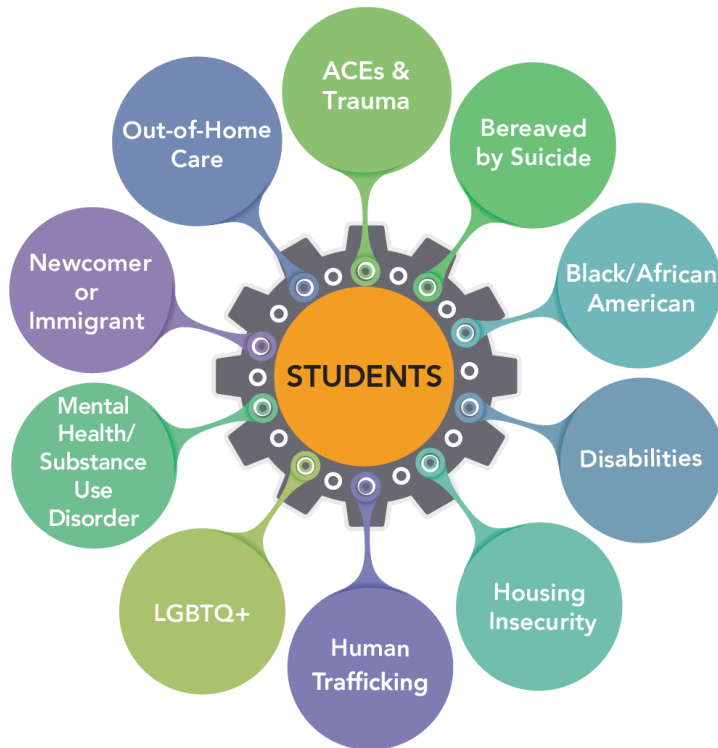


Supporting Vulnerable Student Populations



Suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school; the personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. Creating safe, affirming, and inclusive schools is a universal/prevention strategy for supporting all students.

Vulnerable student populations are often unseen and as a result, underserved. Students in vulnerable populations “often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care..., cultural stigma surrounding mental health..., discrimination, and overall lack of awareness about mental health” (1).

Factors such as family and community rejection, harassment, bullying, violence, and stigma are some of the experiences that increase the risk for suicide, particularly for vulnerable populations including students:

- With adverse childhood experiences
- Bereaved by suicide
- Who identify as Black or African American
- With disabilities
- Experiencing housing insecurities or homelessness
- Who experience human trafficking
- Who may be lesbian, gay, bisexual, transgender, queer, or questioning
- With mental health or substance use disorders
- Identified as newcomer or immigrant
- Experiencing out-of-home placement

(1) <https://www.psychiatry.org/>



Considerations for Supporting Vulnerable Student Populations

When supporting students in vulnerable populations, consider the following:

- **Create safe campuses** that promote visibility, equity, and nondiscrimination.
- **Be aware of ACEs and trauma.**
 - Youth in vulnerable populations may have a history of abuse and/or victimization. They are more likely to have increased Adverse Childhood and Community Experiences.
 - Promote the five resilience factors: sense of safety, ability to be calm, self-efficacy and community efficacy, connectedness, and hope.
 - Support students to feel safe physically, socially, emotionally, and academically by establishing predictability and consistency.
 - As an important aspect of self-regulation, have conversations with students about healthy techniques they can utilize to self-soothe/feel better.
 - Encourage students to direct their attention to positive experiences in real time and provide opportunities to participate in meaningful activities with peers.
 - Connect with students using a trauma-informed lens by asking, “What happened?” rather than “What’s wrong with you?”
 - Cultivate optimism while offering students hope for the future.
- **Be affirming.**
 - Elevated risks for suicidality among students who may belong to vulnerable populations are strongly correlated with family and community rejection. Affirming families and school environments are strong protective factors. Increase positive representations and messages of individuals who belong to the group with which they identify. Monitor your own language and nonverbal cues as students from vulnerable populations may have a heightened awareness of rejecting and non-inclusive messages.
 - Be affirming if a student does disclose that they identify as LGBTQ+.
 - Ask how you can best support them.
 - Recognize students by their affirmed name and gender markers.
 - Familiarize yourself with the related bulletins on formal and informal name/gender changes in pupil records.
- **Do not make assumptions.** Refrain from assuming a student’s sexual orientation, gender identity, race, immigration status, or living situation, but do convey a welcoming attitude. Come from a place of openness.
- **Be aware of fear of disclosure.** Students and families who belong to vulnerable populations may fear sharing certain information. Being guarded may be an attempt to protect themselves from additional trauma, rejection, or stigma. They may choose to disclose as trust and rapport are established. Be sensitive and patient throughout this process.

Considerations for Supporting Vulnerable Student Populations

- **Protect their privacy.** Sexual orientation, gender identity, race and immigration status is confidential information and can be shared only on a strict need-to-know basis. Sharing confidential information without the student's explicit permission could endanger the student physically, socially, and/or emotionally. Never "out" LGBTQ+ students to anyone, including parents or guardians. Students have the right to privacy about their sexual orientation and gender identity. Students who live in rejecting environments could face an increased risk of being victimized or an elevated risk of suicide if they are outed.
- **Assess for risk.** Make sure to refer the student to your school site crisis team member or suicide/threat prevention liaison for a suicide risk assessment, if warranted.
- **Provide affirming resources.** Students in vulnerable populations may have a heightened awareness for negative or rejecting messages. Therefore, it is important to identify school/community resources and environments that support a sense of belonging. Promote social-emotional learning and resiliency, including emotional management and positive coping skills. Develop partnerships so that students and families can be referred for services in a culturally sensitive and trauma-informed manner.
- **Referral and linkage.**
 - Determine if there are additional supports in place, (e.g., mental health, probation, Department of Children and Family Services).
 - Make appropriate referrals to school or community-based services for treatment, as needed.
 - As a mandated reporter, you must report any suspicion of child abuse, including Commercial Sexual Exploitation of Children (CSEC) involvement or forced labor, immediately to the appropriate child protective services agency.



Students with Adverse Childhood Experiences & Exposure to Trauma

In her book The Deepest Well, Dr. Nadine Burke Harris states, “ACEs can occur in the household, the community, or in the environment and cause toxic stress. Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress-response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. Left unaddressed toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency” (2018).

Students with a high number of ACEs may exhibit some of the following behaviors: difficulty regulating emotions, hyperactivity, unprovoked aggression, pervasive mistrust of authority figures, social withdrawal or difficulty developing close or lasting relationships, difficulty asking for or accepting help, and difficulty understanding information and following directions.

Students with multiple adverse childhood and community experiences are at significantly greater risk for suicide. Up to 80% of childhood/adolescent suicide attempts may be attributed to ACEs. Those who have experienced four or more ACEs may be 12 times more likely to attempt suicide, and those with seven or more ACEs are up to 51 times more likely to attempt suicide.

There are certain populations more susceptible to having multiple adverse experiences which puts them at greater risk for suicide.

To appropriately understand issues impacting the wellness of youth, we need to recognize the social realities that may be impacting their well-being. Some of these social realities may relate to race, culture, socioeconomic status, sexual orientation and gender expression, immigration status, cognitive and physical abilities, as well as mental health. It is important to note that bias, stigma, and discrimination are the basis of increased vulnerability, not the identities themselves.

Literature reviews indicate that some additional risk factors for vulnerable populations include:

- Language barriers
- Worrying about family back home, as a result of immigration, migration, or re-location
- Family separation
- Family rejection
- Loss of status, such as professional and social identity
- Loss of social network
- Stress related to acculturating or adapting to the majority group’s culture

Resources and Contacts

- Student & Family Wellness Hotline - (213) 241-3840, press 2 for mental health support
- School Mental Health - <https://www.lausd.org/smh#spn-content>
- Positive Behavior Interventions and Supports/Restorative Practices - https://www.lausd.org/PBIS_RP
- [BUL-6231 Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support](#)



Students Bereaved by Suicide

The relative risk of suicide among 15 to 19-year-olds is two to four times greater among those who knew a peer who died by suicide. In the aftermath of a death by suicide, Dr. David Schonfeld, Director of the National Center for School Crisis and Bereavement, reminds us that “a major goal of suicide postvention activities is to decrease the risk of another suicide.”

Additional support should be given to:

- Those closest to the deceased.
- Those who believe they may have neglected or mistreated the person that died. They may feel guilt themselves or be targeted and blamed by peers—for example, the romantic partner who just ended their relationship with the deceased.
- Individuals experiencing depression, who have contemplated or attempted suicide in the past, or who have family members who died by or are at risk for suicide.

Schools should communicate with other nearby schools and community mental health agencies to monitor whether there is an increase in suicide attempts or any pattern that would suggest a possible suicide pact or cluster. If this is a possibility, it is strongly recommended to involve experts who have experience dealing with suicide clusters in order to minimize the chance of secondary cases.

Resources and Contacts

- Student & Family Wellness Hotline - (213) 241-3840, press 2 for mental health support
- Suicide Prevention, Intervention, and Postvention - <https://www.lausd.org/Page/12130>
- [BUL-2637 Suicide Prevention, Intervention, and Postvention](#)
- Schoology Group: [Multidisciplinary Crisis Teams](#)



Students who Identify as Black/African American

Black is used as an inclusive term for those who identify as African American, Black, and as descendants of the African Diaspora.

Many Black youth are not identified for mental health services, even when they are suffering. In 2019, the American Academy of Pediatrics called for action to reduce the harmful physical and mental health impact that racism has on children (2).

In a report presented to Congress from The Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health (3), Black youth suicide was identified as a crisis occurring in America. Within the last several years, there has been a significant increase in the suicide rates for Black youth compared to previous generations. The suicide death rate among Black youth has been increasing faster than any other racial/ethnic group since 2007. Between 2007 and 2017, self-reported suicidal thoughts and plans have decreased, while self-reported suicide attempts have increased by 73% for Black adolescents.

Resources and Contacts

- School Mental Health - <http://lausd.org/smh>
- Psychological First Aid for Supporting Black Students - <http://lausd.org/smh>
- Schoology Group: [Standing with Black Students, Staff, and Families](#)

(2) <https://pediatrics.aappublications.org/content/pediatrics/144/5/e20191912.full.pdf>

(3) https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf



Students with Disabilities

The definition of a *child with a disability* explains how and why children are found to be eligible – or ineligible – for special education and related services under the Individuals with Disabilities Education Act (IDEA). A *child with a disability*, as defined by IDEA, is entitled to a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet the child’s unique needs. IDEA includes 14 primary terms under the main definition of a *child with a disability*:

- Autism
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment including Blindness

Students identified with a disability may be at a higher risk for suicide than their general education peers.

- In LA Unified, 10% of students have been identified as having a disability.
- Some of the disabilities identified for youth include:
 - Intellectual Disabilities: Children and adolescents with Intellectual Disabilities are at risk for suicidal thoughts, behaviors, and death by suicide, with rates as high as 42% (4).
 - Attention Deficit Hyperactivity Disorder (ADHD): There is growing evidence that ADHD has a significant negative effect on the quality of life. Several studies concluded a positive association between ADHD and suicidal behavior; 14.3% of those who attempted suicide the first time and 25% of those who repeated a suicide attempt had a diagnosis of ADHD.
 - Autism Spectrum Disorder: A Danish population-based study found that the rates of suicide attempts and deaths were 3 times higher among individuals with autism, beginning from 10 years of age (5).

Follow guidelines as indicated in the resources below when students with disabilities have behavioral and emotional needs that:

- are severe in frequency, duration, or intensity
- affect their ability to benefit from their special education program
- are manifested at the school, at home, and in the community

Resources and Contacts

- Division of Special Education - (213) 241-6701 | <https://lausd.org/sped>
- Division of Special Education ERICS - (213) 241-8303
- [BUL-5577 Counseling and Educationally Related Intensive Counseling Services \(ERICS\) for Students with Disabilities](#)
- [BUL-6269 Multi-Tiered System of Behavior Support for Students with Disabilities](#)

(4) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464013/>

(5) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774853>



Students Experiencing Housing Insecurity or Homelessness

Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence, including but not limited to those living in a shelter, transitional housing program, a vehicle, substandard housing, or living “doubled-up” due to loss of housing stemming from financial loss. This also includes youth who are not in the physical custody of a parent or guardian, those who have run away from home, have been told to leave, or are pregnant or parenting and not living with their parents or guardians.

According to the National Coalition for the Homeless Council, more than half of people experiencing homelessness have had suicidal thoughts or have attempted suicide. A 2017 study found that more than 40% of homeless teens struggle with depression, which is 12% higher than their housed peers. School-aged children and youth who are homeless are 3 times more likely to attempt suicide than students who live at home with a parent or guardian. Additionally, LGBTQ+ youth experiencing homelessness are twice as likely to die by suicide compared to heterosexual youth who are homeless.

Resources and Contacts

- Student & Family Wellness Hotline - (213) 241-3840, press 1 for support with housing insecurity or out-of-home care settings
- Homeless Education Office - <https://lausd.org/Page/12911>
- [BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System](#)

Students who Experience Human Trafficking

Human trafficking is the unlawful act of transporting or coercing people in order to benefit from their work or service, typically in the form of forced labor or sexual exploitation. Every year, millions of adults, youth, and children are trafficked worldwide – including right here in the United States. It can happen in any community and victims can be any age, race, gender, or nationality. Traffickers might use violence, manipulation, or false promises of well-paying jobs or romantic relationships to lure victims into trafficking situations. Language barriers, fear of their traffickers, and/or fear of law enforcement frequently keep victims from seeking help, making human trafficking a hidden crime, and therefore, data difficult to capture.

Comprehensive studies found that depression, anxiety, post-traumatic stress disorder (PTSD), self-harm and attempted suicide were common among survivors who came into contact with refugee services (6). For example, in England, 59% of adult survivors reported symptoms of depression, anxiety and PTSD. In a subregion of China, 57% of child survivors reported symptoms of depression, and 27% reported PTSD.

Resources and Contacts

- Student Support Programs - Human Trafficking & CSEC - <https://lausd.org/Page/14386>
- [BUL-1347 Child Abuse and Neglect Reporting Requirements](#)

(6) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7137602/>



LGBTQ+

Students who may be Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+)

Students who may be LGBTQ+ also show elevated risks for suicide and victimization compared to non-LGBTQ+ youth.

Research indicates that in the past 12 months, 54% of transgender and non-binary youth reported seriously considering suicide, 29% made a suicide attempt, and 60% engaged in self-harm. Overall, 48% of all LGBTQ+ youth reported engaging in self-harm (7).

Resources and Contacts

- Human Relations, Diversity & Equity - <https://www.lausd.org/human-relations>
- [BUL-6224 Gender Identity and Students - Ensuring Equity and Nondiscrimination](#)
- Schoology Group: [LAUSD Pride](#)

MENTAL HEALTH/SUBSTANCE USE

Students with Mental Health and/or Substance Use Disorders

Suicide is not simply the result of stress or difficult life circumstances. In fact, about 95% of people who die by suicide have a mental health disorder at the time of death.

A key suicide risk factor is an undiagnosed or untreated mental health disorder, with depression, psychosis, and substance use disorders being the most relevant risk factors. Substance misuse significantly increases the risk of suicide. Substance use is often utilized as an attempt to cope with the very stressors that increase suicide risk. If a student is using or abusing substances, suicidal ideation should be considered and assessed.

Most adults are not trained to recognize signs of serious mental health disorders in teens. Therefore, symptoms can be misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, or immaturity. However, school staff play a pivotal role in recognizing warning signs and risk factors for students exhibiting suicidal ideations/behaviors, as well as referring them to treatment that may reduce risk.

Note: The diagnosis of a mental health disorder should always be made by a qualified mental health professional.

Resources and Contacts

- Student & Family Wellness Hotline - (213) 241-3840, press 2 for mental health support
- School Mental Health Clinic & Wellness Center Referrals - <https://lausd.org/Page/12124>
- [BUL-3277 Prevention, Early Intervention, Cessation, Intervention and Resources to Support Students Regarding Drugs, Alcohol and Other Intoxicants](#)
- [BUL-6454 LASPD Diversion Referral](#)
- LAUSD Prevention Education - <https://heplausd.net/preventioneducation/>

(7) <https://www.thetrevorproject.org/survey-2020/?section=Suicide-Mental-Health>



Students who Identify as Newcomer or Immigrant

Newcomer and immigrant youth can face many stressors such as unaddressed or unidentified trauma, abuse, persecution or exploitation, mental health needs stemming from their countries of origin, the journey and adjusting to a new family structure, realities of reunification, fear of deportation, academic challenges, and cultural considerations.

There are 103 languages spoken throughout Los Angeles Unified schools. Los Angeles Unified has 92,848 students who are learning to speak English proficiently. The primary languages are Spanish, Armenian, Russian, Korean, Arabic, Farsi, Vietnamese, K'iche' (a Mayan language of Guatemala), Bengali, and Cantonese which reflect just a few of the countries of origin for many of the students.

Recent studies have demonstrated that immigrants and ethnic minorities may be at higher risk of suicidal behavior as compared to the general population. However, trends vary between different groups and are impacted by community support, immigration experience, and acculturation. Historically, Hispanics have the lowest risk of suicide, but research indicates that as Hispanic immigrants become more assimilated (e.g. speaking English, having social networks with a greater proportion of people from non-Hispanic ethnic groups, and a lessening self-identification as Hispanic/Latino) their risk for suicide increases compared to those who have immigrated and are part of culturally affirming communities within the United States (8).

Resources and Contacts

- School Enrollment, Placement & Assessment (SEPA) Center - (213) 482-3954 | <https://www.lausd.org/sepacenter>
- We Are One - <https://www.lausd.org/weareone> (includes resource guides with legal provider services, immigrant related information and upcoming events)

Students Residing in Out-of-Home Care Settings

Youth involved in child welfare or juvenile justice systems have a high prevalence of risk factors for suicide. The rate of deaths by suicide for youth involved in the juvenile justice system is four times greater than the rate for youth in the general population.

Although comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care (9).

Resources and Contacts

- Student & Family Wellness Hotline - (213) 241-3840, press 1 for support with housing insecurity or out-of-home care settings
- Specialized Student Services - <https://www.lausd.org/Page/16356>
- [BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System](#)

(8) <https://www.sprc.org/news/suicidal-behavior-and-acculturation-among-hispanics-united-states>

(9) <https://youth.gov/youth-topics/youth-suicide-prevention/increased-risk-groups>