

Regulation JLE-R

Las Cruces Public Schools

Related Entries: JICFB, JICL, JICL-R, JICL-E1, JICL-E2, JICL E-3, JICL E-4, JICL E-5, JICL E-6, JLD, RLD-RA

Responsible Office: Associate Superintendent of Equity, Innovation and Social Justice

SUICIDE AWARENESS AND PREVENTION

I. PURPOSE

The purpose of this regulation is to implement Policy JLE in order to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This regulation should be paired with Policy and Regulation JICL (Threat of Violence by Students).

II. GUIDELINES

- A. Every school will establish a Safety Team. Team members will be responsible for planning and implementing the Suicide Prevention Policy. The teams will be comprised primarily of administrative, behavioral health, health services and security professions. They will provide a site-specific written suicide awareness/prevention protocol.
- B. Safety Team members will receive a minimum of once-a-year professional development on risk factors, warning signs, protective factors response procedures, referrals, postvention, and resources regarding youth suicide prevention.
- C. Professional development will include training on groups of students who are at additional risk 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 students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- D. All staff members will report students who they believe to be at risk of suicide to a member of their School Safety Team to include:
 - 1. Any student who exhibits suicide ideation, including thinking about, considering, or planning self-injurious behavior which may result in death, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition;
 - 2. Students who may have thought about suicide including potential means of death and may have a plan;
 - 3. Students who exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain;
 - 4. Students who have engaged in self-injurious behavior for which there is evidence that he or she had at least some intent to kill himself or herself. 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; and

5. Students who show any sign of developing a plan or strategy for suicide, have gathered means for a suicide plan, or have taken any other overt action or expressed thoughts indicating intent to end his or her own life.
- E. 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):
1. School staff will continuously supervise the student to ensure their safety.
 2. The principal or principal's designee will be made aware of the situation as soon as reasonably possible.
 3. The student will be seen by a school employed behavioral health professional, or nurse, or school-based health center clinician within the same school day for a screening. If student screens positive for imminent risk of suicide, school staff will facilitate a referral.
 4. Referral may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
 5. The student's parent or guardian will be informed as soon as practicable by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.
 6. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
- F. For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed behavioral health professional, the principal, 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.
1. A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
 2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
 3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

- G. Following news of a student death by suicide, the safety team will develop a plan to guide the school's response with will include the following steps:
1. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, 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 but will use the opportunity to discuss suicide prevention with students.
 2. The safety team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team 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.
 3. Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement 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. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes 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.
 4. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
 5. Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

6. 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. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

H. Developmentally appropriate, student-focused curriculum that focuses on safe and healthy choices, coping strategies, resiliency building and how to recognize risk factors and warning signs of mental health conditions in self and others will be integrated into K-12 curriculum. Curriculum will include help-seeking strategies for self and others.



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*Approved, Associate Superintendent of Equity,
Innovation, and Social Justice*

Date Approved

History: *New Regulation*

Legal Reference: 34 CFR 99.36, (NMAC) 6.12.6