

SECTION 15 – SCHOLAR POLICY – SUICIDE PREVENTION

The Board of Directors of Compass Charter School (“CCS”) recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with scholars are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. To attempt to reduce suicidal behavior and its impact on scholars and families, CCS has developed measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies for use by the school, CCS has consulted with school health professionals, school counselors, school psychologists, school social workers, administrators, other staff, learning coaches, scholars, local health agencies, mental health professionals, and community organizations.

Prevention and Instruction

Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances scholars’ feelings of connectedness with CCS and is characterized by caring staff and harmonious interrelationships among scholars.

CCS’s instructional and scholar support program shall promote the healthy mental, emotional, and social development of scholars including, but not limited to, the development of problem-solving skills, coping skills, and resilience.

The President & CEO or designee may offer learning coaches education or information which describes the severity of the youth suicide problem, CCS’s suicide prevention efforts, risk factors and warning signs of suicide, basic steps for helping suicidal youth, reducing the stigma of mental illness, and/or CCS and community resources that can help youth in crisis.

CCS’s instructional curriculum may include information about suicide prevention, as appropriate or needed, taking into consideration the grade level and age of the students. If offered or included in CCS’s instructional curriculum, suicide prevention instruction shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide.
2. Identify alternatives to suicide and develop coping, self-esteem, and resiliency skills.
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, CCS resources, and/or community crisis intervention resources where youth, including those at high risk, such as 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; and lesbian, gay, bisexual, transgender, or questioning youth can get help and

recognize that there is no stigma associated with seeking mental health, substance abuse, gender identity, or other support services.

Staff Development

Suicide prevention training for staff will be provided and be designed to help staff identify and find help for students at risk of suicide. The training may be offered under the direction of a CCS counselor/psychologist and/or in cooperation with one or more 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.

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, scholars who are bereaved by suicide; scholars with disabilities, mental illness, or substance use disorders; scholars who are experiencing homelessness or who are in out-of-home settings such as foster care; and scholars who are lesbian, gay, bisexual, transgender, or questioning youth;
2. Research identifying 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 stressor or loss, family instability, impulsivity, and other factors;
3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in scholars' personality or behavior and verbalizations of hopelessness or suicidal intent;
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community;
5. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health;
6. CCS and community resources and services, including resources and services that meet the specific needs of high-risk groups;
7. CCS procedures for intervening when a scholar attempts, threatens, or discloses the desire to die by suicide.
8. Materials approved by CCS for training shall include how to identify appropriate

mental health services, both at CCS and within the larger community, and when and how to refer youth and their families to those services.

9. Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

Intervention

Scholars shall be encouraged to notify a teacher, administrator, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another scholar's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a scholar's suicidal intentions based on the scholar's verbalizations or act of self-harm, he/she shall promptly notify the President & CEO or school counselor.

Although any personal information that a scholar discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor and President & CEO shall report to the scholar's learning coach when he/she has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the scholar. 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 scholar for treatment. The school counselor or President & CEO may also refer the scholar to mental health resources at CCS or in the community.

CCS shall ensure a school employee acts only within the authorization and scope of his/her credential or license. Nothing in this Policy shall be construed as authorizing or encouraging a CCS employee to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so. .

When a suicide attempt or threat is reported, the President & CEO or designee shall ensure scholar 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 scholar under continuous adult supervision until the learning coach and/or appropriate support agent or agency can be contacted and has the opportunity to intervene;
4. Removing other scholars from the immediate area as soon as possible.
5. Designating specific individuals to be promptly contacted, for example, the CCS counselor, psychologist, nurse, other administrator, and/or the scholar's learning

coach, and, as necessary, local law enforcement or mental health agencies.

6. The President & CEO or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.
7. The President & CEO or designee shall follow up with the learning coach and scholar in a timely manner to provide referrals to appropriate services as needed. If the learning coach does not access treatment for the scholar, the President & CEO or designee may meet with the learning coach to identify barriers to treatment and assist the family in providing follow-up care for the scholar. If follow-up care is still not provided, the President & CEO or designee shall consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.
8. Provide access to counselors or other appropriate personnel to listen to and support scholars and staff who are directly or indirectly involved with the incident.
9. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

Postvention

In the event a suicide occurs or is attempted by a CCS scholar, the President & CEO or designee shall follow the crisis intervention procedures contained in CCS's safety plan. The President & CEO or designee shall communicate with the scholar's learning coach to offer condolences, assistance, and resources. After consultation with the President & CEO or designee and the scholar's learning coach about facts that may be divulged in accordance with the laws governing confidentiality of scholar record information, the President & CEO or designee may provide scholars, learning coaches, and staff with information, counseling, and/or referrals to community agencies as needed. CCS staff may receive assistance from CCS counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with scholars.

The President & CEO shall implement procedures to address scholars' and staff's grief and to minimize the risk of further suicides or crises. He/she shall provide scholars, learning coaches, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with scholars.