Options For Youth
Public Charter Schools

Options for Youth-Victor Valley, Inc.

Youth Suicide Prevention Policy

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Purpose

The purpose of this policy is to protect the health and well-being of all Options for Youth-Victor Valley (School) students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This policy aims to safeguard students against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate support for families affected by students who have experienced loss associated with suicide. This policy was developed in consultation with school and community stakeholders, county mental health plans, school-employed mental health professionals, and suicide experts. The School's governing board will review and update this policy periodically as needed, but no less than every five years.

Definitions

1. **At-risk for suicide:** A student who is considered "at-risk for suicide" has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. **High-risk for suicide:** Students who are considered to be in the "high-risk for suicide" group include but are not limited to youth bereaved by suicide; youth with disabilities, mental illness, or substance use disorders; youth experiencing homelessness or in out-of-home settings, such as foster care; or lesbian, gay, bisexual, transgender, or questioning youth (LGBTQ+).

3. **Mental health:** A state of mental and emotional well-being that can impact wellness choices and actions. Mental health problems include mental and substance use disorders.

4. **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. **Risk assessment:** An evaluation of a student who may be at risk for suicide conducted by a mental health professional who has been specifically trained in crisis preparedness. This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, level of hopelessness and helplessness, mental status, and other relevant risk factors.

6. **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take their life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment.

7. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. It can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

9. **Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as the wish to die and the desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less severe or less dangerous suicide attempt.

10. **Suicidal behavior:** Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

11. **Suicide contagion:** The process by which suicidal behavior or suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

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

Scope

This policy covers actions within the school, on school property, at school-sponsored functions and activities, and at school-sponsored out-of-school events where school staff are present. School employees must act only within the authorization and scope of their credential or license. This policy should not be construed as authorizing or encouraging an employee to diagnose or treat mental illness unless the employee is specifically licensed or employed in that capacity. While it is expected that school professionals are able to identify suicide risk factors and warning signs, screen and assess to identify suicide risk and provide ongoing support to students identified as at-risk, the care or treatment for suicidal ideation is typically beyond the scope of services offered in the school setting.

Risk Factors and Protective Factors

Risk Factors

Risk factors for suicide are characteristics or conditions that increase the chance that a person may try to take their life. Suicide risk tends to be highest when someone has several risk factors at the same time. The most frequently cited risk factors for suicide are:

- Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain

It is essential to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

High-Risk Student Populations

The following student populations are considered to be high-risk for suicidal behavior:

1. **Youth living with mental and/or substance use disorders:** While the large majority of people with mental disorders do not engage in suicidal behavior, "40.4 percent of youth suicide decedents between 2010-2021 had a documented mental health condition" (Chaudhary et al. 2024). Mental disorders, in particular depression or bipolar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders, are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, which may render recognition of suicidal risk more difficult.
2. **Youth who engage in self-harm or have attempted suicide:** Suicide risk among those who engage in self-harm is significantly higher than the general population. Additionally, a previous suicide attempt is a known predictor of suicide death.
3. **Youth in out-of-home settings:** Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Between 2000 and 2014, suicide rates were consistently 2 to 3 times higher for youth in juvenile correctional facilities than for those in the general youth population (Ruch et al., 2019).

4. **Youth experiencing unstable housing due to homelessness, foster care, family migrant worker status, or active-duty military family status (HMMFY):** For youth experiencing homelessness, rates of suicide attempts are higher than those of the youth population in general. In 2023, the Centers for Disease Control and Prevention (McKinnon) reported that "adjusting for other demographic variables, students who experienced unstable housing were nearly twice as likely to have seriously considered suicide or made a suicide plan during the past year, and more than three times as likely to have attempted suicide during the past year."

5. **LGBTQ+ youth:** In 2024, *The Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023* (Centers for Disease Control and Prevention) reported that 20 percent of LGBTQ+ youth attempted suicide during the past year as compared to 6 percent of cisgender and heterosexual youth. Suicidal behavior among LGBTQ+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization.

6. **Youth bereaved by suicide:** Youth who have experienced suicide loss through the death of a friend or loved one are at increased risk for suicide themselves.

7. **Youth living with medical conditions and disabilities:** Many medical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations.

Protective Factors

Protective factors for suicide are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

Protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

Prevention

Crisis Response Team

To ensure the policies regarding suicide prevention are appropriately adopted, implemented, and updated, the School created a Crisis Response Team consisting of administrators, mental health professionals, and relevant staff. The Crisis Response Team will be responsible for planning and coordinating the implementation of this policy. The Crisis Response Team will be the point of contact for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the Crisis Response Team. When a student self-reports degrees of elevated risk, staff shall convene the Crisis Response Team.

The Crisis Response Team members are listed below:

1. School Principal
2. School Assistant Principal
3. School Mental Health Professional
4. School Nurse
5. School Counselor
6. Student Teacher of Record and Special Education Teacher (when applicable)

Staff Professional Development

All staff will receive annual training on suicide awareness and prevention, including information on the risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources.

Training will include additional information regarding groups of students who are considered to be at "high-risk" for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., juvenile justice facilities), those experiencing HMMFY, LGBTQ+ students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. The training materials will also include information on how to identify appropriate mental health services, both at the school site and within the community at large, and when and how to refer youth and their families to those services. Training materials may also include programs that can be completed through self-reviewing suitable suicide prevention materials.

Publication and Distribution

This policy will be distributed annually in the Comprehensive School Safety Plan (CSSP) and posted on the School website. Students, parents, and guardians may access the policy at any time.

Intervention, Assessment, and Referral

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation or when they have knowledge or concerns about another student's emotional distress, suicidal ideation, or attempt. When a staff person identifies a student as potentially suicidal, e.g., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or the student self-refers:

1. The staff person will continuously supervise the student while contacting the site administrator and a school mental health professional.

2. The school mental health professional will conduct a risk assessment.

3. The Crisis Response Team will contact the student's parent or guardian following the Parental Notification and Involvement procedures described herein. Based on the risk assessment, the family will be provided with an urgent referral for appropriate school and/or community resources. The referral process may include calling emergency services or bringing the student to the local Emergency Department when appropriate.

4. The Crisis Response Team will ask the student's parent or guardian for written permission to discuss the student's health with the student's outside-of-school healthcare providers, if appropriate.

5. The student's parent/guardian, principal, staff, school psychologist, and other providers, if needed, will participate in a return-to-school meeting. The purpose of the meeting will be to understand the appropriate referrals and interventions the student may need upon their return to school.

Imminent Danger

The school will limit the involvement and notification of law enforcement officials to situations in which a student's life is in imminent danger, and a mental health professional cannot address their needs. If the student is in imminent danger (e.g., has access to a gun, is on a rooftop, or is in other unsafe conditions), the Crisis Response Team or designated staff member shall call 911. The call shall not be made in the presence of the student, and the student shall not be left unsupervised. Staff shall not physically restrain or block an exit.

Action Plan for In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student and those around them are critical. The following steps should be implemented:

1. Remain calm and remember that the student is overwhelmed, confused, and emotionally distressed.
2. Provide comfort to the student.
3. Listen and let the student express their feelings or thoughts.
4. Supervise the student constantly to ensure their safety until professional medical treatment and/or transportation can be received. Do not send the student away or leave them alone, even if they need to go to the restroom.
5. Move all other students out of the immediate area as soon as possible.
6. Immediately notify the Crisis Response Team and school leadership.
7. If deemed necessary, call 911 and give the emergency dispatcher as much information as possible about any suicide note, medications taken, access to weapons, etc.
8. If needed, provide medical first aid until a medical professional is available.
9. The principal or designee will contact the student's parent or guardian as soon as possible following the Parental Involvement and Notification procedures described herein.
10. Review options and resources of people who can help.
11. Be comfortable with moments of silence as you and the student will need time to process the situation.
12. Be respectful. Promise privacy and help, but do not promise confidentiality.
13. The Crisis Response Team will assess whether additional steps should be taken to ensure student safety and well-being.
14. If appropriate, staff will immediately request a mental health assessment for the youth.
15. The student should only be released to parents or to a person who is qualified and trained to provide help.
16. Follow the Return to School Procedures described herein.

Action Plan for Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student outside of school property, the student's privacy must be maintained. The following steps should be implemented:

1. Call the police and/or emergency medical services, such as 911.
    a. If the student contacts a staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police and/or emergency medical services while maintaining verbal engagement with the student.
2. Contact the student's parent or guardian and offer support to the family.
3. Inform the Crisis Response Team.
4. Provide care and determine appropriate support to affected students.
5. Refer the student to a mental health professional to conduct a risk assessment.
6. Offer the student and the parent/guardian steps for the return to school plan.
7. Follow the Return to School Procedures described herein.

Return to School Procedures

A student who has threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Therefore, an appropriate return to school process is an important component of suicide prevention. For students returning to school after a mental health crisis, the Crisis Response Team, school psychologist, and/or mental health professional will meet with the student's parent or guardian and, if appropriate, meet with the student to discuss a return to school plan. The steps may include, but are not limited to:

1. The school mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside-of-school mental health care providers to monitor the student's actions and mood.

2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that he/she/they are no longer a danger to themselves or others. The school may also obtain a written release of information signed by the parent/guardian to allow the school to communicate with providers.

3. The school mental health professional or other designee will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

4. The school mental health professional or other designee will confer with the student and parents/guardians about any specific requests on how to handle the situation.

5. The school mental health professional or other designee will meet with the student's teacher(s) to review recommended support and signs to look for in order to better support the student.

6. School leadership and teacher(s) will allow accommodations for the student to make up work if appropriate.

7. The school mental health professional or other designee will work with parents/guardians to involve the student in an aftercare plan and school safety plan if needed.

Parental Notification and Involvement

In situations where a student is considered at-risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or school-provided mental health professional. If appropriate, staff may also seek parental permission to communicate with outside-of-school mental health care providers regarding the student.

Through discussion with the student, the principal, designee, or school-provided mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or school-provided mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate and instead, contact and consult with Child Protective Services (CPS). If parental contact is delayed, the reasons for the delay should be documented.

School staff are required to verify with the parent/guardian that follow-up treatment has been accessed. Parents/guardians will be required to provide documentation of care to the school. If parents/guardians refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, an appropriate school staff member will meet with the parents/guardians to identify barriers to treatment (e.g., cultural stigma, financial issues), work to rectify the situation, and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the youth.

Postvention

It is important to respond to a suicide death appropriately. A death by suicide in the school community can have serious negative consequences on students and staff. Therefore, the School will ensure that it implements an action plan when responding to a suicide death.

Development and Implementation of an Action Plan

The Crisis Response Team will develop an action plan to guide the School's response following a death by suicide. A meeting of appropriate school staff to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

1. **Verify the death:** Staff will confirm the death and determine the cause of death through communication with the student's parent or guardian or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide, but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death.

2. **Assess the situation:** The Crisis Response Team and a mental health professional will meet to prepare the postvention response, consider how severely the death is likely to affect other students, and determine which students are most likely to be affected. The Crisis Response Team and appropriate school staff will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for, or scale of, postvention activities may be reduced if appropriate.

3. **Communication following death:**

    a. **Before the death is officially classified as a suicide by the coroner's office**, the death may be reported to staff, students, and parents/guardians with an acknowledgment that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students when appropriate. The statement should acknowledge the death but not include specific details, such as the cause of the death (i.e., suicide); include known funeral arrangements; recognize the sorrow that the news has and will cause; and include information about the resources available to help students cope with their grief. Staff should avoid making public announcements or holding school-wide assemblies discussing the student's death.

    b. **After the death is officially classified as suicide by the coroner's office**, the school administrator and school mental health professional may consider preparing a letter (with input and permission from the student's parent or guardian) to send home with students. The letter may include facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available. Staff shall not share explicit, graphic, or dramatic content, including the manner of death.

4. **Avoid suicide contagion:** The school administrator and school mental health professional should explain in the staff meeting described above that one purpose of trying to identify and give services to other at-risk or high-risk students is to prevent another death. The school administrator and school mental health professional will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the school administrator and school mental health professional will review suicide warning signs and procedures for reporting students who present concerns.

5. **Initiate support services:** Students identified as being more likely to be affected by the death will be assessed by a school mental health professional to determine the level of support needed. The school administrator and school mental health professional will coordinate support services for students and staff in need of individual and small-group counseling as needed.

6. **Memorial plans:** The school should not create on-campus physical memorials (e.g., photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. The school should suggest to the parent/guardian that the funeral be held outside of school hours, if possible, and encourage parents/guardians of students to attend funeral/memorial with their children. The school should offer a safe space at the learning center for students to utilize if needed before/after funeral or memorial service.

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Additional Resources

For more resources for students, families, educators, and school leaders, visit the California Department of Education webpage on Youth Suicide Prevention:

https://www.cde.ca.gov/ls/mh/suicideprevres.asp