

HOWARD GARDNER MULTIPLE INTELLIGENCE CHARTER SCHOOL

	Students/Families	SF17-1001
	Suicide Awareness Policy	ADOPTED DATE: October 17, 2017 REVIEWED DATE: November 4, 2025 REVISED DATE: September 15, 2026

Howard Gardner Multiple Intelligence Charter School

Board of Trustees Policy

STUDENT ASSISTANCE PROGRAM – SUICIDE PREVENTION, ASSESSMENT, RESPONSE & POSTVENTION POLICY

Purpose

The Board of Trustees of Howard Gardner Multiple Intelligence Charter School Charter School is committed to protecting the health and well-being of all Charter School students. This policy was established to prevent, intervene, and create a response to suicide and/or suicide attempts in accordance with federal, state, and local efforts to provide education on youth suicide awareness and prevention.

Objective

This policy is meant to be paired with other policies and procedures supporting the emotional and behavioral health of students more broadly. This policy is meant to be applied in accordance with the Charter School's Child Find obligations and has been developed as part of the Charter School Student Assistance Program ("SAP") to help promote a healthy overall wellbeing of students and employees.

Definitions

- **At Risk:** A student 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 Charter School procedures which implement this Policy.

- Crisis/Student Assistance Program (“SAP”) Core Team: A multidisciplinary team of primarily Charter School Administration and other Charter School professional employees including Counselor, School Psychologist, School Nurse, teachers or other related professional staff. This Team will be trained in the assessment and evaluation of information dealing with at-risk students and crisis preparedness, intervention/response, and recovery to attain SAP certification. In addition, staff designated by the county mental health agency, with expertise in youth mental health issues, will be assigned to each Core Team to act as liaison between the Team and the local mental health system. This Team will take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
- 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.
- 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.
- 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.
- Self-harm: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. 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.
 - 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.

- **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.
- **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.
- **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: 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.
- **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.
- **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.

Delegation of Responsibility

The CEO or designee shall create appropriate procedures for students and staff members according to state law and regulations.

Information received in confidence from a student may be revealed to the student's parents/guardians, the principal, or other authority if the health, welfare, or safety of the student is deemed to be at risk.

Guidelines

1. Detection/awareness – of warning signs of suicide by all Charter School staff who interact with students on a regular basis.
2. Parent Notification – preferably face to face and with recommendations for referrals for appropriate mental health services; a confidential record of parent notification shall be maintained by administration.
3. Support for At-Risk Students – School personnel, including school psychologists and counselors must provide counseling, monitoring and follow-up services to at-risk

students.

This policy covers actions that take place in the Charter School, on Charter School property, at Charter School-sponsored functions and activities, on transportation to and from school and at school sponsored out-of-school events where Charter School staff are present.

This policy applies to the entire Charter School community, including employees, contractors, students, parents/guardians, and volunteers. This policy may also respond to suicidal or high-risk student behaviors that take place outside of the school environment if there is an impact on a student or students in the Charter School setting.

Risk Factors:

In accordance with the CDC, risk factors and warning signs include but are not limited to

1. Major depression or other mental illness
2. LGBTQ+ youth
3. Substance Misuse
4. Serious medical conditions and/or pain
5. Sudden deterioration in academic performance
6. Trouble with the law
7. Bullying
8. Family/loved one having a history of suicide
9. Loss of relationships
10. High conflict or violent relationships
11. Social isolation
12. Lack of access to healthcare
13. Suicide cluster in community
14. Community violence
15. Historical Trauma
16. Discrimination

Note: (School staff should not make assumptions about a student's sexual orientation or gender identity and affirm students who do decide to disclose this information. Information about a student's sexual orientation or gender identity should be treated as confidential and not disclosed to parents, guardians, or third parties without the student's permission.

Additionally, when referring students to out-of-school resources, it is important to connect LGBTQ students with LGBTQ-affirming local health and mental health service providers.

Affirming service providers are those which adhere to best practices guidelines regarding working with LGBTQ clients as specified by their professional association (e.g.,

<http://www.apa.org/pi/lgbt/resources/guidelines.aspx>.)

When a student is identified by a Charter School 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 student will be seen by a Charter School employed mental health

professional such as the School Psychologist, Counselor or Social Worker, within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a Charter School nurse or Administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. No student will be left alone, and school staff should continuously supervise the student to ensure their safety. No promise of confidence should be made to student for information relayed by student to Charter School staff which involves suicidal ideation or behavior.
2. The CEO and SAP Core Team will be made aware of the situation as soon as reasonably possible.
3. The Charter School's mental health professional or CEO 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. When appropriate, this may include calling crisis 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.
 - a. If the Parent chooses to contact a private practitioner or agency, the Parent must inform the School of the arrangements for an immediate emergency psychiatric evaluation. Parent will deliver student to private practitioner or agency. If parent is unable to provide transportation, the Charter School will access assistance in this matter.
4. Charter School personnel will ask the student's parent or guardian, and student if over 14 years of age, for written permission to discuss the student's health with outside private care, if appropriate.

Methods of Prevention

Prevention Education for Students

Students shall receive age-appropriate lessons in their classrooms through health education or other appropriate curricula on the importance of safe and healthy choices, as well as help seeking strategies for self and/or others. Lessons shall contain information on comprehensive health and wellness, including emotional, behavioral, and social skills development. Students shall be taught not to make promises of confidence when they are concerned about a peer or significant other. These lessons may be taught by health and physical education teachers, community service providers, classroom teachers or pupil services staff.

Student education may include but is not limited to the following:

1. Information about suicide prevention. Resources are available on the PA Department of Education's website– www.education.pa.gov.

2. Help-seeking approaches amongst students, promoting a climate that encourages peer referral and emphasizes school connectedness.
3. Increasing students' ability to recognize if they or their peers are at risk for suicide.
4. Addressing problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use.

Training

The Charter School must adopt age-appropriate youth suicide awareness and prevention policies and include four (4) hours of training in youth suicide awareness and prevention every five (5) years in professional development plans for educators serving grades 6-12. The Charter School may incorporate a youth suicide awareness and prevention curriculum into existing instructional programs. The PA Department of Education developed a model youth suicide awareness and prevention policy and a model youth suicide awareness and prevention curriculum for use by schools. This information is published at [Model Youth Suicide Awareness and Prevention Policy \(pa.gov\)](#).

The following telephone number shall be made known and available to Charter School students for 24-hour access to assistance: **CALL 988**.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL'S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.