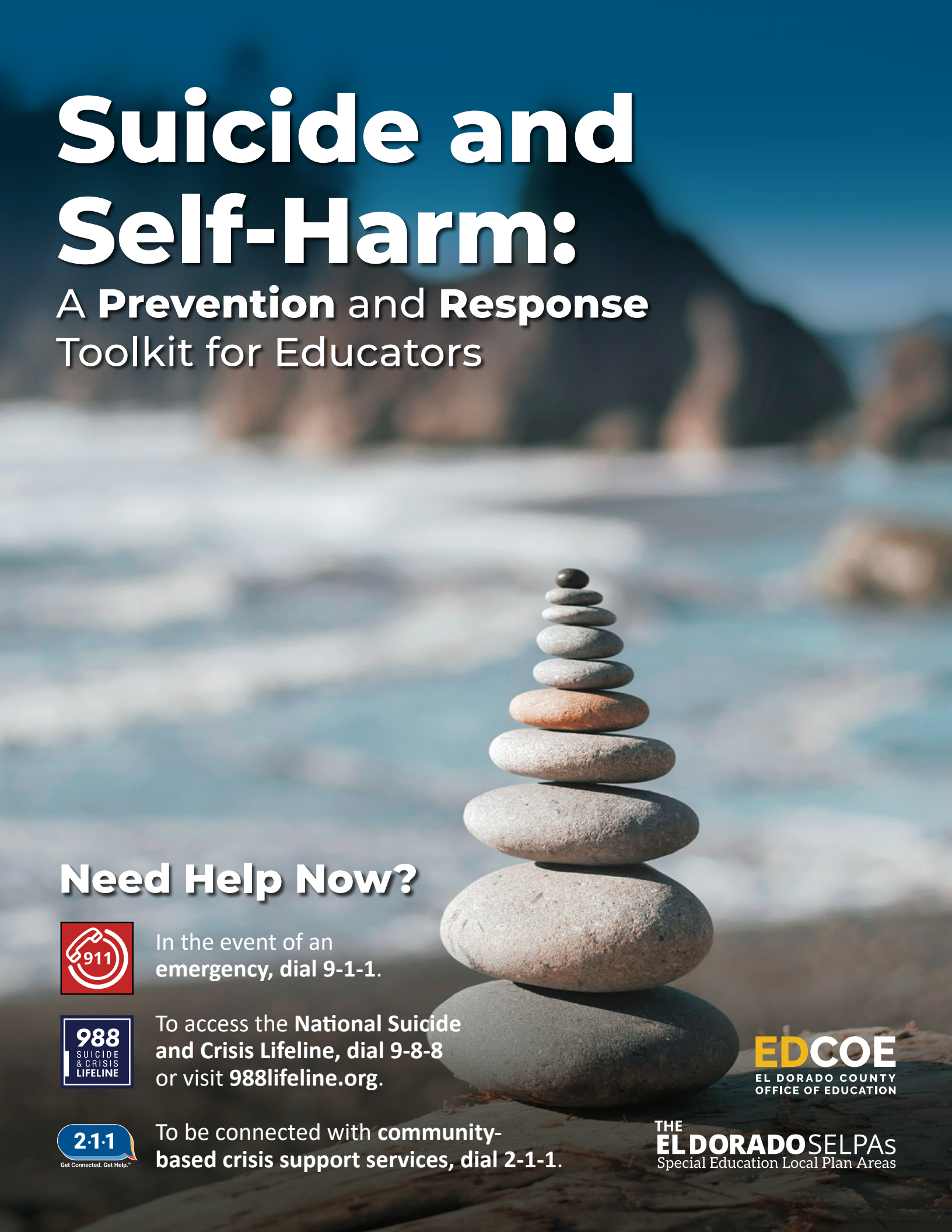
Suicide and Self-Harm:

A **Prevention** and **Response** Toolkit for Educators



Need Help Now?

911

In the event of an **emergency, dial 9-1-1**.

988 SUICIDE & CRISIS LIFELINE

To access the **National Suicide and Crisis Lifeline, dial 9-8-8** or visit **988lifeline.org**.

2-1-1 Get Connected. Get Help.℠

To be connected with **community-based crisis support services, dial 2-1-1**.

EDCOE
EL DORADO COUNTY OFFICE OF EDUCATION

THE EL DORADO SELPAs
Special Education Local Plan Areas

2022 TOOLKIT REVISIONS

The Suicide & Self-Harm: Prevention and Response Toolkit for Educators is a compilation of useful handouts, lists, tools, and resources for school personnel to utilize in preventing and/or responding to self-harm or suicide. Each section is intended to be accessed independently when needed. School staff are also encouraged to review the toolkit and corresponding resources early and often to support their prevention, intervention, and response efforts.

In addition to minor revisions throughout the toolkit, updates were primarily made to the California Legislation section and the corresponding resources. More specifically, the California Legislation section has been revised to include information on Assembly Bill (AB) 1808 and AB 1767, which extended beyond AB 2246 to require the development of age-appropriate suicide prevention policies and training for schools serving students in kindergarten through 12th grade. Additionally, resources and appendices that were previously provided throughout the toolkit will now be available via an online Padlet. Each section of the toolkit has a corresponding column within the Padlet and will be updated regularly as new resources become available.

To access the online Padlet, please visit: https://padlet.com/selpapd/SSHToolkit.

Please reach out to the EDCOE team via email at events@edcoe.org with any questions, comments, or feedback regarding this toolkit.

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FOREWORD AND INTRODUCTION

"Everybody can be great...because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love." -Dr. Martin Luther King

Studies polling teachers consistently show that approximately 75 percent of teachers report that they enter the profession because they want to make a difference. Although *making a difference* likely holds a different meaning for each new teacher, it can be reasonably assumed that academic proficiency is only one piece of what drives millions of dedicated educators to arrive at schools across the country each day. Academic growth is an unquestionably high priority, yet it is secondary to creating a safe and supportive learning environment in which the basic needs and well-being of youth are assured. Only then are students available to learn, interact, and grow into individuals who are prepared to excel in college, career, and civic life.

Background

Despite an ongoing focus on social-emotional learning and the physical and emotional well-being of youth in America, a growing number of students continue to experience severe challenges related to anxiety, depression, self-harm, and ultimately, suicidal ideation. Whether due to societal pressures, academic stress, bullying, relationship challenges, or mental health factors, rates of suicide among youth continue to increase.

According to the Center for Disease Control (CDC) suicide is the second leading cause of death for youth between the ages of 10 and 24, and results in approximately 6,400 lives lost each year (CDC, 2019). Every day in our nation, there are an average of over 3,703 attempts of suicide by students in grades 9-12. If these percentages were expanded to include grades six through eight, the numbers would be higher. Data indicates that for every youth suicide that occurs, there have been hundreds of attempts each year. Trends emerging from more than ten years of data on youth suicide show that the number of students contemplating suicide and the number of students who made a plan for suicide has increased at alarming rates.

Suicide affects all youth groups, but some groups are at higher risk than others. Males are more likely than females to die from suicide. However, females are more likely to report attempting suicide than males. Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities. Studies have also shown that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are up to four times more likely to attempt suicide than their non-LGBTQ peers.

With the number of students struggling with suicidal thoughts and behaviors in mind, a nationwide survey conducted by The Jason Foundation indicated that **the number one person that a student would turn to when trying to help a friend at-risk of suicide is a teacher.** There is no greater opportunity to make a difference than by providing the life-saving support a student requires. Therefore, it is imperative that teachers and other school personnel be equipped with the knowledge and skills needed to effectively assist students at risk of suicide.

This fact was acknowledged by California State Legislature in September 2016, with the passing of multiple measures of legislation requiring local educational agencies serving students from kindergarten through 12th grades to adopt a policy on suicide prevention, also specifically addressing the needs of high-risk groups. Note: To support schools in developing plans that align with the requirements of California legislation, please refer to the Prevention Checklist in Section 1: Prevention.

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide… it wasn't on my agenda. We just did not think it was going to happen here. Unfortunately, we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."
– New England School District Superintendent

"Aside from students' own families, teachers often spend more time with at-risk kids than anyone else, but it is difficult to help if they don't recognize the warning signs or have access to resources at their schools. With the first state law in the nation to require middle and high school suicide prevention education… California can now serve as a model for schools nationally."
– Rick Zbur, Executive Director of Equality California.

Spotlight On Prevention

"Suicide prevention is important to me because I am alive because of people who cared enough to make sure I was OK" - @TWOLHA, Suicide Survivor

There is a large gap between the number of young people thinking about suicide (about 1 in 10) and the number who die by suicide (1 in 10,000). In other words, there are 1,000 young people currently struggling with the idea of ending their life for each young person lost to suicide. Most importantly, that means that there are 1,000 opportunities to provide understanding and support to those experiencing difficulties (National Alliance on Mental Illness, data retrieved 2022). According to the Suicide Prevention Resource Center, the best way to prevent suicide is through a comprehensive approach that utilizes **school-wide prevention** to promote emotional well-being and connectedness among all students. As required by California legislation, it is essential that all **students and personnel are knowledgeable** in how to identify students who may be at risk for suicide, as well as confidently know how to get help. Lastly, schools must **be prepared to respond** when a suicide attempt or death occurs. To align with these recommendations, this toolkit is organized to provide resources related to each of the aforementioned areas with the goal of providing personnel with the tools and guidance needed to maintain the safety and well-being of all members of the school community.

Local Control and Accountability Plan (LCAP)

In addition to reinforcing best practices to support the well-being of students, expectations of California legislation, and an increased focus on school-wide Multi-Tiered System of Support (MTSS), the components of this toolkit also align with three of the eight priority areas that must be addressed in each LEA's LCAP: Parental Involvement, Pupil Engagement, and School Climate.

A Note On Suicide and Self-Harm

Self-harm refers to a person who intentionally harms their own body. According to The U.S. Department of Health and Human Services, individuals who self-harm do not often intend to end their own lives, however, they are at higher risk for attempting suicide if underlying emotional needs are left untreated. This may be due to the widely accepted theory that self-harm provides the individual with a sense of emotional relief from personal problems. Due to the prevalence of self-harming behavior and common misconceptions regarding the relationship between self-harm and suicide, additional information regarding etiology, identification and interventions have been included in this toolkit to assist personnel in supporting students who engage in self-harming behaviors.

Additional Reasons Schools Should Address Suicide

According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA), schools have four unique reasons for taking action to prevent youth suicide:

1. Maintaining a safe school environment as part of a school's overall mission.
    - There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.
    - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students (Epstein & Spirito, 2009).
    - Programs that improve school climate and promote connectedness help reduce the risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
    - Efforts to promote safe schools also help protect against suicidal ideation and attempts among LGBTQ youth (Eisenberg & Resnick, 2006).
    - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.
2. A student suicide can significantly impact other students and the entire school community. Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur.
3. Students' mental health can affect their academic performance. Depression and other mental health needs can also interfere with the student's ability to learn and can affect academic performance.
4. Schools have been charged with negligence for the following: Failure to notify parents if their child appears to be suicidal, failure to get assistance for a student at risk of suicide, and failure to adequately supervise a student at risk of suicide.

History Of The Suicide & Self-Harm: A Prevention and Response Toolkit for Educators

In order to respond to the growing prevalence of suicide amongst youth, an interagency community task force was formed within El Dorado County to examine ways the community could work together to strengthen suicide prevention and assist school personnel in the event of a suicide. The original toolkit was written as a result of task force efforts, which was then revised in the 2011-2012 school year. During the 2016-2017 school year, the El Dorado County SELPA/Charter SELPA revisited this valuable toolkit and included an increased focus on prevention, self-harm, updated recommendations on risk assessment and response, updated curriculum and tools, and information regarding Educationally Related Mental Health Services (ERMHS). In the Spring of 2021, this toolkit was revisited by the El Dorado County SELPA/Charter SELPA to update data, sources of information, and resources.

Use of This Toolkit

The El Dorado County SELPA/Charter SELPA *Suicide & Self-Harm: A Prevention and Response Toolkit for Educators* is a compilation of useful information, tools, and resources for school personnel to utilize in preventing and/or responding to self-harm or suicide. Each section was developed to be accessed independently when needed, and includes several corresponding resources.

It is the goal of this toolkit to provide the most recent information available to educators. For this reason, the 2022 revision incorporated an online Padlet to serve as a digital bulletin board of curated resources which will be monitored and updated on an ongoing basis. The Padlet is organized by corresponding section of the toolkit and can be accessed by visiting https://padlet.com/selpapd/SSHToolkit. Included below is an overview of the general areas covered within this toolkit:

- California legislation related to suicide prevention, including resources for developing a suicide prevention policy
- Understanding the value of school-wide support systems (MTSS)
- How to locate prevention curriculum, programs, and tools that meet the unique needs of the individual school community
- How to establish a crisis response team and partner with community agencies
- How to identify warning signs and protective factors
- Understand what to do if a student is self-harming
- Understand the essential elements of suicide risk assessment
- How to notify parents regarding suicide risk and when to contact law enforcement
- Understand the relationship between Educationally Related Mental Health Services (ERMHS) and suicide, including what to do if a student is hospitalized
- What to do if a student dies by suicide (immediate response protocol)
- How to communicate with students, personnel, media, and the community following a suicide
- Understand the grieving process and how to support students following a suicide
- Guidelines for ongoing support, including anniversaries of the death
- Where to access additional resources

Please reach out to the EDCOE team via email at events@edcoe.org with any questions, comments, or feedback regarding this toolkit.

SECTION 1

Prevention

CALIFORNIA LEGISLATION

In September 2016, the California legislature passed **Assembly Bill (AB) 2246** which required Local Education Agencies (LEAs) serving students grades 7-12 to adopt a policy on suicide prevention prior to the 2017-2018 school year.

In June 2018, **AB 1808** added Section 216 to the California Education Code and provided funding to ensure school staff received the training needed to identify, support, and refer middle and high school students who may be experiencing thoughts of suicide. AB 1808 required that the California Department of Education (CDE) identify one or more evidence-based online training programs for LEA use to train school staff and pupils as part of their pupil suicide prevention policy. It also required that the CDE provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program to LEAs at no cost.

The CDE selected LivingWorks Start as the online training program and the San Diego County Office of Education as the lead to make this online training available, at no cost, to local educational agencies (LEAs) to voluntarily use as part of their youth suicide prevention policy. For more information about this and other free training opportunities, please visit Section 1: Prevention Resources-Training column in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

In October 2019, **AB 1767** was enacted as an extension to AB 2246. AB 1767 required that, prior to the 2020-2021 school year, LEAs serving students from kindergarten through the 6th grade also adopt an age-appropriate suicide prevention policy that specifically addresses the needs of high-risk groups. This effectively mandates that all LEAs serving students from kindergarten through the 12th grade adopt a policy on suicide prevention.

Assembly Bill (AB)	Summary
AB 2246 *Passed September 2016*	Required Local Education Agencies (LEAs) serving students grades 7-12 to adopt a policy on suicide prevention prior to the 2017-2018 school year.
AB 1808 *Passed June 2018*	Required the California Department of Education (CDE) to identify one or more evidence-based online training programs that an LEA can use to train school staff and pupils as part of their policy on pupil suicide prevention. Also required that the CDE provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program to LEAs at no cost.
AB 1767 *Passed October 2019*	Enacted as an extension to AB 2246 and required that LEAs serving students from kindergarten through the 6th grade also adopt an age-appropriate suicide prevention policy that specifically addresses the needs of high-risk groups prior to the 2020-2021 school year.

Section 215 of the California Education Code includes specific parameters that schools must implement in accordance with AB 2246 and its extension, AB 1767. Specific bill text is provided below. Text which has been amended or added per AB 1767 has been bolded for quick reference.

To Access the California Department of Education's Model Youth Suicide Prevention Policy, please refer to the CDE's Youth Suicide Prevention page located at: https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp. An additional model suicide prevention policy set forth by the National Association of School Psychology may be accessed in the "Section 1: Prevention- Suicide Prevention Policy Resources" column of the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Assembly Bill 2246/1767

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 215 of the Education Code is amended to read:

215. (a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) (A) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, shall, before the beginning of the 2020–21 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in kindergarten and grades 1 to 6, inclusive. The policy shall be developed in consultation with school and community stakeholders, the county mental health plan, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(B) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.

(C) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be written to ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a pupil who is a Medi-Cal beneficiary.

(3) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

(A) Youth bereaved by suicide.

(B) Youth with disabilities, mental illness, or substance use disorders.

(C) Youth experiencing homelessness or in out-of-home settings, such as foster care.

(D) Lesbian, gay, bisexual, transgender, or questioning youth.

(4) (A) The policy shall also address any training on suicide awareness and prevention to be provided to teachers of pupils **in all of the grades served by the local educational agency**.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the school-site and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

(5) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(6) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(b) The governing board or body of a local educational agency **that serves pupils in kindergarten and grades 1 to 12, inclusive**, shall review, at minimum every fifth year, its policy on pupil suicide prevention and, if necessary, update its policy.

(c) Nothing in this section shall prevent the governing board or body of a local educational agency from reviewing or updating its policy on pupil suicide prevention more frequently than every fifth year.

(d) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SCHOOL-WIDE SUPPORT SYSTEMS

"An ounce of prevention is worth a pound of cure." - Benjamin Franklin

In order to effectively support the safety and well-being of all students, it is recommended that suicide prevention efforts be implemented at the school-wide, small group, and individual levels. The implementation of school-wide supports are not only valuable for students at-risk of suicide or self-harm, but provides all students and personnel with the knowledge and skills to identify warning signs, support someone in need, and know when to seek help.

There are several valuable suicide prevention programs, curriculum, and resources available for school-based teams to utilize to support the unique needs of their students. These resources are updated on an ongoing basis. To ensure school teams have access to the most up-to-date information, helpful links to organizations and resource lists are provided in this section as well as on the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

The Positive Behavioral Interventions and Supports (PBIS) program is highlighted as an example of an evidence-based, school-wide program individually designed by school personnel to meet the diverse needs of all students, at all grade levels, and all stages of need.

Social-emotional and academic needs are often intertwined, and support for each should not be provided in isolation. Therefore, a brief introduction to Multi-Tiered System of Supports (MTSS) has also been included within this section to allow teams to consider the development of a framework within which all systems of support are intentionally aligned, effectively implemented, and consistently monitored, thus allowing teams to make data-based decisions regarding student support.

In addition to school-wide supports, resources have been included to guide school personnel in establishing a crisis response team, identifying community resources, understanding the warning signs, and planning for self-care before an incident occurs.

Intentionally building and aligning systems to support students may not only prevent a suicide crisis from occurring, but also enhance the ability of all members of the school community to respond confidently to maintain the safety of a student in need.

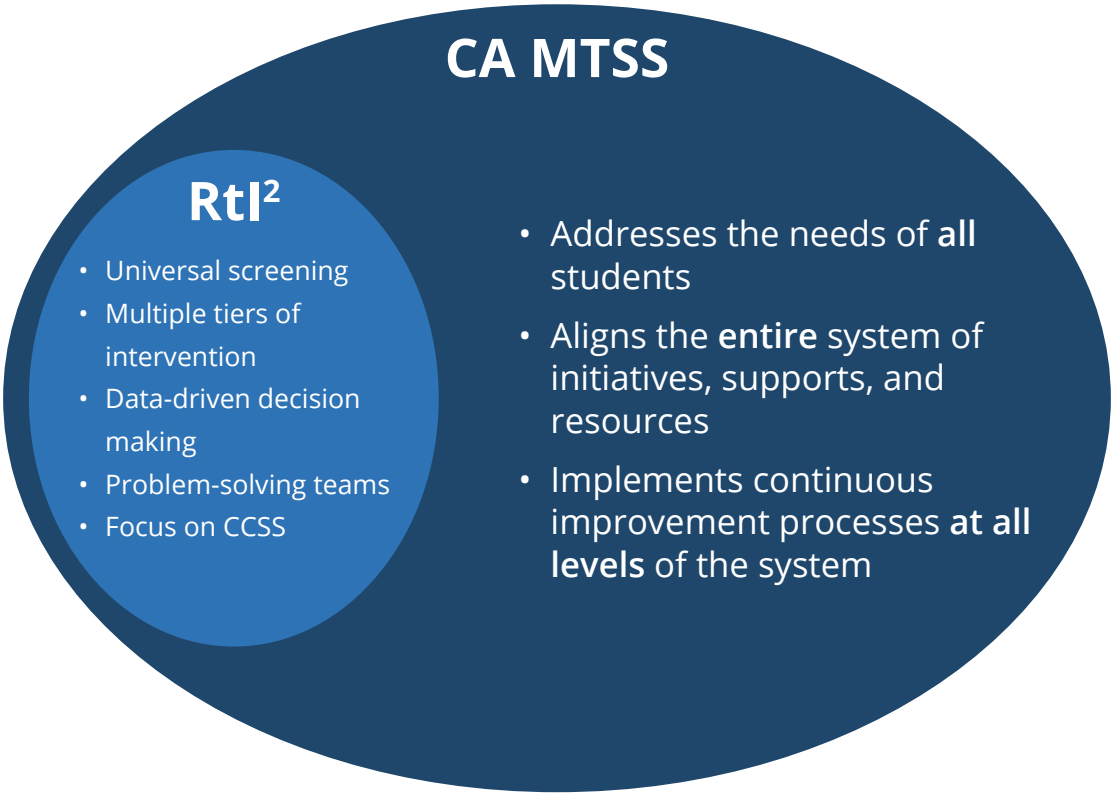
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

The Multi-Tiered System of Supports (MTSS) model provides a coordinated system of supports and services that are crucial for ensuring appropriate and timely attention to students' needs, including those related to suicide prevention and response. It expands California's Response to Intervention (RtI^2) process by aligning all systems of high quality instruction, support, and intervention and including structures for building, changing, and sustaining systems. In addition, assessments and progress monitoring are employed to allow for a data-based, problem-solving approach to instructional decision-making (CA ELA/ELD Framework, 2014).

MTSS offers the potential to create needed systemic change that quickly identifies and matches the needs of all students through intentional design and redesign of services and supports (California Department of Education, 2022).

Key Elements of Response to Instruction and Intervention (RtI^2) and MTSS Models

The following chart shows key elements of the MTSS and RtI^2 models:

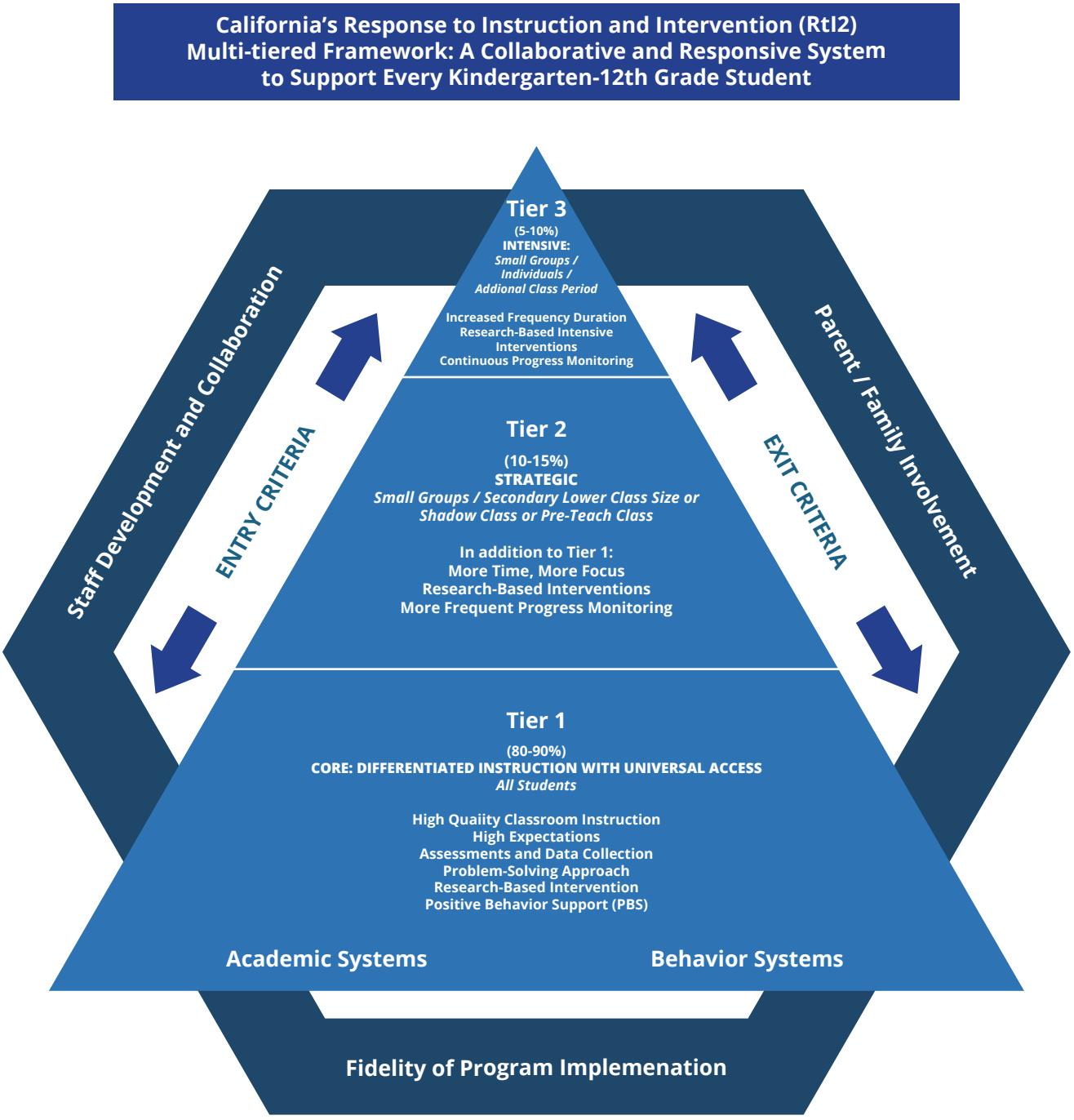


Distinction Between MTSS and RtI^2

It is not uncommon to hear the terms RtI^2 and MTSS used interchangeably; however, in many instances, the intentions of RtI^2 do not align with the principles and practices of MTSS. The California Department of Education's (CDE) RtI^2 processes focus on students who are struggling academically and provide a vehicle for teamwork and data-based decision making to strengthen their performance before and after educational and behavioral problems increase in intensity (CDE, 2022). Alternately, principles and

practices of MTSS are based upon creating successful and sustainable system change and determining what is necessary to provide effective instruction to all students (Kansas MTSS: The Integration of MTSS and RtI). For additional guidance on the distinction between MTSS and RTI2, please visit the CDEs Definition of MTSS webpage found by visiting (https://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp).

The following graphic provides an example of the MTSS system focusing on both academic and social-emotional supports, and critical supporting details, such as exit/entry criteria, personnel development and collaboration, parent and family involvement, and fidelity to the program.



MTSS and Suicide Prevention

Suicide prevention and response efforts can be seamlessly integrated into the MTSS framework. Listed below are examples and considerations of how interventions related to suicide and self-harm may be incorporated into each tier. This is not an exhaustive list, but rather a starting point from which to build alongside existing support systems at your school site.

Tier One: School-Wide Support

- Personnel training
- Parent training
- School-wide social-emotional curriculum/programs
- School-wide suicide prevention program implementation (page 1.8)
- Universal screening

Although not specifically included in Tier I support, it is essential to develop immediate response procedures and connect with community resources before a crisis occurs to ensure that all stakeholders are prepared in the event of an imminent risk or student death by suicide.

Tier Two: Supporting At-Risk Youth

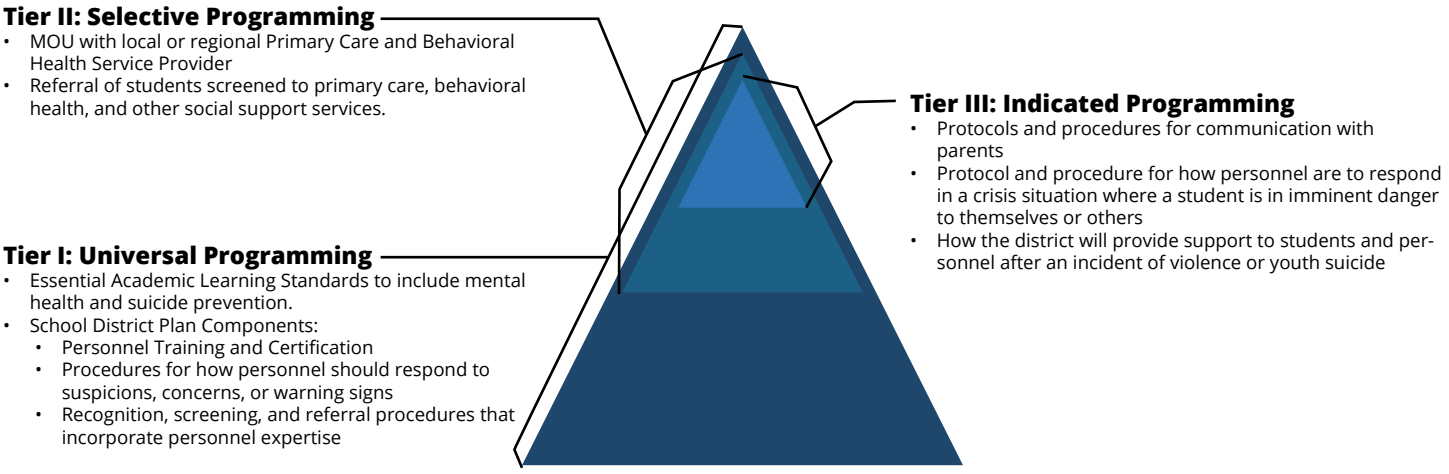
- Screening of at-risk students (see Risk Assessment section for additional information)
- Training for personnel to monitor warning signs
- Training for parents to monitor warning signs
- Hold a conference with parents to brainstorm needed areas of support. Consider both academic and social-emotional needs
- Access to school-based mental health services and monitoring
- Referral to community-based mental health professionals, if appropriate

Tier Three: Responding to Threats of Suicide

- Complete risk assessment
- Implement crisis protocol. Utilize the Immediate Actions/First 48 Hours Checklist for response protocol (page 6.1)
- Follow procedures for contacting parents (page 3.14)
- Maintain the safety of the student; contact law enforcement if necessary (page 3.18)
- Follow procedures to respond to an attempted suicide on campus (page 5.4) or death by suicide (section 6)
- Plan for ongoing monitoring and support for students and personnel (page 11.1)

The graphic below was designed by the Washington Office of Public Instruction and illustrates one example of how suicide prevention may be designed and implemented through the lens of MTSS:

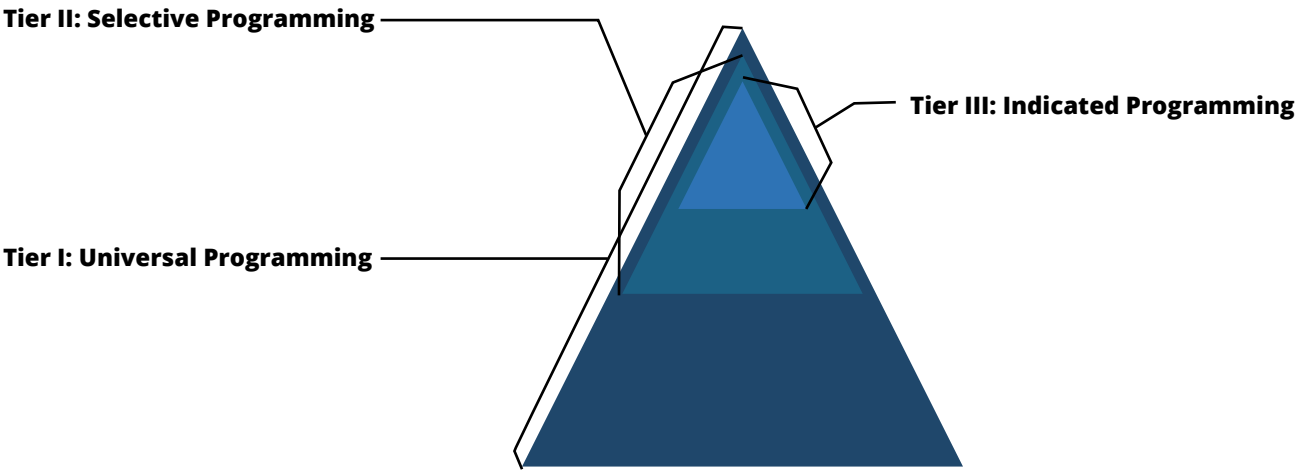
Suicide Prevention through the MTSS Lens



http://www.k12.wa.us/SafetyCenter/pubdocs/2016DecAdvMtng/SuicidePreventionSafetySummit12-8-16.pdf

Using the information and the graphic above as a guide, complete the chart below to indicate how suicide prevention and response may fit within the MTSS framework at your school site:

Suicide Prevention through the MTSS Lens



For additional information on MTSS, including support in next steps toward aligning systems of support, please refer to the SELPA Professional Learning Catalog or contact your SELPA Program Specialist.

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS)

What Is PBIS?

The mission of PBIS is to enhance personnel knowledge and skills to build the capacity of schools to address challenging behavior. It is a framework for establishing the social culture and behavioral supports needed for a school to achieve behavioral and academic outcomes for all students. PBIS requires a collaborative (team-based), educative, proactive, and functional process to develop effective interventions for behavioral needs. As indicated in the graphic below, PBIS includes the development and implementation of strategic school-wide, classroom-based, and individualized interventions.

A Paradigm Shift

The focus of PBIS is a shift from a reactive model of student support to a proactive, instructional, and preventative model of managing student behavioral and social/emotional needs. This approach fosters internal motivation and self-regulation, increases engagement, and builds a positive school culture in which personnel are equipped with skills to support a range of student needs. On a more individualized level, data is used to monitor student progress which allows teams to make informed decisions regarding ongoing support. This high level of ongoing support and monitoring is an invaluable tool for targeting suicide prevention efforts.

For a list of PBIS resources, please visit Section 1: Prevention- PBIS section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

RESOURCES FOR SUICIDE PREVENTION

According to the Suicide Prevention Resource Center, the best way to prevent suicide is through a comprehensive approach that utilizes school-wide prevention to promote emotional well-being and connectedness among all students. Recent legislation also reflects the importance of ensuring that all school personnel and students are knowledgeable in how to identify those at risk for suicide and know how to get help. There are a number of high-quality and meaningful resources available to support this goal which range from developing policy to program implementation.

To ensure access to the most up-to-date suicide prevention resources, an online bulletin board, or Padlet, has been developed to accompany this toolkit. The accompanying Padlet includes a collection of resources to support school communities in building and enhancing their prevention programs, in addition to many other suicide and self-harm prevention and response topics. The Padlet will be updated periodically to reflect new and/or updated resources from the field, therefore it is recommended that school teams revisit and explore these resources often.

The Padlet has been organized by toolkit section and includes subcategories to allow users to easily locate and access needed resources. A list of categories related to Section 1: Suicide Prevention, as well as a brief description of each, are listed below. These can be accessed by visiting the Suicide & Self-Harm Prevention and Response Toolkit for Educators Padlet at (https://padlet.com/selpapd/SSHToolkit).

Section 1: Prevention Resources

- **General**: Links to websites that include comprehensive lists of resources including tools, lesson plans, programs, curriculum, and a variety of additional resources.
- **Training**: Links to free, high-quality suicide prevention training programs.
- **Fact Sheets**: One-page printable fact sheets on a variety of suicide prevention topics.
- **LGBTQ Youth**: Includes a variety of suicide prevention and response resources for supporting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth.
- **Resources for Students**: Links to websites focused on youth-led support programs, training, and advocacy.
- **Resources for Parents**: Includes a variety of resources including online webinars (English and Spanish), informative brochures as well as links to websites that include comprehensive resource lists for parents.
- **Staff Self-Care**: Links to websites and resources for understanding the importance of self-care and building self-care plans. Although not prevention-focused, a self-care information for staff following a student suicide is also included.

SELF-CARE FOR SCHOOL PERSONNEL

Why Self-Care?

The experience of supporting a student in crisis may illicit heightened physical and emotional reactions from school personnel. Additionally, the experience may trigger sensitive memories from the adult's own life. In any case, personnel must prioritize their own self-care in order to be present and available for their students. For that reason, it is essential that educators engage in frequent and intentional opportunities to decompress, recuperate, and rejuvenate. Self-care is a personal decision and therefore each person's approach will be different. Listed below are some examples of self-care activities that personnel may choose to engage in before and/or following a crisis.

To access a variety of staff self-care resources including activities, tips for self-care planning, and more, please visit Section 1: Prevention, Staff Self-Care in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

According to the *Childhood Trauma Reactions Tip Sheet Series* for teacher self-care, additional strategies to plan for self-care may include:

- Identifying your personal support system to prevent feelings of isolation
- Monitoring your own reactions, emotions, and needs
- Seeking help for trauma-related stress
- Challenge thinking barriers and unhelpful thoughts
- Maintain a structured classroom environment
- Plan ahead and have backup strategies available for difficult situations to prevent intervening alone
- Make a plan for self-care including when, where, how, and with whom?
- Make and keep commitments to engage in intentional self-care, before a crisis occurs

After reviewing the tips above and exploring the resources available on the Padlet, write two or more examples of self-care strategies you already use and at least one strategy you'd like to explore further:

ESTABLISHING A CRISIS RESPONSE TEAM

School-wide supports play a crucial role in suicide prevention and response. In conjunction with an overarching multi-tiered system of supports (addressing school-wide prevention efforts including curriculum, universal screening, and a process for making referrals for risk assessments), it is imperative for a school's suicide prevention program to also include the capacity to respond when a student is at high-risk of suicide or has died by suicide. Therefore, there are two essential components that every school must also have in place:

1. Protocols for helping students at possible risk of suicide (i.e., conducting the risk assessment).
2. Protocols for responding to a student death-by-suicide (thus preventing additional suicides).

An integral aspect of addressing these two components is to establish a crisis response team, before a crisis happens. Not only should your school identify specific personnel to conduct suicide risk assessments, but a crisis response team should also be identified in the event that a suicide occurs. As you identify members of your school's crisis response team, you may consider the following people:

- Superintendent/CEO/Executive Director
- Principal/Head Of School
- Assistant Principal(s), Directors(s), Dean
- Health Educator
- School Nurse
- Guidance Counselor/School Counselor
- Social Worker
- Special Education Personnel
- School Psychologist
- Contracted Mental Health Providers
- Teachers
- Athletic Personnel
- Clerical Support

CRISIS/SUICIDE RESPONSE TEAM ROLES AND RESPONSIBILITIES

School Site Administrator(s):_____Phone:_____

The school site administrator is responsible for determining the appointment of all positions noted and determining who will be on-site to assist. In most cases, the needs of the family, friends, and teachers for trauma services and counseling tend to be immediate and short-term.

The school plays a crucial role in helping affected individuals cope with a suicide, and therefore must act quickly and effectively to deal with grief, speed the healing process, prevent further trauma, and reduce the likelihood of additional suicide attempts by others. Volunteer community crisis counselors (county mental health counselors, local counseling agency personnel, and private psychologists) may be summoned from established organizations to assist the school in responding to a suicide. A clerical support person at the school site plays a key role in coordinating the technical and logistical aspects of the response. Emergency services assist in responding to "high risk" individuals who may be in need of immediate psychiatric services.

Below is a list of potential crisis response team members and roles. Individual team members may be personnel from your school or a local community agency. The following list is not exhaustive, and schools may include additional individuals or responsibilities to align with your school's specific needs.

School Crisis/Suicide Crisis Coordinator: _____ Phone: _____

- Coordinates the crisis response upon notification.
- Main point of contact between administration and crisis response team members.
- Contacts or assigns additional crisis team members for assistance, if desired, to perform their assigned duties.
- Identifies key individuals affected by the suicide/death, including but not limited to, family members, friends, neighbors, teachers, students, etc.
- Develops the Crisis Response Plan that identifies needed trauma services (the first 24 hours; the next three days to a week; long-term follow-up).
- Contacts and schedules Volunteer Crisis Counselors, as appropriate.
- Arranges for debriefing and develops a system to provide for coordination of referral and follow-up resources.
- Ensures referrals for more intensive treatment services have been made as needed to trauma victims (family, friends, teachers, etc.).
- Arranges for long-term treatment services, as needed, and links trauma victims to public and private service providers in the community.
- Maintains a disposition log of students referred to which agency(s).
- Schedules final debriefing within two weeks of the incident.

School Psychologist: _____ Phone: _____

- Assists in the triage of students.
- Assists in announcing the death to classmates.
- Provides crisis counseling (individually or in groups).
- Conducts additional risk assessments.

Community/Media Spokesperson: _____ Phone: _____

- Determines what/how information will be shared with the press/community; drafts all press releases.
- Receives all contacts from media and responds appropriately.
- Ensures that school personnel know how to deal with media inquiries (e.g., what to say, who to direct inquiries to, etc.).
- Creates an environment that facilitates media cooperation with school requests and what is in the best interests of students and the community.
- Coordinates media interviews/access to school personnel.

Crisis Team Members:

1. _____, _____ Phone: _____
2. _____, _____ Phone: _____
3. _____, _____ Phone: _____
4. _____, _____ Phone: _____

- Immediately becomes available to assist the School Crisis/Suicide Crisis Coordinator when contacted. Once contacted, crisis team members will free their schedule of other commitments for the day, and subsequent day(s) as needed, to support the crisis response.
- Assists the School Crisis/Suicide Crisis Coordinator in identifying affected individuals and in developing a Crisis Response Plan.
- Assists in contacting Community Crisis Counselors for assistance in providing needed trauma services.
- Provides immediate support, long-term support, and consultation to the School Crisis/Suicide Crisis Coordinator.

Clerical Support Person: _____ Phone: _____

- Assists the School Crisis/Suicide Crisis Coordinator in determining room/space/availability for providing trauma services.
- Assists the School Crisis/Suicide Crisis Coordinator in assigning Community Crisis Counselors to rooms and maintains a log of where each counselor is located with the type of services/ intervention they are providing.
- Provides Community Crisis Counselors with visitor passes; forms necessary to maintain student logs (see Section 4); any announcements; art materials; new information as it becomes available.
- Facilitates communication between the Community Crisis Counselors and the School Crisis/ Suicide Crisis Coordinator.
- Initial contact person for classroom teachers who need assistance with emotionally distraught students. Requests the assistance of site administrators or other personnel in retrieving such students.
- Provides clerical support to the School Crisis/Suicide Crisis Coordinator for information/ communication dissemination.
- Receives and directs all calls from community agencies and/or private professionals who offer to provide school support.
- Considers the needs of crisis team members and crisis counselor volunteers (e.g., provides water, arranges lunch).
- Performs other needed support functions as identified by an administrator.

Student Flow/Campus Security: _____ Phone: _____

- Distributes written protocol to teachers for directing student flow to counseling rooms.
- Sets up an escort system for students needing to access counseling rooms.
- Patrols campus to ensure that students remain on campus and are in designated areas.
- Requests additional administrative support, if needed, to direct student flow and maintain campus security.
- Drafts/approves written or verbal information disclosed to students, families, and the public.

IDENTIFYING COMMUNITY RESOURCES TO SUPPORT YOUR CRISIS TEAM

Schools may choose to partner with community agencies to implement components of a suicide prevention program or to recruit members of the crisis/suicide team. Additionally, it is beneficial to proactively identify a range of service providers in the community that are available to provide therapy and longer-term treatment upon referral, if needed. Possible considerations for partnering with community agencies may include:

- Call 211 or access online at https://www.211.org/get-help/mental-health. 211 is a free information and referral service that connects callers to health and human services, including mental health support providers, in their community 24 hours a day, 7 days a week. Call preventatively to identify resources available in your community and learn how to access them in the event of a crisis.
- Leaders representing the cultural communities of your students
- Substance abuse counselors
- Crisis center workers
- Healthcare providers
- Law enforcement
- Clergy
- County mental health including and/or county social workers
- Child and family services and/or child welfare providers
- Juvenile justice professionals
- LGBTQ youth program personnel
- School Attendance Review Board
- Big Brothers/Big Sisters
- Immigrant and refugee organization personnel

For additional information, please access the Where to Get Help section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)

In the event of an attempted or completed suicide, law enforcement is involved relatively early in the process, as they are often the first to arrive on the scene. Therefore, schools may choose to include a member of local law enforcement's Chaplain in the school Crisis/Suicide Response Team.

Local Law Enforcement Chaplain:_____ Phone: _____

- May notify the youth's school site administrator or the school psychologist (if known) by phone of the death.

- May work with the School Crisis/Suicide Crisis Coordinator to plan and initiate a response plan for siblings; provides information (approved by victim's parents) for school announcements and public releases; advises school of family requests, needs, and concerns.
- Contacts family's religious community (if applicable) and any family mental health service providers.
- Provides short-term trauma services as needed and appropriate to the family.
- May keep School Crisis/Suicide Crisis Coordinator apprised of issues directly related to the school and/or the deceased student's siblings.

Fire Department Chaplain: _____ Phone: _____

- May provide counseling and support to emergency response personnel.
- May participate in debriefing for school personnel as needed.

Volunteer Community Crisis Counselors:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

In some cases, schools may need to utilize support from community agencies to:

- Provide crisis counseling.
- Provide follow-up counseling on an individual basis, as appropriate.
- Ensure referrals for more intensive treatment and updates Suicide/Crisis Coordinator and family.

Agencies In My Community:

Agency Name: _____

Type of Support: _____

Point of Contact: _____

Phone Number: _____

Agency Name: _____

Type of Support: _____

Point of Contact: _____

Phone Number: _____

PARTNERING WITH NONPUBLIC AGENCIES

Schools may choose to partner with Nonpublic Agencies (NPA) to provide emergency and/or ongoing school-based mental health services. Community-based mental health professionals include any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private agency, or employed by a public agency such as county mental health. Individuals that are employees, contractors, or vendors of these public agencies have been authorized to provide the specific services to which they have been assigned, and that authorization qualifies them to contract directly with LEAs to provide those same services.

It is important to note that students receiving school-based mental services, per their IEP, must receive services from an NPA that is approved by the California Department of Education (CDE). When contracting with such individuals to provide mental health services for students with an Individualized Education Program (IEP) (i.e., Educationally Related Mental Health Services [ERMHS]), LEAs should ensure that the NPA is certified (https://www.cde.ca.gov/sp/se/ds/) for the same related services for which the LEA is contracting. Once an NPA has been identified by a partnering LEA, the LEA is responsible for completing a Master Contract with the NPA/NPS and for completing an Individual Service Agreement (ISA) for each student receiving services.

For additional information on partnering with Nonpublic Schools, including where to access Master Contract and ISA resources, please contact your SELPA Program Specialist.

QUESTIONS FOR INTERVIEWING COMMUNITY MENTAL HEALTH PROVIDERS

The following questions are intended to guide schools when determining whether a community mental health provider is prepared to meet the needs of students at risk of suicide.

1. Are you able to provide services to students in schools?
2. What types of services can you provide to students in schools?
3. What are your major clinical skills and interests? Do you have any expertise in assessing and treating young people who are at risk of suicide?
4. What experience and capacity do you have for providing services to LGBTQ youth and to the specific ethnic groups that make up our school's student body?
5. Where are you located?
6. What process do you follow after being called with a referral?
7. What process do you follow in the event of a suicide crisis?
8. Would you be able to come to our school to see a student, if necessary?
9. How long might it take for you to see a student with urgent problems? Non-urgent problems?
10. What kind of follow-up can you provide students and the school?
11. Do you offer support groups for students or parents?
12. What insurance plans do you accept?
13. Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
14. What are your procedures for ensuring student confidentiality?

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

WARNING SIGNS OF YOUTH SUICIDE

1. ***Suicide notes.*** These are very real signs of danger and should be taken seriously.
2. ***Threats.*** Threats may be direct ("I want to die." "I am going to kill myself.") or, unfortunately, indirect ("The world would be better without me," "Nobody will miss me anyway"). In adolescence, indirect clues could be offered through joking or references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words but may provide indirect clues in the form of acting out and/or violent behavior, often accompanied by suicidal/homicidal threats.
3. ***Previous attempts.*** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. ***Depression (helplessness/hopelessness).*** When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. ***Masked depression.*** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.
6. ***Final arrangements.*** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals, or pictures.
7. ***Efforts to hurt oneself.*** Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body. Please refer to the Self-Harm chapter in this toolkit for additional information and resources.
8. ***Poor school attendance or a decline in school attendance.*** Poor school attendance may be an indicator of underlying social-emotional needs which require support. If a student has poor school attendance or a sudden decline in attendance, it is advised that school personnel follow school truancy procedures as well as investigate whether the student is experiencing social-emotional distress in order to promptly offer support.
9. ***Inability to concentrate or think rationally.*** Such problems may be reflected in children's classroom behavior, homework habits, academic performance, household chores, and even conversation.
10. ***Changes in physical habits and appearance.*** Changes include the inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.
11. ***Sudden changes in personality, friends, and behaviors.*** Parents, teachers, and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.
12. ***Death and suicidal themes.*** These might appear in classroom drawings, work samples, journals, or homework.
13. ***Plan/method/access.*** A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the potential.

For additional resources regarding warning signs of youth suicide, please refer to Section 1: Prevention Resources in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)

RISK FACTORS

Students affected by one or more of these risk factors may have a greater probability of suicidal behavior. Knowledge of risk factors supports school staff in identifying students who may be more vulnerable to suicidal ideation or suicide.

Risk Factors

The list below includes personal or environmental characteristics associated with an increased risk for suicide:

- Prior suicide attempts
- Family history of suicide
- History of mental health conditions such as severe depression, anxiety disorders, and psychotic disorders
- Substance misuse
- Impulsivity or aggressiveness
- Serious family problems
- Breakups or other major relationship losses
- Access to means for self-harm (unsecured firearms, prescription medications, poisons)
- Social isolation
- History of traumatic experiences such as sexual violence or severe episodes of racial prejudice/ violence, bullying
- Lack of access to mental health care
- Multiple exposures to suicide in one's community or through unsafe coverage of suicide in the media or on social media

While the risk factors noted above might increase someone's long-term risk for suicide, there are several things that might indicate that the person's thoughts of suicide are escalating or that there is a more acute risk:

- Talking, joking, or posting online about dying or life not being worth living
- Feelings of hopelessness, shame, or of being a burden to others
- Extreme sadness, anger, or irritability
- Extreme feelings of emotional pain
- Planning or researching ways to die
- Withdrawal from others, saying or posting "goodbye" messages, giving away possessions
- Erratic or disorganized behavior

- Changes in substance use
- Seeking means to self-harm

Risk Factors for Imitative Suicidal Behavior

The following may increase a student's level of risk after a suicide has occurred:

- Facilitated the suicide
- Failed to recognize the suicidal intent
- Believe they may have caused the suicide
- Had a relationship with the suicide victim
- Identify with the suicide victim
- Have a history of prior suicide behavior
- Have a history of psychopathology
- Shows symptoms of helplessness and/or hopelessness
- Have suffered significant life stressors or losses
- Lack of internal and external resources

*High-Risk Groups**

In addition to the characteristics listed above, the risk of suicide varies across different identity and cultural groups. Historically disadvantaged communities who experience discrimination, social/environmental stressors and limited access to care and support resources often experience higher rates of suicide. **Indigenous communities** such as Native American/Alaskan Native youth have the highest rates of suicide-related fatalities. **Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth** are up to four times more likely to attempt suicide than their non-LGBTQ peers (National Alliance on Mental Illness, 2022). Additionally, research has also shown the rate of suicide attempts and fatalities among **Black youth** to be sharply increasing (Ring the Alarm The Crisis of Black Youth Suicide in America, Emergency TaskForce on Black Youth Suicide and Mental Health, 2019). According to the Center for Disease Control (CDC, 2019), future studies are needed to continue monitoring trends in suicidal ideation and behavior for black students and other race/ethnicity groups.

**Studies focused on suicide ideation and behaviors in youth are ongoing and although some consistencies in trends remain, data is also responsive to environmental changes such as isolation caused by the global COVID-19 pandemic beginning in March 2020. To monitor ongoing statistics, please visit the CDC's Adolescent or Child Health FastStat Webpage at https://www.cdc.gov/nchs/fastats/adolescent-health.htm.*

LGBTQ YOUTH

During adolescence, many students struggle with accepting themselves and experience the fear of being rejected by their peers. Several risk factors may increase students' capacity to cope and lead to a higher amount of psychological duress. Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are especially susceptible to experiencing multiple risk factors and may benefit from fewer protective factors than their heterosexual peers. LGBTQ youth experience a higher risk of suicidal behavior than other subgroups and are included as a high-risk group in California's Assembly Bill 2246 (AB 2246). This requires schools to include preventative efforts specifically aligned to the needs of LGBTQ youth. The Suicide Prevention Center recommends that schools:

- Implement training for all personnel to effectively serve LGBTQ youth by including recognition and response to warning signs for suicide, and the risk and protective factors for suicidal behaviors in LGBTQ youth.
- Include information about higher rates of suicidal behavior in LGBTQ youth in health promotion materials.
- Assess and ensure that all personnel are inclusive, responsive to, and affirming of the needs of LGBTQ youth, and refer youth to these services and providers.
- Develop peer-based support programs.
- Include the topic of coping with stress and discrimination, and integrate specific activities for LGBTQ youth in life-skills training and programs to prevent risk behaviors.
- Support personnel advocacy for LGBTQ youth.
- Promote organizations that support LGBTQ youth, such as Gay-Straight Alliances and Parents, Families, and Friends of Lesbians and Gays (PFLAG).
- Institute protocols for involving law enforcement when a student is identified as at risk for self-harm, has made a suicide attempt, or has died by suicide.
- Make accurate information about LGBTQ issues and resources easily available.
- Use an LGBTQ cultural-competence model that enables personnel to work effectively with LGBTQ students.
- Include LGBTQ youth in program development and evaluation.
- Institute, enforce, and keep up-to-date non-discrimination and non-harassment policies for all youth.
- Implement confidentiality policies that are clear, comprehensive, and explicit.
- Avoid making assumptions related to sexual orientation or gender.
- Address explicitly the needs of LGBTQ youth in programs and policies to prevent violence and bullying.

Creating a culture of acceptance is imperative in supporting students who identify as LGBTQ. Inclusive practices must extend beyond the classroom as a school-wide initiative. Please refer to Section 1: Prevention Resources for LBGTQ Youth in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit) for a variety of resources to support LGBTQ youth in your school setting.

PROTECTIVE FACTORS

Protective factors are personal or environmental characteristics that reduce the probability of suicide and can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called “resilience.” Actions by school personnel to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risk factors such as violence, substance abuse, and academic challenges.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, think about, understand, and manage one’s emotions
- Adaptable temperament
- Internal locus of control (i.e. The belief that events in one’s life, whether good or bad, are caused by controllable factors such as one’s attitude, preparation, and effort.).
- Strong-problem solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular religious activities
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: an ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- Respect for the cultures of all students

Mental Health, Healthcare Providers, and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

HELP A FRIEND:

TIPS FOR TEENS TO PREVENT SUICIDE

Although students thinking about suicide are not likely to seek help, they do show warning signs to their friends, classmates, parents, or trusted school personnel. ***Never ignore these signs. You can help!***

Situations that may lead to suicidal thoughts may include; ending a relationship, failing in school, problems within the home, rejection by friends, etc. Additionally, some students may display warning signs of suicidal behavior after a disaster such as a school shooting or terrorist attack. Children and youth who have experienced a personal loss, abuse, or an earlier tragic or frightening event, or who suffer from depression or other emotional problems, also have a higher risk of suicide.

Students who have these risk factors are most likely to consider suicide. Below are some tips to help prevent suicide and get help.

Suicide Warning Signs

1. ***Suicide notes.*** These are very real signs of danger and should be taken seriously.
2. ***Threats.*** Threats may be direct ("I want to die." "I am going to kill myself") or, unfortunately, indirect ("The world would be better without me," "Nobody will miss me anyway"). In adolescence, indirect clues could be offered through joking or references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting out and/or violent behavior, often accompanied by suicidal/homicidal threats.
3. ***Previous attempts.*** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. ***Depression (helplessness/hopelessness).*** When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. ***Masked depression.*** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.
6. ***Final arrangements.*** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals, or pictures.
7. ***Efforts to hurt oneself.*** Self-injuring behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body. *Please refer to the Self-Harm chapter in this toolkit for additional information and resources.*
8. ***Inability to concentrate or think rationally.*** Such problems may be reflected in classroom behavior, homework habits, academic performance, household chores, and even conversation.

9. ***Changes in physical habits and appearance.*** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.

10. ***Sudden changes in personality, friends, behaviors.*** Parents, teachers and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.

11. ***Death and suicidal themes.*** These might appear in classroom drawings, work samples, journals or homework.

12. ***Plan/method/access***. A suicidal child or adolescent may show an increased interest in guns and other weapons, may seem to have increased access to guns, pills, etc., and/or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.

What Can You Do to Help a Friend?

1. ***Know the warning signs!*** Read over the list above and keep it in a safe place.

2. ***Do not be afraid to talk to your friends***. Listen to their feelings. Make sure they know how important they are to you, but don't believe you can keep them from hurting themselves on your own. Preventing suicide will require help from adults.

3. ***Don't promise to keep secrets.*** Never keep a friend's suicidal plans or thoughts a secret. Explain to your friend that their life is the priority and consider identifying a trusted adult you can both talk to.

4. ***Tell an adult.*** Talk to your parent, your friend's parent, your school's psychologist or counselor, or any other trusted adult right away. Even if you are not sure your friend is suicidal, talk to someone. This is definitely the time to be safe and not sorry!

5. ***Ask if your school has a crisis team.*** Many schools (elementary, middle and high schools) have organized crisis teams, which include teachers, counselors, social workers, psychologists and principals. These teams help train all personnel to recognize warning signs of suicide as well as how to help in a crisis situation. These teams can also help students understand warning signs of violence and suicide. If your school does not have a crisis team, ask your Student Council or faculty advisor to look into starting a team.

For additional resources on how students can support their peers before or during a crisis, please access the Section 1: Prevention Resources for Students section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

HELP A STUDENT:

TIPS FOR TEACHERS

The list below provides a summary of tips for teachers, however additional resources supporting students before or during a crisis are available in Section 1: Prevention Resources (General and Fact Sheets) in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

1. Remain calm.
2. Ask the student directly if he or she is thinking about suicide.
3. Focus on your concern for their well-being and avoid being accusatory.
4. Listen.
5. Reassure them that there is help available.
6. Provide constant supervision.
7. Refer the student immediately. Do not “send” a student to the school psychologist or counselor. Escort the student yourself to a member of the school’s crisis team.
8. Remove means for self-harm if appropriate to do so.
9. Get help: School personnel should take the student to the designated school mental health professional or administrator.
10. Advocate for the student until you are certain the student is safe.
11. Please refer to Section 1: Prevention Resources- Fact Sheets in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit) for additional resources on suicide prevention tips for educators.

WARNING SIGNS OF YOUTH SUICIDE

TIPS FOR PARENTS

Parents can help prevent suicide by recognizing warning signs, identifying risk factors (characteristics that may lead a young person to engage in suicidal behaviors), promoting protective factors (characteristics that help people deal with stress and reduce their chances of engaging in suicidal behaviors), and knowing how to talk to their children and seek mental health services. You can empower yourself and your child by following these seven steps. For additional information, please access Section 1: Prevention Resources for Parents section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

1. Know your facts

Information is power and too much misinformation about suicide can have tragic consequences. Separating myth from fact can empower you to help your child in distress.

Myth – Suicide in youth is not a problem.

Truth – Suicide is a major problem affecting youth; it is the 3rd leading cause of death among 10 to 24-year-olds.

Myth – Asking about suicide causes suicidal behavior.

Truth – Addressing the topic of suicide in a caring, empathetic, and nonjudgmental way shows that you are taking your child seriously and responding to their emotional pain.

Myth – Only a professional can identify a child at risk for suicidal behavior.

Truth – Parents and other caregivers often are the first to recognize warning signs and most able to intervene in a loving way.

2. Recognize the warning signs

Studies show that 4 out of 5 teen suicide attempts are preceded by clear warning signs, so make sure to know them. A warning sign does not mean your child will attempt suicide but do not ignore warning signs. Respond to your child immediately, thoughtfully, and with loving concern. **Don't dismiss a threat as a cry for attention!**

- Personality changes: sadness, withdrawal, irritability, anxiety, exhaustion, indecision.
- Changes in behavior: deterioration in social relationships and school and/or work performance, reduced involvement in positive activities.
- Sleep disturbance: insomnia, oversleeping, nightmares.
- Changes in eating habits: loss of appetite, weight loss, or overeating.
- Fear of losing control: erratic behavior, harming self or others.

3. Know the risk factors

Recognize certain situations and conditions that are associated with an increased risk of suicide.

- Previous suicide attempt(s).
- Mental health disorders (depression, anxiety).

- Alcohol and other substance abuse.
- Feelings of hopelessness, helplessness, guilt, loneliness, worthlessness, and low self-esteem.
- Loss of interest in friends, hobbies, or activities previously enjoyed.
- Aggressive behavior.
- Bullying or being a bully at school or in social settings.
- Disruptive behavior, including disciplinary problems at school or at home.
- High-risk behaviors (drinking and driving, poor decision-making).
- Recent/serious loss (death, divorce, separation, broken romantic relationship).
- Family history of suicide.
- Family violence (domestic violence, child abuse, or neglect).
- Sexual orientation and identity confusion (lack of support or bullying during the coming out process).
- Access to lethal means like firearms, pills, knives, or illegal drugs.
- Stigma associated with seeking mental health services.
- Barriers to accessing mental health services (lack of bilingual service providers, unreliable transportation, financial costs).

4. Know the protective factors

These factors have been shown to have protective effects against youth suicide:

- Skills in problem-solving, conflict resolution, and handling problems in a nonviolent way.
- Strong connections to family, friends, and community support.
- Restricted from lethal means of suicide (pill access, gun access).
- Cultural and religious beliefs that discourage suicide and support self-preservation.
- Easy access to services.
- Support through ongoing medical and mental health care relationships.

5. Take preventive measures

You are not powerless; you can guard your child against the possibility of suicide.

- Interact with your child positively (give consistent feedback, compliments for good work).
- Increase your child's involvement in positive activities (promote involvement in clubs/sports).
- Appropriately monitor your child's whereabouts and communications (texting, social media) to promote safety.
- Be aware of your child's social environment (friends, teammates, coaches) and communicate regularly with other parents in your community.
- Communicate regularly with your child's teachers to ensure safety at school.

- Prevent access to alcohol, prescription pills, illegal drugs, knives, and guns.
- Talk with your child about your concerns; ask them directly about suicidal thoughts.
- Explain the value of therapy and medication to manage symptoms.
- Address your concerns with other adults in your child's life (teachers, coaches, family).
- Discuss your concerns with their pediatrician to seek mental health referrals.

6. Talk to your child about suicide

Talking to your child about a topic like suicide can seem almost impossible. Have this important discussion by using these tips.

- Talk in a calm, non-accusatory manner.
- Express loving concern.
- Convey how important they are to you.
- Focus on your concern for your child's well-being and health.
- Make "I" statements to convey you understand the stressors they may be experiencing.
- Encourage professional help-seeking behaviors (locate appropriate resources).
- Reassure your child that seeking services can change their outlook.

7. Last, but not least, seek mental health services

Mental health professionals can be essential partners in suicide prevention.

- Take appropriate action to protect your child.
    - If you feel that something is "just not right".
    - If you notice warning signs.
    - If you recognize your child has many of the risk factors and few of the protective factors listed above.
- Find a mental health provider who has experience with youth suicide.
    - Choose a mental health provider with whom your child and you are comfortable.
    - Participate actively in your child's therapy.
- If danger is imminent, call 911 or take your child to the nearest emergency room.

Adapted from: Nadine J. Kaslow, PhD, Polina Kitsis, Mili Anne Thomas, MA, and Dorian A. Lamis, PhD (2003). 7 Essential Steps Parents Can Take to Prevent Teen Suicide. American Psychological Association. https://psychologybenefits.org/2013/09/23/prevent-teen-suicide/

PREVENTION CHECKLIST

ADAPTED FROM SAMHSA SUICIDE PREVENTION TOOLKIT TO ALIGN WITH AB 2246 /1767

*An asterisk identifies an AB 2246/1767 requirement to be included in each LEA's Pupil Suicide Prevention Policy, AB 2246 and its extension, AB 1767, requires any LEA that serves pupils in grades K to 12 to adopt a board-approved suicide prevention policy.

Suicide Prevention Activities	Yes	No	Not Sure	If no, or not sure. Next steps:
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide that was developed in consultation with school and community stakeholders.*				
The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.*				
At a minimum, the written policy addresses prevention, intervention, and postvention.*				
The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be written to ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a pupil who is a Medi-Cal beneficiary.*				
The written protocol includes the steps for personnel to refer students for risk assessments. Including but not limited to teacher referrals, peer referrals, self-referrals, and concerns via social media.				
The written policy addresses youth bereaved by suicide.*				
The written policy addresses youth with disabilities, mental illness, and/or substance use disorders.*				
The written policy addresses youth experiencing homelessness or in out-of-home settings, such as foster care.*				
The written policy addresses LGBTQ youth.*				
We have a written protocol for responding to students who attempt suicide at school.				
We have established agreements with outside providers to provide effective and timely mental health services to our students.				

Suicide Prevention Activities	Yes	No	Not Sure	If no, or not sure. Next steps:
Protocols for after a suicide				
The written protocol includes responding to the suicide of a student.				
Personnel who will implement the suicide response protocol (i.e., crisis response team) are familiar with this protocol and the tools that will help them fulfill their responsibilities.				
Community partners who can assist in the event of a suicide have been identified.				
Personnel education and training				
The written policy addresses trainings to be provided to teachers on suicide awareness and prevention.*				

Personnel education and training				
Training material approved by the LEA includes how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.*				
All professional and support personnel have received information about the importance of school-based suicide prevention efforts.				
All professional and support personnel have been trained to recognize and respond appropriately to students who may be at risk of suicide.				
School personnel includes those who have been trained to assess, refer, and follow up with students identified as being at risk of suicide.				
The written policy includes that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing is construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed to do so.*				
Parent/Guardian education and outreach				
We educate the parents of our students about suicide and related mental health needs.				
We have a sufficient level of participation in our programs to educate parents about suicide.				
Student education				
We have implemented at least one type of program to engage students in suicide prevention.				

Suicide Prevention Activities	Yes	No	Not Sure	If no, or not sure. Next steps:
Suicide prevention is integrated into other student health/mental health courses and initiatives.				
Screening				
We have implemented a suicide screening program.				
We have the support of parents, school personnel, and other community mental health professionals.				

In order to ensure your school personnel is prepared to prevent and/or intervene in a suicide crisis, please respond to the additional questions for consideration listed below which were adapted from the *Idaho Guidelines for School-Based Suicide Intervention*:

1. Does the school community know who the Crisis Response Team members are?
2. Does the entire school community understand that students at risk should not be left unattended, even to get help?
3. Do school personnel understand that it is not their responsibility to assess the seriousness of a situation, but that all suicidal behavior must be taken seriously and reported, using the school protocols?
4. Do the protocols inform personnel about what to do if there is any reason to suspect a weapon is present/readily available?
5. Have the confidentiality guidelines been provided and discussed with ALL personnel?
6. Will personnel receive any feedback on students whom they refer for an evaluation of suicidal risk?
7. Are procedures in place that meet personnel needs in the event of a crisis?
8. Does the school have a procedure to alert personnel of an emergency while school is in session and do substitutes and volunteers know this procedure?
9. Has a list of local, appropriate, and accessible mental health contacts in the community been created, have contacts been interviewed, and assessed for willingness to work with the school crisis response team on issues related to the student's well-being and return to school?
10. If needed, will someone request emergency personnel, including law enforcement and/or an ambulance? Who will make the determination? (*Please refer to the section titled "When to Contact Law Enforcement"*. At a minimum, if the student has a dangerous weapon law enforcement should be called.)
11. Do school procedures designate someone to contact the parent/guardian when suicide risk is suspected, regardless of assessed risk level?
12. Does the school have procedures for when the parent/guardian is unreachable?

13. Does the school have procedures for when a parent refuses to get help for their child?
14. Has someone been designated to call the agency for the parents/guardians ahead of their arrival and to follow up to see that they do arrive?
15. Does the school provide information to parents about the importance of removing lethal means?
16. Did a personnel designee request a signed release of confidentiality between the mental health agency and/or hospital and/or doctor and parent/guardian?
17. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior? (*Please refer to the section on re-entry procedures within this toolkit*)
18. Does the school have a system to collect all documentation related to the crisis?
19. Have all involved school personnel been debriefed and offered support if needed, and has the school reached out to offer support to the parents/guardians?
20. Do school personnel, parents/guardians of the student, and mental health agency(ies) that are involved have a process to create a plan to reintegrate the student, alert relevant personnel, and decide how to help the student at school?
21. Are there systems/teams in place to address the needs of other students who are exhibiting high-risk behaviors, especially friends and classmates of this student?
22. How will the student's teacher(s), coach(es), and other contacts be reminded of the student's confidentiality rights?

SECTION 2

Self-Harm

UNDERSTANDING SELF-HARM BEHAVIOR

The Diagnostic Statistical Manual, 5th Edition (DSM-V) defines Nonsuicidal Self-Injury (NSSI) as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. NSSI behaviors such as cutting, burning, biting, and scratching the skin. There have been ongoing discussions about whether self-harm should be the term used to describe NSSI. Therefore, the terms continue to be used interchangeably. For the purposes of this toolkit, behaviors consistent with the definition of NSSI will be referred to as self-harm. The Association for Supervision and Curriculum Development (ASCD) states that behaviors relating to self-harm can be one of the most perplexing and challenging behaviors that administrators, teachers, nurses, and counseling personnel encounter in their schools. For additional resources related to supporting students who may experience self-harm, please access the accompanying Padlet, Section 2: Self-Harm.

Preventing Self-Harm:

There is no guaranteed way to prevent a student from self-harm. However, reducing the risk of self-harm includes an approach that involves both the individual and their community. Parents, family members, teachers, school nurses, coaches, and friends are among those who can provide help.

- Identify someone at risk and offer help. Students can be taught resilience and healthy coping strategies to handle stress.
- Encourage expansion of healthy social interactions. Many students who self-harm feel lonely and isolated. Assisting students with forming connections with peers or adults who do not self-harm can improve relationships and communication skills. Social interactions should be driven by student interest and may require facilitation from an adult with the intent to set the student up for success.
- Raise awareness. Learn about the warning signs of self-harm and what to do when it is suspected.
- Encourage peers to seek help. Encourage students to avoid secrecy and reach out for help when they have concerns for their friends.
- Talk about media influence. Teaching students critical thinking skills about the influences around them may reduce the harmful impact of highly visible outlets that feature negative coping strategies.

Self-Harming Behaviors May Include:

- Cutting oneself (i.e., with a razor blade, knife, or another sharp object to cut the skin).
- Punching oneself or punching things (like a wall).
- Burning oneself with cigarettes, matches, or candles.
- Pulling out one’s hair.
- Breaking bones or bruising oneself.

Self-harming behavior is widespread among adolescents and is often misunderstood by others. According to The U.S. Department of Health and Human Services, individuals who self-harm do not usually mean to end their own lives, but are at higher risk for attempting suicide if they do not get help. The most widely accepted theory in understanding why self-harming occurs is that it provides the individual with a sense of emotional relief when dealing with personal problems. Many stressors may contribute to developing a habit of self-harming. Especially when a student lacks healthy outlets for dealing with stress and does not have positive coping strategies. These stressors may include:

Social Challenges

- Peer rejection
- Lacking social skills
- Social isolation
- Lacking possession of prized popular possessions (i.e., iPhone, name brand clothing)
- Cyberbullying
- Perceived rejection from peers

Factors Related to Stress

- Balance between social, academic, and multiple extracurricular commitments
- Academic pressure from parents
- Massive homework loads

"Quick-Fix" Solutions

- Culture of immediate gratification
- Modeled behavior (i.e., prescription medication as "quick fixes")

Emotional Disconnection and Invalidation

- Disconnected family unit
- Higher connection to screen time than real-life interactions

Fears About the Future

- Preparation for college
- Uncertainty about college acceptance

The table below summarizes risk factors identified by the Mayo Clinic that may predict self-harming behaviors. To access additional information regarding self-injury and causes from the Mayo Clinic please access Section 2: Self-Harm on the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Risk Factors

AGE	Most people who self-injure are teenagers and young adults, although those in other age groups also self-injure. Self-harm often starts in the early teen years, when emotions are more volatile and teens face increasing peer pressure, loneliness, and conflicts with parents or other authority figures
HAVING FRIENDS WHO SELF INJURE	People who have friends who intentionally harm themselves are more likely to begin self-injuring.
HISTORY OF TRAUMA	Some people who injure themselves were neglected or abused (sexually, physically, or emotionally) or experienced other traumatic events. They may have grown up and remained in an unstable family environment, or they may be young people questioning their personal identity or sexuality.
GENDER IDENTITY	Young people questioning their personal identity or sexuality may be at a higher risk of experiencing social isolation.
MENTAL HEALTH NEEDS	People who self-injure are more likely to be highly self-critical and be poor problem-solvers. In addition, self-harm is commonly associated with certain mental disorders, such as borderline personality disorder, depression, anxiety disorders, post-traumatic stress disorder, and eating disorders.
EXCESSIVE ALCOHOL OR DRUG USE	People who harm themselves often do so while under the influence of alcohol or recreational drugs.

Signs and Symptoms

The stigma associated with self-harm often creates shame and embarrassment, making it difficult for students to seek out help. If it is suspected that a student is self-harming, staff should be aware of possible warning signs:

- Scars
- Fresh cuts, burns, scratches, or bruises
- Having sharp objects on hand
- Wearing long sleeves or pants, even in hot weather
- Difficulties with interpersonal relationships
- Persistent questions about personal identity
- Behavioral and emotional instability, impulsiveness, or unpredictability
- Saying that they feel helpless, hopeless, or worthless

Most commonly, the arms, legs, and front of the torso are areas of the body where self-harm is inflicted upon. If it is discovered that a student has engaged in self-harm it must be taken seriously. School personnel should avoid acting shocked and should demonstrate compassion for the student.

Interventions for Self-Harming Behaviors

According to the National Association of School Psychology (NASP), there is no single and definitive approach to treating self-harming behaviors. The most promising treatment involves a combination of dialectical behavior therapy (DBT) and/or cognitive behavioral therapy (CBT) with possible medication for underlying disorders which can only be recommended and provided by a clinical mental health professional. Clinical treatment may involve hospitalization or outpatient care depending on the needs of the student. Ideally, a student can maintain as normal a routine as possible. The goal is to help the student identify the underlying mental health challenges and help them develop alternative coping and communication skills (Lieberman, 2004). Due to the complexity of self-harm and the level of support required, school-based interventions should be provided in conjunction with outside treatment. For specific steps a school can take, please refer to the "Next Steps for Support" section on page 2.10.

Staff Approach

School-based professionals play an important role in intervening when a student is suspected to be engaging in self-harm. When staff obtains knowledge that a student has engaged in self-harm they should consider the following (adapted from Smith, Segal, Robinson, and Shubin, 2021):

- **Acknowledge your feelings**. You may feel shocked, confused, or even disgusted by self-harming behaviors—and guilty about admitting these feelings. Acknowledging your feelings is an important first step toward helping the student.
- **Learn about the problem**. The best way to overcome any discomfort or distaste you feel about self-harm is by learning about it. Understanding why a student may self-harm can help you see the world through their eyes.
- **Don't judge**. Avoid judgmental comments and criticism—they'll only make things worse. Remember, the self-harming person already feels distressed, ashamed, and alone.
- **Offer support, not ultimatums**. It's only natural to want to help, but threats, punishments, and ultimatums are counterproductive. Express your concern and let the person know that there is support available.
- **Encourage communication**. Encourage the student to express what they're feeling, even if it's something you might be uncomfortable with. If the person hasn't told you about the self-harm but you suspect it is happening, bring up the subject in a caring, non-confrontational way and offer support.

Making a Referral

The personnel member who makes this discovery is required to refer the student to the appropriate mental health professional on-site to conduct a self-harm assessment. The referring personnel member may consider introducing the student to the mental health provider and remaining with the student until they appear able to interact with the person completing the self-harm assessment. If a student has engaged in self-harm and has a serious injury, call 9-1-1.

CONDUCTING A SELF-HARM ASSESSMENT

The following guidelines are based on Cornell's Research Program on Self-harm and Recovery, "Non-Suicidal Self-harm in Schools: Developing & Implementing School Protocol," The entire document is available to be used as a resource in developing a protocol for your LEA. To retrieve this resource please access Section 2: Self Harm- Assessment section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit). Cornell's research program suggests that having an established protocol limits ineffective responses and maximizes a school's ability to intervene appropriately when students are engaging in self-harming behaviors.

School personnel should be prepared to identify self-harm in order to make a referral to the appropriate personnel member for a risk assessment. If it is reported that a student is engaging in self-harm, it is recommended that school personnel immediately refer the student to a school mental health professional (i.e., school psychologist, school counselor, social worker, or nurse) who is trained to assess the student for both self-harm and risk of suicide.

The components of a risk assessment shall include gaining information regarding:

- **History**: *how long has the student been self-injuring.*
- **Frequency**: *how often the student is engaging in self-harming behavior(s).*
- **Method(s):** *what behavior the student is engaging in (i.e., cutting, scratching, etc.) and where, on their bodies, they may injuring (i.e., arms, legs, abdomen, etc.).*
- **Triggers**: *identify patterns in what causes the student to self-harm.*
- **Psychological Purpose**: *determine the function of the self-harming behavior.*
- **Disclosure**: *identify whether the parents are aware. Remind the student of confidentiality and the exception pertaining to their safety.*
- **Help-Seeking & Support**: *discover whether the student has been treated for self-harming behaviors in the past, or if they are currently in counseling. Inquire about the student's perceived support system.*
- **History and/or current presence of suicidal ideation**: *ask the student if they have experienced thoughts of ending their life. If the student answers yes, or if, the assessor's clinical judgment indicates that the student has experienced suicidal ideation then a suicide risk assessment should follow (page 3.1).*

The American School Counselor Association requires confidentiality between students and counselors except if the student is at risk for harm to self or others. The person conducting the self-harm assessment must notify the student's parent(s)/guardians. For guidance on notifying parents, please refer to the considerations for notifying parents when students self-harm section included in this chapter (page 2.6). In addition to maintaining student safety, the goal of self-harm assessments is to inform the school team and family of how to plan appropriate treatment for the student's current behaviors and determine the next steps for ongoing support. This will likely include referring the student to a community mental health provider as appropriate and holding a Student Study Team (SST) meeting. Additionally, this may result in a request for a comprehensive assessment for special education to be conducted by the LEA, see "Considerations for At-Risk Students" (section 4).

The assessment tool recommended by The Cornell Research Program on Self Harm and Recovery may be accessed in Section 2: Conducting a Self Harm Assessment on the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Risk Assessment Components adapted from: Bubrick, K., Goodman, J. & Whitlock, J. (2010). Non-suicidal self-harm in schools: Developing and implementing school protocol. [Fact sheet] Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. Retrieved from https://crpsib.com/userfiles/NSSI-schools.pdf

CONSIDERATIONS FOR NOTIFYING PARENTS WHEN STUDENTS SELF-HARM

If a student has been identified as engaging in self-harm, parents/guardians must be notified. The American School Counselor Association requires confidentiality between students and counselors except for when a student is considered at risk for harm. Parent notification should occur even if the student is not deemed as being in imminent danger.

The person who contacts the family should be the personnel member who was responsible for completing the risk assessment for self-harm with the student. For example, if a teacher refers a student to the school counselor and the school counselor meets with the student to determine their level of risk, the school counselor would then call the parent/guardian. It is recommended that personnel remain aware of and sensitive towards the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking. The person contacting the family may notify parents via telephone or request for the parent/guardian to come to the school to meet in person. The following list outlines steps to take when contacting parents to inform of self-harm:

1. Notify the parents about how the student was referred to you (i.e., was it a peer referral, personnel referral, social media post).
2. Explain the importance of removing dangerous items from the home (i.e., tools with which the student has demonstrated a history of self-harm).
3. Share any plans to support student well-being and safety while at school.
4. Discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgment Form confirming that they were notified of their child's risk and received referrals to treatment. Attach the Parent Fact Sheet (located on page 2.09 of this toolkit) for the parent's reference.
6. Tell the parents that you will follow up with them in a specified number of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider, revisit the importance of accessing support, discuss why they have not contacted a provider, and offer to assist with this process.
7. If the parents refuse to seek services for a child under the age of 18 who continues to demonstrate self-harming behavior, consider contacting child protective services as a mandated reporter.
8. Complete the NSSI School Assessment Report form. The incident report should not be maintained in a student's cumulative or special education file.
9. Document all contacts with the parents.
10. See "Next Steps for Support," to determine whether a Student Study Team (SST) meeting, assessment for special education eligibility and/or Educationally Related Mental Health Services (ERMHS) should be considered.

Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from https://www.maine.gov/suicide/docs/GuidelineS'/o2010-2009--w%20discl.pdf

Non-Suicidal Self-Injury (NSSI) Assessment

1. IDENTIFYING INFORMATION

   Name: _____ ID: _____

   School: _____ DOB:_____ Age:_____IEP/504?_____

   Grade/Teacher _____

   Parent/Guardian #1 name/phone # (s): _____

   Parent/Guardian #2 name/phone # (s): _____

   Screener's name: _____ Position:_____

   Screener's Contact Info: _____

2. INCIDENT INFORMATION

   Date/Time of Incident _____

   Description of Incident: _____

   _____

   _____

   _____

3. ACTION TAKEN: (such as parent contact, additional support, outside referral, report to CFS)

   _____

   _____

   _____

   _____

   Other personnel involved (such as referring person, administrator support, etc.):

   _____

   _____

4. PARENT CONTACT: Y/N _____ When _____ If no, why not? _____

5. RECOMMENDATIONS/FOLLOW-UP:

_____

   Additional Notes:

Adapted from www.educatorselfinjury.com and The Cornell Research Program on Self-Injury and Recovery, www.selfinjury.bctr.cornell.edu

PARENT CONTACT ACKNOWLEDGMENT OF SELF-HARM

School_____

Personnel Member Completing the Form_____

Student_____

This is to verify that I have spoken with personnel member _____ on _____ (date), concerning my child's self-harming behavior. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____(name of personnel member) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Personnel Member Signature: _____ Date: _____

____(Initial) I have received the Parent Fact Sheet on Self-harm

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

PARENT FACT SHEET

Self-Harm

What is Self-Harm?

Self-harm occurs when an individual chooses to inflict wounds upon themselves because of psychological distress. Although it is difficult to understand, this behavior becomes a coping mechanism for some people. Feelings of anxiety and distress, being "outside" one's body, and a need for self-punishment are among the reasons self-injurers cite for their behavior.

Why Do They Do It?

Research has not been able to clearly define the life factors that lead to self-harm. There is evidence that sexual and physical abuse, feeling invalidated, and issues related to sexual identity may play a role in the self-harm of some. The theme that is repeated throughout the research is that self-injurers are using self-harm to relieve extremely uncomfortable feelings.

What Do I Do Now?

- Take a deep breath--this is tough, but it is better that you know about it.
- Realize that you cannot solve the problem, but you can access help.
- Access help!! Find a mental health professional and make an appointment as soon as possible.
- Do NOT tell your child that they must stop self-injuring. It won't work and will just create frustration.
- DO remove readily available items for cutting, but realize your child will probably find something else.
- DO immediately attend to physical damage and take your child to professional medical care when needed.
- DO provide a listening ear when your child needs someone to talk to - create an accepting atmosphere for them.
- DO help coordinate safety plans for your child between your mental health professional and the school mental health personnel.
- DO keep the school updated about any changes in your child's intervention plan and his or her overall status.

SELF-HARM: NEXT STEPS FOR SUPPORT

In addition to the considerations for parent notification, it is recommended that school teams consider the need for additional support while at school to maintain student safety and continued access to education.

When a general education student has displayed behavior that indicates heightened social-emotional distress or increasing mental health needs, such as self-harming, the following is recommended:

Schedule a Student Study Team (SST) prior to the student's return to school in order to provide supports needed to ensure safety and well-being at school. This may include implementation of general education intervention supports and/or development of a safety plan and/or Care Card (page 3.11-3.12) contingent upon parent consent. An SST may not delay a student's return to school. If the school is not able to schedule an SST before the student's return, it is recommended to schedule a meeting to discuss re-entry with the appropriate school personnel. This meeting should include the parent, the student, the school administrator, and/or mental health personnel in order to immediately provide supports as needed until the SST is held. The SST meeting should:

- Discuss observations and concerns with parents and team members.
- Identify patterns of behavior in the home or possible environmental factors which may impact social-emotional well-being and/or behavior.
- Document areas of concern including areas of suspected disability, if applicable.
- Brainstorm interventions to support immediate needs as well as a plan for monitoring progress and when/how the team will revisit effectiveness through a follow-up SST. The timeframe to reconvene should be driven by the needs of the student but should not exceed 6-8 weeks. Teams may also consider setting a frequency schedule for following up (e.g., every two weeks until needed).
- Interventions must be individualized to meet the student's needs. Commonly used interventions may include check-ins with supportive personnel, opportunities to learn and practice new coping skills, short-term access to general education counseling support, etc.
- Concerns for a student's mental health may trigger an LEA/District's Child-Find obligation under the IDEA. Therefore, the SST must consider whether an assessment for Special Education including an Educationally Related Mental Health Services (ERMHS) assessment is warranted. If an LEA/District determines an assessment is not warranted it is recommended that the SST document the reasons why in the SST notes.
- Provide continued access to necessary support during the assessment period to maintain safety.

If a student with an Individualized Education Program (IEP) is displaying emotional needs, including but not limited to self-harm, it is recommended that the IEP team convene to discuss if ERMHS are required. As with any other IEP-related service, an assessment is required to identify areas of need to inform subsequent goals and services. The team may also consider the need for a Functional Behavior Assessment (FBA) and/or Behavior Intervention Plan (BIP). Please see the ERMHS Assessment section for more information. If ERMHS services are already in place, the team will determine if goals should be updated and services increased and/or changed to address the student's escalating needs. Furthermore, if a student's most recent evaluation does not identify all of the student's mental health needs, a new ERMHS assessment may be warranted.

SECTION 3

Suicide Risk Assessment

SUICIDE RISK ASSESSMENT

The following section references a number of forms/assessment instruments to be used by mental health professionals who possess the appropriate licensure and/or credential to conduct suicide risk assessments. They are provided as resource documents to be used when determined appropriate by the professionals involved in the assessment. The information in this section is not intended to be used by untrained professionals in lieu of formal assessment to determine the risk of suicide conducted by a trained professional. ***Please refer to Section 2: Tools for Conducting an Assessment to Determine Risk for Suicide in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit) for a variety of assessment tools that are available to be used by school-based mental health professionals.***

CONDUCTING A RISK ASSESSMENT

Once a student has been referred for being at risk for suicide, an assessment to determine risk must be conducted immediately. LEAs/Districts are required to have an established protocol that should be followed for making the referral to appropriate school personnel. When an LEA/District does not have access to a licensed/credentialed person at the time the risk assessment must occur, they may consider calling 2-1-1 to determine whether their county has a community agency such as an Emergency Mobile Crisis Response Team available to assist. LEAs/Districts may also be in a position where Law Enforcement may be contacted to conduct the assessment. Please refer to the section titled "When To Contact Law Enforcement" (page 3.17) for more information. For additional information regarding risk assessments and formal assessment protocols, please access Section 3. Assessment for Risk of Suicide in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Rapport

Inquiring about a student's level of risk or intent to harm themselves requires having some level of rapport with the student. If no rapport has been previously established between the personnel member and the student, time must be taken to establish a certain level of rapport. Prior to inquiring about the student's intent to harm, questions may be asked about the student's current life circumstances and feelings. It is important to take the time for the student to respond. Risk assessments may require ample time in order for the student to feel comfortable with the personnel member's questioning. Assessors may build rapport by seeking to understand what is happening with the student, for example:

- "I/Others have noticed that you seem ___(different, down, tired, to be dressing differently, etc.)" Or, "You look (sad, mad, angry, upset) today. Tell me about what's going on."
- "How are you feeling right now? How have you been feeling lately? Do your feelings come and go? How long have you been feeling this way?"
- "Your (parents, teachers, friends) are concerned about you. Why do you think they would be concerned?"

Elements of an Assessment to Determine Risk for Suicide

According to the National Suicide Prevention Resource Center, the key elements of suicide risk are:

1. Assess warning signs and risk factors
2. Assess protective factors
3. Suicide Inquiry: thoughts/plan/intent/
4. Clinical Judgment

In addition to the four elements identified above, it is of the utmost importance to document the assessment and the steps taken immediately after. The following list provides each key element and sample questions to ask. The sample questions are not intended to necessarily be asked verbatim, the assessor should utilize professional discretion to align questions based on knowledge of the students' circumstances. Additionally, the sample questions are not exhaustive. The intent of these questions is to demonstrate an approach that may be helpful when asking tough questions.

1. Warning Signs and Risk Factors

Students who are at risk for hurting themselves may reach out to others directly, or sometimes indirectly. It is rare that individuals immediately volunteer the information that they are thinking of hurting themselves or ending their lives. It is important to have knowledge and be aware of the warning signs that may increase risk for a student. See "Warning Signs of Youth Suicide" (page 1.20) in this toolkit for examples of warning signs. A students risk for suicide may increase based on having a higher number of risk factors. See "Risk Factors" (page 1.21) in this toolkit for examples of risk factors.

Sample Questions:

- "From what you've said, it sounds like (fear, anxiety, depression, sadness, hopelessness) has really been impacting you lately?"
- "It must be really hard to feel that way, do you have hope that things might improve?"
- "Have you had these feelings before? Did they go away or have they gotten stronger?"
- "Do you know anyone that has died by suicide?"
- "I've noticed that your grades used to be quite strong, what's changed?"
- "What are your sleep patterns? Do you sleep too much? Not enough? What keeps you up at night?"

2. Assess Protective Factors

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors for low to moderate risk students. Protective factors may provide a poor counterbalance to individuals who are at high-risk for attempting suicide (i.e., someone with strong ideation, intent, a plan, preparatory behaviors, and impaired judgment). It is important for the assessor to determine whether protective factors may be relevant to a student and their ability to cope with life's stressors. The assessor should inquire about the student's perceived support system (i.e., family and social support), their own individual characteristics and behaviors (i.e., self-esteem, mood, resilience), their experience with school (i.e., sense of safety and belonging) and their access to mental health and/or physical healthcare providers and caregivers. Strengthening protective factors can be a part of safety planning. For a list of potential protective factors please refer to page 1.24 of this toolkit.

Sample Questions:

- "Do you have anyone to talk to when you're having these feelings?"
- "Are there any times that you feel good about yourself or what you're doing? Tell me about it."
- "How do you usually deal with stress?"

- “Do you feel like you have any control over what happens to you?”
- “What do you like to do for fun?”
- “Are you hanging out with friends? Getting along with family? Participating in school/church/ community activities?”

3. Suicide Inquiry

When suicide warnings and risk factors emerge, a suicide inquiry is necessary. The purpose of the inquiry is to obtain specific details that will help determine the student’s overall risk for suicide. Students should be asked directly about suicide in an empathetic but nonleading way. The assessor must demonstrate caution against asking leading questions. For example, a student could be asked “Are you thinking about ending your life?” An assessor should **not** ask a question such as, “You’re not thinking about ending your life, are you?” Each component of the suicide inquiry are described below:

a. Thoughts of Suicide

When a student demonstrates any number of suicide warning signs, it is imperative that the assessor asks about thought and feelings related to suicide. If a student demonstrates thoughts related to suicide, they must be asked directly if they are having thoughts of killing themself.

Sample Questions:

- “Sometimes, people in your situation (describe situation) lose hope, I’m wondering if you may have hope that things will get better or not?”
- “With this much stress (or hopelessness) have you ever thought that things might be better if you were dead?”
- “**Have you ever thought about killing yourself?**” *This is the most important question to ask when conducting an assessment to determine risk for suicide and must be asked directly. Although it may be uncomfortable to ask, by asking the student directly you improve the chances of getting a direct response. Indirect questions can lead to vague responses that make it more difficult to determine risk.*

b. Prior Attempts

If a student has a history of a prior attempt, this is a strong predictor of future suicidal behavior. Always ask if they have attempted suicide in the past, even when there is not evidence of current suicidal thinking.

Sample Questions:

- “Have you ever tried to kill yourself or attempt suicide?”
- “Have things ever been so bad for you in the past that you thought about killing yourself or actually tried to hurt yourself or kill yourself?”

3. Plan

After determining that a student is experiencing suicidal thinking, the assessor must inquire about planning. The student must be asked about the specifics of their plan.

Sample Questions:

- “Do you have a plan or have you been planning to end your life? If so, have you thought about what you would do? How would you do it?”
- “Have you thought about a time or place that you would plan to carry out ending your life?”
- “Do you have the (drugs, gun, rope, etc.) that you would use?” If yes, “Where is it right now?” If not, “How would you get the (drugs, gun, rope, etc.)?”

4. Intent

Based on the student’s responses, the assessor may determine the extent to which the student plans to carry out their plan. When a school-based assessment reveals a student has experienced suicidal thinking, the student should be referred to a community based or medical based mental health professional when they experience suicidal thinking, regardless of the level of intent. If a school does not already have community agencies identified, they may access www.211.org or call 2-1-1 to determine what may be available in the community.

Sample Questions:

- “What have you done to begin to carry out this plan?”
- “Have you made other preparations (written letters, given away possessions, etc.)?
- “What stops you from carrying out this plan?”

5. Clinical Judgment and Immediate Response

When a student has been referred for a suicide risk assessment, it is important that the school site administrator is notified. Assessing suicide risk is a complex process, especially when students experience medical illnesses, mental health/substance abuse problems, as well as a myriad of family, contextual and environmental risk and protective factors.

The table below illustrates measuring the level of suicide risk in relation to risk/protective factors and suicidality in order to determine immediate action. The Low Risk category describes students with thoughts of death or wanting to die, but without suicidal thoughts, intent or a plan. Alternatively, students with highly specific plans for suicide, preparatory acts such as suicide rehearsals, and/or clearly articulated intent are categorized as High Risk. Impaired judgment (intoxication, psychosis, TBI, impulsiveness) further exacerbates that risk.

There is no screening tool or questionnaire that can accurately predict which students with suicide risk will go on to make a suicide attempt, either fatal or non-fatal. The person conducting the suicide risk assessment shall utilize their clinical judgment to determine whether the student presents a low, moderate or high risk of suicide.

Measuring the Level of Suicide Risk.			
Risk Level	Risk/ Protective Factors	Suicidality	Immediate Response
High	Mental health disorders paired with precipitating events and/or risk factors, perceived protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.	Immediate evaluation required. Contact a community agency (e.g., Emergency Mobile Response Team) or law enforcement for an immediate response.
Moderate	Multiple risk factors, few protective factors.	Suicidal ideation with plan, but no intent or behavior.	Immediate evaluation by a community-based or medical-based mental health professional is likely warranted. Without access to a mental health professional, contacting law enforcement may be necessary. Consider developing a safety plan/care card, if appropriate.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior.	Referral to community mental health professional, symptom reduction, create a safety plan/care card.

Additional considerations in determining an immediate response include but are not limited to:

- Family Involvement: It is recommended that the student's family is contacted unless the student's family is an identified risk factor. In instances when the family is considered a risk factor include law enforcement in the decision of when to contact the appropriate family members.
- Consultation: Clinical judgment should not lie at the sole discretion of one individual. Consultation with mental health professionals and/or appropriate administration is always warranted.
- 24/7 Ongoing Support: School-based support is only accessible during regular school hours. Regardless of the level of risk for suicide, the student must be given access to support that is available 24-hours-a-day, 7-days-a-week. Therefore, it is essential to consult with appropriate family and community members to ensure the student will receive ongoing observation, intervention, and care.
- Involvement of Law Enforcement: Please refer to the chapter titled, "When to Contact Law Enforcement" on page 3.17 for more information relating to the involvement of law enforcement.

Documentation

Each LEA/District should have an established process to be followed to ensure proper documentation of the school response. At a minimum, the person completing the risk assessment should utilize a risk documentation form (for a sample refer to page 3.15 of this toolkit) and maintain a copy of a parent acknowledgement form (for a sample refer to page 3.14 of this toolkit). It is not recommended, nor is it common practice for documentation to be kept in a student's cumulative file. Schools should determine a method for maintaining documentation which includes keeping forms in a secured location (e.g., locked file cabinet).

Adapted from: The Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) process developed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) &

Suicide Prevention Resource Center (SPRC). (2009) and (2017). Suicide prevention toolkit for primary care practices. A guide for primary care providers and medical practice managers (Rev. ed.). Boulder, Colorado: WICHE MHP & SPRC.

These resources may be retrieved by accessing the Section 3: Conducting an Assessment for Risk of Suicide in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)

CONDUCTING AN ASSESSMENT FOR RISK OF SUICIDE

LIMITS OF CONFIDENTIALITY

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception *(United States Department of Education, Dear Colleague Letter dated August 18th, 2015: https://cdpsdocs.state.co.us/safeschools/Resources/USED%20FERPA/DCL_to_School_Officials_at_IHEs.pdf*).

The assessor should notify the student that exceptions to confidentiality include instances when a student may present a danger to self or others.

TIPS FOR RESPONDING TO SOMEONE WHO EXPRESSES SUICIDAL THOUGHTS

What to do:

- ☑ Listen to what the student is saying and take their risk of suicide seriously.
- ☑ Observe the student's nonverbal behavior. In children and adolescents, facial expressions, body language, and other concrete signs often are more telling than what the student says.
- ☑ Ask the student directly if they are thinking about killing themselves. Or, connect the student with a staff member who is comfortable asking this question directly. If the answer is "yes," follow the LEA/District suicide prevention policy. The student must be assessed for their level of risk for suicide. Never attempt to handle a situation alone in which a student is expressing suicidal thoughts.
- ☑ Stay with the student. Take the student to an appropriate personnel member and support the transfer of trust to the receiving personnel member.
- ☑ Say, "I am here." Listen without judgment.
- ☑ Provide the student with the 988 Suicide and Crisis Lifeline phone number, or dial 988.

Do Not:

- ☒ Leave the student alone at any time.
- ☒ Act shocked or be sworn to secrecy.
- ☒ Underestimate or brush aside a suicide threat ("You won't really do it; you're not the type"), or try to shock or challenge the student ("Go ahead. Do it.") The student may already feel rejected and unnoticed, and you should not add to that burden.
- ☒ Let the student convince you that the crisis is over. The most dangerous time is precisely when the person seems to be feeling better. Sometimes, after a suicide method has been selected, the student may appear happy and relaxed. You should, therefore, stay involved until you get help.
- ☒ Take too much upon yourself. Your responsibility to the student in a crisis is to listen, be supportive, and get the student to a trained professional. Under no circumstances should you attempt to counsel the student unless specifically trained to do so.
- ☒ Say, "I know how you feel." Even if you have been severely depressed or even suicidal, everyone's situation is different. It's very likely that you may not know how this student feels.
- ☒ Convince the student of the things they should be thankful for. This may make the person feel like their pain and sadness is further diminished in importance.

INDIVIDUAL STUDENT SAFETY PLAN

DATE:

Student Name:	D.O.B.	Grade:		
Special Education Eligible? No Yes If yes, Case manager:				
504 Eligible? No Yes If yes, Case manager:				

Contact Information		
Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		Phone:

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information	
Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

Description of Specific Unsafe Behaviors (why student requires a safety plan)

CRISIS RESPONSE PLAN	
What To Do If Student Exhibits Above Described Behavior	Who Will Do What/Backup Personnel

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will personnel, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who/Back-Up Person?
How Will Plan Be Monitored?	Who/Back-Up Person?
How Will Decision Be Made To Terminate The Plan?	Who/Back-Up Person?

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Safety Plan Coordinator	

Next Review Date: **(Approximately two weeks from initiation of plan or last review date)**

SAFETY CONTRACT: THE CARE CARD

Historically, school personnel may have requested that a student who had expressed suicidal ideation complete a no-suicide contract. A no-suicide contract is a written agreement between the student and a personnel member in which the person at risk agrees not to attempt suicide. No-suicide contracts are no longer recommended for the following reasons (*Idaho Guidelines for School-Based Suicide Intervention*):

- No-suicide contracts tend to be worded to instruct the person at risk on what not to do rather than what TO do.
- There is no research demonstrating that no-suicide contracts are effective. There are, however, studies showing that they do not work, as well as suggesting they could be associated with more self-harm (Joiner, 2005).
- No-suicide contracts are not binding legal documents and will provide no immunity from liability.

For the reasons stated above, an alternative to the no-suicide contract is to engage the student in filling out a “care card”. A care card is a concise, user-friendly crisis plan with a few simple statements which may assist in minimizing the intense distress often experienced during the intervention. Care card statements can be written on an index card, piece of paper, typed and printed on card stock, or anything else that can be easily kept on one’s person. Cards should focus on increasing feelings of belongingness and decreasing feelings of burdensomeness/ineffectiveness (Joiner, 2005).

Mental health personnel or a designated personnel member to support students in crisis should assist the student in completing the care card. This may be appropriate when a student requires assistance in identifying coping strategies and establishing a support system. The care card may be completed prior to releasing the student to their parents or after a student has returned from a hospitalization. This is a student-led tool that may be kept confidential by the student unless he/she would like to share it with family/close friends. Alternatively, the Safety Plan (page 3.10) is to be filled out by personnel in order to identify warning signs and plan responses to maintain student safety. Please refer to the sample care card below, adapted from the *Idaho Guidelines for School-Based Suicide Intervention*:

Sample Care Card

Write on a small card and keep with you at all times:

1. If I have suicidal thoughts, I can:
    - Physical stress relievers (2-3) such as walking, working out, yoga.
    - Quiet, calming activities (2-3) such as take a bubble bath, write in my journal, spend time with pets, listen to music.
    - Concentration activities (2-3) such as watch a funny show, read a novel, write a grocery list.
2. Five things to live for.
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____
3. Three things that I am grateful for.
    1. _____
    2. _____
    3. _____
4. Four friends or family members I can call (these must be vetted, but list names and phone numbers).
    1. _____
    2. _____
    3. _____
    4. _____
5. If needed, I will call the following suicide hotline number _____.
6. If I feel that I am in danger of hurting myself, I will call 911 to receive help from emergency personnel.

CONSIDERATIONS FOR NOTIFYING PARENTS OF STUDENTS AT RISK FOR SUICIDE

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or personnel member with a special relationship with the student or family. Personnel need to be sensitive towards the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

- Notify the parents about the situation and ask that they come to the school immediately.
- When meeting with parents, be open to learning their perspective. State what you have noticed or learned about their child (prior to just reporting results of your assessment for risk of suicide), and ask how that fits what they have observed. Then, describe why you believe the student is at risk for suicide.
- Explain the importance of removing firearms and other dangerous items from the home, including over-the-counter and prescription medications and alcohol.
- If the student is at a low or moderate suicide risk and does not need to be taken to a hospital for evaluation, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, aid the parents in contacting community resources and making appointments.
- Ask the parents to sign the Parent Contact Acknowledgment Form (Page 2.8) confirming that they were notified of their child's risk and received referrals to treatment.
- Tell the parents that you will follow up with them in a specified number of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider, revisit the importance of accessing support, discuss why they have not contacted a provider, and offer to assist with this process.
- If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of suicide, you may need to notify Child and Family Services as a mandated reporter.
- Document all contacts with the parents.
    - — Acknowledge the parents' emotional state, including anger, when present. Offer support and acknowledge the difficulty that they may experience navigating the current situation.
    - — Explore reluctance to accept mental health referrals, address any concerns, and explain what they may expect.
- See "Considerations for At-Risk Students," (Section 4) to determine whether an assessment for special education eligibility and/or Educationally Related Mental Health Services (ERMHS) should be considered.

Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from https://www.maine.gov/suicide/docs/GuidelineS%2010-2009--w%20discl.pdf

PARENT CONTACT ACKNOWLEDGMENT FORM

SUICIDE RISK

School: _____

Personnel Member Completing the Form: _____

Student: _____

This is to verify that I have spoken with personnel member _____

on _____ (date), concerning my child's risk for suicide. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____(name of personnel member) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Personnel Member Signature: _____ Date: _____

STUDENT SUICIDE RISK DOCUMENTATION FORM

This form is an example that can be used to document the school's response to a student who has been identified as at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student's behalf.

It is recommended that this form be placed on your school's letterhead and adapted to your specific school policies, procedures, and student population.

Student Information

Student Name:	Date risk assessment was completed:
Birthdate:	School Name:
Gender:	Grade:
Name of Parent/Guardian:	Parent/Guardian: Phone Number:
Address (may include directions to residence):	

If Native American, tribal status:

Identification of Risk

Who identified the student as being at risk:

- ❒ Self
- ❒ Parent: _____
- ❒ Teacher: _____
- ❒ Personnel: _____
- ❒ Student/Friend: _____
- ❒ Other: _____

Reason for Concern:

Assessment

Action taken to assess for suicide risk:

- ❒ School personnel [_____] conducted assessment.
- ❒ Outside provider [_____] conducted assessment.
- ❒ Other: _____

Date of assessment: _____

Type of assessment conducted: _____

Results of assessment: _____

Notification of Parent

Personnel who notified parent/guardian/Tribal Court-appointed guardian: _____

Date notified: _____

Parent acknowledgment form signed (circle one): Yes/No If no, reason: _____

Referral

Type of Referral:

- ❒ School Personnel: _____
- ❒ Outside Provider: _____
- ❒ Hospital: _____
- ❒ Law Enforcement: _____
- ❒ Other: _____

Date of referral: _____

Follow-up scheduled: _____

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

WHEN TO CONTACT LAW ENFORCEMENT

In order to maintain the safety of a student who expressed an imminent threat of suicide, it may be appropriate for school personnel to contact law enforcement for further mental health and/or medical evaluation. Prior to calling law enforcement, LEA/Districts should consider other community agencies that may be available to provide support to mitigate police involvement when necessary. To be connected with local community agencies, the school may consider calling 2-1-1 by phone or accessing www.211.org. The decision to contact law enforcement may be challenging for school personnel, therefore the information that follows is intended to serve as a guide in understanding the process and identifying indicators that may warrant law enforcement involvement.

It is recommended that a school administrator and/or site-based mental health professionals collaborate in decision-making to ensure that all factors, including student privacy and law enforcement presence on campus, are considered.

The following is not an exhaustive nor prescriptive list as many variables often influence the decision to contact law enforcement. If personnel are unsure whether the student's behavior warrants law enforcement involvement, it is recommended that personnel continue to prioritize student safety. This may require contacting law enforcement to allow officers to make the final determination regarding further psychiatric evaluation. Below are indicators that law enforcement should be contacted to maintain student safety:

- The student has expressed intent and has direct access to methods to end their life.
- The student is displaying significant emotional instability, lack of decision-making ability, and/or appears to be an imminent risk to self.
- Parents cannot be reached and/or are non-responsive to threats made by the student.
- Student has made previous threats to end their life, which have not been addressed within the home setting despite notification.
- Student has attempted suicide on the school campus.
- Student has made suicidal threats via social media, is not in attendance at school, and parents cannot be reached (i.e. request for welfare check).

It is recommended that parents be notified that law enforcement has been called. Reiterate that the student is not in trouble, and that school procedures require law enforcement involvement to maintain their child's safety when suicidal threats are made. If it is suspected that contacting parents may result in further harm to the student, consult with law enforcement to determine the best course of action before notifying parents.

Depending on the emotional status, age, and/or developmental level of the student, you may also wish to inform the student that officers will be arriving to ask questions about their safety and may require that the student be seen by a mental health professional to determine the next steps for support. Reiterate that the goal of their involvement is the student's safety and well-being. Do not notify the student if doing so will increase anxiety and/or heighten the risk of self-harm.

If law enforcement involvement is required, personnel may call the local non-emergency number _____ or simply dial 911. Once connected with a dispatcher, they will request pertinent information regarding the threat of suicide and officers will be dispatched to your location. It is recommended that a confidential space be secured prior to their arrival to allow the student to speak with officers while respecting privacy.

Once the officer(s) arrive, they will likely engage in a risk assessment interview with the student to determine if they should be transported to a hospital for further evaluation. If further evaluation is warranted, officers will make a recommendation regarding who will transport the student to the hospital or mental health facility, depending on the severity of risk. In most cases, the student will be transported via law enforcement or ambulance. In some cases, law enforcement may deem it necessary to utilize handcuffs when transporting a student.

Depending on results of the evaluation by the psychiatric professional, the student may be held within a mental health facility for their safety. This is commonly referred to as a “5150 hold”. Code 5150 of the Welfare and Institution Code is a California law that refers to the involuntary commitment of a person who is unable to care for themself or is a danger to themself or others for psychiatric evaluation for up to 72 hours. Once released, it is recommended that the school obtain copies of discharge paperwork, including any recommendations for care, and an exchange of information with the professional who treated the student in order to collaborate regarding needed supports. Please see the section titled *School Re-entry Following Hospitalization* (page 5.1) for additional information.

SECTION 4

Considerations for At-Risk Students: Special Education and Educationally Related Mental Health Services (ERMHS)

CONSIDERATIONS FOR AT-RISK STUDENTS: SPECIAL EDUCATION

EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS)

If a student with an Individualized Education Program (IEP) is displaying social, emotional, or behavioral needs, including but not limited to self-harm and/or suicidal ideation, it is recommended that the IEP team convene immediately to discuss if Educationally Related Mental Health Services (ERMHS) are required. As with any other IEP-related service, an assessment is required to identify areas of need to inform subsequent goals and services. Please see the *ERMHS Assessment* section (page 4.5) for more information. If ERMHS services are already in place, the team will need to determine if goals should be updated and whether services should be increased and/or changed to address the student's escalating needs. This may include completing a Functional Behavior Assessment (FBA) in order to develop or update a Behavior Intervention Plan (BIP).

A brief overview of the background of ERMHS services, types of services, service providers, and assessments are included in this section. For additional information, please refer to the ERMHS Program Guidelines found in Section 4: Considerations for At-Risk Student: Special Education and ERMHS in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Background

In 1984, Assembly Bill 3632 statutorily required a partnership between school districts and county mental health agencies to deliver mental health services to students with Individualized Education Programs (IEPs). In 2011, the California legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies and eliminated related references to mental health services in California statute. As a result of this legislation and in accordance with the Individuals with Disabilities Education Act (IDEA, 2004), school districts are solely responsible for ensuring that students with disabilities receive special education and educationally related mental health services (ERMHS) to meet their needs.

ERMHS Services and Providers per California Education Code

The chart below outlines who may provide ERMHS services. Please note that in order to provide ERMHS, the specific credential(s) of the service provider must align with that of the selected service as listed below.

	CASEMIS CODE	Licensed Educational Psychologist (LEP)	School Psychologist (PPS)	Licensed Clinical Psychologist	Marriage and Family Therapist (MFT)	Licensed Clinical Social Worker (LCSW)	Social Work (PPS)	School Counselor (PPS)	Licensed Professional Clinical Counselor (LPCC)	Board Certified Psychiatrist	Special Education Instruction Credential	Health and Nursing Services Credential
Individual Counseling	510	X	X	X	X*	X*		X	X*	X		
Counseling and Guidance	515	X	X	X	X*	X*		X	X*	X		
Parent Counseling and Training	520	X	X	X	X*	X*	X	X	X*	X	X	X
Social Work Services	525			X	X*	X*	X		X*	X		
Psychological Services	530	X	X	X	X	X						

*Services may be provided by a qualified intern under the direct supervision of an individual who holds the appropriate credential authorization (5 CCR §3051).

ERMHS Service Provision

LEAs have two options in securing ERMHS providers: they may choose to either **directly employ** or **contract** with mental health professionals. The tables below provide guidance and requirements for each scenario:

ERMHS Providers: Option 1

Directly Employ Mental Health Professionals

LEAs may directly employ mental health professionals to provide related services, as follows:

- Appropriately credentialed through California Commission on Teacher Credentialing (CTC).
- May be credentialed through the Office of Consumer Affairs and not the California Commission on Teacher Credentialing (CTC) if they possess required licensure or training as established in state law and are appropriately supervised.

Supervision Requirements: Must be supervised by the holder of an Administrative Credential. Given the specialized nature of the work of mental health professionals, an administrator who has a background in providing related services (such as a person dually-certified in Pupil Personnel Services and Administrative Services) may be particularly well-suited to supervise these personnel, but any holder of an Administrative Services Credential is authorized to supervise mental health professionals employed by an LEA.

In addition, Education Code Section 44270.2 allows the holder of a pupil personnel services credential to supervise a pupil personnel service program, but not evaluate staff.

ERMHS Providers: Option 2

Contract with Community-Based Mental Health Professionals

Community-based mental health professionals are broadly defined as any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private (non-public) agency, or employed by a public agency.

The term public agency includes LEAs (school districts, charter schools operating as their own LEA, or a county office of education) and county mental health agencies.

Non-public agencies refer to individuals (self-employed) and entities that are not current contractors or vendors of the public agencies described above. A non-public agency must hold a current Nonpublic School (NPS) or Nonpublic Agency (NPA) certification in order to be eligible to provide related services (*see below*).

Public Agencies	Non-Public Agencies
When contracting with such individuals and entities, LEAs should ensure that they are currently contractors or vendors of the public agencies for the same related services for which the LEA is contracting. If an LEA opts to contract a service provider via a public agency, a Memorandum of Understanding (MOU) between their LEA/District and the public agency must be completed. For master contract and ISA resources, please contact your SELPA Program Specialist.	If an LEA opts to contract a service provider via a Nonpublic Agency (NPA) or Nonpublic School (NPS) they must: • Ensure that the provider is on the CDE's approved list of NPA/NPS service providers. • Complete a Master Contract between the LEA and the NPA or NPS. • Complete an Individual Service Agreement (ISA) for each student the NPA or NPS serves. For master contract and ISA resources, please contact your SELPA Program Specialist.

Supervision Requirements: In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing a Pupil Personnel Services (PPS) Credential. The term "supervised" in this context means that the PPS credential holder has oversight of the school-based activities undertaken by a community-based mental health provider to ensure that these services are consistent with the needs of students served and are coordinated with other student services to allow for the provision of an efficient and comprehensive Pupil Personnel Services Program. The requirement for community-based service providers to be supervised by a PPS credential holder is established in Section 80049.1(c) of Title 5, California Code of Regulations, which states:

> *Nothing in this section shall be construed to preclude LEAs from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs*, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.*

*AB 1651 (September 20, 2019) expanded the definition of "supervisor" to allow Licensed Educational Psychologists (LEPs) to supervise Board of Behavioral Sciences (BBS) interns while offering ERMHS in schools. For the full text of AB 1651, please click HERE or visit https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1651.

For additional information and resources, please access the ERMHS section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)

CONSIDERATIONS FOR AT-RISK STUDENTS:

SPECIAL EDUCATION ERMHS ASSESSMENT

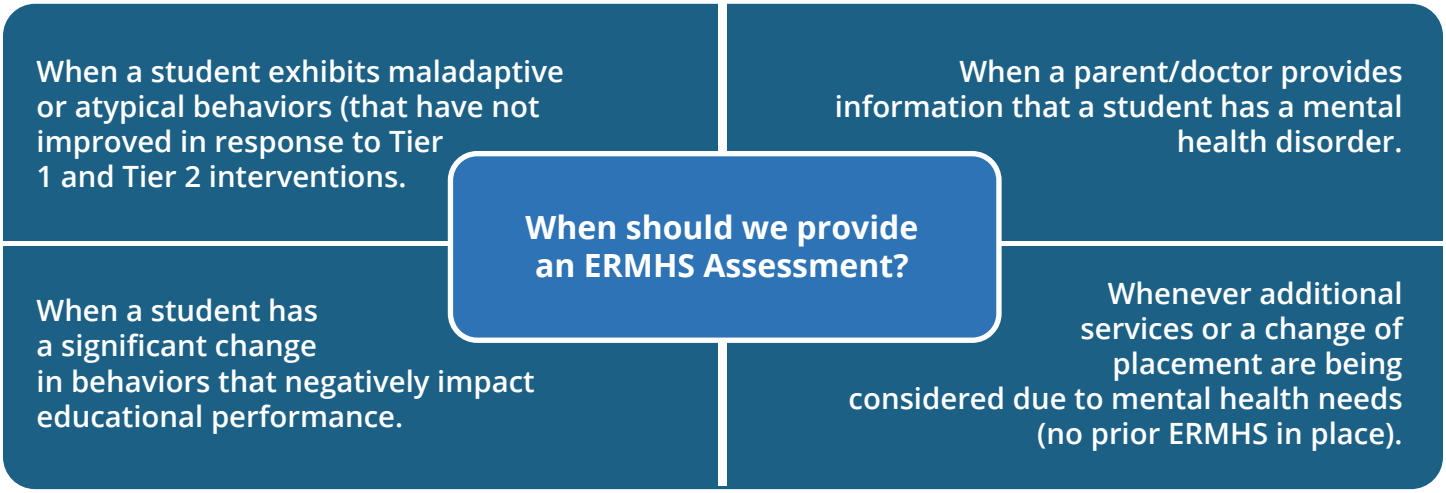
Considerations for ERMHS Assessment

In order to access ERMHS, an assessment must be completed. The assessment will determine if there is a significant need that necessitates ERMHS to allow the student to access his or her education. ERMHS assessments may be initiated any time an IEP team member believes a student may require mental health support (or more support) to access a Free and Appropriate Public Education (FAPE).

It is important to note that there are times when an ERMHS assessment may not be required. For example, if a student had a comprehensive psycho-educational evaluation for eligibility under Emotional Disturbance (ED) within the last 12 months, the assessor(s) should have gathered information in the ED assessment that would include interviews, observations, and rating scales to determine if the student requires ERMHS supports. That being said, if there has been a significant change or event, the team should consider if an updated assessment is necessary.

For students with significant mental health needs, the IEP team's goals should be to assess the student to identify maladaptive behaviors that impact their ability to access FAPE and also to provide special education supports to meet the student's defined needs. An IEP team does not conduct an ERMHS assessment to seek a clinical diagnosis, but rather to define how the student's behaviors manifest in the school setting and to develop appropriate supports and services. Therefore, the clinical name (diagnosis) for the student's maladaptive behaviors is not required for a student to be found eligible for ERMHS support. If a student has significant enough mental health needs to merit an ERMHS assessment, the team should consider whether assessment for ED eligibility is also warranted. (The ERMHS and ED assessments can be combined). Additionally, if the team determines the student requires ERMHS services while the assessment is in progress due to an immediate need, it is recommended services be offered and provided based on the data and information provided in the present levels of performance in the IEP.

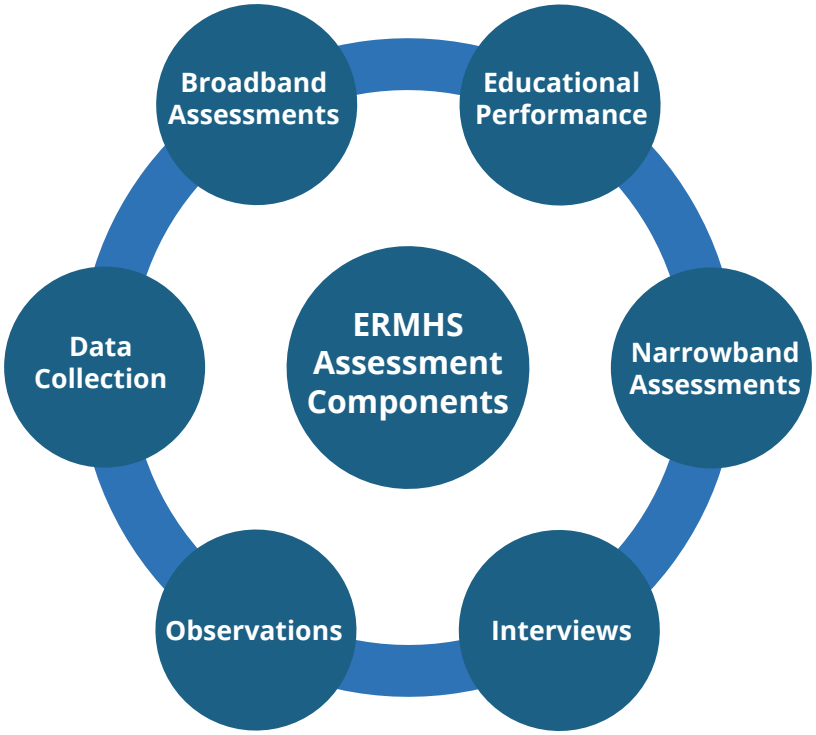
The following examples may be indicators that the student has underlying mental health needs that may make an ERMHS assessment prudent. If the student is displaying suicidal ideation, it is recommended that an ERMHS assessment be considered. This is not an exhaustive list of situations in which an ERMHS assessment should be conducted, but rather illustrative examples.



ERMHS assessments must:

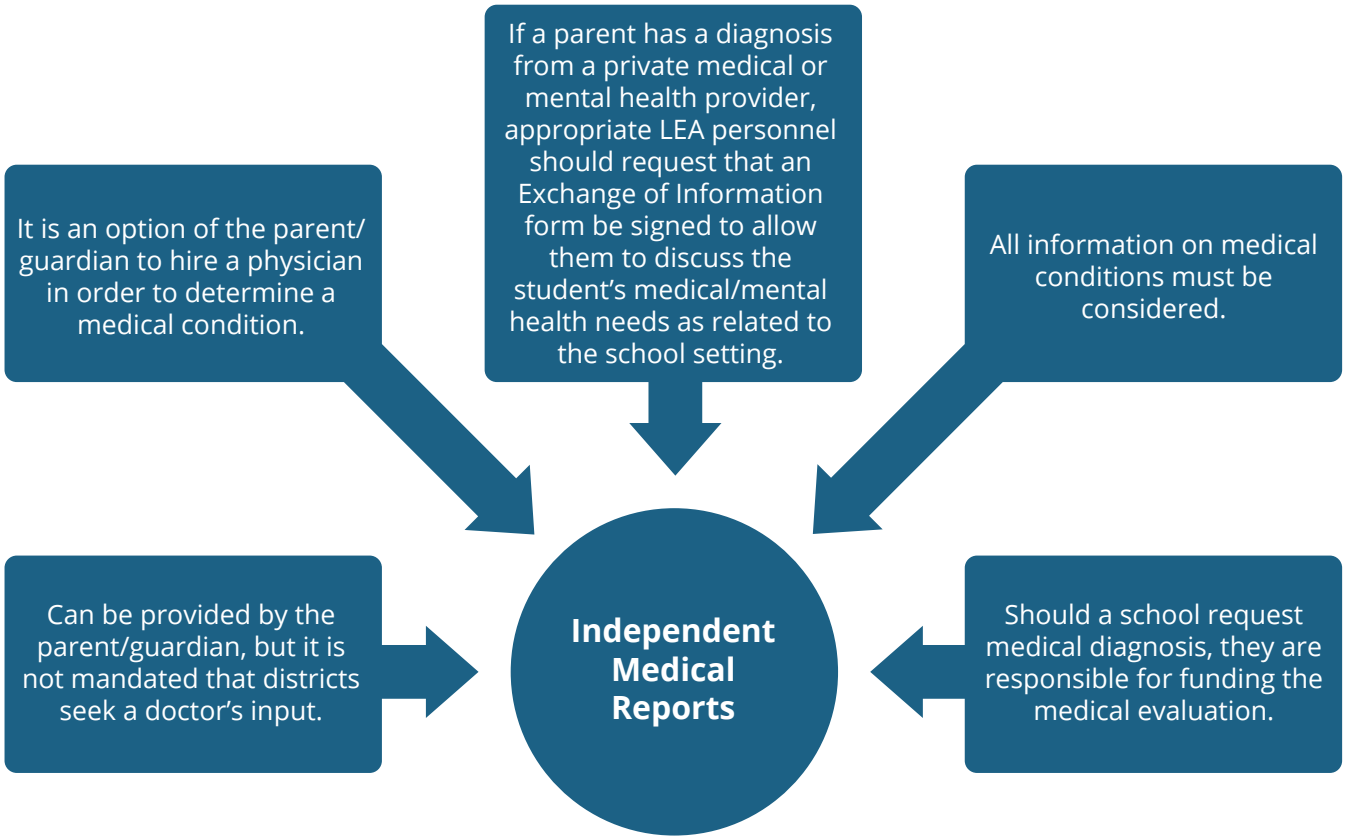
- Be conducted by an appropriately certified professional.
  - Please refer to the ERMHS service provider chart included in the ERMHS section of this toolkit for specific information regarding qualified personnel.
- Require a signed assessment plan.
- Examine behaviors that manifest in the school setting(s) and impact educational performance.
- Must not seek medical diagnosis (DSM-IV), nor offer diagnosis, as it is an educational evaluation.
- Include a review of records such as historical attendance, discipline, health history, academic and behavioral intervention, etc.
- Include a combination of broadband and narrowband assessment tools, which may include rating scales completed by teachers/parents or by the student, if age-appropriate. Assessment tools should be valid, reliable, and conducted by trained personnel.
  - Examples of broadband tools include, but aren't limited to, the BASC (Behavior Assessment System for Children) rating scale, BERS-2 (Behavioral & Emotional Rating Scale), or the School Social Behaviors Scale (SSBS-2).
  - Narrowband assessment tools are what an assessment professional uses after giving a broadband assessment. The broadband assessment might indicate that a student exhibits behaviors in an area of the rating scale (such as depression). The results of the broadband assessment allow the assessment professional to give a narrowband assessment tool that zeroes in on one area (such as depression) to see if the student's behaviors are atypical in that specific area. Areas of significant concern that are noted in the broadband assessment would lead the assessment professional to a narrowband assessment to focus on specific areas of concern. There are a wide array of narrowband assessment tools.
  - This combination of broadband and narrowband assessments would help the team determine specific areas of need for goals and ensure that no one score is used to determine eligibility. Rating scales should align with interview and observation data.
- Include interviews with the student, parent, and teachers related to their observations and interactions with the student in academic and social contexts.
- Include observations that examine the student's social skills or social engagement deficits across multiple settings. Observations done across multiple settings allow the assessor to rule out that the behaviors exhibited are not tied to a specific non-preferred task, subject, or instructor/peer group.
- Include data collection that focuses on persistent, pervasive, and maladaptive behaviors. This data collection should show that over time the student's behavior has persisted and that the behaviors are not situationally related (such as a break up with a boy/girlfriend) or the result of trauma (such as a death in the family or divorce).
- Include Tier 1 and Tier 2 supports that were implemented, how long they were implemented, and the student's response to these interventions.

- Document short-term mental health needs, if present. Students may exhibit short-term mental health needs such as dealing with a parent's divorce, trauma, or grief and loss. These short-term needs may require support in school if their impact is such that a student's learning/social engagement is negatively impacted over time. Short-term trauma or grief may be adequately addressed by a Tier 1 or 2 level of support, in which case an ERMHS assessment and access to more intensive IEP-related services might not be merited. However, if Tier 1 and Tier 2 supports were implemented and the student did not positively respond over time, then an ERMHS assessment may be merited and the previous interventions and outcomes should be documented in the assessment.
- Summarize findings of the assessment and make recommendations for student support based on the needs of the student found and documented in the assessment. The summary should not include placement, service minutes, or providers, as that is the decision of the IEP team to make at an IEP meeting.



Independent Medical Reports

Independent medical reports and records are often submitted by families as documentation to merit immediate provision of mental health supports in school. These independent reports are completed privately by parents and not facilitated by the school via an assessment plan, nor as part of an independent educational evaluation. Independent reports should be considered, but do not prompt automatic delivery of services. Although independent reports may be provided by the parent/guardian, it is not mandated that the LEA/District seek a doctor's input. Should a school request a medical diagnosis, they are responsible for the funding of the medical evaluation. All information on medical conditions must be considered by the IEP team and the information may be used to help the IEP team determine needs. If an Independent Medical Report is provided, the IEP team may consider requesting an Exchange of Information be signed between the appropriate school staff and the provider to further discuss the assessment and results.



Independent medical reports also serve as documentation of a suspected educational disability. To distinguish between the two, independent medical assessments and reports may provide medical information that is not specific to a school-based assessment, while ERMHS assessments are conducted by school staff or staff contracted under their supervision and specifically examine how a student's suspected or documented mental health disorder impacts their ability to access learning in the educational setting.

Some students have mental health disorders that are managed independently with therapy and/or medications which allow them to access their learning without further support in the school setting. Outside assessments do not dictate the initiation or level of ERMHS services, nor can they prescribe an IEP. They should, however, be considered by the IEP team and they do provide important information. The IEP team may determine that the information provided in an independent report provides accurate data and may be used with additional school-based tools (such as school-based assessments, interviews, observations, and file reviews) to help determine eligibility for ERMHS services and related goals.

ERMHS Goals

Similar to other related services, assessment data drives the “need” for a goal and subsequent service to support goal attainment. Assessment data also determines when it is appropriate to exit a student from services.

ERMHS services are not simply added or removed from a student’s IEP. Instead, they are put in place or removed based on assessment data that determines there is a need for a goal and correlated service to allow the student to access FAPE.

Resources

For more information, please refer to the El Dorado County SELPA/Charter SELPA ERMHS Program Guidelines found in the ERMHS section of the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit). Additionally, an ERMHS assessment report template is available in the SEIS document library.

ERMHS:

CONSIDERATIONS FOR A STUDENT WITHOUT AN IEP

When a general education student has displayed heightened social-emotional distress or increasing mental health needs, immediately provide support as needed to ensure safety and well-being at school. This may include the implementation of general education behavior intervention supports and/or the development of a safety plan until a Student Study Team meeting can be held.

Student Study Team (SST) Meeting

The SST is a problem-solving approach to meeting the needs of students and may include the school administrator, school support personnel (i.e., teachers, counselors, and mental health personnel), and members of the family. The referring person and administrator must always be present.

The SST shall address the following areas:

- Gather pertinent health, developmental, and/or behavioral history.
- Discuss observations and concerns with parents and team members.
- Learn about observations of behavior in the home or possible environmental factors which may impact social-emotional well-being and/or behavior.
- Document previously attempted Tier 1 and 2 interventions in addressing the student's needs.
- Identify strengths and/or protective factors that the student possesses to assist the team in addressing areas of concern.
- Document areas of concern including areas of suspected disability, if applicable.
- Brainstorm interventions to support immediate needs.
- Interventions may include check-ins with supportive personnel, implementation of a safety plan, increased school-to-home communication, opportunity to learn and practice new coping skills, short-term access to general education counseling support, etc.
- **Determine the "Action Plan" as well as a plan for monitoring progress and when/how the team will revisit effectiveness.**
  - The team shall determine what interventions will be put in place and what the next steps are to implement these supports, including the person responsible for implementation, monitoring, and/or follow-up.
  - If appropriate, recommend assessment for special education services, including an ERMHS assessment. Provide continued access to necessary support during the assessment period to maintain safety.
  - For additional information on SSTs, please access the SST Handbook located in the ERMHS section of the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

SECTION 5

Attempted Suicide: Protocols for School Re-Entry

SCHOOL RE-ENTRY

TIPS FOR A STUDENT WHO HAS ATTEMPTED SUICIDE OR MADE SERIOUS SUICIDAL THREATS

A student who attempted/threatened suicide is at greater risk for suicide in the months following the crisis; therefore, it is extremely important to closely monitor his or her re-entry into school and to maintain close contact with parents and mental health professionals working with that student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

1. Develop a safety plan and convene either a Student Study Team (SST) meeting or IEP meeting (please refer to the Safety Plan section of this toolkit for additional information and a sample plan).
2. Ensure that IEP services have been provided. If not, discuss whether compensatory services are warranted to ensure access to a Free and Appropriate Public Education (FAPE).
3. Obtain a written Exchange of Infomation signed by the parents. This makes it possible for confidential information to be shared between school personnel and treatment providers. A copy of this form is available in the SEIS document library and the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)
4. Ask the returning student if they have special requests about what is said/done by the school.
5. Inform the student's teachers regarding the number of probable days of absence.
6. Instruct teachers to provide the students with assignments, if appropriate.
7. Once the student returns to school, a School Crisis Team member should maintain regular contact with the student. If the student has a previous, positive relationship with a trusted personnel member, provide support to that personnel member in maintaining ongoing contact with the student.
8. Seek recommendations for aftercare from the student's therapist and/or hospital that treated the student. If the student has been hospitalized, a School Crisis Team member should attend the discharge meeting at the hospital. If this is not possible, the school should request a copy of the student's discharge summary.
9. The School Crisis Team member should convey relevant non-confidential information to appropriate school personnel regarding the aftercare plan.
10. The school should maintain contact with the parents to provide progress reports (and other appropriate information) and be kept informed of any changes in the aftercare plan.

Adapted from "Resource Guide for Crisis Management in Virginia Schools" published by the Office of Compensatory Programs, Virginia Department of Education, 2002, accessed at http://www.indiana-ins.com on January 18, 2010

SCHOOL RE-ENTRY FOLLOWING HOSPITALIZATION/SUICIDE ATTEMPT:

STUDENT WITHOUT AN IEP

When a student without an IEP has been hospitalized and returns to school, or parents request an IEP or services related to hospitalization, the following is advised:

- It is highly recommended that emergency behavior intervention supports and a safety plan be implemented immediately to ensure safety at school.
- Hold a Student Study Team meeting immediately to:
  - Determine if reports are available from the hospitalization and/or review reports.
  - Document areas of concern.
  - Identify protective factors.
  - Document areas of suspected disability.
  - Develop an Action Plan to support the student. Lowest risk option: Offer to assess the student for special education services/Educationally Related Mental Health Services (ERMHS).

Upon their return to school, it is recommended that the team prioritize the continued safety and well-being of the student by writing and immediately implementing a comprehensive safety plan (see page 3.9). It is also recommended that the school team hold an SST meeting to examine areas of concern. The SST meeting allows the school team to document concerns, define what areas of assessment will be needed, discuss areas of suspected disability, and continue to develop a short-term plan for keeping the student safe at school during the assessment period. Once an assessment plan is signed, the team has 60 days to conduct the assessment; however, the team may agree to expedite the assessment if needed.

Please refer to the ERMHS section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit) to access the SST Handbook and ERMHS assessment resources.

SCHOOL RE-ENTRY FOLLOWING HOSPITALIZATION/SUICIDE ATTEMPT:

STUDENT WITH AN IEP

When a student with an IEP has been hospitalized and returns to school, the following is advised:

Prior to the IEP meeting, request the discharge summary from the hospital and/or obtain a signed exchange of information to speak with the clinician(s) regarding the hospitalization and recommendations for continued mental health support.

Hold an IEP meeting as soon as possible in order to:

- Review reports from the hospitalization and/or review the hospital's recommendations upon discharge.
- Determine if there are newly identified areas of concern that have not been addressed through the student's current goals and update the present levels of performance section of the IEP document accordingly.
- Determine if there are new areas of suspected disability that have not been assessed. If so, present the parent with an assessment plan for review and consent.
- Determine if the supports and services in the IEP will continue to be enough to support this student.

When a student with an IEP has been hospitalized to treat mental health needs, the IEP team should hold a meeting and document the above areas. If a student has a newly diagnosed mental health disorder, this may trigger the IEP team to conduct an assessment for Emotional Disturbance and Educationally Related Mental Health Services (ERMHS) (page 4.5). For instance, if a student was previously eligible for services under another eligibility and then hospitalized and given a medical diagnosis of bipolar disorder, the team would likely consider that medical diagnosis as indication of the presence of a new suspected disability and evaluate the student for Emotional Disturbance with a need for ERMHS supports.

If the student is presently eligible under Emotional Disturbance and experiences suicidal ideations and/or attempts, it is also recommended that the team examine if there is a safety need requiring higher levels of services and supports than currently provided. Additionally, the team should determine if the student's Behavior Intervention Plan (BIP) needs to be written/revised and/or if a Functional Behavior Assessment (FBA) needs to be conducted, or if there are goals that need to be written to help the student identify when they are feeling like self-harming and how to self-regulate.

INTERVENING FOLLOWING A MEDICAL EMERGENCY/SUICIDE ATTEMPT AT SCHOOL

The following procedures are to be used following a suicide attempt at school. A suicide attempt is to be handled as both a medical and psychiatric emergency. The first and most immediate actions are designed to address the medical emergency.

1. **Respond with appropriate first aid measures.** The first priority following a suicide attempt is to do all that is possible to maintain student health and safety. Thus, all appropriate first aid measures should be employed.

2. **Call for emergency medical assistance.** Call 911 as soon as possible. Print pertinent student information for first responders (i.e., student emergency card, current medications, etc.).

3. **Have another personnel member call the School Crisis/Suicide Crisis Coordinator immediately.** The School Crisis/Suicide Crisis Coordinator will take steps to contact parents or legal guardians.

4. **If the student has drug overdosed, find out what drug was taken.** If the student has taken a drug or chemical overdose, find out what drug/chemical was taken and try to locate the container or needle. Give this information to appropriate medical personnel.

5. **The student should be transported to the hospital as soon as appropriate medical personnel arrives.** Personnel should avoid transporting the student to a hospital unless no other options exist. As a rule, wait for the parents, paramedics, or law enforcement to arrive. If medical attention is needed, the student would be transported to the hospital as soon as appropriate medical personnel arrives.

6. **Follow-up by calling the hospital to determine the current status of the student.** Stay informed about progress, plans for therapy, and the school's role in helping the student upon their return to school. In order to make such follow-ups, an Exchange of Information form will need to be signed by the parent in order for the school to gain this information.

7. **Follow procedures outlined in your school's Emergency Plan.** Shift intervention focus to other students and personnel who may have been traumatized by the incident. Initiate the site-level Crisis Response Team (page 1.12).

8. **Consult with Mental Health personnel regarding appropriate school crisis interventions.** To minimize any possible contagion effect, it will be important to provide crisis intervention to students who are already at-risk and/or who were close to the individual who was injured/attempted suicide. Consultation with mental health personnel may help determine the appropriate course of action for these students.

Note: It would also be helpful to inform mental health personnel of any relevant information regarding the student who was injured or attempted suicide. Once the medical emergency has been taken care of the psychiatric emergency will need to be addressed. Mental health providers may be called upon to assist in this regard.

SECTION 6

Initial Response Resources: The First 48 Hours

INITIAL RESPONSE RESOURCES

As you work through the steps outlined by the resources in this chapter, several resources require the identification of the names of the people who will play a role in planning and implementing each component of your program. Personnel with differing areas of expertise (i.e., credential, knowledge of the school, knowledge of community) should be identified based on the role they are expected to fill. However, this does not mean that you will have to establish separate individuals/groups for each component, as you will probably find that many personnel may be involved in several areas.

The resources in this section can also be individually accessed in the Section 6: Initial Response Resources- Forms column in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

SUICIDE INITIAL RESPONSE: ADMINISTRATOR'S CHECKLIST

Initial Response

1. Inform school site administrator(s).
2. Inform mental health personnel (i.e., school psychologist, school counselor, social worker).
3. Notify the School Crisis/Suicide Crisis Coordinator.

Administrator

1. Crisis/Suicide Response Team members.
    a. Community Media Spokesperson: _____
    b. School Crisis/Suicide Crisis Coordinator: _____
    c. Technical/Clerical Support Person(S): _____
    d. Student Flow/Campus Security: _____
    e. Team Member: _____
    f. Team Member: _____

2. Decide whether or not to call for added resource personnel.
    a. YES
        1) Do you need to contact:

        Law enforcement (___) ____-_____

        Clergy (___) ____-_____

        Crisis Center Workers (___) ____-_____

        Volunteer Crisis Counselors (___) ____-_____

        *Call 2-1-1 (https://www.211.org) to identify local community crisis agencies

        2) Call Your Local County Mental Health Department, if appropriate

        (___) ____-_____

    b. NO: Crisis is handled within your school.

Locate and prepare announcements, letters, and phone statements. See the following chapters for quick references: Sample Announcements, Working with the Media, and Postvention Tips for Teachers: Supporting within the classroom.

Verify Facts

Law Enforcement: _____

Chaplain: _____

Coroner: _____

Assemble Crisis Response Team

Administrator or School Crisis/Suicide Crisis Coordinator assigns tasks *(see the first 48 hours checklist)*

Contact Family of the Deceased

Parent(s)/Guardian(s): _____

Phone number: _____

- Offer condolences
- Inquire what the school can do and about the family's wishes for disclosure of information
- Ask parents about funeral arrangements and/or procedures for donations (i.e., memorial fund, GoFundMe, etc.)
- Inquire about funeral arrangements (public or private service)
- Inform parents that the school will return the student's personal belongings
- Inform parents that the school is providing counselors for students and personnel

Inform School Personnel

- Faculty and school personnel are informed of the death through internal communication systems
- Teachers are informed of personnel meetings to take place as soon as possible (before school, if possible)
    - Expresses condolences to the personnel
    - Acknowledges the efforts of the Crisis Response Team
    - Reviews the facts of the death, as known
    - Announces funeral arrangements, if known
    - Introduces all outside professionals
    - Gives a plan for the day as prepared by the Crisis Response Team
    - Team provides handout packet to personnel and shares information on grief
    - Team covers activities to encourage/discourage
    - Distribute the announcement to be read to the students, identify teachers that may require additional support to read the announcement
        - Encourage teachers who need assistance reading the announcement to contact the School Crisis/Suicide Crisis Coordinator
    - Answer questions and concerns of personnel
    - Announce debriefing meeting to be held, ideally at the end of the day

Inform Students' Families

- A letter describing the tragedy and the support services available is distributed to students at the end of the day and sent to the parents

THE FIRST 48 HOURS CHECKLIST

Crisis Team Members:

1. _____, Community/Media Spokesperson
2. _____, School Crisis/Suicide Crisis Coordinator
3. _____, Technical/Clerical Support Person
4. _____, Student Flow, Campus Security
5. _____, Team Member
6. _____, Team Member

Date	Time	Initials	Responsibility
			1. The school is informed of the event ❑ Administrator is notified ❑ Executive Director is notified ❑ Mental health personnel is notified (i.e., school psychologist, school counselor, social worker) ❑ School Crisis/Suicide Coordinator and Crisis Team are notified
			2. Factual information is gathered ❑ Law enforcement, if appropriate, is contacted by_____ and confirms event/death, identity of the deceased, and cause of death
			3. School Crisis/Suicide Crisis Team is assembled by Site Administrator ❑ Students/personnel most affected by the event are identified and contacted ❑ Crisis Team develops the Crisis Response Plan and identifies trauma services needed ❑ Crisis Team prepares the announcement that is to be read by teachers (may need to consult with Chaplain and family for appropriate information to release) ❑ Administrator prepares a letter to inform parents of the event/death as well as the support services available ❑ Administrator appoints Community/Media Spokesperson ❑ Technical/Clerical Support Person assigned to help with logistics for provision of trauma services

Date	Time	Initials	Responsibility
			❑ Crisis team member assigned to gather deceased's personal belongings for safekeeping ❑ Student's name is removed from class rosters, mailing lists, and automated attendance call lists ❑ Crisis team identifies rooms for screening students
			4. Crisis Team assesses the risk for contagion ❑ School Crisis/Suicide Crisis Coordinator identifies and contacts feeder schools and/or adjacent districts where students may be affected. Mental Health consultant contacts neighboring mental health providers, if appropriate
			5. Faculty and school personnel are informed of the death through internal communication systems 6. Teachers are informed of personnel meetings to take place as soon as possible (before school, if possible)
			7. Administrator/designee ❑ Contacts the deceased's family Δ Conveys the school's condolences Δ Inquires about the family's wishes for disclosure of information Δ Asks parents about funeral arrangements and/or procedures for donations (i.e., memorial fund, GoFundMe, etc.) Δ Determines how the parents would like the school to participate in the funeral services Δ Informs parents that school will return the student's personal belongings Δ Informs parents that the school is providing counselors for students and personnel ❑ Administrator holds a faculty meeting before school or as soon as possible with all personnel affected by the crisis (including bus drivers, playground supervisors, janitors, etc.) Δ Expresses condolences to the personnel Δ Acknowledges the efforts of the Crisis Response Team Δ Reviews the facts of the death as known Δ Announces funeral arrangements if known Δ Introduces all outside professionals

Date	Time	Initials	Responsibility
			∆ Gives a plan for the day as prepared by the Crisis Team o Team provides handout packet to personnel and shares information on grief o Team covers activities to encourage/discourage ∆ Distributes the announcement to be read to the students, identifies teachers that may require additional support to read the announcement ∆ Answers questions and concerns of personnel ∆ Encourages teachers who need assistance reading the announcement to contact the School Crisis/Suicide Crisis Coordinator ❑ Announces debriefing meeting to be held ideally at the end of the day
			8. School Crisis/Suicide Crisis Coordinator / Administrator contacts the funeral home ∆ Reviews specific funeral arrangements and family's wishes
			9. A letter to parents is approved by the Administrator ❑ A letter describing the tragedy and the support services available is distributed to students at the end of the day and sent to the parents
			10. Debriefing meeting is held at the end of the day for personnel ❑ Allows opportunity to find out how personnel are doing and what level of support they may require, work with personnel or human resources to determine external personnel supports (i.e., Employee Assistance Program) ❑ Personnel can share experiences and hear other ideas they can use in their classroom ❑ Personnel can express their feelings about the crisis ❑ Personnel can discuss at-risk students and make referrals, as appropriate

ACTIVITIES TO ENCOURAGE OR DISCOURAGE AFTER A SUICIDE

Encourage

- The development of living memorials, such as student assistance programs that will help others cope with feelings and problems.
- Allowing students, with parental permission, to attend the funeral.
- Donating/collecting funds to help suicide prevention programs and/or helping families with funeral expenses.
- Holding scheduled school events as planned (fairs, open house, etc.).
- Getting things back to normal. By the end of the third day of the crisis, classes should be held as scheduled.

Discourage

- Large assemblies or public announcements. These make it difficult to provide support to students on an individual basis.
- Student and personnel contact with the media while at school. Media contacts can be disruptive and sometimes insensitive. Direct all media to the Community/Media spokesperson.
- Staying rigid with regard to curriculum and scheduling. Reactions will vary and decisions must be made on an individual basis.
- Not communicating with students, personnel, parents, and community on unfolding events.
- Treating the death of a student differently because of status or community position, etc.
- Treating the death differently because the student died by suicide.
- Sending all students from school to funerals, or stopping classes for a funeral.
- Having memorial or funeral services at school.
- Establishing permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims. *According to Suicide Prevention Research Center, permanent memorials can prove to be upsetting to bereaved students, and therefore disruptive to the school's goal of maintaining emotional regulation. Whenever possible, it is recommended that permanent memorials be established off school grounds.*
- Flying the flag at half-staff.
- Observing a moment of silence in school.
- Allowing anyone to describe the suicide as a brave or heroic act.

WAYS TO AVOID SUICIDE CONTAGION

Key Considerations

Contagion describes the occurrence of a death by suicide contributing to additional deaths by suicide. Suicide contagion is rare; however, adolescents are much more susceptible than adults. If contagion appears to be prevalent, schools should take additional steps beyond their basic crisis response to provide additional support to students that may be vulnerable to imitative suicide. Below, you will find an overview of additional considerations to avoid suicide contagion. For additional information and resources, including resources related to social media, please access the Initial Response Resources section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit)

Identify Other Students at Possible Risk for Suicide	Utilize trained mental health professionals to identify students who are at heightened risk for suicide and may consider: • Screening tools to identify students in the general student population who are at heightened risk for suicide • Assessing students with increased risk factors and decreased protective factors
Connect with Local Mental Health Resources	Partner with local primary care and mental health resources to develop plans for students at-risk. Established plans should be shared with the appropriate school personnel to effectively intervene and refer students accordingly for further evaluation (i.e., following a student's safety plan).
Manage Heightened Emotional Reactions at School	In addition to providing crisis counseling as an initial response, schools may consider partnering with a local agency to provide a drop-in center for youth to access counseling after school hours. These centers may also be used during times of particularly heightened emotion such as graduation, or the anniversary of a death(s).
Monitor Media Coverage	When multiple suicides occur, contagion gains momentum and it is important to encourage the media to adhere to guidelines established by the national suicide prevention organizations, including: • Not glamorizing or romanticizing the victim • Not oversimplifying the causes of suicide • Not detailing the method • Not including photographs of the death scene or devastated mourners • Include hotline numbers (such as Lifeline: 800-273-8255) and information about local resources
Build a Community Coalition	Schools may encourage the community to establish a coalition comprised of community members, including a representative from the school. The committee may assist in identifying risk factors within the local community and strengthening relationships with community agencies. Encourage establishing a coalition comprised of community members, including a representative from the school. The committee may assist in identifying risk factors within the local community agencies. For further guidance in establishing a community coalition, refer to: https://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf

Social Media	In the emotionally charged atmosphere that often follows a death by suicide, schools may try to limit the use of social tools such as texting and social media. However, by working in partnership with students to identify and monitor the relevant social media sites, schools can strategically use social media to disseminate information, share prevention-oriented messaging, offer support to students who may be struggling, and identify and respond to students who could be at risk (After a Suicide, A Toolkit for Schools, 2018). For more information, please refer to the Social Media section of After a Suicide, A Toolkit for Schools at https://www.sprc.org/resources-programs/after-suicide-toolkit-schools. This resource can also be found in the Initial Response Resources section of the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Adapted from: American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. After a Suicide: A Toolkit for Schools.

TRIAGE FOLLOWING A CRISIS

AT-RISK STUDENTS

Triage consists of prioritizing, sorting, resource allocation, and providing services to students and personnel. The screening of at-risk students and personnel is required in order to provide immediate crisis intervention to those most affected by the suicide. Screening of at-risk students and personnel is required to provide immediate crisis intervention to those most affected by the suicide.

The initial screening is based on the degree of exposure, pervasiveness of risk factors and protective factors, previous trauma or loss, and familiarity with the deceased. One can expect students directly exposed to suicide to manifest more severe emotional responses than those students who merely heard of the incident or were less familiar with the student. Having experienced previous trauma or loss, especially in recent months, may have a significant impact on the emotional reactions of individuals – even if they did not directly witness the incident.

- All directly exposed individuals (this includes students as well as personnel) are best served by individual consultation.
- Any individual whose response to the crisis is out of proportion to the degree of exposure has to be evaluated for additional risk factors.

Additional risk factors that may lead to a higher risk of imitative behavior include students who:

- Have a history of suicide attempts
- Have a history of depression, trauma, or loss
- Are dealing with stressful life events, such as a death or divorce in the family
- Were eyewitnesses to the death
- Are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, significant others, and acquaintances of the deceased)
- Received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- Had a last very negative interaction with the deceased
- May have fought with or bullied the deceased

Students who may be at risk for imitative behavior should be immediately referred to the school's mental health professional for a risk assessment.

Adapted from the following resources: After a Suicide: A Toolkit for Schools (2018); American Association of Suicidology (1998); Brent et al. (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); Gould (1992); O'Carroll et al (1988); Ruof and Harris (1988); and Sandoval & Brock (1996).

SUPPORT ROOMS

CREATING A SAFE SPACE

In the event of a crisis, school personnel shall designate separate spaces for students and personnel to process the emotions triggered by the event. A plan for staffing the two support rooms should be developed and may include mental health professionals, school personnel who are equipped to provide emotional support, and/or volunteer crisis workers. Support rooms provide a safe space away from distractions. Group counseling sessions should be held in a separate confidential space. The physical environment of support rooms should be spacious enough for a large group and have ample seating.

Student Support Room

- In addition to adult personnel, peer helpers may be utilized. Students may be able to provide peer-to-peer support for one another during times of crisis. Additionally, providing support to others may be a way for certain students to cope with their own emotions.
- Art Supplies (i.e., paper, markers, crayons, colored pencils).
    - — You may suggest that students create condolence cards or letters for the family. Cards and letters should be screened by school personnel before being given to the family to ensure that messages do not contain offensive or inappropriate subject matter.
- Boxes of tissue.

A pass system works well to record student use of the support room. Passes may be kept on a corner of each classroom teacher's desk with a sign-out sheet. For example, a student wishing to use the student support room signs out of their classroom, takes the pass to the support room, and signs in there. Personnel will have students escorted if there is any cause for concern. Support room attendance sheets should be returned to the office each day by the support room personnel.

School Personnel Support Room

The personnel support room should be monitored by an individual(s) with whom the staff feels comfortable. It is important to consider the effect their disposition may have on others. This may include someone from a community mental health agency.

- Necessities to meet basic needs of personnel (e.g., water, snacks)
- Boxes of tissue.

DEBRIEFING

Following a crisis, it is recommended that school personnel come together for debriefing. There are many reactions to grief and some staff members may be in shock and not fully aware of their feelings. Many people have already experienced a loss or a crisis and they will need support as they are reminded of those losses. Some teachers may experience guilt that they did not identify the student as being at risk for suicide. The most critical element in successful crisis intervention is the strength of the school community. Personnel must have the ability and opportunity to lend one another support, so they do not carry their burdens alone.

What to Include in the Debriefing Meeting:

The personnel may need to review their interactions with students during the day in order to:

- Identify what they did well and get assurance.
- Talk to other teachers to find out what they did and get some new ideas for their own classrooms.
- Express feelings of their own about the crisis.
- Discuss at-risk students and understand how to make referrals.

The most common form of debriefing is called **Critical Incident Stress Debriefing (C.I.S.D.)** and is essential for the ongoing positive mental health of personnel following a suicide. This is facilitated by a professional trained in the process. Your LEA may consider reaching out to your local county mental health department or your LEA's Employee Assistance Program (EAP) to assist with debriefing. It is important to note that critical incident stress debriefing is not therapy. Instead, it is education which mitigates the impact of the event. It also accelerates normal recovery and averts misinterpretation of the event by lessening the possibility of post-traumatic stress.

SECTION 7

Sample Announcements & Letters

SAMPLE ANNOUNCEMENTS

Making the Announcement

How a tragedy is announced sets the tone for addressing the loss. It is recommended that all school personnel are knowledgeable about the suicide prior to the announcement to the student body. **Note: If your school is an elementary school, you may not wish to share this information with the entire student body. It may be appropriate to limit the announcement to certain classrooms or grade levels.** The announcement may convey the facts of the incident in a sensitive and compassionate manner, contingent upon the family's wishes and consent. Keeping in mind the shock and the fight-or-flight responses to trauma, it is recommended that the announcement be made in a way that will contain varying emotional reactions.

Consider preparation of a formal statement to be read aloud to students. Avoid making the announcement over the public address system in the school. It is also not recommended to make an announcement in a school-wide assembly forum. At the administrator's discretion, members of the suicide/crisis response team could visit each classroom to make the announcement. Additionally, a meeting could be called by the administrator and School Crisis/Suicide Crisis Coordinator. The goal of the meeting should be to notify the personnel, acknowledge their grief and loss, and prepare them to respond to the needs of their students. This would also allow personnel time to process the announcement that they will be responsible for sharing with their class(es). It would also allow administration the opportunity to identify staff who may require additional support. A prepared statement ensures consistency in delivering the announcement and can assist teachers who may find difficulty in sharing the announcement.

The sample announcements in this section can be used with personnel, students, and parents, as appropriate. Additionally, written communication that includes information about common reactions to suicide and how to respond, as well as suicide prevention information can also be sent to students and their families.

SAMPLE STUDENT ANNOUNCEMENTS

Day One

Sample Announcement for When a Suicide Has Occurred, Morning, Day One

> "This morning we heard the extremely sad news that _____ died by suicide last night. I know we are all saddened by _____'s death and send our condolences to _____'s family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission."

Sample Announcement for When a Suspicious Death Not Yet Declared a Suicide, Morning, Day One

> "This morning we heard the extremely sad news that _____died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission."

Additional comments to be considered:

> "We would like to encourage students who are affected by this to seek out a trusted adult, such as a counselor, psychologist, teacher, or parent to talk about your thoughts and feelings. Counselors are available to talk with students at school today and tomorrow. If you wish to see a counselor, inform your teacher and an escort will take you to the counseling area.
>
> We have had a difficult time deciding what to say to you today about the recent tragedy. As adults, we are expected to have all the answers and control our feelings. However, we have no real understanding of the reasons for this tragedy and we are deeply affected by it just as many of you are. You will hear a lot of reasons for and discussions about it from your friends, teachers, families, and the media but nobody will have all of the answers."

Sample Announcement, End of Day One

> At the end of the first day, another announcement to the whole school before dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it may be appropriate for the administrator to make an announcement similar to the following over the loud speaker:
>
> "Today has been a sad day for all of us. We encourage you to talk with your friends, your family, and whoever else gives you support. We will have special personnel here for you tomorrow to help in dealing with our loss."

Day Two

On the second day following the death, many schools have found it helpful to start the day with another morning announcement. This announcement can include additional verified information, re-emphasize the availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

"We know that _____'s passing has been declared a suicide. Even though we might try to understand the reasons for their decision, we can never really know what led to ___'s decision to take their life. One thing that is important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, which we may never know.

Today we begin the process of returning to a normal schedule in school. This may be difficult for some of us to do. Counselors are still available in school for those who would like to talk. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the funeral arrangements. There will be a funeral/mass on _____ at _____ held at _____. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent/guardian's permission to attend."

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

SAMPLE ANNOUNCEMENT FOR TEACHERS

(MEMORANDUM)

MEMORANDUM: TO: Faculty and Personnel

FROM: (Principal's name)

RE: Suicide of (Name of student)

DATE:

It is with great sadness that I must inform you that we have lost a member of our school community. *(Student's name)* unexpectedly passed away on _____. I am asking you to discuss the passing of (*student's name),* a *(grade)* student, with your class at the beginning of school. In order to prepare for this conversation, a statement has been included below. Some students may already be aware of their suicide, yet others will be learning of the death from you. It is recommended that you allow your class to hear the facts as you present them, ask questions, and discuss their feelings. A statement to be read is attached to this memo.

Insert appropriate known details: It has been reported that (*student's name*) died by suicide yesterday evening around 8:00 p.m. The medical examiner has ruled his death a suicide. We do not know why (*student's name*) chose to take their own life and many students may ask for reasons or speculate. Attached you will find Talking Points for Students and Personnel After a Suicide which may assist conversations with students in dealing with this tragedy.

You can expect some students to be angry and upset as well as sad. Therefore, crisis team members will be in the school building throughout today and the rest of the week as needed. If you'd like assistance in discussing *(student's name)* death with your class, please contact (*designated person*) and a team member will come to your classroom. Also, please identify any student you think needs further support dealing with this tragedy and send them to the *(designated area).* Today may be a very difficult one for you as well as for our students. Crisis team members will be in the *(designated area)* if you wish to talk further about this incident.

Students may be excused from classes for *(student's name)* funeral if they bring a written excuse from their parents. Funeral arrangements are still pending. Information will be provided as soon as it's received. (*The family will be at the funeral home tomorrow evening beginning at 7:00 pm).*

Thank you for your continued dedication to our school community during this difficult time.

SAMPLE ANNOUNCEMENT TO PERSONNEL

(MEMORANDUM)

(Please use in conjunction with Talking Points resource, page 7.7. Remove this reminder before sending)

TO: Faculty and Personnel

FROM: (Principal's name)

RE: Loss of a Student

Date:

It is with great sadness that I must inform you that we have lost a member of our school community. *(Student's name)* unexpectedly passed away on _____. At this point, we know that (facts about death/accident – when, where, how, etc.) The Crisis Response Team will be available to work with the personnel and students from our school to assist anyone who is upset by this tragedy.

Please refer any students who may require additional support to *(insert designated area)*. If you require support, you are encouraged to contact *(insert contact person)*.

Please be advised that this is an advance notice to allow you to prepare for the school day. At this time please do not notify any students of this loss, as the crisis team will be supporting teachers in making the announcement at the appropriate time. Funeral arrangements are still pending and further information will be provided as it is received. Attached you will find talking points that may assist conversations with students in dealing with this tragedy.

Thank you for your continued dedication to our school community during this difficult time.

SAMPLE ANNOUNCEMENT FOR PARENTS

Dear Parents,

I am writing this letter with great sadness to inform you that one of our students died by suicide last evening. Our thoughts and deepest sympathies go out to their family and friends.

All of the students were given the news of the death by their teacher in (*enter location/time*). A copy of the announcement that was read is attached for your reference. Be assured that members of our crisis team met with students today and will be available to the students over the next days and weeks.

Information about funeral services will be given to the students once it has been made available. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

Information regarding suicide and helpful talking points are included with this letter. I am also including a list of school and community resources should you feel your child is in need of additional assistance *(insert instructions for parents to make a referral for their child)*. If you need immediate assistance, call the 988 Suicide and Crisis Lifeline by dialing 9-8-8.

Please do not hesitate to call myself or one of the counselors if you have questions or concerns.

Sincerely,

(Administrator)

TALKING POINTS FOR STUDENTS AND PERSONNEL AFTER A SUICIDE

Talking Points	*What to Say*
Provide accurate information about suicide. Suicide is a complicated behavior. Help students understand the complexities.	"Suicide is not caused by a single event such as fighting with parents, or a bad grade, or the breakup of a relationship." "In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of." "There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never an answer."
Address blaming and scapegoating. It is common to try and answer the question "why" by blaming others for the suicide.	"Blaming others for the suicide can hurt another person deeply and is unfair." "Let's focus on how to help others get the help they need."
Do not talk about the method. Talking about the method can create images that are upsetting and it may increase the risk of imitative behavior by vulnerable youth.	"Let's focus on talking about the feelings we are left with after _____ 's death and figure out the best way to manage them."
Address anger. Accept expressions of anger at the deceased. Help students know these feelings are normal.	"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about the person. You can be angry at someone's behavior and still care deeply about that person."
Address feelings of responsibility. Help students understand that the only person responsible for the suicide is the deceased. Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or seen the signs.	"This death is no one's fault. We cannot always see the signs because a suicidal person may hide them well." "We cannot always predict someone's behavior."
Encourage others to seek support. Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.	"We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?"

Adapted from AFSP: After a Suicide: A toolkit for schools. Newton, MA: Education Development Center; Inc. Available online at https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf

SECTION 8

Crisis Counselor Considerations and Tools

CONSIDERATIONS FOR OBTAINING AND UTILIZING VOLUNTEER CRISIS COUNSELORS

Following notification of a suicide, the School Crisis/Suicide Crisis Coordinator determines the types of interventions needed at the school site and the number of additional crisis counselors needed. The School Crisis/Suicide Crisis Coordinator contacts Volunteer Community Crisis Counselors. Many variables determine the number of crisis counselors needed; however, it is recommended that schools use Volunteer Crisis Counselors from three or four different agencies and/or schools to lessen the impact on any one agency or LEA/District.

Day One:

Beginning of the Day:

If possible, it is recommended the School Crisis/Suicide Crisis Coordinator will meet with all Volunteer Crisis Counselors for a debriefing meeting. The School Crisis/Suicide Crisis Coordinator and/or their designee will assign counseling duties and space to perform assigned duties. The School Crisis/Suicide Crisis Coordinator will establish a protocol, verbal or written, for parent contacts and for notifying Emergency Services of students who may be a danger to themselves or others. Additionally, the School Crisis/Suicide Crisis Coordinator should remind all personnel interacting with students of the importance and limits of confidentiality (i.e. if the student is in imminent danger of harm, support personnel and the family will be notified).

The Volunteer Crisis Counselor will be provided with a log (see page 8.7) in which to maintain a list of all students seen and their disposition. Recommendations for needed services or follow-ups will also be noted on the log.

End of the Day:

It is recommended that all crisis response counselors (school, private, and agency personnel) meet together with the School Crisis/Suicide Crisis Coordinator to complete the following:

1. Triage the students seen by each counselor, and;
2. Identify absent students that may need to be called at home.
3. Identify one person from each agency to return the next day and follow up with students who have been identified for follow-up services, and;
4. Participate in a defusing and/or debriefing session.
5. Match student needs with community and school resources:
    - Community agency service
    - Available school resource
    - Private sector counselor

Day Two/Three:

Beginning of the Day:

Volunteer counselors will meet with the School Crisis/Suicide Crisis Coordinator for a brief meeting, to determine the following:

1. Cases assigned from a priority list of which students need follow-up that day.
2. Crisis Counselor duties assigned and space designated.

End of the Day:

At the end of the second and/or third day, volunteer counselors meet with the School Crisis/Suicide Crisis Coordinator and determine if identified students require additional services. A disposition log listing students who continue to require intervention (crisis assessment or code 5150 evaluation) and/or long-term follow-up service (individual or group counseling) is recommended.

1. As responsibilities for follow-up are assigned, a referral log is made. The master referral log (who is responsible for what) should be provided to the School Crisis/Suicide Crisis Coordinator. The following responsibilities are delineated on the referral log:
    - Who will contact emergency services for those students needing evaluations by law enforcement and/or a medical professional
    - Who will coordinate individual student referrals to an outside agency or service
    - Who will contact the student's parents
    - Who will contact resources for on-site follow-up counseling groups

    Note: Once a student is connected to follow-up services the responsibility for follow-up is transferred to the agency or professional providing services
2. The School Crisis/Suicide Crisis Coordinator, in consultation with Crisis Counselors, will determine how many counselors continue to be required. For example, the need for counselors may decrease rapidly after which only one or two Crisis Counselors are needed.
3. A final debriefing is scheduled to evaluate tactics, strategies, and areas of continued support.

The following forms are available to be used as determined appropriate by school administration and/or School Crisis Counselors: *These forms can also be accessed in the Section 8: Crisis Counselor Considerations and Tools column in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).*

- Volunteer Crisis Counselor Sign-In Sheet (page 8.4)
- Safety Plan (page 3.9, 3.10)
- Verification of Emergency Conference (page 8.5)
- Initial Counseling Referral Summary (page 8.6)
- Disposition Log (page 8.7)
- Report of Suicide Risk (page 8.8)
- Crisis Center Sign-In Sheet (page 8.9)

CONFIDENTIALITY OF STUDENT INFORMATION:

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception 20 U.S.C.S. § 1232g(b)(1)(I).

Adapted From: Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

VOLUNTEER CRISIS COUNSELOR SIGN-IN SHEET

Date _____

Name:	Agency:	Cell phone #	Assigned to:	Time In	Time Out

VERIFICATION OF EMERGENCY CONFERENCE

I, or we _____, the parents of _____, were involved in a conference with the school personnel on _____. We have been notified that our child has expressed suicidal ideation. We have been further advised that we should seek consultation with a community-based mental health clinician immediately. We have been provided information on community services. The school has clarified its role and will provide follow-up assistance to our child as needed to support the treatment services from the community.

_____ _____

Parent or Legal Guardian Administrator

_____ _____

Parent or Legal Guardian School Personnel Member, Title

INITIAL COUNSELING REFERRAL SUMMARY

Name of Student: _____ Date: _____

Who referred the student? _____ DOB: _____

Reasons for referral: (list somatic, emotional reactions): _____

_____

_____

_____

_____

_____

Summary/Comments: _____

_____

_____

_____

_____

_____

Area of Need: _____

_____

_____

_____

_____

_____

Student Referred to: _____

Seen by: _____ Parent Notified: _____

Title: _____ Time: From _____ To _____

PLEASE RETURN COMPLETED FORM TO SCHOOL CRISIS/SUICIDE CRISIS COORDINATOR

DISPOSITION LOG

Date _____

	Student's Name/ Grade	Seen by	Returned to Class	Parent(s) Notified	Sent home with parents	Referred to MH	Referred to outside Agency	Hospitalized	Case Manager	Other
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

REPORT OF SUICIDE RISK

School: _____ Date: _____

Student: _____ B/D: _____

Address: _____ Parent Notified: ____Yes ____ No

Parent(s): _____ Time: _____

Personnel Member Involved: _____

Presenting Problem: _____

_____

_____

_____

_____

Level of Risk: HIGH MODERATE LOW

Recommendations: _____

_____

_____

_____

Results of Parent Contact: _____

_____

_____

_____

_____

_____

PLEASE RETURN COMPLETED FORM TO SCHOOL CRISIS/SUICIDE CRISIS COORDINATOR

CRISIS CENTER SIGN-IN SHEET

Date: _____ **School:** _____ **Grades:** _____

Name (Please Print)	Grade	Time In	Time Out

WARNING SIGNS OF AN OVEREXTENDED CRISIS INTERVENTION WORKER

- ❑ Excessive worry about crisis victims. This worry goes far beyond what is necessary to achieve adequate follow-up.
- ❑ Intense irritability when fellow team members attempt to advise a crisis intervenor about something they believe they already know.
- ❑ Obsessive thinking about the crisis intervention experience.
- ❑ Constant replays of the incident described in the crisis intervention even though the crisis intervenor was not present at the actual incident.
- ❑ Unfounded anger at one's fellow workers or one's loved ones after a crisis intervention.
- ❑ Loss of interest in one's own work after crisis interventions.
- ❑ Chronic feelings of fatigue for long periods after crisis interventions.
- ❑ Doing far more for individuals from a particular crisis intervention than one would do for any other person under similar circumstances.
- ❑ Maintaining a high degree of follow-up contacts when they are not necessary.
- ❑ Attempts to work independently of the team without appropriate supervision from team professional support personnel.
- ❑ Frequent, unexplained loss of emotional control after crisis interventions.
- ❑ Sleeplessness after crisis interventions.
- ❑ Agitation, restlessness after crisis interventions.
- ❑ Excessive withdrawal from contact with others following crisis interventions.
- ❑ Excessive volunteering to take on more and more crisis interventions.
- ❑ Feeling upset and jealous whenever others are doing a crisis intervention in which the overextended person is not involved.
- ❑ Excessive belief that no one else could provide "proper" crisis intervention within the school(s) serviced by the team.

For more information on how to support crisis workers, please see the resource titled "Recommendations for Supporting Staff in High-Risk Environments During Crisis" found in the Crisis Counselor Considerations and Tools section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Adapted from *Critical Incident Stress Debriefing,* by J. T. Mitchell and G. S. Everly (1996), Ellicott City, MD: Chevron, (pp. 257-258).

SECTION 9

Working with the Media

TIPS FOR WORKING WITH THE MEDIA

1. ***Establish a good working relationship with the media before a crisis occurs.***
2. ***Know all facts before speaking with the media.*** Have them written down and provide copies to the 2 to 3 people who will be talking to the public involved.
3. ***Have a designated spokesperson.*** This should be the individual who the media can trust and who has the authority to speak for the school/district (Superintendent, Administrator).
4. ***Be honest.*** If you don't have an answer, give a timeline for getting back to them with the information. If you can't share information, report that you're unable to say and why.
5. ***Avoid using "no comment" which may lead to suspicion.*** Instead try, "This is still under investigation. We'll get back to you with those details as we are free to do so." Or, "It would be inappropriate for me to comment at this time."
6. ***Give media a central contact, location, and phone number.*** They will be happy to make that one phone call instead of trying to track down answers.
7. ***Establish a flow of information.*** Tell member(s) of the media that you'll get back to them and give timelines, even if there is no additional news.
8. ***Have a statement prepared for phone calls and/or inquiries.*** Ensure the appropriate clerical personnel has access to the statement (page 9.3).
9. ***Prepare a written statement before the press arrives.*** Simply state the facts and avoid any subjective or speculative statements. The statement must be truthful. The principal or spokesperson reads the statement to the press and gives a written copy to everyone present. The spokesperson who addresses the media is usually determined by the superintendent.
10. ***Keep your personnel informed throughout the crisis.*** This acts as rumor control and gives the personnel the most up-to-date information.
11. ***Include other community agencies.*** If you hold a parent meeting, invite representatives from law enforcement, mental health, and other agencies to share the agenda. Arrange a press conference with all the agency representatives present to answer questions.

PRESS RELEASE CONSIDERATIONS

1. ***Report what happened.*** Avoid sensational accounts of what occurred, and omit precise information on methods used in the attempt or the suicide so that impressionable individuals will not be able to copy the tragedy. For example, one might announce that a student died by suicide due to carbon monoxide poisoning, but not go into details about how a hose acquired from a local store was connected between the tailpipe of a car and the driver's window and the individual then sat in a running car in a closed garage.

2. ***Report who was involved in general terms.*** Use general terms and not names of individuals, unless this information is public knowledge and next of kin have been notified. A victim may be described in terms of sex and grade in school and other relevant demographic facts, but usually not by name. If others were involved, the fact can be generally indicated without identifying data.

3. ***Report when the suicide or attempt occurred or was discovered.*** Give this information as precisely as known.

4. ***To the extent relevant, report where it happened.*** The location of the suicide or attempt can be reported, although addresses of private residences or businesses should not be released. If the location could lend itself to sensationalism, it would be best if it could be omitted, played down, or only vaguely mentioned.

5. ***If someone is injured, report what the prognosis is for those involved.*** Prognosis and status can be given as long as they have been verified. This information can often be left to the hospital.

6. ***Indicate what the LEA/District will do or has done.*** The emphasis should be on positive actions taken by school personnel or students. Communicate the fact that the district is concerned about the health and safety of all students and will provide resources as well as work with other community agencies to help the student body recover from the event and return to the basic task of learning.

7. ***Indicate where troubled individuals in the community can get help.*** Indicate what counseling services will be available to those upset by the event or who are having suicidal thoughts. The phone number of the suicide hotline, for example, might be listed.

8. ***If asked, provide other sources of information.*** The reporter may wish to consult with other individual experts or organizations who can supplement the story. A list of local and national groups related to suicide are included in the Where to Get Help section in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit). Local resources can also be obtained by dialing 2-1-1.

9. ***In interviews, avoid "no comment" answers.*** This type of statement suggests that the spokesperson has something to hide. If you cannot comment, you might respond "I have not had enough time to talk to others" or "We have just received the information and must study it before answering."

CONSIDERATIONS FOR FACULTY PHONE STATEMENTS

These considerations can help those who answer the telephone at a school to respond appropriately to telephone calls received in the early stages of the crisis. For crisis-related calls, use the following general schema:

- **Law enforcement or other security professionals:** Immediate transfer to an identified administrator.
- **Family members of the deceased:** Immediate transfer to the principal or anyone else they request to reach at the school. If the principal is not available immediately, ask if they would like to speak to a school psychologist or social worker.
- **Other school administrators:** Give out basic information on death and crisis response and offer to transfer their call to the principal or others, as appropriate.
- **Parents regarding their child's immediate safety:** Reassure parents if you know their child was not involved and outline how students are being served and supported. If their child may have been involved, transfer their call to a crisis team member who may have more information.
- **Persons who call with information about others at risk:** Take down information and get it to a crisis team member. Take the phone number at which the person can be called back by a crisis team member.
- **Media:** Take messages and refer them to the principal.
- **Parents inquiring about how to respond:** Explain that students and personnel are being supported. Take messages and provide them to a crisis team member for follow-up.
- **Where to send parents who arrive unannounced on the scene:** Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

Adapted From: Madison Metropolitan School District. (Revised 2005). Sudden death-suicide-critical incident: Crisis response procedures for principals and student services personnel. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf

Phone Statement Template

All personnel receiving crisis-related phone calls should provide the following statement:

SECTION 10

Tools for Personnel: Supporting Students After a Suicide

CLASSROOM DISCUSSION AFTER ANNOUNCEMENT TO SCHOOL

Discussion Introduction

"This is a time to come together and share support and encouragement. To help with this, let me make some suggestions":

- "It is important to respect each other's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting, and coping with problems. It's okay to cry, laugh, be angry, or even do nothing."
- "If you are feeling confused, upset, or experiencing other difficulties, please ask for help. Just as you would seek help for physical pain, the same is true for emotional pain and challenges. I encourage you to talk to me, or to another teacher or a counselor."
- "It frequently helps to talk about your feelings even if they feel uncomfortable. Someone else likely feels or has felt this way too."
- "It's normal to be afraid. All of us are afraid at different times and to different degrees. We have to learn to accept this. There is not a way to predict or guarantee the future."
- "For those of you who need additional support, it will be available." (GIVE DETAILS IF DESIRED AND AVAILABLE).
- "Although things are difficult now, things will begin to feel normal again. It will take time and each of us may need different types of support to regain what feels normal. Continuing to do things that are part of your normal routine can provide a sense of security and help with coping. Classes will continue to be held as usual." (MODIFY OR ADD ACCORDING TO AGE/ DEVELOPMENTAL LEVEL OF STUDENT(S))

SUGGESTIONS FOR DISCUSSIONS

Things To Do:

- ☑ Make yourself available and accessible to those who want to talk. Try to be flexible and responsive to the needs of others.
- ☑ Give accurate information about the incident. When you don't know something, say so, offer to find (and report back) the answer for them, or explain that some things may not have an answer or ever be known.
- ☑ Emphasize the confidentiality of what is said during the discussion and that everyone should respect the feelings and rights of others.
- ☑ Be prepared for and allow others to express any and all thoughts, feelings, and perceptions, even some which may seem illogical or inexplicable, about the situation. A variety of behaviors, including laughter (often from tension) and no reaction, are likely and acceptable. Since children and adolescents frequently "act out" their feelings, observe their behavior.
- ☑ Expect (and address) feelings from or about previous trauma/problems to emerge in response to the current situation. It may be directly related or relevant to past experiences and feelings or may be symbolic of them.
- ☑ Listen and give people time to express themselves and respond to questions. Don't restrict the time they are allowed to talk or minimize the loss.
- ☑ Try to validate the feelings of others by telling them that it is all right to feel that way and by helping them see that many people feel similarly.
- ☑ Express your own feelings, thoughts, and perceptions openly and honestly as a means of encouraging discussion. Try to maintain a relatively even and calm affect/demeanor and tone of voice while doing so.
- ☑ Encourage others to ask for clarification, information, and help when needed. Provide information about where these might be available.
- ☑ Encourage others to identify and seek out support/resources and to take action. This will foster independence, self-reliance, and coping skills.
- ☑ Allow students to lean on each other for support. Encourage students to talk to one another and seek help for a friend if they need it.
- ☑ Reassure people that they do not bear responsibility for what happened and that no one could have foreseen such a thing occurring. Discourage guilt and unrealistic expectations of or demands on themselves.
- ☑ Seek help when you need it. Acknowledge and accept your own limitations in supporting students in crisis.

Discussion Considerations

- Inform students of locations for grief support.
- Review the facts and dispel rumors.
- Discuss facts and myths about suicide.
- Encourage students to express their reactions in a way that is appropriate for them and affirm the appropriateness of all responses from severe upset to no visible reaction whatsoever.
- Discuss possible guilt feelings or feelings of responsibility.
- Discuss students' possible fears for their safety and that of their peers and siblings.
- Ask students to support one another and to escort any friend who needs additional help to one of the designated locations for grief support.
- Reassure students that any adult in the building is available to help.
- Allow students to discuss other losses they have experienced. Help them understand this loss often brings up past losses; this is a normal occurrence.
- Encourage students to discuss their feelings with their parents/families.
- Have students identify a peer and write down their name and telephone number so they can connect with a friend after school, if needed.

Suggested Questions

- "What was it like for you when you heard the news?"
- "Did/will you discuss it at home?"
- "If you were a member of _____'s family, what do you think you would want at a time like this?"
- "How can you help each other through this?"
- "What other losses have you experienced?"
- "What thoughts and feelings does this bring up for you?"
- "What is your biggest concern about the immediate future?"
- "What would help you feel safer right now?"

Classroom Activities

- Writing stories about the victim or incident.
- Discussing ways to cope with traumatic situations.
- Discussing grief reactions.
- Encouraging students to keep a journal of events and their reactions.
- Placing a collection box in the class for notes to the family.

- Making cards for the family.
- Urging students to write the things they wish they could have said to the deceased.
- Discuss alternatives for coping with depression.
- Writing a reaction paper.
- Writing a “where I was or, how I felt when I heard” report.
- Reading to the class.
- Encouraging mutual support.
- Discussing and preparing students for a funeral (what to expect, people’s reactions, what to do, what to say).
- Directing energy to creative pursuits, physical exercise, or verbal expression when anger arises.
- Listing the following “I – Statements” on the board and asking students to pick as many of them as they feel applies to them and complete the sentences. Have students end with the “I wish” statement.

I feel sad that…	I feel angry that/when…
I feel disappointed that…	I feel hurt that…
I feel mad that/when…	I feel lonely now because…
I feel betrayed by/because…	I feel upset that…
I feel sorry that…	I wish…

- Asking students to share something good they remember about the student if the student was a member of the class.
- Writing a group letter to express feelings. This can be dictated to the teacher.
- Inviting students to write about their feelings by completing sentences or using sentence stems to write a letter:
  - Anger
    a) I’m angry that…
    b) I resent…
    c) I can’t stand…
    d) I don’t like…
  - Hurt
    a) I feel hurt…
    b) I feel sad…
    c) I feel disappointed that…
    d) I am hurt that…
    e) I feel upset…
  - Fear
    a) I am afraid…
    b) I am scared…

- Want(s)
    a) All I ever wanted…
    b) I wanted you to…
- Regret
    a) I'm sorry…
    b) I love you because…
    c) I forgive you for…
    d) I love you…

Students may have other feelings and statements that they will wish to add.

- Have students draw pictures about the person, the incident, or their feelings and talk about their pictures when done.

Coping Strategies for Students

Encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to surface, including:

- Simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favorite calm and relaxing place.
- Engaging in favorite activities or hobbies such as music, talking with a friend, reading, or going to a movie.
- Exercising.
- Thinking about how they've coped with difficulties in the past and reminding themselves that they can use those same coping skills now.
- Writing a list of people they can turn to for support.
- Writing a list of things they're looking forward to.
- Focusing on individual goals, such as returning to a class or spending time with mutual friends.

For additional guidance in providing support from teachers, For additional resources, please access Section 10: Tools for Personnel- Supporting Students after a Suicide in the accompanying Padlet (https://padlet.com/selpapd/SSHToolkit).

Adapted from: Colomb and Oegemea (1986) School Crisis Survival Guide Los Angeles Unified School District Suicide Prevention Unit AFSP & SPRC After a Suicide, A Toolkit for Schools, 2011

TEACHER STATEMENTS AND ACTIONS TO ASSIST GRIEVING STUDENTS RETURNING TO SCHOOL

1. Make a plan with the student so they may leave the room if they're upset.
2. Find a safe place that the student can go during the school day, at recess, at lunch, or during class if they need some time alone.
3. Find a safe person that the student can go to during the day if they are upset, i.e., administrator, counselor, mental health provider, and/or school nurse.
4. Encourage the student to answer questions only when they feel comfortable doing so. If the student does not want to answer others' questions, suggest that they come up with one or two options for replying, such as, "I'm not ready to talk right now" or "I'd rather focus on school right now."
5. Offer the student a journal as a gift. Encourage the student to write/draw about feelings, thoughts, and/or memories in the journal during the school day when needed, especially during times the student is not able to concentrate on school work. Offer crayons and a blank drawing book to a younger student. Make sure all of the teachers are aware of the journal to avoid disciplinary actions for utilizing the journal during class time.
6. Negotiate, on an ongoing basis, homework and classroom assignment expectations. Grief takes tremendous physical and emotional energy. It will take time for the student to return to previous standards of performance.
7. Offer yourself as a listener or friend to the student if you want to do so. Designate times when you are available, i.e., lunch, recess, and/or after school.

DEATH AND GRIEF:

SUPPORTING CHILDREN AND YOUTH

Death and loss within a school community can affect anyone, particularly children and adolescents. Whether the death of a classmate, family member, or personnel member, students may need support in coping with their grief. Reactions will vary depending on the circumstances of the death and how well known the deceased is both to individual students and to the school community at large. Students who have lost a family member or someone close to them will need particular attention. It is important for adults to understand the reactions they may observe and be able to identify children or adolescents who require support. Parents, teachers, and other caregivers should also understand how their own grief reactions and responses to a loss may impact the experience of a child.

Grief Reactions

There is no right or wrong way to react to a loss. No two individuals will react in exactly the same way. Grief reactions among children and adolescents are influenced by their developmental level, personal characteristics, mental health, family and cultural influences, and previous exposure to crisis, death, and loss. However, some general trends exist that can help adults understand typical and atypical reactions of bereaved children. Sadness, confusion, and anxiety are among the most common grief responses and are likely to occur in children of all ages.

The Grief Process

Although grief does not follow a specified pattern, there are common stages that children and adolescents may experience with varying sequencing and intensity. The general stages of the grief process are:

1. **Denial:** 'Shock' occurs when a person is not able to face the loss that has just occurred. This may be expressed by feeling nothing or insisting there has been no change. This is an important stage and gives people a "time out" to recognize, reorganize, and begin to deal with the loss.

   Typical Symptoms: Fantasize or state that trauma has not occurred or is temporary.

   Concerning Symptoms: Prolonged fantasy; difficulty distinguishing reality from fantasy.

2. **Anger:** Often, after denying a situation, people turn around and react through anger. It can be expressed through nightmares, fears, and/or aggressive behaviors. People in this phase need opportunities to express anger in a positive and healthy way. They may blame themselves or others.

   Typical Symptoms: Mild illness or injuries; nervousness; acting out; anger directed at unrelated parties.

   Concerning Symptoms: Prolonged fears or nightmares; rage; uncontrolled violence.

3. **Bargaining:** The purpose of bargaining is to regain a loss. Consequently, a promise is made to do something in order to get something in return.

   Typical Symptoms: Threats; making promises; angelic behavior.

   Concerning Symptoms: Continual tantrums; need to control environment.

4. **Depression:** A feeling of loss or sadness due to missing the way things were before the traumatic event. Depression sets in when it is realized that anger and bargaining will not work and that the change most likely will be permanent. This is the reaction most associated with "grieving" for whom or whatever has been lost. People experiencing depression need to know that others understand and are concerned about their feelings.

   Typical Symptoms: Apathy; withdrawal; loss of interest; daydreaming.

   Concerning Symptoms: Loss of appetite; self-harming actions; prolonged sense of helplessness.

5. **Acceptance:** Ability to passively adapt to change and resume normal activity. A time when the loss or death is acknowledged. A period of calm following the release of emotions is demonstrated by a lifting of sadness and a willingness to continue living despite the loss.

   Typical Symptoms: Lift of apathy and mechanical responses.

   Concerning Symptoms: Pretending to accept the situation without really having gone through previous stages.

6. **Hope:** Evidenced by a revitalization of energy, a renewed interest in old friendships, and the development of new friendships. Although possibly wishing for things to return to the remembered past, the individual can acknowledge good things that resulted from the change.

   Typical Symptoms: Renewed interest in old activities; return of sense of humor.

   Concerning Symptoms: Sarcasm; pretending or presenting false hope which is still a form of denial.

Grief Reactions of Concern

The above behaviors are expected and natural reactions to a loss. However, the following behaviors may warrant further attention:

Preschool level:

- Decreased verbalization
- Increased anxiety (e.g., clinginess, fear of separation)
- Regressive behaviors (e.g., bedwetting, thumb sucking)

Elementary school level:

- Difficulty concentrating or inattention
- Somatic complaints (e.g., headaches, stomach problems)
- Sleep disturbances (e.g., nightmares, fear of the dark)
- Repeated telling and acting out of the event
- Withdrawal

- Increased irritability, disruptive behavior, or aggressive behavior
- Increased anxiety (e.g., clinging, whining)
- Depression, guilt, or anger

Middle and high school level:

- Flashbacks
- Emotional numbing or depression
- Nightmares
- Avoidance or withdrawal
- Peer relationship problems
- Substance abuse or other high-risk behavior

Signs that Additional Help is Needed

Adults should be particularly alert to any of the following as indicators that trained mental health professional (school psychologist or counselor) should be consulted for intervention and possible referral:

- Severe loss of interest in daily activities (e.g., extracurricular activities and friends)
- Disruption in the ability to eat or sleep
- School refusal
- Fear of being alone
- Repeated wish to join the deceased
- Severe drop in school achievement
- Suicidal references or behavior

Risk Factors for Increased Reactions

Some students (and adults) may be at greater risk for grief reactions that require professional intervention. This includes individuals who:

- Were very close to the person(s) who died
- Were present when the person died
- Have suffered a recent loss
- Have experienced a traumatic event
- Are isolated or lack a personal support network
- Suffer from depression, Post-traumatic Stress Disorder, or other mental illness

Keep in mind that groups, particularly adolescents, can experience collective or even vicarious grief. Students may feel grief, anxiety, or stress because they see classmates who were directly affected by a loss, even if they didn't personally know the deceased. Additional risk factors include the deceased being popular or well-known, extensive media coverage, a sudden or traumatic death, homicides or suicides.

Supporting Grieving Children and Youth

How adults in a family or school community grieve following a loss will influence how children and youth grieve. When adults can talk about the loss, express their feelings, and provide support for children and youth in the aftermath of a loss, they are better able to develop healthy coping strategies.

Adults are encouraged to:

- Talk about the loss. This gives children permission to talk about it, too.
- Ask questions to determine how children understand the loss, and gauge their physical and emotional reactions.
- Listen patiently. Remember that each person is unique and will grieve in their own way.
- Be prepared to discuss the loss repeatedly. Children should be encouraged to talk about, act out, or express through writing or art the details of the loss as well as their feelings about it, about the deceased person, and about other changes that have occurred in their lives as a result of the loss.
- Give children important facts about the event at an appropriate developmental level. This may include helping children accurately understand what death is.
- Help children understand the death and intervene to correct false perceptions about the cause of the event, ensuring that they do not blame themselves or others for the situation.
- Provide a model of healthy mourning by being open about your own feelings of sadness and grief.
- Create structure and routine for children so they experience predictability and stability.
- Engage in self-care so you can assist others. Prolonged, intense grieving or unhealthy grief reactions will inhibit your ability to provide adequate support.
- Acknowledge that it will take time to mourn and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than six months, depending on the type of loss and proximity to the child.
- Take advantage of school and community resources such as counseling, especially if children and youth do not seem to be coping well with grief and loss.

Tips for Children and Youth with Grieving Friends and Classmates

Watching friends cope with a loss may be upsetting to children and youth, especially those with limited or no experience with death and grieving. Listed below are considerations and suggestions for teachers and parents to use when supporting students with grieving friends and classmates:

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under "helping children cope".
- Seeing their classmates' reactions to loss may bring about some fears of losing their own parents or siblings. Children need reassurance from caretakers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
- Children (and many adults) need help in communicating condolence or comfort messages.
- Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., "Steve, I am so sorry about your father. I know you will miss him very much.")
- Offer to help with daily routines. For example, "Let me know if I can help you with _____."
- Help children anticipate some changes in friends' behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean there will be a lasting change in their relationship.
- Explain to children that their "regular" friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much-needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.
- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.
- Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Adapted from "Death and Grief in the Family: Tips for Parents" in *Helping Children at Home and School III*, NASP, 2010 and from materials posted on the NASP website after September 11, 2001.

MEMORIAL ACTIVITIES AT SCHOOL:

A LIST OF "DO'S" AND "DON'TS"

Memorial activities can be a valuable way for schools to help students and personnel deal with trauma and loss. How a school approaches a memorial can make the difference in the healing nature of the process. Schools may appear to provide an obvious choice for a funeral or memorial service, however it is strongly advised that such services are not held on school grounds to allow the school to focus on maintaining the regular schedule and routine.

The following are a few Do's and Don'ts for memorial activities at school. For more information on memorials, please visit the Memorialization section of the After a Suicide Toolkit for Schools found in the corresponding section of the Padlet or by visiting https://www.sprc.org/resources-programs/after-suicide-toolkit-schools. www.nasponline.org or https://www.sprc.org.

DO:

- ☑ Memorialize all student deaths in the same way. A different approach for suicide may reinforce stigma and be unfairly painful to family and friends.
- ☑ Prepare for the needs of youth both preceding and following memorial activities in the community or school.
- ☑ Keep parents and personnel informed of all upcoming activities related to the memorial plan, and allow any student, with parental permission, to attend a memorial activity.
- ☑ Provide personnel and parents with information regarding possible related behaviors and emotions that students may display.
- ☑ Focus on the needs and goals related to the students, and include parents and community members in activities as appropriate.
- ☑ Be sensitive to developmental and cultural differences when developing memorials.
- ☑ Develop living memorials that address the problems that lead to the crisis event.
- ☑ Emphasize signs of recovery and hope in any memorial activity.
- ☑ Allow students to discuss, in small group settings, such as classrooms, how they feel about their memorial experiences.
- ☑ Encourage communication (e.g., Writing letters and exchange of ideas) related to memorial activities.
- ☑ Provide a referral system (school and community-based) to identify youth who display complicated grief reactions and ensure appropriate support services are available.
- ☑ Establish an infrastructure (plans and processes) to provide assistance and support to students in immediate need.

DO NOT:

- ☒ Underestimate the resurfacing of intense reactions after a service/memorial, including sadness and anger.
- ☒ Require all students or personnel to attend a memorial activity.
- ☒ Pathologize normal grief reactions. Conversely, do not minimize serious, atypical grief reactions that may require closer clinical investigation.
- ☒ Remove spontaneous memorials (decorating lockers, posters, etc.) too soon. Allow for them to stay up until the funeral or for approximately 5 days.
- ☒ Try to accomplish all things in the school context; there are multiple forums to which the school personnel, administration, and faculty may contribute that do not occur at school.
- ☒ Assume that "one size fits all" when it comes to developing a memorial.
- ☒ Allow the memorials to be a forum for expressions of hatred and/or anger.
- ☒ Focus the memorial on the uncontrollable aspects of the crisis.
- ☒ Allow a memorial to simply recount tales of the traumatic stressor.
- ☒ Schedule a memorial at such a time that it will not allow students to discuss or process their experiences.
- ☒ Force students to participate or share feelings and ideas.
- ☒ Expect that personnel and faculty will be able to independently identify individuals in need of mental health assistance.
- ☒ Anticipate that students will independently seek out the appropriate professional assistance.

Adapted From: American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. After a Suicide: A Toolkit for Schools. Newton, MA: Education Development Center, Inc. & J. Sandoval & S. E. Brock, 1995, The school psychologist's role in suicide prevention. School Psychology Quarterly. © 2002, National Association of School Psychologists, 4340 East West Hwy #402; Bethesda, MD 20814, www.nasponline.org, phone (301) 657-0270, fax (301) 657-0275, TTY (301) 657-4155

SECTION 11

Long-Term Response: Ongoing Support

LONG-TERM RESPONSE PROTOCOL

Continued healing requires addressing the aftermath of the crisis, including how to handle long-term mental health needs and the ongoing process of recovery. Healing takes time and everyone reacts to tragedies differently. The rate of recovery differs for each person based on many factors such as age, experience, and closeness to the incident. Below are recommendations for managing the long-term mental health needs of students and personnel:

Steps to take for Long Term	School Personnel Responsible	Relevant Contacts	Tools
1. Coordinate implementation of long-term response protocol	Lead: Backup:		
2. Monitor and assist vulnerable students; long-term response for universal screening	Lead: Backup:	Community mental health professionals:	
3. Prepare for anniversaries of the death	Lead: Backup:		Considerations for Anniversaries of a Death
4. Prepare for long-term memorials	Lead: Backup:		Memorial Activities: Do's and Don'ts
5. Prepare to provide support to siblings of the deceased who may be enrolling in the high school	Lead: Backup:		

Adapted from: Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

POSTVENTION AND SOCIAL MEDIA

Overview

Following a suicide, the deceased student's online social media profile may become a space for friends and family to talk about the suicide and memorialize the person who died. Exposure to suicide, whether through a personal connection or through the media, is an established risk factor for suicide. There is substantial evidence that certain messages (e.g., those that glamorize the suicide) and certain information (e.g., details regarding the method of suicide used) may contribute to contagion. The comments posted on these profiles can contain unsafe messages and sometimes include expressions of suicidal ideation by others.

When implementing postvention strategies in a community or school, it is important to also consider the role of social media and to ensure that postvention initiatives also target existing online communities. Students are most likely already engaging in conversation about the suicide online. This affords those undertaking postvention efforts an important and efficient means of distributing information and resources, as well as of monitoring those connected to the bereaved for any indications of suicide risk. Additionally, school personnel may wish to collaborate with parents and guardians to encourage that they monitor their children's use of social media.

The recommendations below detail how to safely memorialize someone who has died by suicide. These messaging considerations can also be applied to online memorials and online messages about the deceased.

Possible Online Postvention Activities

If appropriate, school personnel may wish to post resources in the comments section of the deceased student's social media profile. While each community has numerous resources to offer, it is important that the resources posted online be consistent across sites. Those managing online postvention efforts should determine beforehand the key resources to be posted. It is also recommended that national resources be provided as well, since online social networks can extend beyond county and state borders.

The 988 Suicide and Crisis Lifeline (previously known as the National Suicide Prevention Lifeline), is a national 24-hour, toll-free suicide prevention service available to anyone in emotional distress or suicidal crisis. Comprised of more than 200 centers across the United States, the 988 Suicide and Crisis Lifeline seamlessly routes callers to the closest crisis center based on the caller's location. By offering this resource, those heading postvention efforts are ensuring that those in need have access to a free service around the clock and across the nation, which has the capacity to provide callers with resources and referrals within their own community. As of July 16, 2022, callers need only dial 9-8-8 to access the Suicide and Crisis Lifeline (Please note, the previous 1-800-273-TALK (8255) number will continue to function indefinitely).

School personnel may also choose to monitor comments on social media for content indicating that friends are in suicidal crisis or emotional distress. If possible, meet with the student (if at school) and conduct a suicide risk assessment. Notify the family immediately. If the student is not currently in school, contact the family and/or emergency services within the jurisdiction of the student's home, if appropriate, to determine if a welfare check is required.

(For Schools Only) Letter to Parents from Schools

It is recommended that the LEA/District distribute a letter to parents in order to 1) alert them that students may use social media and other online venues to communicate about the suicide, and 2) encourage them to monitor their child's internet use.

Below is a sample letter developed by the 988 Suicide and Crisis Lifeline (formally the National Suicide Prevention Lifeline) that has already been provided to various schools following the suicide of a student. This letter encourages parents to ask their children to post an offer of help on their social media profiles and provides sample language, as well as some background information on the Lifeline.

Dear parents and family members of [example: Bowling Green High School],

Thank you for the chance to work together to help prevent suicide. The 988 Suicide and Crisis Lifeline is so sorry to hear about the recent losses in your community, high school, and homes. While there is nothing we can do to erase these tragedies, it is our hope that we can prevent other families in your community from experiencing a similar loss. Please look at the message below, which we crafted for possible use on your child's social media profiles. The Lifeline recommends working with your child to post these messages online. By doing so, you will be offering help to the people that were affected by these deaths.

Suicide can best be prevented through treatment and support. You can honor (person's name) by seeking help if you or someone you know is struggling. If you're feeling lost, desperate, or alone-please call the 988 Suicide and Crisis Lifeline by dialing 9-8-8. The call is free and confidential, and crisis workers are available 24/7 to assist you. To learn more about the Lifeline, visit 988lifeline.org.

Messages posted online (e.g., on social media profiles) following a suicide are important as they can have a negative or positive effect and can help to prevent future tragedies. While the messages posted online following a suicide should honor the person who died and comfort those left behind, it is important to make sure that those reading about the deceased online can understand that there are a number of measures that can be taken to help prevent suicide.

The Lifeline also recommends that your child's internet use be monitored during this time. When someone dies by suicide, the social media profiles of the deceased often become hubs for conversation about the suicide. Please be aware of your child's online activities.

About the Lifeline

The federally-funded 988 Suicide and Crisis Lifeline (previously the National Suicide Prevention Lifeline) is a network of crisis centers committed to suicide prevention that are located in communities across the country. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. Calls are routed to the nearest available center of the more than 200 centers that are currently participating in the network.

For More Information

If you or another member of the community would like additional information about the 988 Suicide and Crisis Lifeline, please access their website at 988lifeline.org.

CONSIDERATIONS FOR ANNIVERSARIES

The postvention team may consider having a plan to prepare for students' reactions on the anniversary date. The school should be prepared for grief and emotions associated with the death that may also occur on other occasions, such as:

- The birthday of the person who died
- Holidays
- Athletic or other events in which the deceased would have participated
- The start of the school year
- School dances
- Graduation

The following actions can help a school prepare for such an anniversary:

- Remind personnel to be aware the students may experience emotional reactions
- Educate personnel about the warning signs of suicide and how to recognize and respond to students who may be at risk or experience severe emotions
- Remind personnel that they may also experience an emotional reaction on this date
- Have grief counselors and/or mental health professionals on call

Adapted From: Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

EVALUATING THE SUICIDE CRISIS RESPONSE

It is recommended that the School Crisis/Suicide Crisis Coordinator have processes in place to evaluate each crisis response and a plan for follow-up. For example, did the team:

- Notify the appropriate individual at the onset?
- Activate resources immediately to meet the needs of the students, families, and personnel?
- Provide regular information updates and maintain open communication with teachers, other personnel, and parents?
- Monitor rumors and maintain timely, accurate information?
- Speak through one spokesperson to provide factual information to the media?
- Develop media messages that communicated ways that parents can support the recovery of their children?
- Provide mental health resources for those in emotional distress and identify and follow up with vulnerable students and personnel during the recovery period?
- Identify during the aftermath any cues that could be traumatic reminders of the crisis and monitor behaviors among students and personnel?
- Appropriately monitor social media activities?
- Support personnel in implementing self-care?
- Develop a process for reviewing and reevaluating your suicide crisis response plan and making subsequent changes?

List other important factors to consider for your school community below:

- _____
- _____
- _____
- _____

It is recommended that the School Crisis/Suicide Crisis Coordinator meets with the school site administrator to review the school's crisis response and identify areas of improvement for future crisis responses. The school site administrator should communicate gratitude to school personnel for providing additional support during the crisis response which may include a written letter, email, or verbal acknowledgment in a personnel meeting.

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