



SUICIDE PREVENTION POLICY

The purpose of this policy is to protect the health and well-being of all Bonneville Academy students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Bonneville Academy:

- (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the school's Child Find obligations.

DEFINITIONS:

1. **At risk** - A student who is defined as high risk for suicide is one who 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. **Mental health** - A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
3. **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.





4. **Risk assessment** - An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). 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, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
5. **Risk factors for suicide** - Characteristics or conditions that increase the chance that a person may try to take his or her 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.
6. **Self-harm** - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
7. **Suicide** - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner 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
8. **Suicide attempt** - A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
9. **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.
10. **Suicide contagion** - The process by which suicidal behavior or a 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.





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Adopted January 8, 2019

11. **Suicidal ideation** - Thinking about, considering, or planning for self-injurious behavior which 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.

12. **Arms-length supervision** - Arms-length supervision refers to the safe supervision of an at risk student by keeping the student within arms-length distance of the supervising adult staff. This level of supervision will be initiated according to the Assessment and Referral section of this policy and maintained at the direction of the Executive Director or their designee.

SCOPE:

PREVENTION:

1. The Executive Director or their designee will be responsible for receiving all reports of suicide related risk and reporting to parents or guardians according the Parental Notification and Involvement section.
2. All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated 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, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.
3. Youth Suicide Prevention Programming - Bonneville Academy will integrate developmentally-appropriate, student-centered education materials into the curriculum of all grades, K-8. The content of these age-appropriate materials will include:
 - 1) the importance of safe and healthy choices and coping strategies,
 - 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others,
 - 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.



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4. **Publication and Distribution.** This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

ASSESSMENT AND REFERRAL:

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the parents or guardian will be notified by the Executive Director or their designee the same day of report or identification.

For youth at risk:

1. School staff will maintain arms-length supervision of the student to ensure their safety.
2. The Executive Director will be made aware of the situation as soon as reasonably possible.
3. The school employed mental health professional or Executive Director will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral.
4. The Executive Director will notify the Board of Directors at earliest opportunity.
5. Staff will not discuss the student's health with outside care without obtaining appropriate written permission from the student's parent or guardian.

IN-SCHOOL SUICIDE ATTEMPTS:

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following emergency medical procedures.
2. School staff will maintain arms-length supervision of the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed mental health professional or Executive Director will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the Executive Director regarding in-school suicide attempts.
7. The Executive Director will notify the Board of Directors at earliest opportunity.





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RE-ENTRY PROCEDURE:

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the Executive Director, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

PARENTAL NOTIFICATION AND INVOLVEMENT:

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practical by the Executive Director, designee, or mental health professional. Staff will also obtain written parental permission to communicate with outside mental health care providers regarding their child.

POSTVENTION:

The Executive Director along with the Governing Board will develop an action plan to guide school response following a death by suicide. A meeting to implement the action plan should take place within 24 hours following confirmation of the suicide death.

The Executive Director or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson.



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