials should be implemented with care so as not to sensationalize or glamorize suicide and thereby increase the suicide risk to other students. If a memorial is conducted for a student who dies by suicide, the association suggests a living memorial, such as making donations to a local crisis center, participating in an event that raises awareness about suicide prevention, or providing other opportunities for service activities in the school that emphasize the importance of students taking care of each other.

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. The Superintendent or designee shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. Students significantly affected by suicide death and those at risk of imitative behavior should be identified and closely monitored. School staff may receive assistance from school counselors or other mental health professionals in determining how to best discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

Policy Reference Disclaimer: These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State References	Description
Ed. Code 215	Student suicide prevention policies
Ed. Code 215.5	Student identification cards, inclusion of safety hotlines
Ed. Code 216	Suicide prevention online training programs
Ed. Code 234.6	Bullying and harassment prevention information
Ed. Code 32280-32289.5	Comprehensive safety plan
Ed. Code 49060-49079	Student records
Ed. Code 49602	Confidentiality of personal information received during counseling
Ed. Code 49604	Suicide prevention training for school counselors
Gov. Code 810-996.6	California Tort Claims Act
Pen. Code 11164-11174.3	Child Abuse and Neglect Reporting Act
W&I Code 5698	Emotionally disturbed youth; legislative intent
W&I Code 5850-5886	Children's Mental Health Services Act

Management Resources References	Description
California Department of Education Publication	01-05 Guidelines for Piloting Textbooks and Instructional Materials, rev. January 2015
Centers for Disease Control and Prevention Publica	School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009
Court Decision	A.M. v. Albertsons, LLC, (2009) Cal.App.4th 455
Nat'l Assoc. of School Psychologists Publication	Preventing Suicide: Guidelines for Administrators and Crisis Teams, 2015
U.S. Dept. of Health & Human Services Publication	National Strategy for Suicide Prevention: Goals and Objectives for Action, rev. 2012
Website	AASA The School Superintendents Association - https://simbli.eboardsolutions.com/SU/MOaF8AO8cslshSlfGc13QQoEQ==

Cross References	Description
0450	Comprehensive Safety Plan - https://simbli.eboardsolutions.com/SU/r4vTslshoYLVujplusGaGRffa0mA==
0450	Comprehensive Safety Plan - https://simbli.eboardsolutions.com/SU/H5ZxOaslshHOeexslshGjrvQ4J5Q==
0470	COVID-19 Mitigation Plan - https://simbli.eboardsolutions.com/SU/gx6z1OE0WF1n2Des17d7IA==
1400	Relations Between Other Governmental Agencies And The Schools - https://simbli.eboardsolutions.com/SU/2slshOddASNpRgaSFRbxqwJpQ==
3515	Campus Security - https://simbli.eboardsolutions.com/SU/f6i6slshR6cGolXslshmoldU69iw==

3515	Campus Security - https://simbli.eboardsolutions.com/SU/WKgcaiEXXQzkZR3wljM36Q==
4131	Staff Development - https://simbli.eboardsolutions.com/SU/mplusfJtQCJn0ArH43NKz32QQ==
4231	Staff Development - https://simbli.eboardsolutions.com/SU/YX9lZdvUEZNtp9AuLVbcSw==
5125	Student Records - https://simbli.eboardsolutions.com/SU/ZvxF6XkQA2GslshUjbMslshh0H0Q==
5125	Student Records - https://simbli.eboardsolutions.com/SU/3plusp31Lkmh0LChplusQ18aDY6w==
5131	Conduct - https://simbli.eboardsolutions.com/SU/rcn2VGELy8pB5ycAAiZE9w==
5131.2	Bullying - https://simbli.eboardsolutions.com/SU/tDboClNOvOslshQiptfXslshzJmA==
5131.2	Bullying - https://simbli.eboardsolutions.com/SU/f2cYyaJzLvsvMmt1BZQC0Q==
5131.6	Alcohol And Other Drugs - https://simbli.eboardsolutions.com/SU/xzplusi2SplusKSeQu0AFVCplusJC5g==
5131.6	Alcohol And Other Drugs - https://simbli.eboardsolutions.com/SU/ehwaVjHFsKfboxMDjfETjQ==
5131.8	Mobile Communication Devices - https://simbli.eboardsolutions.com/SU/LiV8VhZLai3nuA7Sw2q4HA==
5137	Positive School Climate - https://simbli.eboardsolutions.com/SU/jRjgplusopnUd0uMgyHO1dvGw==
5138	Conflict Resolution/Peer Mediation - https://simbli.eboardsolutions.com/SU/zrtUWyLBw90n4vZ5zZslsh5Rg==
5141	Health Care And Emergencies - https://simbli.eboardsolutions.com/SU/jBuNCsiUislsh2HEvakqQPHvA==
5141	Health Care And Emergencies - https://simbli.eboardsolutions.com/SU/3kRQYo1qgPRDQdnVRVeBlw==
5141.4	Child Abuse Prevention And Reporting - https://simbli.eboardsolutions.com/SU/mbhDplus33qDpDhH8NEBE0tuQ==
5141.4	Child Abuse Prevention And Reporting - https://simbli.eboardsolutions.com/SU/PlijXxKxxslshCWhjkgkkQjUg==
5141.6	School Health Services - https://simbli.eboardsolutions.com/SU/mpMwocGFcF5WmFMN2Mddew==
5141.6	School Health Services - https://simbli.eboardsolutions.com/SU/eslshfkwtocdMUhIvbzzzvxgg==
5142	Safety - https://simbli.eboardsolutions.com/SU/5slshapUAxOA1sFMKxHhrA7ag==
5142	Safety - https://simbli.eboardsolutions.com/SU/dz5K1iBya2cVuscLfedvSg==
5145.3	Nondiscrimination/Harassment - https://simbli.eboardsolutions.com/SU/3RLPKjNPsN7ZGURJ4LNGYw==
5145.3	Nondiscrimination/Harassment - https://simbli.eboardsolutions.com/SU/CUCON6Qd8nkjOdljoQgkAQ==
5145.7	Sexual Harassment - https://simbli.eboardsolutions.com/SU/E7h3EO9DD8llqYN6cMgv4Q==
5145.7	Sexual Harassment - https://simbli.eboardsolutions.com/SU/T5Lzfk3slshqNsWLeXOOYuFrQ==
5145.9	Hate-Motivated Behavior - https://simbli.eboardsolutions.com/SU/GMbDh5yDVyMtcEirOa4j9A==

6142.8	Comprehensive Health Education - https://simbli.eboardsolutions.com/SU/Fxzfr7ncsUmly1Bp3FM3KA==
6142.8	Comprehensive Health Education - https://simbli.eboardsolutions.com/SU/MI295bVYUYZO2gOy5KViWQ==
6164.2	Guidance/Counseling Services - https://simbli.eboardsolutions.com/SU/PbMOojoIGWaiCvxEeZkuDQ==