TeachME PROFESSIONAL DEVELOPMENT
CEU's for Teachers and Educators

Tools for Helping to Prevent Suicide Among High School Students-Part One

Introduction

Preventing Suicide: A Toolkit for High Schools was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. The information and tools in this toolkit will help schools and their partners:

- Assess their ability to prevent suicide among students and respond to suicides that may occur
- Understand strategies that can help students who are at risk for suicide
- Understand how to respond to the suicide of a student or other member of the school community
- Identify suicide prevention programs and activities that are effective for individual schools and respond to the needs and cultures of each school's students
- Integrate suicide prevention into activities that fulfill other aspects of the school's mission, such as preventing the abuse of alcohol and other drugs

Suicide prevention efforts in high schools are usually led by school counselors, mental health professionals, or social workers. But it is important to remember that no one—not the principal, not the counselor, and not the most passionate and involved parent—can establish effective suicide prevention strategies alone. The participation, support, and active involvement of others in the school and community are essential for success.

Chapter 1 will help you:

- Begin to identify the school staff and community partners who can help
- Generate support for suicide prevention in the school system and community
- Prioritize and select programs and activities that are right for your school

Chapters 2–7 describe the steps necessary to implement the components of a comprehensive school-based suicide prevention program. Most chapters include tools to help you carry out these steps, including forms, worksheets, factsheets, and guidelines.

The "Resources" section is an annotated directory of suicide prevention resources.

Note on Organization: References in the text of the toolkit are found in the Reference List following Chapter 7. References for each tool are listed with the tool.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"What happened in our district could happen anywhere."

"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," said a superintendent. "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."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009a).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- For each suicide death among young people, there may be as many as 100–200 suicide attempts (McIntosh, 2010).
- Approximately 1 out of every 15 high school students attempts suicide each year (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide death rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is 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 risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
- Efforts to promote safe schools and adult caring also help protect against suicidal ideation and attempts among LGB 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. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and can affect academic performance. According to the 2009 Youth Risk Behavior Survey (CDC, 2010b):

   - Approximately 1 of 2 high school students receiving grades of mostly Ds and Fs felt sad or hopeless. But only 1 of 5 students receiving mostly grades of A felt sad or hopeless.
   - 1 out of 5 high school students receiving grades of mostly Ds and Fs attempted suicide. Comparatively, 1 out of 25 who receive mostly A grades attempted suicide.

3. **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. Adolescents can be susceptible to suicide contagion (sometimes called the "copycat effect"). This may result in the relatively rare phenomenon of "suicide clusters" (unusually high numbers of suicides occurring in a small area and brief time period) (Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

   - Failure to notify parents if their child appears to be suicidal
   - Failure to get assistance for a student at risk of suicide
   - Failure to adequately supervise a student at risk of suicide

What about 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 (Department of Education, 2010).

School Connectedness

School connectedness "is the belief by students that adults and peers in the school care about their learning as well as about them as individuals" (CDC, 2009b). Making positive changes to the school climate—increasing students' sense of connectedness to the school—can result in improved academic achievement and healthy behaviors among students. Strategies for building connectedness include (CDC, 2009b):

- Providing students with the academic, emotional, and social skills necessary to be actively engaged in school
- Using effective classroom management and teaching methods to foster a positive learning environment
- Creating decision-making processes that facilitate student, family, and community engagement; academic achievement; and staff empowerment
- Providing education and opportunities to enable families to be actively involved in their children's academic and school life
- Creating trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities
- Providing professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of students

Although suicidal behavior is one of the negative behaviors that can be reduced as connectedness increases, strategies to increase connectedness should not be substituted for the types of suicide prevention strategies described in this toolkit. However, combining suicide prevention with efforts to increase connectedness is a powerful strategy for furthering both goals.

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which specific components are implemented in a particular sequence. These components include:

- **Protocols for helping students at risk of suicide, including:**
  - » A protocol for helping students who may be at risk of suicide
  - » A protocol for responding to students who attempt suicide at school
  - » Agreements with community providers to provide behavioral health services to students
- **Protocols for responding to suicide death, including:**
  - » Steps to take after the suicide of a student or other member of the school community
  - » Staff responsible for taking these steps
  - » Agreements with community partners to help in the event of a suicide
- **Staff education and training, including:**
  - » Information about the importance of suicide prevention for all staff
  - » Training, for all staff, on recognizing and responding to students who may be at risk of suicide.
  - » Training, for appropriate staff, on assessing, referring, and following up with students identified as at risk of suicide.
- **Parent education, including:**
  - » Information for parents about suicide and related behavioral health issues
  - » Strategies to engage parents in suicide prevention programs
- **Student education, including:**
  - » One or more programs to engage students in suicide prevention
  - » Integration of suicide prevention into other student healthy behavioral health initiatives
- **Screening:**
  - » A suicide screening program
  - » Parent, staff, and community mental health provider support for screening

Preventing Suicide: A Toolkit for High Schools will help you implement these components. The toolkit represents the best available evidence and expert opinion on preventing suicide among high school students. It is recommended that you review the entire toolkit before starting to implement any one component.

Suicide Prevention and Behavioral Health

In this toolkit, we use SAMHSA's definition of behavioral health: "the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illnesses, and/or mental disorders." SAMHSA has articulated the philosophy that "behavioral health is essential to the Nation's health." Schools have an essential role to play in preventing suicide and in promoting behavioral health among America's young people.

CHAPTER 1

Getting Started

Chapter 1

The steps in Chapter 1 will answer these questions:

- What are the most critical steps you should take to protect your students from suicide?
- How can you engage administrators in suicide prevention?
- Which school staff and community partners should be involved from the beginning?
- How can you educate yourself and the school community about suicide prevention?

A STRATEGIC APPROACH TO PREVENTING SUICIDE IN SCHOOLS

Suicide prevention experts agree that the most effective way to prevent suicide is to use a number of complementary strategies (which will be described in this toolkit). But even schools fortunate enough to have the resources to implement all of these strategies should not try to do them all at the same time.

A comprehensive school-based suicide prevention program should be built on a foundation that responds to the most serious issues faced by students and the school—a student at high risk of suicide and a death by suicide of a student (which could put other students at risk).

The two essential components that every school should have in place are:

- Protocols for helping students at possible risk of suicide
- Protocols for responding to a suicide death (and thus preventing additional suicides)

Every school should have these two sets of protocols in place regardless of whether they are going to implement any additional suicide prevention activities. For guidance in creating these protocols, see Chapters 2 and 3 of this toolkit.

It is essential to implement protocols for responding to students at possible risk of suicide ***before*** implementing strategies to help identify students at risk of suicide (such as training staff to recognize suicide risk). Identifying students who are at risk of suicide will be more likely to prevent suicide when the procedures that ensure these students receive appropriate services are in place. Only after creating these procedures is a school ready to implement other suicide prevention strategies.

After developing the two critical protocols, all staff should be engaged in suicide prevention. This should include the following:

- Educating all staff about the importance of suicide prevention
- Training all staff to recognize suicide risk
- Training selected staff to assess and refer students at risk of suicide to appropriate services

After a school has created and implemented these three components (the two essential protocols and the staff education and training outlined above), it is ready to implement additional suicide prevention strategies, including:

- Educating parents about behavioral health promotion and suicide risk
- Educating and involving students in behavioral health promotion and suicide prevention
- Screening students for suicide risk

For guidance on these strategies, see Chapters 5, 6, and 7 of this toolkit.

STEPS FOR GETTING STARTED

These steps for getting started are not entirely sequential. You may want to complete them in a different order—or carry out several of them at the same time.

Step 1. Engage administrators, school boards, and other key players.

The support of school administrators—especially principals—is essential to any activity carried out within a school. The support of other key players, including superintendents and school board members, can also be crucial for success. School leaders may be reluctant to undertake a suicide prevention initiative because of the sensitive nature of this issue or because of competing demands. Here are some suggestions for gaining their support:

- **Explain why it is important to address suicide risk among students.** To gain the support of administrators, school leaders, and other stakeholders, use *Tool 1.A: Suicide Prevention: Facts for Schools*. Another useful resource is the free video "School-Based Suicide Prevention: A Matter of Life and Death," in which school administrators and staff share their experiences of facing the suicide of a student. See Getting Started—Information Sheets in the "Resources" section in this toolkit for information on this video.
- **Highlight data and information specific to your district, State, or tribe.** Local statistics on suicidal behavior can be very persuasive in convincing stakeholders that action needs to be taken. The Centers for Disease Control and Prevention's Youth Risk Behavior Survey has a Web page at http://www.cdc.gov/healthyyouth/yrbs/state_district_comparisons.htm which

includes State and district-level data.

- **Share your plans.** Emphasize that you will take advantage of the many existing suicide prevention programs that are considered best practices, and that these strategies can be easily integrated into the activities already in place at the school.

Step 2. Bring people together to start the planning process.

Having the right people in the right room is essential to any successful planning process. Some schools may want to start by convening a group composed of staff members and then reach out to the community. Other schools may want to involve both staff and community partners from the start.

Engage school staff.

You will find it easier to chart a realistic course of action if you engage school staff from various disciplines and areas of responsibility from the beginning. It is important to have people with mental health expertise, such as a school counselor or social worker, involved in planning and possibly leading suicide prevention activities.

Your school may have teams responsible for health or behavioral health issues, such as a crisis response team or a health promotion team. If you do, consider adding suicide prevention to their mission and involving members of these teams as you assign responsibility for suicide prevention strategies.

It is important to understand that the reluctance of some staff to become involved with the team may be a result of their own personal experiences with suicide or suicide risk. These personal histories, and the desires of staff not to reveal them, need to be respected.

Tool 1.B: Chart of School Staff Responsibilities will help you decide who should be involved in planning and implementing the specific components of your suicide prevention program. Begin by filling in the names of staff who will be responsible for taking the steps outlined in this chapter.

School staff may also want to engage students and parents in the planning process. Take advantage of existing mechanisms for involving students and parents in the development of school policies and implementation of new programs.

Engage community partners.

Schools need community support to help prevent suicide. If your community has a suicide prevention coalition or group, contact it as soon as you get started. Your State or tribal suicide prevention contact can help you identify suicide prevention coalitions in your community. For a list of State and tribal suicide prevention contacts, visit the Suicide Prevention Resource Center Web site:

State contacts: http://www.sprc.org/states/all/contacts

Tribal contacts: http://www.sprc.org/grantees/listing

You should also reach out to leaders from the ethnic and cultural communities represented in your school. They can be critical in ensuring that your efforts are culturally competent and effective in reaching the students and parents from these communities.

Tool 1.C: Chart of Community Partners will help you identify the individuals and agencies you might want to engage in your school's suicide prevention efforts. In addition, each chapter includes a process for identifying community partners that can help implement particular activities. Use Tool 1.C. to identify the community partners you need to get started, that is, to take the steps described in this chapter.

Step 3. Provide key players with basic information about youth suicide and suicide prevention.

The following tools will help your staff and community partners gain a basic understanding of suicide prevention:

Tool 1.A: Suicide Prevention: Facts for Schools includes an overview of the problem of adolescent suicide and the role schools can play in prevention.

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets describes characteristics that increase risk of and protection against suicide as well as warning signs that someone may be at risk of imminent harm. This is important information for all staff and will be referenced in subsequent activities.

Tool 1.E: Data on Youth Suicide includes information on suicide deaths, attempts, and methods among young people ages 13–19.

Tool 1.F: Suicide and Substance Abuse Information Sheet provides information on substance abuse as a major risk factor for suicide and the implications of that for prevention.

Tool 1.G: Suicide and Bullying Information Sheet provides information on bullying as a major risk factor for suicide and the implications of that for prevention.

The Getting Started part of the "Resources" section in this toolkit contains other background documents and factsheets to share with staff.

Step 4: Develop your overall strategy.

Assess your current policies, programs, and school culture.

Before developing an overall strategy for your school, it is important to understand the programs and policies in your school, community, or State that could facilitate, obstruct, or otherwise affect your work.

- **Determine whether there are policies,** either State, district, Bureau of Indian Education, or tribal, to which your activities must conform, e.g., training for staff, training for students, or protocols for suicide prevention or intervention.

- » The State Information pages of the Suicide Prevention Resource Center Web site list State policies on suicide prevention in schools: http://www.sprc.org/states
- » The Suicide Prevention Action Network (SPAN) USA Web site has updates on all State legislation related to suicide prevention: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=DDB4817F-AFFD-AB5B-65FFA5FF8FD4DDCC
- » For Bureau of Indian Education policies, send an email to juanita.keesing@bie.edu or call the Bureau of Indian Education Central Office at 202-208-5962.
- » Federal civil rights laws require reporting and preventing discrimination based on sex or disability, which are also potential risk factors for suicide.

- **Assess the health and behavioral health programs** you may already have in place that could be enhanced with suicide prevention activities. These programs could include those designed to build connectedness; improve the school climate; or prevent bullying, violence, or the abuse of alcohol and other drugs. The School Health Index is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs: http://www.cdc.gov/healthyyouth/shi/index.htm.
- **Inventory the suicide prevention programs** in your district and community. Contact your local mental health department to learn about other programs in your area. You can also get in touch with your State or tribal suicide prevention contact person to learn about programs in your community:
  - State contacts: http://www.sprc.org/states/all/contacts
  - Tribal contacts: http://www.sprc.org/grantees/listing
- **Learn how the different cultures** represented among the students in your school address behavioral health issues and suicide risk, and take that into consideration in developing your strategy. For additional guidance, see *Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet*.
- **Consider how to address obstacles** you might face. For example, some people might question whether schools should be involved in suicide prevention. You can address this objection with the information provided in *Tool 1.A: Suicide Prevention: Facts for Schools*.

Select components of a comprehensive approach.

After assessing the policy environment and the existing programs in your school into which suicide prevention strategies can be integrated, you can begin choosing programs and activities to implement. It is important to remember that the field of suicide

prevention is relatively young. Even the most carefully constructed and rigorously evaluated suicide prevention program will have limitations as well as strengths. No program can claim universal effectiveness (Gould, Greenberg, Velting, & Shaffer, 2003; Gould, Klomek, & Batejan, 2009; Guo & Harstall, 2002; Miller, Eckert, & Mazza, 2009). Thus, it is important to examine the evaluation and research to ensure that the programs and activities you choose are the best fit for your school.

- Use *Tool 1.I: Checklist of Suicide Prevention Activities* to assess what you already have in place and what is missing. Compare your protocols with those recommended in Chapter 2 (Protocols to help students at possible risk of suicide) and Chapter 3 (Protocols to respond appropriately to a death by suicide). You may find that your protocols need to be revised or enhanced. Completing this checklist will prepare you to embark upon the steps outlined in Chapters 2–7.
- Review *Tool 1.J: Matrix of School-Based Suicide Prevention Programs*. This matrix lists all the school-based suicide prevention programs currently in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). This matrix can help you choose programs to use in your school. *Tool 1.K: Suicide Prevention Registries Information Sheet* provides more information about the NREPP and BPR.

CHAPTER 1: GETTING STARTED TOOLS

Tool 1.A: Suicide Prevention: Facts for Schools

Tool 1.B: Chart of School Staff Responsibilities

Tool 1.C: Chart of Community Partners

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

Tool 1.E: Data on Youth Suicide

Tool 1.F: Suicide and Substance Abuse Information Sheet

Tool 1.G: Suicide and Bullying Information Sheet

Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Tool 1.I: Checklist of Suicide Prevention Activities

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

Tool 1.K: Suicide Prevention Registries Information Sheet

Tool 1.A: Suicide Prevention: Facts for Schools

This factsheet can help you gain the support of administrators, school leaders, and other stakeholders for implementing suicide prevention initiatives in high schools. It includes an overview of the problem of adolescent suicide, explains why it is important to address suicide risk among students, and discusses the role that schools can play in prevention.

The information in this factsheet was also included in the Introduction. This handout can be found in the "Handouts" section of this Toolkit, which begins on page 209.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"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," said a superintendent. "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."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about 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 can also reduce suicide risk among students (Epstein & Spirito, 2009).
   - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
   - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and suicide attempts among LGB 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. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

    - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.
    - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **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. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

    - Failure to notify parents if their child appears to be suicidal
    - Failure to get assistance for a student at risk of suicide
    - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school. You can download this toolkit free of charge from http://store.samhsa.gov/product/SMA12-4669.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

REFERENCES

Blum, R. W., McNeely, C., & Rinehart, P. M. (2002). Improving the odds: The untapped power of schools to improve the health of teens. Minneapolis: Center for Adolescent Health and Development, University of Minnesota. Retrieved from http://www.med.umn.edu/peds/ahm/prod/groups/med/@pub/@med/documents/asset/med_21771.pdf

Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

Centers for Disease Control and Prevention. (2010a). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. *Morbidity and Mortality Weekly Report, 59*(SS–5). Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf

Centers for Disease Control and Prevention. (2010b). Youth risk behavior surveillance—United States, 2009. Retrieved from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/yrbs_slides_violence.ppt

Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Youth suicide prevention school-based guide—Issue brief 4: Administrative issues*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218–4).

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*(5), 662–668.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

Heron, M. P. (2007). Deaths: Leading causes for 2004. National Vital Statistics Reports, l56(5). Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2011). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: John Wiley & Sons.

Lieberman, R. (2008–2009). Legal lessons: Minimizing risk to districts. *Well Aware: A Suicide Prevention Bulletin for Wyoming School Administrators, 1*(1), 3.

Lieberman, R., Poland, S., & Cowan, K. (2006, October). Suicide prevention and intervention: Principal leadership, 11–15. Retrieved from http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schoools%20NASSP%20Oct%202006.pdf

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J.,…Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*(10), 823–832.

Tool 1.B: Chart of School Staff Responsibilities

As you work on the steps in the chapters of this toolkit, use the chart on the next page to record the names of the people who will play a role in planning and implementing each component of your program. Check the column representing the activities in which they will be involved. Staff with differing areas of expertise will be required to implement the steps in various chapters. However, this does not mean that you will have to establish separate groups for each component, as you will probably find that many staff will be involved in several of the components. The following people may be helpful in planning and implementing components of your school's suicide prevention program:

- Superintendent
- Principal
- Assistant principal
- Curriculum director
- Health educator
- School nurse
- School health coordinator
- Guidance counselor/school counselor
- School social worker
- Student assistance program staff/pupil services coordinator
- Special education staff
- Members of the Crisis Response Team
- School psychologist
- School-based health center and/or mental health center staff
- Child study team member(s)
- School security officer/school resource officer
- Teachers
- Technology staff
- Athletic staff

STAFF	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each staff person will plan and implement.						
Name & Title	**Getting Started (Ch.1)**	**Protocols for Helping Students at Risk of Suicide (Ch. 2)**	**Protocols for After a Suicide (Ch. 3)**	**Staff Education and Training (Ch. 4)**	**Parent/ Guardian Education and Outreach (Ch. 5)**	**Student Programs (Ch. 6)**	**Screening (Ch. 7)**
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Tool 1.C: Chart of Community Partners

As you go through the steps in each chapter, use the chart on the next page to fill in the names of individuals or agencies in the community who can help you plan and implement that component of your program. Check the column representing the activities in which they will be involved. Some partners will probably be involved with more than one program component. The following types of community partners may be helpful in implementing components of your school's suicide prevention program:

- Leaders representing the cultural communities of your students
- Mental health providers/community mental health agency staff
- Substance abuse counselors
- Crisis center workers
- Healthcare providers
- Community health department staff, including injury and violence prevention and maternal and child health professionals
- Hospital staff, including emergency department staff
- EMTs, fire and rescue personnel, and first responders
- Police
- Clergy
- County social services staff
- Child welfare providers
- Juvenile justice professionals
- Coroner
- Media representatives
- Immigrant and refugee organization staff
- LGBT youth–serving program staff
- Youth development professionals (e.g., YMCA, Boys and Girls Club, community youth center)

In tribal communities consider including Indian Health Service hospitals, clinics, and primary care providers, and tribal behavioral health and social service programs.

ORGANIZATION/ INDIVIDUAL	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each organization/individual will work on.						
Name	**Getting Started (Ch.1)**	**Protocols for Helping Students at Risk of Suicide (Ch. 2)**	**Protocols for After a Suicide (Ch. 3)**	**Staff Education and Training (Ch. 4)**	**Parent/ Guardian Education and Outreach (Ch. 5)**	**Student Programs (Ch. 6)**	**Screening (Ch. 7)**
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

This tool will help educate school staff and other partners about the factors that are associated with suicide risk, the factors that are associated with protection against suicide, and the warning signs of suicide. This tool has been formatted as three separate handouts.

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

This handout can be found in the “Handouts” section of this Toolkit, which begins on page 209.

RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion

- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
  - » Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
  - » Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
  - » Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

PROTECTIVE FACTORS FOR YOUTH SUICIDE

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

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions
- Adaptable temperament
- Internal locus of control
- 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 church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

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
- A respect for the cultures of all students

Mental Health and 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

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

Tool 1.E: Data on Youth Suicide

Suicide Deaths among Young People (CDC, 2009)

In 2009, the most recent year for which data are available, 1,852 young people between the ages of 13 to 19 years died by suicide in the United States. Approximately 78 percent of the fatalities were male and 22 percent were female.

During 2009, an additional 2,702 young people between the ages of 20 and 24 years died by suicide. About 84 percent of these fatalities were young men and 16.0 percent were young women. It is possible that many of these deaths could have been prevented if the young people had been identified as being at risk and had received mental health services while they were in high school.

The rates of suicide deaths among 13–24 year olds are as follows:

- American Indian/Alaska Native: 22.11 per 100,000
- White: 9.47 per 100,000
- Asian/Pacific Islander: 6.32 per 100,000
- Hispanic: 6.46 per 100,000
- Black: 5.74 per 100,000

In 2009, suicide was the third leading cause of death for people of both sexes and all races 13–19 years of age. The first and second leading causes of death were unintentional injuries and homicides, respectively.

Suicide Attempts among Young People (CDC, 2010)

Suicide deaths represent only a fraction of the toll that suicidal behavior takes among America's youth. Data from the 2009 Youth Risk Behavior Survey (YRBS)* revealed that in the 12 months preceding the survey:

- 1 out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse. This included 1 out of every 43 (2.3 percent) female students and 1 out of every 62 (1.6 percent) male students.

The YRBS also revealed the following:

- 1 out of every 16 high school students (6.3 percent) reported having attempted suicide at least once. This included 1 out of every 22 male students (4.6 percent) and 1 out of every 12 female students (8.1 percent).
- 1 out of every 9 students (10.9 percent) had made a plan about how he or she would attempt suicide.
- 1 out of every 7 students (13.8 percent) reported having seriously considered attempting suicide during the preceding 12 months.

*The YRBS is a national survey of students in grades 9–12. It uses self-reports to monitor six categories of behaviors, including those that contribute to unintentional injuries, violence, and suicide.

Suicide Methods (CDC, 2009)

These data are from 2009, the latest year for which data are available.

The leading methods (means) by which young people ages 13–19 took their own lives were:

- Suffocation, including hanging (45.2 percent of suicide deaths)
- Firearms (42.7 percent)
- Poisoning, including carbon monoxide (5.8 percent)
- All other means (6.3 percent)

The leading methods among males of this age were:

- Firearms (48.5 percent of suicide deaths)
- Suffocation, including hanging (40.9 percent)
- Poisoning, including carbon monoxide (4.3 percent)
- All other means (6.2 percent)

The leading methods among females of this age were:

- Suffocation, including hanging (60.3 percent of suicide deaths)
- Firearms (22.1 percent)
- Poisoning, including carbon monoxide (11.3 percent)
- All other means (6.4 percent)

Tool 1.F: Suicide and Substance Abuse Information Sheet

Substance abuse is a major risk factor for suicidal behavior among young people (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; U.S. Department of Health and Human Services, n.d.). The National Household Survey of Drug Abuse found that young people ages 12–17 who used alcohol or illegal drugs were more likely to be at risk for suicide than young people who did not use alcohol or drugs (SAMHSA, 2002).

- 19.6 percent of young people who reported using alcohol were found to be at risk of suicide. Only 8.6 percent of young people who did not report using alcohol were at risk.
- 25.4 percent of young people who reported using illicit drugs were found to be at risk of suicide. Only 9.2 percent of young people who did not report using drugs were at risk.
- 29.4 percent of young people who reported using an illicit drug other than marijuana were found to be at risk of suicide. Only 10.1 percent of those who did not report using a drug other than marijuana were at risk.

Substance abuse, suicidality, and depression can share symptoms and risk factors, and often co-occur (Dunn, Goodrow, Givens, & Austin, 2008; Esposito-Smythers and Goldston, 2008). The use of alcohol and other drugs by adolescents can be an attempt to self-medicate, that is, to ease the pain and suffering associated with depression, family dysfunction, and other problems, many of which are also associated with suicide risk. However, a review of data on suicides by people of all ages led researchers to conclude that "the use of alcohol or other drugs might contribute substantially to suicides overall" (CDC, 2006). Others have come to similar conclusions, speculating that alcohol and drugs promote suicide by diminishing critical thinking skills and inhibitions (Makhija and Sher, 2007; Esposito-Smythers and Spirito, 2004). The effect on inhibition may also play a role in the choice of the lethality of the means of suicide. Young people who die by suicide are more likely to have used alcohol or drugs prior to their suicidal act than are young people who attempted suicide but did not die (DeJong et al., 2010). It is also important to understand that almost 96 percent of drug-related suicide attempts by adolescents ages 12–17 who are seen in emergency departments involved prescription drugs (SAMSHA, 2010).

Implications for Prevention

Substance abuse and suicidality can be addressed with common strategies including (1) identifying students suffering from suicidality, substance abuse, or depression and ensuring that they receive help and (2) enhancing overarching protective factors, such as connectedness, which can also improve the school environment and enhance academic achievement. It is also important to educate school staff, students, and parents about the role of alcohol and drugs—including prescription drugs—in adolescent suicide, as well as the relationship among substance abuse, suicide, and depression.

Tool 1.G: Suicide and Bullying Information Sheet

Bullying is the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use new communication technologies, such as social media and texting, to harass and cause emotional harm to their victims.

Thirty-two percent of the Nation's students (ages 12–18) reported being bullied during the 2007–2008 school year (Dinkes, Kemp, & Baum, 2009). Lesbian, gay, bisexual, and transgender (LGBT) youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Garofalo, Wolf, & Kessel, 1998; Bontempo & D'Augelli, 2002; Berlan, Corliss, Field, Goodman, & Austin, 2010).

Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Children who are *both* victims and perpetrators of bullying are at highest risk (Kim and Leventhal, 2008; Hay and Meldrum, 2010; Kaminski and Fang, 2009).

Young people who are the victims of bullying are at increased risk for suicide (Kim, Leventhal, Koh, & Boyce, 2009) as well as increased risk for depression and other problems associated with suicide (Gini and Pozzoli, 2009; Fekkes, Pipers, and Verloove-Vanhorcik, 2004).

Many children who are bullied have personal characteristics that increase their risk of victimization (Arseneault, Bowes, & Shakoor, 2010). These characteristics include:

- Internalizing problems (including withdrawal, anxiety, and depression)
- Low self-esteem
- Low assertiveness
- Aggressiveness in early childhood (which can lead to rejection by peers and social isolation)

Many of these characteristics are also risk factors for suicidal behavior and ideation. The authors of the study cited above suggest that the same personal risk factors that can contribute to a child's risk of suicidal behavior can also increase the child's risk of being bullied. Being bullied further heightens the child's risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior). These personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:

- The family, including child maltreatment, domestic violence, and parental depression (Arseneault, Bowes, & Shakoor, 2010)
- The school environment, including a lack of adequate adult supervision (which can be a result of the physical layout of a school), a school climate characterized by conflict, a lack of consistent and effective discipline (Swearer, Espelage, Vaillancourt, & Hymel, 2010), and school size (Bowes, Arseneault, Maughan, Taylor, Caspi, & Moffitt, 2009)

The effects of bullying (especially chronic bullying) on suicidal behavior and mental health are long term and may persist into adulthood (Arseneault, Bowes, and Shakoor, 2010).

Implications for Prevention

Although there is little research on this issue, it would seem that the three areas in which prevention strategies could affect both bullying and suicide are 1) the school environment, 2) family outreach, and 3) identifying and providing appropriate services to students with personal characteristics that increase their risk of being bullied, bullying others, or suicidal behavior. At the same time, attempts to find and use overarching prevention strategies should not ignore the need for interventions that specifically target each problem.

For additional information and resources, see the following:

- StopBullying.gov at http://www.stopbullying.gov/
- Stop Bullying Now at http://www.ask.hrsa.gov/results_materials.cfm?type=stopbully

Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Understanding the cultural context of suicidal behavior is essential for effective prevention. The American Psychological Association defines culture as "belief systems and value orientations that influence customs, norms, practices, and social institutions" of a group (APA, 2002). Culture profoundly influences how people think about suicide, death, and mental illness; how they display emotions or distress; and how they ask for or accept help. Additionally, culture is complex. The cultures of groups sharing common histories and/or heritages are not adequately described by categories such as "Hispanic," "American Indian/Alaska Native," "disabled," "rural," "southern," or "LGBT." Nor is culture static: Cultures change over time.

Creating an effective suicide prevention program requires understanding the cultures of your students and their families. Gaining this understanding entails working with students, families, community leaders, and "cultural mediators" or "cultural brokers." They can provide insight into how you can design and implement culturally competent suicide prevention activities.

This information sheet draws upon one of the few comprehensive reviews of the research on the impact of culture on suicide and suicide prevention (Goldston, et al., 2008) to provide guidance on how you can work to ensure your suicide prevention activities will be appropriate and effective for the cultural context in which they will take place.

Goldston's review of the literature pointed out the impact of culture upon the following:

- **Risk and protective factors.** For example, family support may be a strong protective factor in immigrant families. But such protection can weaken as families become "Americanized" and young people grow more independent.
- **The precipitants of suicidal behavior.** Culture influences how young people respond to events that escalate risk and trigger suicide attempts. In cultures in which peer influence is strong, for example, the suicide of a friend or schoolmate may provoke a "copycat" suicide. This may not happen in cultures where family influence is stronger than peer influence. In those cultures, a suicide attempt might be triggered if a vulnerable young person fails to meet family expectations in academic achievement.
- **The understanding and expression of the warning signs of suicide.** Culture influences how people display (or refrain from displaying) emotional distress. Some cultures may promote a stoicism that makes seeing warning signs difficult. Young people from other cultures may be reluctant to talk about their problems; rather they express them through behavior or demeanor.
- **Help-seeking behaviors.** Culture plays a large role in determining who (if anyone) young people turn to for emotional support. Young people from some cultures may prefer to consult family members or religious leaders rather than mental health professionals or other "outsiders." Other cultures may value self-reliance and regard any help-seeking (even within the family) as a weakness.

- **Trust.** Young people and families from groups with histories of victimization, oppression, sectarian violence, or other forms of trauma may fear people who represent authority (including school and mental health personnel) or are from cultural groups other than their own.

Recommendations for ensuring that suicide prevention activities effectively respond to the cultures of your student population include the following:

- Actively show an understanding of and respect for the cultures of students and their families.
- Create culturally sensitive services that build on a culture's strengths and protective factors.
- Engage families as active participants in guaranteeing a young person's safety as well as in the therapeutic process.
- Respect and build upon the religious and spiritual heritage of students. Some families may seek the permission of spiritual or traditional leaders before they turn to mental health service providers or may want to offer both types of support to their children.
- Tailor prevention programs, especially gatekeeper programs and assessment services, to how cultures display—or conceal—distress.
- Be sensitive to stigma around issues of suicide, help-seeking, and mental health services. It may be useful to offer services in settings not associated with mental health treatment.

Creating culturally competent suicide prevention activities is inherently collaborative. It requires the input of school staff, students, families, mental health service providers, and others. What staff and mental health providers learn about the culture of students and families, and what students and families learn about suicide and mental health, may challenge their beliefs. But working together to bring the insights of both science and culture to bear upon suicide is the key to providing culturally competent and effective prevention.

Tool 1.I: Checklist of Suicide Prevention Activities

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have a written protocol for responding to students who attempt suicide at school that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have established agreements with outside providers to provide effective and timely mental health services to our students.	☐	☐	☐	Review and implement steps in Chapter 2
Protocols for after a suicide				
We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with the guidelines in Chapter 3 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 3
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.	☐	☐	☐	Review and implement steps in Chapter 3
We have identified community partners to help us in the event of a suicide.	☐	☐	☐	Review and implement steps in Chapter 3
Staff education and training				
All professional and support staff have received information about the importance of school-based suicide prevention efforts, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 4
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Parent/guardian education and outreach				
We educate the parents of our students about suicide and related mental health issues, as described in Chapter 5 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 5

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
We have a sufficient level of participation in our programs to educate parents about suicide.	☐	☐	☐	Review and consider implementing steps in Chapter 5
Student education				
We have implemented at least one type of program to engage students in suicide prevention.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Suicide prevention is integrated into other student health/mental health courses and initiatives.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Screening				
We have implemented a suicide screening program, as described in Chapter 7 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 7
We have the support of parents, school staff, and community mental health providers for our suicide screening program.	☐	☐	☐	Review and consider implementing steps in Chapter 7

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

This matrix lists all of the school-based suicide prevention programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR) as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The matrix also indicates the primary and secondary components of each program. The primary component of the program is the one around which the program is built. In most cases, the primary component is education and training for staff or students. Secondary components are included in some of the programs to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

SCHOOL-BASED SUICIDE PREVENTION PROGRAMS

Program	Primary Component	Secondary Components
Programs in NREPP		
American Indian Life Skills Development/ Zuni Life Skills Development	Student Program	
Coping and Support Training (CAST)	Student Program	
Lifelines	Student Program	– Protocols – Staff Education and Training – Parent Education
Reconnecting Youth	Student Program	
SOS Signs of Suicide	Student Program	– Screening – Staff Education and Training – Parent Education
TeenScreen Schools and Communities	Screening	
Programs in BPR		
Applied Suicide Intervention Skills Training (ASIST)	Staff Education and Training	
Ask 4 Help! Suicide Prevention for Youth	Student Program	
Assessing and Managing Suicide Risk (AMSR)	Staff Education and Training	

Program	Primary Component	Secondary Components
Be A Link! Suicide Prevention Gatekeeper Training	Staff Education and Training	
Gatekeeper Suicide Prevention Program: A High School Curriculum	Student Program	– Staff Education and Training – Parent Education
Healthy Education for Life	Student Program	
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum	Student Program	
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	Student Program	– Protocols
Making Educators Partners in Youth Suicide Prevention	Staff Education and Training	
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	Staff Education and Training	
Question, Persuade, Refer (QPR) Gatekeeper Training	Staff Education and Training	
QPRT Suicide Risk Assessment and Risk Management Training Program	Staff Education and Training	
Recognizing and Responding to Suicide Risk (RRSR)	Staff Education and Training	
RESPONSE: A Comprehensive High School-Based Suicide Awareness Program	Student Program	– Protocols – Staff Education and Training – Parent Education
School Suicide Prevention Accreditation Program	Staff Education and Training	
Sources of Strength	Student Program	
Suicide Alertness for Everyone (safeTALK)	Staff Education and Training	
Youth Suicide Prevention School-Based Guide Checklists	Protocols	
Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel	Protocols	

For additional information on the programs in this matrix, see the "Resources" section at the end of the toolkit.

Tool 1.K: Suicide Prevention Registries Information Sheet

Many of the chapters in this toolkit contain a matrix with information on school-based suicide prevention programs that have been developed by experts in the field. All of these programs are included in either the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR).

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) rates programs whose developers have published research demonstrating that the program has achieved one or more positive behavioral outcomes. NREPP rates these programs on both of the following criteria:

1. The quality of the research demonstrating that the programs result in positive outcomes
2. The availability and quality of materials to help people use the program (e.g., training materials)

The Suicide Prevention Resource Center's Best Practices Registry (BPR) includes programs and practices that meet standards set by experts in suicide prevention.

Both of these registries are periodically updated. Check the Web sites for the most current listings.

- NREPP (Section I: Evidence-Based Programs): http://www.sprc.org/bpr/section-i-evidence-based-programs
- BPR (Section III: Adherence to Standards): http://www.sprc.org/bpr/section-iii-adherence-standards

There may be effective programs and practices that are not included in NREPP or BPR because:

- The programs' developers have not submitted their programs to either registry
- The programs are still being rated
- In the case of NREPP, developers are completing their evaluation research

Chapter 2

The steps in Chapter 2 will answer these questions:

- Who should develop protocols to meet the needs of students at risk of suicide?
- What outside sources of help will you need?
- What are essential steps in a protocol to help students who have been identified as possibly at risk of suicide?
- What are essential steps in a protocol to respond to a suicide attempt on campus?
- How can you prepare for a student's return to school after a suicide attempt?
- How can you educate your staff about these protocols?

WHY IS IT IMPORTANT TO BE PREPARED TO HELP STUDENTS AT RISK OF SUICIDE?

Many high school students reported that they had seriously considered suicide in the past year, and 1 out of 53 will make an attempt serious enough to require medical attention (CDC, 2010a). Helping these young people lower their suicide risk is essential if schools are going to:

- Maintain a safe and secure school environment
- Promote the behavioral health of students, which enhances their academic performance
- Avoid liability related to suicides or suicide attempts by students

How schools can identify young people who may be at risk of suicide (or suffering from related problems, including substance abuse, depression, or bullying) will be discussed elsewhere in this toolkit. But before a school implements activities to identify students at risk of suicide, it must be prepared to:

- Help students at risk for suicide preserve their safety and access behavioral health services
- Respond to the infrequent event in which a student tries to take his or her own life in the school or on the campus
- Plan for the return of students after an absence related to suicide risk (including a suicide attempt or a hospitalization for the treatment of a mental health issue related to suicide risk)

Notifying Parents/Guardians

Parents or guardians of a young person identified as being at risk of suicide should be notified by the school and must be involved in consequent actions. Schools should comply with local, State, and Federal policies and laws regarding parental notification. If the school suspects the student's risk status is the result of abuse or neglect, school staff must notify the appropriate authorities.

STEPS TO DEVELOP PROTOCOLS TO HELP STUDENTS AT RISK OF SUICIDE

Step 1: Convene a group to create protocols for helping students at risk of suicide.

This group should include staff that would normally be involved in the care of at-risk students, including your school's mental health professionals: counselors, social workers, and school psychologists. The group should also include administrators, resource officers, teachers, and a member of the school Crisis Response Team. Tribal communities should include the Tribal Behavioral Health and Tribal Court representatives for children and families. If your school already has a process for identifying students at risk of suicide, you should include staff familiar with that process.

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Identify the suicide risk response coordinator.

Subsequent chapters in this guide will describe programs that schools can implement to increase the likelihood that students, staff members, and parents will be able to identify a

student at risk for suicide. Everyone in the school should know that he or she must take suicidal behavior seriously and should know to whom to turn if he or she has a concern. Your planning group should take the following steps:

- Clearly designate at least one individual and one alternate who will serve as the points of contact for anyone in the building who is concerned that a student may be at risk. In this guide, the term "suicide risk response coordinator" refers to this point of contact.
- Make sure all staff know who the suicide risk response coordinator and the alternate are. Keep the list of contacts updated.
- Let all members of the school community know that anyone who has a concern should take immediate action to inform the school administrator, who will locate the suicide risk response coordinator or alternate. Also, let everyone know that a staff person should stay with the student until the suicide risk response coordinator arrives.

Step 3: Identify and involve mental health service providers to whom students can be referred.

Many schools cannot directly provide appropriate mental health services for students at risk of suicide. It is important for these schools to identify mental health service providers to whom students can be referred and to involve these service providers while developing these protocols. These service providers may include:

- Hospitals, especially emergency departments and psychiatric units
- Psychiatric hospitals
- Community mental health centers
- Individual mental health service providers, including psychiatrists, psychologists, and social workers in both the public and private sectors
- Primary care providers
- Spiritual leaders or traditional healers to which members of some cultures may turn when confronted with behavioral health issues

In tribal communities, the hospitals, community mental health centers, and primary care providers may be part of the Indian Health Service (IHS). In this toolkit the general terms "hospitals," "community mental health centers," and "primary care providers," should be understood to include IHS services and Tribal Behavioral Health and Social Service programs.

Tool 1.C: Chart of Community Partners (see Chapter 1) can help you identify and record names of mental health service providers.

Tool 2.A: Questions for Mental Health Providers includes questions you can ask to determine if a provider can meet the needs of students at risk of suicide.

Step 4: Develop a protocol to help students at risk for suicide.

It is critical to have a protocol in place for helping students who have been identified as being at potential risk of suicide, as described in Step 2. All staff should be aware of the protocol and follow it when appropriate.

The protocol should include provisions for:

- Assessing suicide risk
- Notifying parents
- Referring to a mental health service provider
- Documenting the process

Tool 2.B: Protocol for Helping a Student at Risk of Suicide is a worksheet that you can use to create a protocol with the four steps listed above.

Tools 2.B.1—2.B.6 are additional tools to help you take these steps. In each of the steps, consider the cultural backgrounds of the students to ensure their needs are met in an effective and appropriate way.

Assessing suicide risk.

School staff should make sure that all students who are identified potentially at risk for suicide are subsequently assessed for suicide risk. Suicide risk assessment is the process of determining an individual's level of risk, i.e., low, medium, or high. Such an assessment is critical to developing an individualized plan for ensuring the safety of the student and providing support and treatment. It should only be done by mental health professionals who have been trained to assess risk using a scientifically validated process.

There are several ways that school staff can ensure that students at risk for suicide are appropriately assessed:

- School mental health staff who have been trained in suicide risk assessment can conduct the assessment.
- The student can be referred to a mental health provider who has been trained in suicide assessment.
- The school can contact a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide risk assessment.

Tool 2.B.1: Suicide Risk Assessment Resources lists several suicide assessment trainings you can offer to your mental health staff and some of the assessment tools used by trained providers.

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet provides some background information and additional resources on the problem of self-injury and its relationship to suicidal behavior.

Notifying parents.

Parents or guardians (including guardians appointed by a Tribal Court) must always be notified when there appears to be any risk that a student may harm himself or herself, unless doing so would exacerbate the situation. Keep in mind that you will need to be prepared for a range of responses and emotions.

Tool 2.B.3: Guidelines for Notifying Parents provides a list of topics to discuss with parents of children who are at risk of suicide. It includes suggestions for ways that staff can provide support to parents and engage them as partners in helping the student.

Tool 2.B.4: Parent Contact Acknowledgement Form is a form to be signed by the parents, acknowledging that they were notified about their child's suicide risk.

Referring the student to a community provider.

Students at risk for suicide may need to be referred to community resources. If your school already has a policy addressing referrals to health and mental health service providers, your referral procedure for suicide risk should be consistent with this policy, as well as any district, State, tribal, Bureau of Indian Education, or Federal policies and laws.

Tool 2.B.5: Guidelines for Student Referrals provides a description of the information that should be given to a mental health service provider to facilitate a referral.

Documenting the process.

It is essential to document each step in the process by which a student is identified as possibly being at risk for suicide and assessed for suicide risk. This will help preserve the safety of the student and ensure communication among school staff, parents, and service providers.

Tool 2.B.6: Student Suicide Risk Documentation Form is a form you can adapt for your documentation needs.

Supporting Parents

Parents may experience a complex set of conflicting emotions when they are told their child may be suicidal, such as shock, anxiety, fear, confusion, embarrassment, anger, belligerence, and denial. They may experience some or all of these reactions. Parents usually need support and/or assistance to come to terms with their child's risk and their reaction to this risk, as well as the need to get professional help for their child and possibly for themselves.

Using Referral Data to Understand Your Students' Needs

The data included on referral forms can also be used to guide your suicide prevention efforts. One school district studies and patterns data from its mental health referral forms, including student information related to grade, race, gender, the month/year the referral was generated, and the specific problems or risk factors presented. By analyzing data over a 10-year period, they were able to identify the months with the greatest number of referrals for depressive symptoms and the specific grade levels with the highest referral rates. These data are allowing the school district and its mental health service partners to prepare and plan for this annual increase in referrals.

Maintaining Confidentiality

Student information needs to be kept confidential for both ethical and legal reasons, including a parent's or student's right to privacy under FERPA. This can be challenging. Here are some suggestions for ensuring confidentiality:

- Classroom discussions about particular incidents and students should be avoided entirely because they violate a student's right to confidentiality.
- Gossip about particular incidents and students should also be discouraged.
- If a student who has attempted suicide wishes to talk about his or her experience with other students in class, the teacher and a mental health professional or administrator should meet with the student to discuss what he or she would like to disclose and the possible risks of doing so.
- Staff should be provided with the information necessary to work with the student and preserve the young person's safety. Staff do not need clinical information about the student or a detailed history of his or her suicidal risk or behavior. Discussion among staff should be restricted to the student's treatment and support needs.

Step 5: Develop a protocol for responding to a suicide attempt in the school or on the school campus.

Although students infrequently attempt suicide in schools or on a high school campus, such incidents do occur. Schools need to be prepared for such an event.

Tool 2.C: Protocol for Responding to a Student Suicide Attempt outlines the actions to be taken and people to be contacted when a student attempts suicide on a school campus.

Step 6: Plan for managing a student's return to school.

Schools should be prepared to facilitate the reentry of students who have missed school because of a suicide attempt or related behavioral health issue. Returning to school can be difficult for these young people:

- They may worry about the reactions of their peers and teachers.
- They may have problems catching up on their school work.
- They may be taking medications that can interfere with their academics.

These problems can create additional stress for students who are already under significant emotional strain. They need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis.

A staff member should be assigned to facilitate the student's return to the school. This might be a teacher or other staff member particularly trusted by the student and his or her family. Or it might be a school psychologist, social worker, or counselor. This staff member will be the primary point of contact for parents, hospital staff, clinicians, and school staff while the student is out of school, and he or she will oversee the student's reentry. Parents should be engaged in every step of this process. A reentry plan should be developed through consensus of the family, school, and providers.

Tool 2.D: Guidelines for Facilitating a Student's Return to School will provide you with specific steps you should take to make sure that these high-risk students get the help they need in preparing to return to school after a suicide attempt or mental health crisis.

Step 7: Help staff understand the protocols.

All staff members need to be familiar with the protocols for helping students at risk of suicide in case they are called upon to participate in implementing the procedures outlined in the protocols. Briefing school staff about these protocols will also educate them about suicide risk and the problems experienced by students returning to school after a suicide attempt or mental health crisis.

The protocols should be revisited every year. It is important to determine whether any staff member responsible for a specific activity has left his or her job. If so, his or her protocol responsibility should be assigned to someone else. It is also important to ensure that all new staff become familiar with these procedures.

Suggestions for Educating Staff about Your School's Protocols

- Educate staff about the protocols during staff meetings or in-service trainings.
- Educate new staff about the protocols as part of their orientation.
- Remind staff about protocols in newsletters or communications on related issues.
- Include copies of the protocols in teacher handbooks and the school crisis plan.

For additional resources on developing protocols for responding to students who attempt suicide at school or who are at risk of suicide, see the Crisis Response/ Postvention section in the "Resources" section at the end of the toolkit.

CHAPTER 2: PROTOCOLS FOR HELPING STUDENTS AT RISK OF SUICIDE TOOLS

Tool 2.A: Questions for Mental Health Providers

Tool 2.B: Protocol for Helping a Student at Risk of Suicide

- Tool 2.B.1: Suicide Risk Assessment Resources
- Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet
- Tool 2.B.3: Guidelines for Notifying Parents
- Tool 2.B.4: Parent Contact Acknowledgement Form
- Tool 2.B.5: Guidelines for Student Referrals
- Tool 2.B.6: Student Suicide Risk Documentation Form

Tool 2.C: Protocol for Responding to a Student Suicide Attempt

Tool 2.D: Guidelines for Facilitating a Student's Return to School

Tool 2.A: Questions for Mental Health Providers

Asking the following questions of a mental health provider can help determine if he or she can meet the needs of students at risk of suicide.

1. Are you able to provide services to people of high school age?
2. What types of services can you provide to high school students?
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 LGBT youth and to the specific ethnic groups that make up your 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? With 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?

Tool 2.B: Protocol for Helping a Student at Risk of Suicide

Suicide Risk Response Coordinator: _____

Backup to Coordinator: _____

Actions	Contacts	Supporting materials
Conduct a suicide risk assessment.	Who conducts assessment:	Tool 2.B.1: Suicide Risk Assessment Resources Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet
Notify parents/guardians	Who notifies parents/guardians:	Tool 2.B.3: Guidelines for Notifying Parents Tool 2.B.4: Parent Contact Acknowledgement Form
Refer for services if needed.	Community mental health services provider:	Tool 2.B.5: Guidelines for Student Referrals
Document the process	Who completes the documentation form:	Tool 2.B.6: Student Suicide Risk Documentation Form

Tool 2.B.1: Suicide Risk Assessment Resources

(TO BE USED WITH TOOL 2.B)

Advanced Training in Suicide Risk Assessment

There are a variety of advanced training programs that may be used to teach appropriate professionals to assess suicide risk. They include:

- Applied Suicide Intervention Skills Training (ASIST)
- Assessing and Managing Suicide Risk (AMSR)
- Recognizing and Responding to Suicide Risk (RRSR)
- QPRT Suicide Risk Assessment and Risk Management Training Program

For more information about these training programs, see Chapter 4 and the "Resources" section in this toolkit.

Assessment Tools

There are a variety of assessment tools that qualified mental health professionals can use to assess student suicide risk. They include:

- Beck Scale for Suicide Ideation (Pearson, http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-443&Mode=summary)
- Suicide Ideation Questionnaire (PAR, http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ)
- Suicide Ideation Questionnaire–JR (SIQ–JR) (PAR, http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ)
- Suicide Probability Scale (Western Psychological Services, http://portal.wpspublish.com/portal/page?_pageid=53,69317&_dad=portal&_schema=PORTAL)
- Inventory of Suicide Orientation—30 (Pearson, http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAg126&Community=CA_Psych_AI_Behavior)

All of these tools are published, validated by research, have been used with adolescents, and take about 10 minutes to complete. The Beck Scale is also available in Spanish.

The Suicide Prevention Unit of the Los Angeles Unified School District uses a simpler assessment for students who may be at risk for suicide (http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/STUDENT_HEALTH_HUMAN_SERVICES/SHHS/MENTAL/SMH_SUICIDE_PREVENTION/SMH_SUICIDE_PREVENTION_RESOURCE/INTERVENING%20WITH%20SUICIDAL%20YOUTH%202009.PDF).

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet

(TO BE USED WITH TOOL 2.B)

Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself without the intent to die. Self-injury includes a wide variety of behaviors, such as cutting, burning, head banging, picking or interfering with healing of wounds, and hair pulling.

The relationship between self-injury and suicide is complicated. Researchers believe self-injury is a behavior separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioral, environmental, biological, and psychological factors. However, in some people the self-destructive nature of self-injury may lead to suicide.

Students who injure themselves intentionally should be taken seriously and treated with compassion. Teachers or other staff who become aware of a student who is intentionally injuring himself or herself should refer the student to the school counselor, psychologist, social worker, or nurse. Staff should offer to accompany the student to the proper office and help broach the issue with the relevant mental health professional.

School mental health staff should:

- Assess the student for both self-injury and risk of suicide
- Notify and involve the parents/guardians
- Design appropriate treatment for the student's current behaviors or refer the student to a mental health provider in the community for treatment

The following resources can be used to understand and prepare to respond to self-injury by students:

- Prevention Researcher. February 2010, Vol. 17, No.1 focuses on adolescent self-injury: http://www.tpronline.org/issue.cfm/Adolescent_Self_Injury
- Self-Injurious Behavior Webcast. October 2006, 1 hour, includes an interview with Dr. Janice Whitlock: http://www.albany.edu/sph/coned/t2b2injurious.htm
- Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. Web site contains numerous informational materials: http://www.crpsib.com

[Developed in consultation with Richard Lieberman M.A., NCSP, School Psychologist/Coordinator, Los Angeles Unified School District, Suicide Prevention Unit]

Tool 2.B.3 Guidelines for Notifying Parents

(TO BE USED WITH TOOL 2.B)

Notifying Parents and Guardians

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 a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, 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 Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a few days. If this followup conversation reveals that the parent has not contacted a mental health provider:
   - Stress the importance of getting the child help
   - Discuss why they have not contacted a provider and offer to assist with the process
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document ***all*** contacts with the parents.

Supporting Parents through Their Child's Suicidal Crisis

Family Support is Critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help—they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone—appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible…explore how and where youth get this idea…without in any way minimizing the behavior.

[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 http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.B.4: Parent Contact Acknowledgement Form

(TO BE USED WITH TOOL 2.B)

This form is an example that can be used to verify that the parents have been advised of a student's suicide risk.

Parent Contact Acknowledgement Form

School _____

This is to verify that I have spoken with school staff member _____ ___ on _____ (date), concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff) 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: _____

Faculty Member Signature: _____ Date: _____

[From DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines (p. 45). Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.B.5: Guidelines for Student Referrals

(TO BE USED WITH TOOL 2.B)

Schools should be prepared to give the following information to providers. *Note: Parents' permission may be required to share this information.*

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses, and phone numbers).
2. How did the school first become aware of the student's potential risk for suicide?*
3. Why is the school making the referral?
4. What is the student's current mental status?
5. Are the student and parents/guardians willing or reluctant to meet with a mental health service provider?
6. What other agencies are involved (names and information)?
7. Who pays for the referral and possible treatment?
8. Where is the best place to meet with the student (e.g., school, student's home, therapist's office, emergency room)?

*Be sure that parental consent meets the requirements of FERPA as follows:

1. Specify the records that may be disclosed.
2. State the purpose of the disclosure.
3. Identify the party or class of parties to whom the disclosure may be made.

See 34 CFR § 99.30.

Tool 2.B.6: Student Suicide Risk Documentation Form

(TO BE USED WITH TOOL 2.B)

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

Put this form on your school's letterhead. Consider adapting it for your school's policies, procedures, and student population.

Student information

Date student was identified as possibly at risk:

Name of student:

If Native American, tribal status:

Name of school:

Birth date:

Gender:

Grade:

Name of Parent/Guardian/Tribal Court appointed guardian:

Parent/Guardian's telephone number(s): (1) (2)

Tribal Court appointed guardian's telephone number: OR

Directions to residence:

IDENTIFICATION OF RISK

Who identified student as being at risk:

- Self
- Parent
- Teacher
- Other staff:
- Student/friend
- Other:

Reason for concern:

ASSESSMENT

Action taken to assess for suicide risk:

- School staff [name] conducted assessment
- Outside provider [name] conducted assessment
- Other:

Date of assessment:

Type of assessment conducted:

Results of assessment:

NOTIFICATION OF PARENT/GUARDIAN

Staff who notified parent/guardian/Tribal Court appointed guardian:

Date notified:

Parent acknowledgement form signed: Yes ☐ No ☐ If no, reason:

REFERRAL

Type of referral

- School personnel:
- Outsider provider:
- Hospital:
- Other:

Date of referral:

Follow-up scheduled:

Tool 2.C: Protocol for Responding to a Student Suicide Attempt

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student. *Never leave the student alone.*
2. Call 9-1-1 or your local emergency service provider.
3. Contact the Student Risk Response Coordinator.

The Student Risk Response Coordinator should:

1. Contact additional personnel as necessary. These may include community crisis service providers, law enforcement, the school superintendent and other administrators, the school nurse, guidance counselor, social worker, psychologist, and other school staff.
2. Contact the student's parents to tell them what has occurred with their child. Make arrangements to meet at the appropriate location, for example, the school psychologist's office or the emergency room of the local hospital.
3. Contact emergency medical services if needed.
4. After the immediate crisis, make a plan to follow up with the parents and student regarding arrangements for medical and/or mental health services.

The Response Team includes:

Suicide Risk Response Coordinator(s): _____

Backup Coordinator(s): _____

Emergency Medical Services: _____

[Compiled from the 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 http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.D: Guidelines for Facilitating a Student's Return to School

These guidelines will help staff plan for a student's return to school after a suicide attempt or mental health crisis. In addition to meeting regularly with the student, the staff member facilitating the student's return should do the following:

1. Become familiar with the basic information about the case, including:
    - How the student's risk status was identified
    - What precipitated the student's high-risk status or suicide attempt
    - What medication(s) the student is taking
2. With the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family:
    - Call or meet frequently with the family.
    - Facilitate referral of the family for family counseling, if appropriate.
    - Meet with the student and his or her family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
    - Ask the student about his or her academic concerns and discuss potential options.
    - Educate teachers and other relevant staff members about warning signs of another suicide crisis.
    - Meet with appropriate staff to create an individualized reentry plan prior to the student's return and discuss possible arrangements for services the student needs.
    - Modify the student's schedule and course load to relieve stress, if necessary.
    - Arrange tutoring from peers or teachers, if necessary.
    - Work with teachers to allow makeup work to be extended without penalty.
    - Monitor the student's progress.
    - Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA (defined in the Introduction to this toolkit) and HIPAA (which protects release of an individual's health information).

4. Follow up behavioral and/or attendance problems of the student by:
    - Meet with teachers to help them understand appropriate limits and consequences of behavior
    - Discuss concerns and options with the student
    - Consult with the school's discipline administrator
    - Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
    - Monitor daily attendance by placing the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day
    - Make home visits or have regularly scheduled parent conferences to review attendance and discipline record
    - Facilitate counseling for the student specific to these problems at school
5. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:
    - Deliver classwork assignments to be completed in the hospital or at home, as appropriate
    - Allow a representative from school to visit the student in the hospital or at home with the permission of the parents
    - Attend treatment planning meetings and the hospital discharge conference with the permission of the parents
6. Establish a plan for periodic contact with the student while he or she is away from school.
7. If the student is unable to attend school for an extended period of time, determine how to help him or her complete course requirements.

[Compiled with information 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 http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Chapter 3

The steps in Chapter 3 will answer these questions:

- Who in our *school* and our *community* needs to be involved in developing our protocols for responding to a suicide?
- What are the key components of *immediate* and *long-term* suicide response protocols?
- How should we inform all staff about the protocols?

POSTVENTION, SURVIVORS, AND CONTAGION

The terms "postvention," "survivors," and "contagion" are commonly used by suicide prevention experts and practitioners when discussing the aftermath of suicide. As they may be unfamiliar to most people, definitions are given below:

A **survivor** (or suicide survivor) is a person who has experienced the suicide of a family member, friend, or colleague. A person who attempts suicide but does not die is an attempt survivor.

Postvention refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.

Suicide contagion is "a process by which the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide" (Davidson and Gould, 1989).

WHY IS IT IMPORTANT TO DEVELOP PROTOCOLS FOR RESPONDING TO A SUICIDE?

Any death can have a profound effect on young people, especially the unexpected death of a peer or someone they know:

- The death of someone their own age can threaten the adolescent sense of invulnerability.
- The death of a role model can produce conflicting feelings, including loss and betrayal.
- The suicide death of someone they know can leave them susceptible to suicide contagion.
- The suicide death may make it difficult for students to focus on their academics and other regular activities.

Schools need to prepare to do the following:

- Help students cope in the short term by creating a protocol that describes specific steps to take after a suicide
- Continue helping students cope over the long term, since the emotional fallout from a suicide can continue for months, and even years, after the event

A High School Principal Talks about the Need to Be Prepared

We didn't have a suicide prevention plan. The superintendent didn't think it was critical. There was a mindset of "it doesn't happen here." We had a crisis plan for when a student died in an automobile collision or a staff member got cancer, but suicide just wasn't on our agenda. When it happened, it just blew us out of the water because we weren't ready for it.

An effective response to a suicide can also avoid the infrequent but very real phenomenon of suicide contagion. Adolescents are more susceptible to suicide contagion than people of other ages (Gould, Jamieson, & Romer, 2003b).

Groups of related suicides, called suicide clusters, are approximately 1–2 percent of all adolescent suicides in the United States (Gould, et al., 1990). While clusters can include students in the same school, it is not necessary for young people to have direct contact with one another to be part of a suicide cluster. A suicide by a celebrity or a person whom teens see as a role model can raise vulnerable teens' risk for suicide, as can widely publicized suicides by other adolescents.

How a school responds to a suicide (as well as the way in which the media reports on a suicide) can help prevent—or promote—suicide contagion (sometimes called "copycat suicides"). Unintentionally glamorizing a youth who died by suicide, suggesting that the death was caused by a single problem (such as breaking up with a girlfriend or boyfriend), or providing a detailed description of how a youth died can raise suicide risk among other vulnerable young people. It is important to work with the press to ensure that the public's right to know is balanced with the damage that inappropriate reporting can cause. The campus needs to be managed for safety. Reporters and other outsiders should not be allowed free access to the campus and your students.

Many teens use the Internet and social media to keep in touch with friends, obtain news and information, and otherwise exchange information with those in the larger world. Social media include blogs, Internet bulletin boards, wikis (Web sites that allow any user to add and edit content), and social networking sites of different types.

- Keep informed of the types of information—and misinformation—students may be sharing in the wake of a suicide or attempted suicide. Responses may include posting comments that dispel rumors, reinforcing important information such as the connection between mental illness and suicide, and offering resources such as for mental health care (American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC), 2011).
- Identify students who may need help in coming to terms with the event.

To the extent possible, social media sites that should be monitored include the following:

- Online condolence pages that many funeral homes provide to clients
- Blogs that many newspapers use to display readers' comments on their stories
- Social networking sites (including the deceased student's page)

Schools Use Social Media to Prevent Suicide and Contagion

After a suicide, one school district monitored its students' use of social media to prevent additional tragedies. The school had access to a Facebook page as well as a young writer's Web site monitored by the project's coordinator through which students could express their feelings. The local funeral home also had an online condolence page that students used. The writer's project coordinator, funeral home director, and school counseling director all maintained close contact and closely followed the emotional outpouring of students through the sites. The school counselors and administrators, along with the community mental health crisis coordinator, watched these social media channels closely to identify youth who might be at risk of suicide or need additional support.

Another district provided students with hotline numbers and other information that they could post on their personal Facebook pages.

A suicide will also profoundly affect staff. Staff members will experience their own grief as well as the stress of responding to the emotional pain of students, parents, and other members of the community. Staff members may feel a deep sense of guilt if they think that they could have done something to prevent the death. It is essential to provide resources that support the emotional health of the staff, especially those responsible for responding to the suicide, as they may be under intense emotional pressure.

STEPS TO DEVELOP PROTOCOLS FOR RESPONDING TO A SUICIDE

Step 1: Convene a group to create the protocols.

The protocol planning group should include:

- Staff members who know the school personnel and their roles, skills, and personalities and the community partners who will be involved in responding to a suicide (see Step 2 below)
- An administrator
- Mental health professionals, such as the counselor, social worker, or school psychologist (if your school has one on staff)
- A member of your school's Crisis Response Team

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Identify community partners who can help.

Schools may need the help of other individuals, agencies, and organizations in the community while responding to the suicide of a student. They may, for example, need the help of a local mental health center to address the emotional needs of students and staff, and the local police department (including Tribal and Bureau of Indian Affairs Law Enforcement agencies in tribal communities) to get information about the death or secure the campus. It is also important to involve representatives of the cultural and religious communities represented by your students when preparing these protocols. These representatives can provide essential insight into the grieving traditions of these communities. These partners should be involved in the planning process so that they can inform the process and be ready and willing to participate should a tragedy occur.

Tool 1.C: Chart of Community Partners (see Chapter 1) can help you identify and record names of mental health service providers.

Step 3: Create a protocol for your school's immediate response to a suicide.

Before beginning the process of creating a protocol for your school, first investigate what is already in place:

- Are there any State, district, Bureau of Indian Education, or tribal protocols or procedures to which your protocol and activities must conform?
- If so, are they recommended or mandated, and how appropriate are they for the needs of your school?
- Does your school have a crisis response plan, and if so, does the plan include procedures for responding to a suicide?

If you determine that you need to create a protocol or modify an existing protocol, it is important to include the following:

- ***A Suicide Response Coordinator***, who will be responsible for contacting the members of the Suicide Response Team in the event of a suicide and for coordinating the work of the team. A backup coordinator should be designated for times when the coordinator is unavailable.
- ***A procedure for deciding when to implement the protocol***, as well as what aspects of the protocol to implement, based on the nature of the event. The decision will probably be made by the principal in consultation with the suicide response coordinator.
- ***The actions*** the school needs to take immediately after a suicide, the person responsible for each action, and a backup person to undertake these tasks if the lead person is not available. Although one individual, such as the principal, may be responsible for several actions, it is important not to assign too many responsibilities to a single staff member, since this could interfere with his or her ability to complete these tasks. Avoid assigning tasks to individuals who will not be able to function effectively in a highly emotional environment.
- ***Contact information for people and agencies*** you may need to notify, such as the police or a grief counselor. The community partners you identified in Step 2 may be able to help you determine which agencies and individuals need to be involved. You should confirm with these individuals and organizations that they are the appropriate parties to contact and that they consent to being identified in the school's suicide response protocol as parties to contact if a suicide occurs.
- ***Resources*** that your staff need to implement the protocol, such as a letter to send to parents or guidelines for talking to the media. The sample materials included in this toolkit may be used as is or modified to fit your needs.

Tool 3.A: Immediate Response Protocol is a worksheet that you can use or adapt to create an Immediate Response Protocol for your school. Tools 3.A.1–3.A.9 are additional tools to help you implement the Immediate Response Protocol.

When to Use the Immediate Response Protocol

Whether you use some or all of the steps in the Immediate Response Protocol will depend on the situation. Some events might warrant implementing selected activities rather than the entire protocol. Consider these examples:

- *The suicide of a student that occurs at the beginning of a long school vacation or over the summer.* School staff need to be made aware that students' emotions may resurface when they return to school.
- *The suicide of a person to whom many students have a strong emotional attachment, such as an actor, musician, or athlete, or the suicide of a young person which receives substantial media coverage.* School staff need to be sensitive to the sometimes emotional response of young people to the death of someone they did not know.

The Suicide Response Coordinator (in consultation with other members of the Suicide Response Team, if appropriate) should decide on the level of implementation warranted by the incident at hand.

Step 4: Include the Immediate Response Protocol in your school's crisis response plan.

Many districts and schools have crisis response plans. These plans often include protocols for responding to a natural disaster, medical emergency, and serious violence. Your suicide response protocols should be included in your school's crisis response plan.

Step 5: Create a protocol for the long-term response to a suicide.

The suicide of a member of the school community, especially of a student, has consequences that will continue long after the event. You should also create a protocol that describes actions to take in the weeks, months, and years after a suicide. These actions include:

- Appropriately memorializing the deceased in the yearbook and at graduation
- Preparing for the anniversary of the death or the birthday of the deceased in ways that do not increase the likelihood of creating suicide contagion

The Long-Term Response Protocol, like the Immediate Response Protocol, specifies the actions to take, who is responsible for each action, and relevant contacts and resources.

Tool 3.B: Long-Term Response Protocol is a worksheet that you can use or adapt to create a long-term response protocol. Tool 3.B.1 provides guidance on dealing with anniversaries of a death.

Step 6: Help staff understand the protocols.

The people responsible for implementing the protocols, including those in a backup role, should be familiar with the protocols and their specific duties. They should be asked if they feel they can carry out these assignments. Some members of your staff may have had experiences that may make it emotionally difficult for them to undertake particular responsibilities. Once responsibilities have been assigned, provide each staff member with copies of the protocols and any resources they may need. All school personnel should be briefed about the protocols.

Step 7: Update the protocols.

The protocols may need to be periodically updated, for example, to recruit new members of the Suicide Response Team if team members retire, leave their jobs, or take sabbaticals or parental leave. Changes in the community—such as the closing of a mental health center—may also require changes to the protocol. Someone (perhaps the Suicide Response Coordinator) should:

- Periodically review the protocol
- Decide whether the protocol needs to be updated
- Convene a small group (perhaps the original planning team) to update the protocol

For additional resources on developing protocols after a suicide, see the section Crisis Response/Postvention in the "Resources" section at the end of the toolkit.

CHAPTER 3. AFTER A SUICIDE TOOLS

School staff need to remember that postvention helps prevent additional suicides by mitigating the effect that a suicide has on vulnerable students.

Tool 3.A: Immediate Response Protocol

- Tool 3.A.1: Sample Script for Office Staff
- Tool 3.A.2: Sources of Postvention Consultation
- Tool 3.A.3: Guidelines for Working with the Family
- Tool 3.A.4: Guidelines for Notifying Staff
- Tool 3.A.5: Sample Announcements
- Tool 3.A.6: Sample Letter to Families
- Tool 3.A.7: Talking Points for Students and Staff after a Suicide
- Tool 3.A.8: Guidelines for Memorialization
- Tool 3.A.9: Guidelines for Working with the Media

Tool 3.B: Long-Term Response Protocol

- Tool 3.B.1: Guidelines for Anniversaries of a Death

Tool 3.A: Immediate Response Protocol

Use this worksheet to:

1. Understand the steps your school will need to take in the event of a suicide. The steps will not necessarily be taken in the order outlined on this worksheet. Some of them will need to be implemented simultaneously.
2. Assign members of the school staff to be responsible for each task.
3. Record the names and telephone numbers of people and agencies who will be called in the event of a suicide.
4. Understand and, if necessary, modify the resources that will be used in implementing the protocol.

Ensure the following:

- Each member of the Suicide Response Team has a copy of the completed protocol.
- Each person who has lead or backup responsibility for a particular step has the tools necessary to complete this task. As soon as these roles are assigned, the individuals should read the tools (and modify if necessary) so that they will be prepared to respond immediately in the event of a suicide.
- The approaches you use are appropriate to the cultural and spiritual traditions of the students in your school.

Suicide Response Coordinator—responsible for contacting the Suicide Response Team in the event of a suicide and coordinating the work of the team:

Name_____

Backup Suicide Response Coordinator—responsible for contacting and coordinating the team if the Suicide Response Coordinator is unavailable:

Name_____

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify key individuals			
1. Verify death	Lead: Backup:	Police: Medical examiner:	
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: Backup:		Tool 3.A.1: Sample Script for Office Staff
3. Notify superintendent's office	Lead: Backup:	Superintendent : . Backup/weekends:	
4. Notify district crisis team*	Lead: Backup:	District crisis team: Weekend/vacation/late night contacts:	
5. Notify schools attended by family members of the deceased	Lead: Backup:	Other schools in district: .	
6. Contact and coordinate with external mental health professionals	Lead: Backup:	Community mental health providers: External crisis response professionals:	Tool 3.A.2: Sources of Postvention Consultation
7. Reach out to and work with the family of the deceased	Lead: Backup:		Tool 3.A.3: Guidelines for Working with the Family

**In tribal communities, Bureau of Indian Education schools notify the main office and tribal schools notify the principal.*

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify school community			
8. Notify all faculty and staff	Lead: Backup:		Tool 3.A.4: Guidelines for Notifying Staff
9. Coordinate notifying students about the deaths	Lead: Backup:		Tool 3.A.5: Sample Announcements
10. Notify families of students about the death and the school's response	Lead: Backup:		Tool 3.A.6: Sample Letter to Families
Support students and staff			
11. Provide staff with guidance in talking to students	Lead: Backup:		Tool 3.A.7: Talking Points for Students and Staff After a Suicide
12. Provide support to staff	Lead: Backup:	Community mental health professionals:	
13. Identify, monitor, and support students who may be at risk	Lead: Backup:		
14. Implement steps to help students with emotional regulation	Lead: Backup:		
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: Backup:		Tool 3.A.8: Guidelines for Memorialization
Minimize risk of contagion through the media			
16. Work with press/media	Lead: Backup:	Local media contact(s):	Tool 3.A.9: Guidelines for Working with the Media
17. Monitor social media	Lead: Backup:		

Tool 3.A.1: Sample Script for Office Staff

(USE WITH TOOL 3.A)

This script can help receptionists or other people who answer the telephone to respond appropriately to telephone calls received in the early stages of the crisis.

Hello, _____ School. May I help you?

Take messages on non-crisis-related calls.

For crisis-related calls, use the following general schema:

- **Police or other security professionals—**Immediate transfer to principal.
- **Family members of deceased—**Immediate transfer to principal or anyone else they want to reach at the school. If 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 call to principal or others.
- **Parents regarding their child's immediate safety—**Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer 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 a phone number where the person can be called back by a crisis team member.
- **Media—**Take messages and refer to principal.
- **Parents generally wanting to know how to respond—**Explain that children and staff are being supported. Take messages to give to Student Services staff from parents needing more detailed information.
- **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.

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

Tool 3.A.2: Sources of Postvention Consultation

(USE WITH TOOL 3.A)

There are local resources that can provide consultation on postvention in the event of a school suicide. Since the availability of these resources varies depending on a school's location, you should investigate the resources in your area as part of your planning.

Some valuable sources of such consultation are organizations and agencies that receive Garrett Lee Smith Memorial Grant funding. To identify Garrett Lee Smith grantees in your area, see the Suicide Prevention Resource Center Web site.

For State grantees: http://www.sprc.org/states/all/contacts

For tribal grantees: http://www.sprc.org/grantees/listing

The following are national organizations that provide consultation for developing a postvention response or that can put you in touch with other experts.

National Association of School Psychologists (NASP): NASP sponsors a National Emergency Assistance Team (NEAT) that provides consultation to schools and, in some cases, makes site visits. NEAT members are listed with their contact information at http://www.nasponline.org/resources/crisis_safety/neat.aspx. Schools may also contact NASP during business hours at 301-657-0270 and ask for the NASP Executive Director.

National Institute for Trauma and Loss: The National Institute for Trauma and Loss sponsors the TLC Referral Directory of Certified Trauma and Loss Specialists, School Specialists, Consultants, and Consultant Supervisors. The directory is accessible to TLC members only. Membership is automatic after completing requirements for Level-1 Certification as a Certified Trauma Specialist. Schools are encouraged to assign a representative to receive certification training as a School Specialist (Level-1) in order to access the directory or as a Consultant (Level-2) to acquire expertise as a local crisis consultant.

Level-1 Certification requires a 3-day TLC training and completion of online courses and an essay exam.

Directory: http://www.starrtraining.org/tlc

Certification details: http://www.starrtraining.org/certification

To access listings outside of the United States and Canada, call 877-306-5256 or 586-263-4232.

Suicide Prevention Resource Center (SPRC) State pages: Consult the State pages on the Suicide Prevention Resource Center Web site for the contact and organizations working to prevent suicide in your State. They may be able to assist you in identifying expert consultants for postvention support.

SPRC State Pages: http://www.sprc.org/states

National Suicide Prevention Lifeline Crisis Center Locator: Through this locator, you can find your local crisis center, which may be able to provide postvention support for schools.
See http://www.suicidepreventionlifeline.org/CrisisCenters/Locator.aspx

Tool 3.A.3: Guidelines for Working with the Family

(USE WITH TOOL 3.A)

It is important to work with the family of a student who died by suicide. They will often appreciate the support of the school community, and their cooperation can be valuable for effective postvention. The principal or a representative of the school should request to visit the family in their home. It may be useful for a pair of representatives to visit together so that they can support one another during the visit. It is important to respect the cultural and religious traditions of the family related to suicide, death, grieving, and funeral ceremonies.

The school representative(s) should:

- Offer the condolences of the school.
- Inquire about funeral arrangements. Ask if the funeral will be private or if the family will allow students to attend.
- Ask if the parents know of any of their child's friends who may be especially upset.
- Provide the parents with information about grief counseling.
- Ask the family if they would like their child's personal belongings returned. These could include belongings found in the student's locker and desk as well as papers and projects they may want to keep.
- Briefly explain to the parents what the school is doing to respond to the death.

Tool 3.A.4: Guidelines for Notifying Staff

(USE WITH TOOL 3.A)

These preparations should be made by the individual responsible for notifying faculty and staff about a suicide so that a system will be in place in the event of a death.

- Create two telephone trees:
  (1) To notify the Suicide Response Team
  (2) To notify all staff members of a suicide that occurs during non-school hours
- Hold a staff meeting before school opens to review the postvention process. Provide staff with any information they may need to address the situation when the students arrive.
- Identify which Suicide Response Team members will be responsible for notifying staff if news of a suicide arrives while school is in session. These people should be provided with completed copies of a suicide death announcement (samples of which can be found in Tool 3.A.5).
- Announcements should always be made in classrooms. They should never be made over the school's public address system or in assemblies. In classrooms, school staff familiar to the students can make the announcements and then assess students' reactions, respond to students' concerns, provide support, and identify those who may need additional help. This will help students cope with intense emotions they may experience. The toolkit After a Suicide: A Toolkit for Schools, developed by SPRC/AFSP, is available online at http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf and http://www.afsp.org/files/Surviving/toolkit.pdf

Tool 3.A.5: Sample Announcements

(USE WITH TOOL 3.A)

Sample Announcements for Use with Students after a (Possible) Suicide

1. After the school's Suicide Response Team has been mobilized, it is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.

2. The Suicide Response Team should either visit all classrooms to give the announcement to staff or present the announcement at a meeting of all staff called by the building administrator as soon as possible following the death. If a meeting is held, the building administrator and a member of the Suicide Response Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their homerooms (or other small group) so that students get the same information at the same time from someone they know.

3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in primary or middle schools. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

Day 1

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her 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.

Sample Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

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; students may attend with parental permission.

Sample Announcement, End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building 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 about _____ _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.

Day 2

Sample Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing 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 death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. 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 visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday morning at 10:00 a.m. at _____ Church. 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's permission to attend. We also encourage you to ask your parents to go with you to the funeral home.

[Reprinted from Underwood, M., & Dunne-Maxim, K. (1997). Managing sudden traumatic loss in the schools. Piscataway, N.J.: University of Medicine and Dentistry of New Jersey.]

Tool 3.A.6: Sample Letter to Families

(USE WITH TOOL 3.A)

Dear Parents,

I am writing this letter with great sadness to inform you that one of our sophomore students took his life last evening. Our thoughts and sympathies go out to his family and friends.

All of the students were given the news of the death by their teacher in homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the next days and weeks to help them cope with the death of their peer.

Information about funeral services will be given to the students once it has been made available to us. 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.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your teen. I am also including a list of school and community resources should you feel your child is in need of additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

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

Sincerely,

(Principal)

[Adapted from AFSP. After a suicide: A toolkit for schools. Newton, MA: Education Development Center, Inc. Available online at http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf and http://www.afsp.org/files/Surviving/toolkit.pdf]

Tool 3.A.7: Talking Points for Students and Staff after a Suicide

(USE WITH TOOL 3.A)

Talking Points	What to Say
Give 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 to answer the question "why" by blaming others for the suicide.	"Blaming others for the suicide is wrong, and it's not fair. Doing that can hurt another person deeply."
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_____. 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 not your fault. We cannot always see the signs because a suicidal person may hide them well." "We cannot always predict someone's behavior."
Encourage help-seeking. 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 http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf and http://www.afsp.org/files/Surviving/toolkit.pdf]

Tool 3.A.8: Guidelines for Memorialization

(USE WITH TOOL 3.A)

Memorializing a student who has died by suicide can be a difficult process. Faculty, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis. The following guidelines will help you prepare to face these challenges:

1. Establish a policy on memorialization for all deaths (including suicide). This policy should address the issues below. The family should be consulted in each case.
    - **Flags:** Flags should not be flown at half-staff. Only the President or a governor has the authority to order flags to be flown at half-staff.
    - **Memorials:** Spontaneous memorials (such as collections of objects and notes) should not be encouraged and should be respectfully removed within a very short time. A memorial can be an upsetting reminder of a suicide and/or romanticize the deceased in a way that increases risk for suicide imitation or contagion.
    - **Assemblies:** Large memorial assemblies should not be convened as the emotions generated at such a gathering can be difficult to control.
    - **Graduations:** Acknowledge a death at graduation but do not glamorize the death or let the acknowledgement overwhelm the event. Acknowledge a death toward the beginning of an event and then move on.
    - **Funerals:** Do not hold funerals at the school. This can forever associate the room in which services are held with the death.
2. Consult with the family about memorials. The person designated as the liaison with the family needs to be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.
3. Solicit ideas to memorialize the deceased in positive ways that do not put other students at risk or contribute to the emotional crisis that occurs after a death. Consult with the family before implementing any of the following ideas:
    - Invite students to write personal and lasting remembrances in a memory book located in the guidance office, which will ultimately be given to the family.
    - Encourage students to engage in service projects, such as organizing a community service day, sponsoring behavioral health awareness programs, or becoming involved in a peer counseling program.
    - Invite students to make donations to the library or to a scholarship fund in memory of the deceased.

4. Be prepared to address the unique aspects of a suicide death:
    - Use the opportunity to educate students, families, and the community about suicide.
    - Monitor social media sites for signs of risk to other students.

Tool 3.A.9: Guidelines for Working with the Media

(USE WITH TOOL 3.A)

The staff person responsible for working with the media should prepare a written statement for release to those media representatives who request it. The statement should include the following:

- A very brief statement acknowledging the death of the student that does not include details about the death
- An expression of the school's sympathy to the survivors of the deceased
- Information about the school's postvention policy and program

All other staff (including school board members) should:

- Refrain from making any comments to or responding to requests from the media
- Refer all requests from the media to the person responsible for working with the media

Media representatives should:

- ***Not*** be permitted to conduct interviews on the school grounds
- ***Not*** be allowed to attend parent and student group meetings in order to protect information shared by parents who are concerned about their children
- Be provided with a copy of SPRC's information sheet "At-a-Glance: Safe Reporting on Suicide," which can be found at http://www.sprc.org/library/at_a_glance.pdf

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

Tool 3.B: Long-Term Response Protocol

Steps to Take in Long-Term Aftermath	Staff Responsible	Relevant Contacts	Resources
1. Coordinate implementation of long-term response protocol	Lead: Backup:		
2. Monitor and assist vulnerable students	Lead: Backup:	Community mental health professionals:	
3. Prepare for anniversaries of the death	Lead: Backup:		Tool 3.B.1: Guidelines for Anniversaries of a Death
4. Prepare for long-term memorials	Lead: Backup:		
5. Prepare to provide support to siblings of the deceased who may be enrolling in the high school	Lead: Backup:		

Tool 3.B.1: Guidelines for Anniversaries of a Death

(USE WITH TOOL 3.B)

A revisiting of grief feelings can resurface on or near the anniversary date of a tragic loss. In some cultures there is a memorial ceremony held about one year after a death. Faculty and staff, if reminded of the anniversary, can be prepared to monitor and support students at that time. Adults are not immune to this, and so staff members may also revisit the loss. The postvention team may consider a follow-up program 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 a school year
- Proms
- Graduation

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

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

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

"This document was developed from the public domain document: Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669 – Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (2012)."