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The Governing Board of Fontana Unified School District recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth considers (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.





Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students. These measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities;

are not limited to, Youth Mental Health First Aid, Safe Talk, ASIST, Target Solutions, or AccuTrain. Core components of the general suicide prevention training shall include:

Suicide risk factors, warning signs, and protective factors;

How to talk with a student about thoughts of suicide;

How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;

Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;

District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;

District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);

Responding after a suicide occurs (suicide postvention);

Resources regarding youth suicide prevention;

Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;

Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.

The professional development also shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:

Youth affected by suicide;



Resource:

Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amsr>

*Parents, Guardians, and Caregivers Participation and Education*

To the extent possible, parents, guardians, or caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents, guardians, or caregivers the Fontana Unified School District suicide prevention policy and procedures.

This suicide prevention policy shall be prominently displayed on the Fontana Unified School District Web page ([www.fusd.net](http://www.fusd.net)) and included in the parent handbook.

Parents, guardians, or caregivers should be invited to provide input on the development and implementation of this policy.

All parents, guardians, or caregivers should have access to suicide prevention training that addresses the following:

Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;

Receive developmentally appropriate guidance regarding the district's suicide prevention, intervention, and referral procedures.

The content of the education shall include:

- Coping strategies for dealing with stress and trauma;
- How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
- Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).

The Fontana Unified School District will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs).

Resources:

[More Than Sad](https://afsp.org/our-work/education/more-than-sad/) are school-ready and evidence-based training materials, listed on the national Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at <https://afsp.org/our-work/education/more-than-sad/>



Screening Tool. The primary designated suicide prevention liaison should be contacted following the completion and outcome of the suicide risk screening. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all students, staff, parents, guardians, or caregivers and be prominently available on school and district Web sites. [Coordinator Social Emotional Learning Supports and Social Emotional Supports Specialists].

The principal, another school administrator, school counselor, school psychologist, social worker, or nurse shall then notify, if appropriate and in the best interest of the student, the student's parents, guardians, or caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents, guardians, caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to



### *Parental Notification and Involvement*

Each school within the Fontana Unified School District shall identify a process to ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

An administrator, school counselor, school psychologist, or nurse shall notify, if appropriate and in the best interest of the student, the student's parents, guardians, or caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents, guardians, or caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.

After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents, guardians, or caregivers will be required to provide documentation of care for the student.

If parents, guardians, or caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents, guardians, or caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and 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. Child Protective Services can be reached by dialing 211, or the local Hotline at (909) 384-9233, or (800) 827-8724.

### *Action Plan for In-School Suicide Attempts*

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. The following steps should be implemented:

Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;

Move all other students out of the immediate area;

Immediately contact the administrator or suicide prevention liaison;

Call FUSD School Police at (909) 357-5020 or EXT 29060 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;



### *Supporting Students after a Mental Health Crisis*

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

Treat every threat with seriousness and approach with a calm manner; make the student a priority;

Listen actively and non-judgmental to the student. Let the student express his or her feelings;

Acknowledge the feelings and do not argue with the student;

Offer hope and let the student know they are safe, and that help is provided. Do not promise confidentiality or cause stress;

Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;

Keep close contact with the parents, guardians, or caregivers and mental health professionals working with the student.

### *Re-Entry to School After a Suicide Attempt*

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well-planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment.

The following steps should be implemented to prepare for a student's re-entry after a suicide attempt/serious threat or hospitalization:

Obtain a written release of information signed by parents, guardians, or caregivers and providers in order to facilitate the sharing of confidential information in an effort to support student's re-entry;

Explore with student and parents, guardians, or caregivers aE1\* nBT/F1 12 Tf1 0 0I11()-3(of s-4(re)c TJ-4





Long-term memorials are not advised as they may impact students who are emotionally vulnerable and at risk of suicide

Resources:

are warning signs identified by the National Association of School Psychologists (NASP) in *Save a Friend: Tips for Teens to Prevent Suicide, 2019*.

These are a very real sign of danger and should ALWAYS be taken seriously.

- Threats may be direct statements ("I want to die." "I am going to kill myself.") or indirect comments ("The world would be better without me." "Nobody will miss me anyway."). Teenagers might make indirect threats by joking, comments in school assignments like creative writing or artwork, or online through social media. Younger children and those who may have some delays in their development may not be able to express their feelings in words but may provide indirect clues in the form of artwork or acting-out through violent behavior.

If someone has attempted suicide in the past, they are more likely to try again. Be very observant of any friends who have tried suicide before (especially those who have recently attempted suicide).

When symptoms of depression include strong thoughts of helplessness and hopelessness, a child or adolescent is possibly at greater risk for suicide. Watch out for behaviors, comments or posts that indicate that your friend is feeling overwhelmed by sadness or pessimistic views of their future.

Sometimes risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse. While your friend may not act "depressed," their behavior can suggest that they do not care about their own safety.

This behavior may take many forms. In adolescents, it might be saying goodbye to friends, giving away prized possessions, or deleting profiles, pictures or posts online.

Self-injury behaviors are warning signs for young children as well as teenagers. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/markings the body.

If a friend is going through tough times, this may be reflected through classroom behavior, homework habits, academic performance, household chores, or even conversation. If they start skipping classes, getting poor grades, acting up in class, forgetting or poorly performing chores around the house or talking in a way that suggests they are having trouble concentrating, these might be signs of stress and risk for suicide.

Parents, teachers and friends are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from friends and family, skipping school or classes, becoming less involved in activities that were once important, avoiding others, inability to sleep or sleeping all the time, sudden weight gain or loss,





Low stress and frustration tolerance  
Impulsivity  
Risk taking, recklessness  
Poor problem-solving or coping skills  
Perception of self as very underweight or very overweight  
Capacity to self-injure  
Percepti

Poorly lit areas conducive to bullying and violence  
Limited access to mental health care  
Access to lethal means, particularly in the home  
Exposure to other suicides, leading to suicide contagion  
Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight.

Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care

Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay change to sexual identity, which can lead to low self-esteem, social isolation, and decreased help-seeking

Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

Resource:

Preventing Suicide: A Toolkit for High Schools was created to assist schools, districts, and external partners with strategies to prevent suicide and provide constructive behavior health models for students. See the Substance Abuse and Mental Health Services Administration



