

# Illinois Youth Suicide Prevention Toolkit

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**A Reference for Administrators,  
Counselors, Teachers, and Staff**



**Illinois**  
State Board of Education

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## Introduction

*The Illinois State Board of Education (ISBE) envisions Illinois as a state of whole, healthy children nested in whole, healthy systems supporting communities wherein all citizens are socially and economically secure.* In line with this vision, ISBE aims to empower districts and schools to address effectively the total wellness of our students and school communities. Providing support to plan for suicide prevention and intervention is an integral part of this work.

Suicide is the second leading cause of death for youth between the ages of 15 and 24<sup>1</sup> and the third leading cause of death for youth between 10 and 14.<sup>2</sup> A nationwide survey of students in grades 9-12 in 2015 found that 17.7 percent of students reported seriously considering suicide, 14.6 percent reported creating a plan, and 8.6 percent reported trying to take their life in the year preceding the survey.<sup>3</sup>

School districts and individual schools can play a significant role in reducing suicide risk and completion by integrating suicide prevention and intervention into their student wellness frameworks and educating their communities.

In doing so, districts and schools need to first and foremost develop and implement crisis response protocols, and only then develop suicide prevention and intervention procedural guidelines that allow for staff members to both identify and respond to students at risk of suicide.<sup>4</sup>

The procedural guidelines outlined in this document are intended to help districts and schools build a suicide prevention and intervention plan that aligns with the expectations of Illinois' Public Act 99-0443, referred to as Ann Marie's law. The guidelines also build on existing district and school wellness programming and frameworks for student social and emotional health and learning.

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<sup>1</sup> D.M. Stone, K.M. Holland, B. Bartholow, A.E. Crosby, S. Davis, and N. Wilkins, [Preventing Suicide: A Technical Package of Policies, Programs, and Practices](#), Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017, 7.

<sup>2</sup> Ibid.

<sup>3</sup> "[Trends in the Prevalence of Suicide-Related Behavior](#)," Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention, 2015.

<sup>4</sup> Substance Abuse and Mental Health Services Administration [SAMHSA], [Preventing Suicide: A Toolkit for High Schools](#), HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012, 17.

## About this Procedural Guidelines Document

This document provides ready-to-use, practical procedures as well as guidance for modifying these procedures to fit the needs of districts and schools. It can be used as a toolkit for suicide prevention and intervention planning and serve as a resource in the identification process for staff members. Areas covered are as follows:

- Developing and implementing promotional prevention activities (creating a safe and supportive school environment);
- Identifying and implementing strategies to help identify students at risk of suicide; and
- Outlining and implementing procedures for responding to students at risk for suicide.

These guidelines are designed to work with wellness efforts that are already in place. They attempt to leverage the work of existing district personnel, such as school counselors and social workers as well as other district resources.

The document promotes a multi-tiered system of support model at the district and school levels. The layered categories include universal, targeted, and intensive individualized student supports that aid district staff in drafting their own guidelines based on the unique needs of the respective community of students they serve.

The goal is to have specific procedures in place to recognize students who are at risk or who exhibit warning signs in an effort to reduce the potential for a suicide attempt or completion. Suicide prevention and intervention are important elements of a holistic approach to caring for the whole student — one of many elements within school community wellness programming that should work in harmony toward the goal of increasing overall student and community well-being.

Finally, there is a curated set of resources referenced and cited throughout the document and in the “Works Cited” section on page 40.

## Definitions

**Gatekeeper Training**<sup>5</sup> – Programs that teach individuals who regularly have face-to-face contact with large numbers of community members (i.e., gatekeepers) to recognize and respond to people at potential risk of suicide.

**Mental Health**<sup>6</sup> – A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

**Parent/Guardian** – Birth parents, adoptive parents, surrogate parents, resource/foster parents, grandparents, caregivers, and all others who care for children and teens.

**Postvention**<sup>7</sup> – Programs and interventions for survivors following a death by suicide. These activities try to help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.

**Protective Factors**<sup>8</sup> – Characteristics that make it less likely that an individual will consider, attempt, or die by suicide. Protective factors are found at various levels, including individual, family, and community. They can be fixed (those things that cannot be changed, such as family history of suicide) or modifiable (those things that are not static, such as depression).

**Risk Assessment**<sup>9</sup> – A process to identify if a student is at risk for suicide. The assessment specifically is designed to elicit information regarding the student’s intent to die by suicide: previous history of suicide attempts, presence of a suicide plan (including lethality and availability), presence of support systems, mental status, and other relevant risk factors. Any individual can complete training to perform this assessment.

**Risk Factors for Suicide**<sup>10</sup> – Characteristics or conditions that make it more *likely* that an individual will consider suicide. As with protective factors, risk factors are found at various levels: individual, family, and community. They can be fixed or modifiable. Risk factors *are not* warning signs. Risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk. Talking about risk factors helps school staff understand what might need to change for an individual or within a community to decrease suicide risk over time.

**Safety/Crisis Team**<sup>11</sup> – A multidisciplinary team of administrative professionals, mental health professionals, safety professionals, and support staff that manages safety/crisis preparedness and leads student intervention/response and recovery efforts. Team members are trained in many facets of school safety, including youth suicide prevention from crisis preparedness through recovery, and take the lead

<sup>5</sup> American Foundation for Suicide Prevention [AFSP] and SPRC, [After a Suicide: a Toolkit for Schools](#), Newton, MA: Education Development Center, Inc., 2011, 48.

<sup>6</sup> The Trevor Project et al., [Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#), n.d., 2.

<sup>7</sup> SAMHSA, [Preventing Suicide](#), 85.

<sup>8</sup> SPRC and Philip. Rodgers, [Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide](#)," Waltham, MA: Education Development Center, Inc., 2011, 1.

<sup>9</sup> The Trevor Project et al, [Model School District Policy](#), 2.

<sup>10</sup> SPRC and Rodgers, “Understanding Risk and Protective Factors for Suicide,” 1-2.

<sup>11</sup> The Trevor Project, [Model School District Policy on Suicide Prevention](#), 2.

in developing crisis plans, ensuring school staff can effectively execute various crisis procedures. They may provide mental health services for effective crisis interventions and recovery supports.

**Self-harm<sup>12</sup>** – Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Self-harm often lacks suicidal intent, but it is important to note that youth who engage in self-harm are more likely to attempt suicide.

**Suicidal Behavior<sup>13</sup>** – Overt action or thought indicating intent to end one’s life, including, but not limited to, suicide attempts; intentional injury to self, associated with at least some level of intent; developing a plan or strategy for suicide; or gathering the means for constructing and/or carrying out a suicide plan.

**Suicidal Ideation<sup>14</sup>** – Thinking about, considering, or planning for self-injurious behavior, which may result in death. A desire to be dead without a plan or intent to end one’s own life is still considered suicidal ideation and should be taken seriously.

**Suicide<sup>15</sup>** – Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. *Note:* The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any school official may state this as the cause of death.

**Suicide Assessment<sup>16</sup>** – A comprehensive evaluation to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment. *Note:* A clinical assessment should *only* be performed by an individual with clinical expertise.

**Suicide Attempt<sup>17</sup>** – A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as wish to die yet with a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

**Suicide Contagion<sup>18</sup>** – Suicidal behavior or a suicide that results an increase in the suicidal behaviors of others due, in part, to guilt, identification, and modeling. Though rare, suicide contagion can result in a cluster of suicides.

**Suicide Screening<sup>19</sup>** – A procedure in which a standardized tool, instrument, or procedure is used to identify individuals who may be at risk for suicide. *Note:* A clinical screening should *only* be performed by an individual with clinical expertise,

**Survivor (or Attempt Survivor)<sup>20</sup>** – A person who attempts suicide but does not die.

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<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Suicide Prevention Resource Center [SPRC], “[Suicide Screening and Assessment](#),” Waltham, MA: Education Development Center, Inc, September 2014, 1.

<sup>17</sup> The Trevor Project., *Model School District Policy*, 2.

<sup>18</sup> Ibid.

<sup>19</sup> SPRC, "Suicide Screening and Assessment," 1.

<sup>20</sup> SAMSHA, *Preventing Suicide: A Toolkit for High Schools*, 85.

**Survivor (or Suicide Survivor)**<sup>21</sup> – A person who has experienced the suicide of a family member, friend or colleague.

**Trauma**<sup>22</sup> – Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s development; how they function; and their mental, physical, social, emotional, or spiritual well-being.

**Warning Signs for Suicide**<sup>23</sup> – Signs that indicate an *immediate* risk of suicide, which are only applicable to individuals. Talking about warning signs helps school staff understand what immediate actions they can take to help someone at immediate risk for suicide.

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<sup>21</sup> Ibid.

<sup>22</sup> SAMHSA and Health Resources and Services Administration, U.S. Department of Health and Human Services [HRSA], “[Key Terms: Definitions](#),” Accessed August 10, 2017.

<sup>23</sup> SPRC and Rodgers, “Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide,” 2.



**Illinois**  
**State Board of**  
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# **Module 1: Prevention**

## **Universal Prevention Practices**

## Introduction

An effective school-specific suicide prevention system requires establishing procedures in advance and consists of multiple layers of support: **universal**, **targeted**, and **intensive**.

**Universal practices** promote well-being and prevent the probability of any suicide attempts by providing a safe and supportive environment for all students and staff. **Targeted practices** are used to support students whose actions indicate they are at risk or are in crisis.

**Intensive, individualized practices** outline how to respond to a suicide attempt and/or a suicide completion. See the sidebar for more detailed definitions.

This module provides guidance on implementing universal practices that engage school staff, parents, and families. **Targeted practices** (recognizing and acting on student warning signs) are covered in Module 2 and **intensive practices** (recognizing and aiding students at risk or who attempt suicide) are covered in Modules 2 and 3.

The universal practice elements highlighted in this module are:<sup>24</sup>

- Forming a Suicide Prevention Team
- Reviewing Existing Programs and Policies
- Initial Community Engagement
- Professional Learning Opportunities for Staff
- Engaging and Education Students
- Engaging and Educating Parents

These guidelines are meant to guide both district and school leaders. However, some of the prevention activities, such as forming teams and disseminating information, are more relevant for district administrators than those working at the school level.

In general, prevention procedures should address the following questions:

- What are the most critical steps the district should take to protect students from suicide?
- How will the district engage administrators in suicide prevention?
- Which district staff, school staff, and community partners should be involved in the planning process?

### Universal Intervention

A strategy designed to prevent negative health outcomes (e.g., suicide attempts and completed suicides) in an entire population, regardless of the risk status of members of that population. In the school setting, this usually presents as educational programs that aim to deliver interventions to whole school populations through integration with the school curriculum.

### Targeted Intervention

Practices that target a group whose members are generally at higher than average risk for an adverse health condition (e.g., suicidal behaviors) regardless of whether individual members of the group display symptoms or have been screened for the condition.

### Intensive Interventions

Practices that target individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior.

<sup>24</sup> Adapted from SAMHSA, *Preventing Suicide*.

How can the district and school staff members educate the school community about suicide

## Forming a Suicide Prevention Team

### *Designating a District Suicide Prevention Coordinator and Forming Suicide Prevention Teams*<sup>25</sup>

prevention?

#### District Level Teams

The district superintendent should consider establishing a **District Suicide Prevention Team** made up of administrators, parents, teachers, school-employed mental health professionals, representatives from suicide prevention services, and other individuals with expertise in youth mental health and an understanding of the district (demographics, culture, etc.)

When forming the team, the district superintendent should ask:

- Is a group similar to a team already in place through another culture and climate initiative?
- How can the district leverage members and resources from the local Regional Office of Education/Intermediate Service Center?
- Does this office include School Crisis and Assistance Teams?

The purpose of the team will be to provide culturally relevant and responsive advice and support to district administration and the school board regarding suicide prevention activities and policy implementation.

The duties of the team will be to:

- Compile a list of community resources to assist with suicide prevention activities and information regarding available services provided through local community mental health providers.
- Engage administrators, members of the school board, and other community members in suicide prevention activities.
- Develop staff professional learning opportunities.
- Manage crisis intervention programming and provide support to local schools.

The district superintendent should also consider designating a **District Suicide Prevention Coordinator**, or another individual leading a similar initiative, as the leader of the team to be

#### *Note:*

School guidance counselors, teachers, and other school personnel who work with students in grades 7 through 12 are required by Illinois School Code to participate in training that teaches them how to identify warning signs of mental illness and suicidal behavior in adolescents and teenagers and to learn appropriate intervention and referral techniques.<sup>26</sup>

<sup>25</sup> Adapted from SAMHSA, *Preventing Suicide*.

<sup>26</sup> See 105 ILCS 5/10-22.39.

responsible for planning and coordinating implementation of suicide prevention policy for the school district. This individual would also be responsible for providing support during any crises that occur within the district.

### **School Level Teams**

Each school principal should then consider designating a **School Suicide Prevention Team** to tailor the district policy to the school context, develop a suicide prevention plan, monitor implementation of the plan through data collection and analysis, and manage any crises that may arise.

The school principal should also consider designating a **School Suicide Prevention Coordinator** to lead the **School Suicide Prevention Team** and act as a liaison between the district and school teams regarding issues related to suicide prevention and policy implementation. The **School Suicide Prevention Coordinator** will lead crisis response and help coordinate the implementation of all interventions. It is recommended that someone already engaged in school wellness work, such as a school counselor or other school mental health professional, fill this position.

Once in place, the teams and coordinators can begin reviewing current programs and policies, as described in the following sections.

## Reviewing Existing Programs and Policies<sup>27</sup>

### *Assess Current Policies, Programs, and School and Cultural Influences*

It is beneficial for the district to identify and assess all district, school(s), community, and/or state policies, procedures, and universal programming already in place for suicide prevention prior to the selection and implementation of any new practices.

Some activities may already be occurring within the district and/or school(s) through culture and climate initiatives, such as violence prevention, bullying prevention, and crisis intervention programs, that may be in alignment with and/or benefit the suicide prevention planning process. In addition, any of the aforementioned initiatives may also be accompanied by existing and effective communication strategies that can and should be leveraged for this work as well.

Assessing the current infrastructure of one's school or district will allow district/school administrators and mental health professionals to be able to make more effective and efficient decisions when they begin choosing specific training programs and intervention procedures to implement. No program can claim universal effectiveness, but programs work best when tailored to the community.<sup>28</sup>

**Listed below are tasks crucial to understanding where existing suicide prevention efforts and improving them:**

- Identifying existing suicide prevention policies and procedures
- Identifying existing health and behavioral health programs<sup>29</sup>
- Assessing current staff education and training needs
- Conducting an inventory on existing suicide prevention programs in the district/school and community
- Learning about varying cultural responses to address behavioral health issues and suicide risk<sup>30</sup>

<sup>27</sup> Adapted from SAMHSA, *Preventing Suicide*.

<sup>28</sup> Stone et. al, *Preventing Suicide*, 16.

<sup>29</sup> See the [School Health Index](#), more information in the *Resource Appendix* at the end of this toolkit.

<sup>30</sup> See **The Implications of Culture on Suicide Prevention Information Sheet** in SAMHSA, *Preventing Suicide*, 50-51.

## *Data Collection*

Once an assessment of the current landscape has been made as provided in the previous section, it will benefit districts/schools to collect and analyze any universal, targeted, and/or intensive level data available associated with the identified programs. The Suicide Prevention Resource Center (<http://www.sprc.org/grantees/core-competencies/data>) suggests that data “tell you the who, what, and how of suicide in your area. Using surveillance data to pinpoint high suicide death and attempt rates by age, gender, ethnicity, and/or life circumstance ... can help you decide where to focus your efforts and choose appropriate strategies. Data on related risk and protective factors, such as substance abuse and violence, can also help you better target your prevention efforts. This information is critical when seeking funding ....”

### Review:

1. Attendance records
2. School nurse visits
3. Office discipline referrals
4. Other similar data

Such a review may provide insight into a district/school context. It can also support identification of risk factors associated within the school community environment. For example, were absences correlated with an incident, such as bullying, at school? Do absences come on Valentine’s Day, when some students may feel left out or disliked? At least one alleged school shooter in the United States is said to have avoided school on that holiday. Has the school nurse noticed visits that are emotionally related rather than physical ailments, or are there physical ailments with no discernable cause? Team structures (district, school, grade level) already being utilized for similar activities can also be considered for integration as the review takes place. Engagement of leadership and other key personnel will be addressed in the following section.

## Initial Community Engagement

### *Engaging Key Individuals*<sup>31</sup>

The **District Suicide Prevention Coordinator** will support the superintendent and principal(s) in determining key individuals for team membership (e.g., school administrators, school board members, community partners, etc.). The district/school(s) coordinators and teams will spearhead outreach at the district and school levels.

Here are some groups within the district that should be engaged in suicide prevention initiatives:

#### ***School Administrators, School Boards, and Other Key Individuals***

The support of school administrators — especially principals — is essential to any activity carried out within a district/school. The support of other key individuals, including superintendents, school board members, and community partners, is also 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.

#### ***School Staff***

Charting a realistic course of action will be easier if the teams engage school staff from various disciplines and areas of responsibility at the beginning of the planning process. It is important to include staff members with mental health expertise, such as school counselors or social workers, in planning and possibly leading suicide prevention activities. More information on educating and training staff can be found in the next section of the procedural guidelines.<sup>32</sup>

#### ***Community Partners***

Community support is crucial in helping to prevent suicides. Visit <http://www.sprc.org/states/all/contacts> for a list of state Suicide Prevention Plan contacts.<sup>33</sup>

#### ***Youth/Parents***

Leverage existing district/school mechanisms in an effort to involve students and parents in the development of school policies and implementation of new programs.<sup>34</sup> Communicate the importance of addressing suicide risk among students to build awareness and reduce stigma.

***District/school(s) coordinators and teams should provide key individuals with information and data regarding youth suicide, highlighting data and information specific to the state, district, and school.***<sup>35</sup> They should also share the main points of the district's suicide prevention plan with all stakeholders and

#### ***Note:***

The tasks presented in “Engaging and Training School Staff” do not necessarily need to be carried out sequentially. They may be completed in an order that fits the school and district context and/or multiple tasks may be addressed simultaneously.

<sup>31</sup> Adapted from SAMHSA, *Preventing Suicide*, 18-22.

<sup>32</sup> See **Staff Engagement Tracking Table** in the *Resource Appendix* at the end of this module.

<sup>33</sup> See “**Community Organization/Individual Engagement Tracking Table**” in *Additional Resources* at the end of this module.

<sup>34</sup> See **Parent Engagement Tracking Table** in *Additional Resources* at the end of this module.

<sup>35</sup> See [CDC Suicide Facts at a Glance](#). SPRC and Rodgers, “Understanding Risk and Protective Factors: A Primer.”

request feedback. Emphasize the use of existing suicide prevention programs and best practices that can be easily integrated into activities already in place at the school.

## Professional Learning Opportunities for Staff

### Overview

District/School Suicide Prevention Teams and the District/School Suicide Prevention Coordinators should see that professional learning on youth suicide is provided to *all staff* annually. Training *all* school staff — faculty, administrators, office staff, athletic staff, cafeteria staff, transportation staff, classroom volunteers, and other community members — can save lives.<sup>36</sup> **All staff and volunteers are important members of the school community who see students on a daily basis and therefore are in a position to recognize changes in personality, appearance, and performance that may indicate a student is at risk for suicide.**

The professional learning for staff should take into account education and training needs as determined by the District Suicide Prevention Team. It should cover:

- Prevention activities and resources
- Youth suicide risk factors,
- Warning signs
- Protective factors
- Response procedures
- Referrals
- Postvention activities

**Further, professional learning should include information regarding supports available for groups of students who are at elevated risk for suicide, including, but not limited to:**<sup>37</sup>

- Those living with mental and/or substance use disorders
- Those who engage in self-harm or have previously attempted suicide
- Those residing in out-of-home settings
- Those experiencing homelessness;
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students
- Students bereaved by suicide
- Those with a medical condition or certain types of disabilities

Training on prevention activities, identification methods, and intervention procedures as well as helpful resources should also be included in professional learning.

Each district should also provide additional professional learning on youth suicide risk assessment and crisis intervention procedures for *mental health professionals* and *nurses employed in schools*.

<sup>36</sup> SAMHSA, *Preventing Suicide*, 114.

<sup>37</sup> SAMHSA, "[Populations at Risk for Suicide](#)," Samhsa.gov, October 9, 2014. Accessed August 10, 2017. Also see **Risk Factors for Youth Suicide** in SAMHSA, *Preventing Suicide*, 33-36; **Protective Factors for Youth Suicide** in SAMHSA, *Preventing Suicide*, 37-40. and the [School Health Index](#) .

## Choosing a Preventative Training Program for School Staff

The **District Suicide Prevention Team**, in consultation with all **School Suicide Prevention Coordinators**, will select a staff training program.

When identifying professional learning for staff, it is important to keep in mind the following factors:

- Cost and time requirements
- Training audience and target population
- Training modalities
- Program objectives

When choosing a training program, look for those that have been determined to be evidence-based and implemented in schools. Such resources and helpful guidance may be found on the Suicide Prevention Resource Center webpage at <http://www.sprc.org/strategic-planning/finding-programs-practices>.

An example of one such training is **Gatekeeper Training**.

**Gatekeeper Training** teaches adults in the school community to help students at risk of suicide. Any adult can be trained to be a “gatekeeper.” This training is known to be among the most promising methods of youth suicide prevention and intervention.<sup>38</sup>

Gatekeepers are trained to:

- Reduce a person’s risk by talking with them.
- Keep a person at imminent risk of suicide safe until additional help can be found.
- Facilitate referrals and increase the likelihood that a person at risk will receive professional help.

Below are the steps recommended for determining whether providing Gatekeeper Training for all school staff is the right fit for a district.

**Step 1: Learn** about Gatekeeper Training and review other strategies. Consider how Gatekeeper Training differs from other forms of suicide prevention and intervention training and, more specifically, how it operates in a school setting.

**Step 2: Determine** if the following necessary protocols/groups are in place:

1. Crisis response services
2. Mental health assessment and treatment services
3. Organizations and agencies that will help those identified as at risk for suicide

**Step 3: Determine** if the district has the following partners needed to successfully implement the training:

1. Leaders and policymakers
2. Representatives of the school community
3. Representatives of staff members

**Step 4: Determine** if the district has the capacity to support and sustain:

1. Community education
2. Training logistics: cost and time
3. Monitoring and evaluation

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<sup>38</sup> SAMHSA, *Preventing Suicide*, 114-5.

4. Community emotional support
5. Partners and agencies that provide services to people at risk

### *Training School Staff*

All school staff should understand that suicide poses a risk to students and that the school is taking steps to reduce this risk. The staff will be made aware that youth suicide prevention and intervention at school is a crucial component of providing a safe environment in which education can take place and students' well-being can be safeguarded.

It is important that staff members understand the threat of youth suicide in the school community before staff are trained in suicide prevention and intervention procedures.

**Prepare all staff for training by providing them with information about suicide and the important role the school community plays in suicide prevention.**<sup>39</sup> A helpful fact sheet is provided in the “Highlighted Resources” section on page 41<sup>40</sup>

Suicide awareness education can be combined with information about school suicide prevention activities (described below). It can be less intimidating for staff to learn about the risk that suicide poses to their students if, at the same time, they learn about the steps the school is taking to reduce risk.

*Listed below are key components of school staff training to be implemented regardless of the chosen training program (e.g., Gatekeeper Training).*<sup>41</sup>

#### **Staff Training Component: Risk factors**

The Suicide Prevention Team will share identified culturally relevant risk and protective factors that are specific to your district, but below are the most common *major* risk and protective factors.<sup>42</sup>

Risk Factors:	Protective Factors:
Prior suicide attempt(s)	Effective mental health care
Substance abuse	Connectedness to individuals, family, community, and social institutions
Mood disorders	Contact with caregivers
Access to lethal means	Problem-solving skills

<sup>39</sup>SAMHSA, *Preventing Suicide*, 114.

<sup>40</sup> See **Suicide Prevention Facts for Schools** in SAMHSA, *Preventing Suicide*, 24-27, and [CDC Suicide Facts at a Glance](#) Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017.

<sup>41</sup> SAMHSA, *Preventing Suicide*, 113. For greater detail on judging if your district should implement Gatekeeper Training see Karen Blase, Laurel Kiser and Melissa Van Dyke, *The Hexagon Tool: Exploring Context*, Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill, 2013, as well as SPRC, “[Choosing Gatekeeper Training Program Worksheet](#),” (available after registering for the “Choosing and Implementing a Suicide Prevention Gatekeeper Training Program Course) and the **School Staff Programs Matrix** in the *Resource Appendix*.

<sup>42</sup> SPRC and Rodgers, “Understanding Risk and Protective Factors for Suicide”, 2-3.

When considering these factors, it is important to keep in mind that some risk factors pose more of a threat than others are. High risk for suicide -- for individuals or communities -- usually occurs in connection to a “constellation,” or multiple risk factors.<sup>43</sup> Risk factors present over a long period may contribute to a suicidal act when layered with immediate stressors, such as relationship problems or a breakup, financial hardship, legal difficulty, public humiliation, or other stressful events.<sup>44</sup>

### Staff Training Component: Warning signs<sup>45</sup>

The chosen training method will include more detailed warning sign training. Basic information can be found below.<sup>46</sup>

Warning Signs	Referral
<ul style="list-style-type: none"> <li>• Someone threatening to hurt or kill themselves</li> <li>• Someone looking for ways to kill themselves by seeking access to pills, weapons, or other means</li> <li>• Someone talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person</li> </ul>	<p>Seek immediate help:</p> <ul style="list-style-type: none"> <li>• Contact your school mental health professional</li> <li>• Call 911 or your local emergency provider</li> <li>• Contact your School Suicide Team Coordinator</li> <li>• State Support: Contact Screening &amp; Assessment Support Services (SASS) CARES Hotline 1-800-345-9049</li> <li>• National Support: Call the National Suicide Prevention Hotline at 1-800-273-TALK (8255)</li> </ul>
<ul style="list-style-type: none"> <li>• Hopelessness – expresses no reason for living, no sense of purpose in life</li> <li>• Rage, anger, seeking revenge</li> <li>• Recklessness or risk behavior, seemingly without thinking</li> <li>• Expressions of feeling trapped—like there’s no way out</li> <li>• Increased alcohol or drug use</li> <li>• Withdrawal from friends, family, or society</li> <li>• Anxiety, agitation, inability to sleep, or constant sleep</li> <li>• Dramatic mood change</li> <li>• No reason for living, no sense of purpose in life</li> </ul>	<p>Seek help:</p> <ul style="list-style-type: none"> <li>• Contact your school mental health professional</li> <li>• Contact your School Suicide Team Coordinator</li> <li>• State Support: Contact Screening &amp; Assessment Support Services (SASS) CARES Hotline 1-800-345-9049</li> <li>• National Support: Call the National Suicide Prevention Hotline at 1-800-273-TALK (8255) for a referral</li> </ul>

<sup>43</sup> Ibid, 3.

<sup>44</sup> Ibid.

<sup>45</sup> See “Definitions” for an explanation of the differences between “risk factors” and “warning signs.” See SPRC, [Warning Signs for Suicide](#)

<sup>46</sup> SAMHSA, Preventing Suicide, 41.

### **Additional Key Component: Training for selected mental health staff to assess suicide risk in individual students<sup>47</sup>**

Training should equip school mental health staff to assess and aid students at risk for suicide. The chosen suicide prevention and intervention training program should provide training specifically geared toward mental health professionals.

In general, school mental health professionals should:

- Understand why suicide prevention fits with their role as a school mental health provider.
- Identify students who may be at risk for suicide.
- Respond to a student who may be at risk for suicide.
- Be prepared to respond to a suicide death.

## Engaging and Educating Students

Student programs that address suicide can play a significant role in reducing risk for suicide when they are used in conjunction with other strategies, such as procedures and staff training. There are three types of student programs, each with different objectives.<sup>48</sup>

### 1. Curricula for *all* students (**Universal**)

- Provide information about suicide prevention.
- Provide protective factors.
- Promote positive attitudes.
- Increase students' ability to recognize if they or their peers are at risk for suicide.
- Encourage students to seek help for themselves or their peers.

### 2. Skill-building programs *for groups or individual students* (**Targeted Intervention**)

- Help at-risk students build their coping, problem-solving, and cognitive skills.
- Address problems that can lead to suicide, such as depression and other mental health issues; anger; and drug use.

### 3. Peer-leader programs *for groups or individual students* (**Targeted Intervention**)

- Teach selected students leadership skills needed to help students at risk.
- Empower selected students so that they can take action to improve the school environment.

#### Note:

School(s) implementing student programs that address suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Other school prevention and intervention procedures should be put into place **before** implementing student programs (e.g., protocols to respond to students at risk and in crisis, suicide prevention education, and training for all school staff).<sup>49</sup>

<sup>47</sup>SPRC, "[The Role of High School Mental Health Providers in Preventing Suicide](#)," Waltham, MA: Education Development Center, Inc., September 2012..

<sup>48</sup> SAMHSA, *Preventing Suicide*, 141.

<sup>49</sup> Ibid.

In order to develop suicide prevention education and outreach for students:

- Convene a group to plan and implement programs.
- Determine which type(s) of student program(s) will fit the needs of your school.
- Choose or develop the specific program(s) you want to implement.

## Engaging and Educating Parents

Providing parents and guardians with specific suicide prevention education is a crucial part of school wellness and suicide prevention efforts. The information may help them identify and get help for children at risk. Suicide prevention education for students is also more effective when reinforced by the same messages at home.

*Involving parents and guardians is an important way to ensure that efforts appropriately target the needs of the community and enhance the cultural competency of school-led efforts.*<sup>50</sup>

Parents, guardians, and other adult community members who receive suicide education training should understand the following:

- The prevalence of suicide and suicide attempts among youth
- The warning signs of suicide
- How to respond when they recognize their child or another youth is at risk
- Where to turn for help in the community

Below are steps to consider when developing or modifying parent engagement and education effort plans.

### **Step 1: Convene a group to plan and implement parent education and outreach activities.**

Choose a **District Suicide Prevention Team** or **School Suicide Prevention Team** member to lead parent outreach efforts.

- Record outreach efforts as they take place (planning, execution, and outcome).
- Identify and record the names of staff, individuals, and organizations that can help with outreach activities.<sup>51</sup>
- Take advantage of any existing community suicide prevention coalitions that can help develop and implement outreach efforts.

### **Step 2: Select or develop parent education and outreach programs.**

It is important to select or develop parent education and outreach programs that are appropriate for community and parents'/guardians' needs, concerns, and cultures.

<sup>50</sup>SAMHSA, *Preventing Suicide*, 128.

<sup>51</sup> Utilize the **Staff Engagement Tracking Table** and the **Community Organization/Individual Engagement Tracking Table** in the *Resource Appendix* at the end of this toolkit.

- **Engage parents/guardians in a variety of ways.** Do not limit your efforts to a one-time event. Consider including suicide prevention and intervention education at existing wellness events and other events that reach parents/guardians across a range of grade levels (e.g., freshman orientation, health and safety events at the school, senior transition activities, and other regularly scheduled events for parents).
- **Select appropriate formats for outreach.** Outreach should occur in formats that are easily understandable, including for families of English Learners (e.g., written materials (newsletters, emails, posters, etc.) or presentations (by school staff, a professional from the community, or an outside expert).
- **Use existing fact sheets or resources to communicate your messages.**
- **Get input from people who are not part of your planning group.** This includes bus drivers, lunch staff, other school employees, and school administrators who may have insight into reaching parents.

### Step 3: Identify ways to increase participation among parents at events and activities.

It can be challenging to recruit parents/guardians for suicide prevention events. Parents/guardians may be reluctant or unable to attend these events. Effective parent education programs need to target parents'/guardians' needs, concerns, and cultures. **Consider the following ways to increase participation:**

- **Give parents/guardians what they need.** The parent education group should investigate what parents/guardians in the community need in order to help a teen who may be at risk for suicide. For example, if it is found that parents/guardians do not know where to get professional help for a child, the parent education group should provide parents/guardians with information on community resources.
- **Accommodate language, culture, religion, and economic status.** Consider whether parent outreach materials need to be translated into languages other than English. It may be helpful to use a **cultural mediator** (a respected community member who is bilingual and bicultural) to help design culturally responsive materials and events.
- **Do not use the word “suicide” in the title of the event.** It is important to maintain that suicide prevention and intervention are part of an overarching student wellness framework. Further, parents/guardians may not attend events if framed as “suicide prevention.” They may be frightened by the idea that their child may be at risk or their community may not directly discuss suicide.
  - Alternative framing option:
    - Promoting behavioral health and wellness
    - Helping support students with the transition from eighth grade to high school or 12<sup>th</sup> grade to postsecondary opportunities
    - Learning how to keep your teenager safe
- **Parental Outreach.** In addition to district/school events, reach out parents through other mediums in the community (e.g., places of worship, pediatricians' offices, student sporting events, and continuing education classes).
- **Clarify privacy issues.** Parents/guardians may be reluctant to participate because of a fear that their private family matters will become public. Explain and reassure them that schools are required to protect student and family privacy unless it conflicts with protecting the safety of a child.

**Step 4: Integrate parent education into existing programs.**

Parent education and outreach should complement other suicide prevention and wellness activities in the district/school community.

**Potential Ideas for Engagement:**

- Hold a night event about student safety that includes suicide prevention.
- Sponsor events for the parents/guardians of eighth-graders or 12th-graders, focusing on the upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide.
- Send material to the parents/guardians of every middle and high school student with information about how to help a child in crisis (e.g., a card that fits into a wallet or purse or one that can be put on a bulletin board).
- Include suicide awareness as part of freshman orientation, safety days, or other health events at the school that involve parents/guardians.
- Present suicide prevention education at a Parent-Teacher Association/Organization meeting.



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# **Module 2: Intervention**

## **Sample Response Procedures and Guidelines**

## Introduction

It is crucial to have a variety of directive guidelines in place, all of which have designated methods of information sharing about students potentially at risk and the general state of mental health and suicide prevention in your district.

*This section provides basic guidelines for creating school-level procedures for each layer of the multi-tiered system of support (universal, targeted, and intensive individualized intervention, and postvention).*

It does so by providing guidance in two areas: (1) choosing a training plan and (2) tailoring the ready-to-use procedures provided later in this model policy to fit your chosen system and wellness plan.

**Communication pathways and universal supports need to be in place before training staff and before utilizing any intervention methods.** Non-mental health profession school staff must be aware of the limits of their role in intervening during a crisis and when to defer to school mental health professionals (typically a member of the **School Suicide Prevention Team**).

The procedure should include provisions for:

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

Unless otherwise noted, all directions on upcoming pages are directed at **School Suicide Prevention Teams**.

### *Note:*

Staff professional learning can be considered preventative and therefore part of universal support. In this case, trainings are meant to both teach generally about mental health and suicide prevention, as well as provide specific intervention methodology, which explains its categorization.

## Procedure: Students at Risk

There are a number of suicide prevention and response policies available for schools and districts to consider. The Illinois Association of School Boards offers members as well as nonmembers access to its model suicide policy, and the American Foundation for Suicide Prevention also offers a Model School District Suicide Policy on its website.<sup>52</sup>

There are a number of common risk factors and warning signs across districts. However, proper response and contextual understanding of the situation vary by school and district community. Below are suggestions to guide your procedure and generally guide staff action, but it is crucial to use this as sample from which district- and school-specific plans are developed, building off of existing human and procedural resources and holistic wellness efforts.

### What follows is a **SAMPLE** procedure. Procedure for aiding students at risk:<sup>53</sup>

1. **School Suicide Prevention Coordinator** is notified by means of appropriate communication pathway.
2. Assess suicide risk through:
  - Assessment by school mental health staff.
  - OR
  - Make a referral to and assessment by outside mental health provider who has been trained in youth suicide assessment.
  - OR
  - *If a mental health provider is available on site and known resources do not seem appropriate, the **School Suicide Prevention Coordinator** contacts a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide risk assessment.*<sup>54</sup>
3. Notify parents:
  - A mental health professional will determine if notifying a parent or guardian will put the student at greater risk or endanger their health and/or general well-being.
  - *If contact with parent or guardian is determined to hold risk of endangering the student's health or well-being:*
    - Delay contact with the parent or guardian as appropriate.
    - Document the delay.
  - *If contact with parent or guardian is determined to hold no risk -* The principal, **School Suicide Prevention Coordinator**, or mental health professional will:
    - Inform the parent or guardian of the risk.
    - Seek permission to communicate with outside mental health care providers regarding the student.
  - The principal, **School Suicide Prevention Coordinator** or mental health professional will off parents support.
4. Refer to mental health service provider.

<sup>52</sup> The American Foundation for Suicide Prevention Model School District Suicide Policy: [https://afsp.org/wp-content/uploads/2016/01/Model-Policy\\_FINAL.pdf](https://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf)

<sup>53</sup> The Trevor Project et al., "Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources," 5.

<sup>54</sup> See **Suicide Risk Assessment Resources**, in SAMHSA, *Preventing Suicide*, 70.

5. Document the process.

## Procedure: Responding to a Student Displaying Warning Signs or Student Suicide Attempt

### *In-School Student Suicide Attempt*

#### **Procedure for responding to an in-school student suicide attempt:<sup>55</sup>**

The first staff member made aware of the situation will:

1. Render first aid until professional medical treatment and/or transportation can be arranged and follow district emergency medical procedures.
2. Supervise the student to ensure their safety.
3. Move all other students out of the immediate area as soon as possible.

The first staff member aware of and not needed to manage the situation will notify the principal and **School Suicide Prevention Coordinator**.

The **School Suicide Prevention Coordinator** will:

1. Oversee crisis intervention to ensure the safety of the student at risk and all other students.
2. Contact the student's parent or guardian (as described in the Family Notification and Involvement section).
3. Engage the school crisis team (and the district crisis team as deemed necessary).
4. Immediately request a mental health assessment for the youth (if appropriate).

### *Out-of-School Student Suicide Attempt*

#### **Procedure for responding to an out-of-school student suicide attempt:<sup>56</sup>**

If a staff member becomes aware of a student suicide attempt that is in progress at an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services such as 911.
2. Inform the student's parent or guardian.
3. Inform the School Suicide Prevention Coordinator and principal.

### *Family Notification and Involvement*

**In a situation where a school staff member recognizes a student as at risk for suicide or know of a student suicide attempt:**

1. A school mental health professional (ideally the **School Suicide Prevention Coordinator**) will speak with the student about whether notifying the student's parent or guardian could put the student at further risk of harm.

<sup>55</sup> The Trevor Project et al., "Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources.", 6.

<sup>56</sup> Ibid, 7.

2. *If contact with parent or guardian is determined to hold risk of endangering the student's health or well-being:*
  - Delay contact with the parent or guardian as appropriate.
  - Document the delay.
3. *If contact with parent or guardian is determined to hold no risk,* the principal, School Suicide Prevention Coordinator, or mental health professional will:
  - Inform the parent or guardian of the risk or attempt as soon as practicable.
  - Seek permission to communicate with outside mental health care providers regarding the student.
4. *If the student has exhibited suicidal behavior,* a mental health professional will counsel the parent or guardian on “means restriction” (limiting the child’s access to mechanisms for carrying out a suicide attempt) and guide the parent or guardian to helpful resources.<sup>57</sup>

### *Re-Entry*

The *principal* and **School Suicide Prevention Coordinator** (or other mental health professional or staff member deemed appropriate) will meet with the student’s family and the student (if appropriate) regarding returning to school after a mental health crisis. You should discuss re-entry and next steps to ensure the student’s readiness for return to school.

The **School Suicide Prevention Coordinator** will:

1. Coordinate and collaborate with the student, their parent or guardian, and any outside mental health care providers regarding student re-entry to school.
2. Request documentation from the parent or guardian showing that the student has undergone examination and they are no longer a danger to themselves or others.
3. Set a schedule to periodically check in with the student regarding the student’s readjustment to the school community and provide a chance to address any ongoing concerns.
4. Set a schedule to periodically check in with the student’s teachers.

### *Recording and Reporting*

It is an unwritten rule in medical and nursing documentation that “if you didn’t write it, you didn’t do it.” Essentially, if there is no record of prevention, intervention, or postvention activities, a challenge can be made that such activities were not undertaken. Schools and districts should, as soon as possible after an event or when providing intervention, document activities such as what safety measures were taken, what guidance was provided, what persons were notified, etc. Notations should be complete, but not violate confidentiality.

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<sup>57</sup> See **Guidelines for Student Referrals** from SAMHSA, *Preventing Suicide*, 75 and **Guidelines for Notifying Parents** in SAMHSA, *Preventing Suicide*, 72.

Some sources offered in this toolkit provide sample protocols for recording and reporting suicide prevention, intervention, and postvention. Whatever protocol for recording and reporting is created by the school or district must be followed by the relevant staff members.

## Guidelines: Modifying Intervention Protocols

### *Crafting a Protocol for Helping Students at Risk*

The following section outlines what to consider when developing or modifying procedure for students at risk of suicide for a district/school(s).

#### ***General questions to ask***

- What outside sources of help will your school need? What can your district provide?<sup>58</sup>
- What are essential steps in a procedure to help students who have been identified as possibly at risk of suicide?
- How can you educate staff about these procedures?
- How can you facilitate effective and efficient communication among staff members?

#### ***Assessing risk***<sup>59</sup>

Suicide risk assessment is the process of determining an individual's level of risk (i.e., low, medium, or high). Such an assessment should only be performed by a mental health professional who is trained to work with youth and is critical to developing an individualized plan for ensuring the safety of the student and providing support and treatment.

#### **Consider:**

- Risk factors specific to your district and school communities
- Risk factors that impact subsections of your district and school community
- Community organizations already addressing risk factors
- How widespread a given risk factor is and therefore how best to address it

#### ***Notifying parents and guardians***<sup>60</sup>

Parents or guardians must always be notified when a student seems to be at risk (unless a mental health professional determines that doing so would exacerbate the situation). Plan for a range of responses.

#### **Consider:**

- How the parents in your school and district communities can act as partners to help reduce risk
- Community-specific factors that put a student at higher risk and would require informing a parent
- Parent awareness regarding suicide risk factors

#### ***Referring the student to a community provider***<sup>61</sup>

58 See **School Staff Program Matrix** [LINKED HERE] for information on a variety of packaged program options.

59 SAMSHA, *Preventing Suicide*, 62. See also **Procedure for Helping a Student at Risk of Suicide** in SAMHSA, *Preventing Suicide*, 69.

60 See **Student at Risk Procedure: Guidelines for Notifying Parents**, in SAMHSA, *Preventing Suicide*, 72. and **Student at Risk Procedure: Parent Contact Acknowledgment Form** in SAMHSA, *Preventing Suicide*, 74.

61 See **Guidelines for Student Referrals** in SAMHSA, *Preventing Suicide*, 75.

Students at risk for suicide may need to be referred to community resources. If your district 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 school, state, or federal policies and laws.

**Consider:**

- The mental health service capacity of your district, of individual skills
- The mental health service capacity of your district at large
- The connections members of your District and School Suicide Prevention Teams have to community mental health providers
- The threshold for referring students to outside mental health providers
- Student confidentiality

***Documenting the process***<sup>62</sup>

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

You should have electronic or paper documentation forms easily available at the school level to all trained staff members to record any behavior they believe could reflect suicide risk. There should also be a system for staff to arrange to meet with the School and District Suicide Prevention Coordinators (clear indication of who should be contacted, with an accessible and quick meeting signup). The School Suicide Prevention Coordinator should be informed any time a risk form is submitted.

**Consider:**

- Where documentation forms should be available
- Who should receive completed documentation forms
- How to notify the District Suicide Prevention Coordinator if a form is turned in at a school
- How to notify the School Suicide Prevention Coordinator
- How to shift from notification to action procedure

***Crafting a Procedure for Students Exhibiting Warning Signs and for Student Suicide***

***General questions to ask***<sup>63</sup>

- What are essential steps in a procedure to respond to a suicide attempt on campus?
- What are essential steps in a procedure to respond to a suicide attempt made off campus?
- How can you prepare for a student's return to school after a suicide attempt?
- How can you educate staff about these procedures?

<sup>62</sup> See **Student Suicide Risk Documentation Form** in SAMHSA, *Preventing Suicide*, 76-78.

<sup>63</sup> See the **Suicide Prevention and Intervention Resources Matrix** for information on a variety of packaged program options.

- What to consider when developing or modifying procedure for students exhibiting warning signs and student suicide attempts?

### ***Convening the District Suicide Prevention Team and the School Suicide Prevention Team***

If the district/school(s) already has a process for identifying students at risk of suicide, include staff familiar with that process.<sup>64</sup>

Clearly designate the Suicide Prevention Coordinator and at least one alternate as the point of contact for anyone in the building who is concerned that a student may be displaying warning signs. Make sure all staff and school community members know who the Suicide Prevention Coordinator is.

### ***Identifying and involving 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; therefore, it is important for these schools to identify mental health service providers within the community to whom students can be referred and to potentially involve these service providers in procedure development.<sup>65</sup>

Potential service providers 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

### ***Developing a procedure to help students at risk for suicide***

It is critical to have a procedure in place for helping students who have been identified at potential risk of suicide. All staff should be aware of procedure and it should include:

- **Assessing suicide risk** – The process of determining an individual’s level of risk (i.e., low, medium, or high).<sup>66</sup> 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 completed by a mental health professional.<sup>67</sup>
- **Notifying parents/guardians** – Parents/guardians must always be notified when there appears to be any risk that a student may harm themselves unless doing so would exacerbate the situation.<sup>68</sup>

64 Utilize the **Community Organization/Individual Engagement Tracking Table** and the **Staff Engagement Tracking Table** in the *Resource Appendix* to organize and track involvement.

65 See **Organization/Individual Engagement Tracking Table** in the *Resource Appendix*.

66 SAMHSA, *Preventing Suicide*, 62.

67 See **Questions for Mental Health Providers** in SAMHSA, *Preventing Suicide*, 68.

68 See **Guidelines for Notifying Parents** in SAMHSA, *Preventing Suicide*, 72.

- **Referring to a mental health service provider** – In certain situations, students at risk for suicide may need to be referred to community resources. Ensure that school procedure is consistent with district and state referral procedure.<sup>69</sup>
- **Documenting the process** – It is essential to document each step in the process by which a student is identified as possibly being at risk in order to preserve the safety of the student and ensure communication among school staff, parents, and service providers. The data included on referral and risk documentation forms can be used to guide suicide prevention efforts. However, keep in mind that individual student information must remain confidential for both ethical and legal reasons.<sup>70</sup>

### ***Developing a procedure for responding to a suicide attempt in the school or on the school campus***<sup>71</sup>

A suicide response plan needs to be developed *before* an incident occurs. It may be incorporated into the overall school crisis plan (such as the death of a staff member on campus due to natural causes), but important measures related to suicide need to be addressed.

- Who will notify students, parents, and staff members about the suicide and when?
  - When school resumes:
    - Next day
    - Following the school break
    - Following the school summer vacation, if any
- Who will be in charge of media inquiries? All other staff members should be advised to forward any media inquiries to that person and not otherwise respond to media.
- Is the student's name made public?
- How will the incident be memorialized? (Strike a balance between the need to express sadness over the loss of life, but not glorify the event.)
- What support agencies will be invited to campus to counsel students?
- Who among staff is best equipped or trained to identify and refer other students who may exhibit suicide ideation? Make sure those staff members are known to the entire school community: students, parents, and other staff.

### ***Planning for a student's return to school***

Consider the stressors students face upon returning to school, especially difficulties specific to the school/district in relation to:

- Reactions of peers/teachers
- Catching up on school work
- Taking medication that can interfere with academics

### ***Helping staff understand the procedures***

All staff members need to be familiar with the procedures for helping students at risk for suicide in case they are called upon to participate in implementing the specified procedures. Briefing school staff about these procedures will also serve as part of educating them about suicide risk

<sup>69</sup> See **Guidelines for Student Referrals** in SAMHSA, *Preventing Suicide*, 75.

<sup>70</sup> See **Student Suicide Risk Documentation Form** from SAMHSA, *Preventing Suicide*, 76-78.

<sup>71</sup> See the **Immediate Response Protocol** from SAMHSA, *Preventing Suicide*, 93-107.

and the problems experienced by students returning to school after a suicide attempt or mental health crisis.



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# **Module 3: Postvention**

**Responding to a Completed Student  
Suicide**

## Introduction

**An effective district and school response to a completed student suicide can help the community heal and avoid unintentionally glamorizing a youth who died by suicide.** Providing a detailed description of how a youth died and what caused it 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. To the extent possible, social media sites should also be monitored.<sup>72</sup>

## Procedure: Responding to a Completed Student Suicide<sup>72</sup>

### Step 1: Get the Facts

It is crucial to relay accurate information and to do so in a sensitive, appropriate manner. In the event of a completed suicide, it is crucial that the district and school obtain confirmed and accurate information. It may not always be possible to gather all of the details about the death immediately, but confirming as much information as possible helps prevent speculation, exacerbation, and the exacerbation of emotional upheaval.

1. **Confirm the cause of death** – Contact the coroner and/or medical examiner’s office. (Contact local law enforcement, if necessary.)
2. **If the family does not want the cause of death disclosed:**
  - Contact the family. An administrator or counseling staff member who has a good relationship with the family should explain that students are already talking about the death and suicide amongst themselves, and that having adults in the school community talk to the students about suicide and its causes can help keep students safe.
  - State, “the family has requested that information about the cause of death not be shared at this time” if the family still refuses to permit disclosure.
  - If students are discussing suicide, use the opportunity to talk with them about the phenomenon of suicide. “We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal.”

### Step 2: Crisis Response

Once the School Suicide Prevention Coordinator has confirmed a suicide death, the school and district should work together to immediately implement a coordinated crisis response. These are the most important steps that need to be taken immediately. **The following sections provide greater detail on some of the items below as well as further steps to be taken. The response aims to:**

<sup>72</sup> For resources on how to handle social media after a suicide, see **Social Media** in AFSP and SPRC, *After a Suicide: a Toolkit for Schools*, 40-41.

<sup>73</sup> Adapted from AFSP and SPRC, *After a Suicide*.

- Effectively manage the situation.
- Provide grief support.
- Maintain an environment focused on normal educational activities.
- Help students generally cope with their feelings.
- Minimize the risk of suicide contagion.

**The School Suicide Prevention Coordinator will take the lead in managing the crisis.** The coordinator will designate one member of the School Suicide Prevention Team as the Team Coordinator.

**Step 1: Inform the district superintendent of the death.**

### *School Suicide Prevention Coordinator Checklist*

**Step 2: Contact the deceased's family to:**

- Offer condolences.
- Ask what the school can do to be of assistance.
- Determine what students and families should be told.
- Inquire about funeral arrangements.

See “Get the Facts” on page 36 for more detailed instruction and action recommendations.

**Step 3: Call an immediate meeting of the School Suicide Prevention Team to assign responsibilities.**

- Establish a plan to notify faculty and staff of the death using the school's crisis alert system.
- Assign members to write two death statement notification statements, one for students and one for families.
- Assign roles and responsibilities for in-school response.
  - Assign team members to act as liaisons (for a smaller team, these positions can be combined), working with community partners of various types, including:
    - Coroner/medical examiner to ensure accuracy of information disseminated to school community
    - Police (as necessary) to ensure student safety
    - Mayor's office and local government to facilitate community-wide response to student's death
    - Mental health and medical communities and grief support organizations to plan for service needs
    - Outside trauma responders (brief them as they arrive)
    - Funeral director
    - Media relations and social media

***Note:***

A student death may be disclosed immediately, but information about the cause of death should not be disclosed to students until the family has been consulted.

**Step 4: Notify faculty, staff, and students.**

- Schedule an initial all-staff meeting as soon as possible (ideally before school starts in the morning the first school day after the suicide death has been confirmed).

- Arrange for students to be notified of the death in small groups, such as homerooms or advisories (not by public address announcement or in a large assembly).
- Disseminate handouts to faculty.<sup>74</sup>
- Disseminate a death notification statement for students.
- Plan a parent meeting (if determined to be necessary).

#### **Step 5: Notify families.**

- Disseminate a death notification statement for families.
- Speak with the district superintendent and District Suicide Prevention Coordinator throughout the day.
- Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.
- Once initial crisis management tasks are complete, plan ahead.
- Schedule periodic meetings of the School Suicide Prevention Team.
- Plan check-ins with the District Suicide Prevention Team.
- Monitor activities throughout the school, ensuring teachers, staff, and Suicide Prevention Team members have adequate support and resources.

### *Police Coordinator (School Safety) Checklist*

1. Maintain regular school hours.
2. Ensure students follow established dismissal procedures.
3. Brief school resource officers or security and discuss their role:
  - Assist parents who show up at the school.
  - Keep media off school grounds.
  - Monitor student congregation, especially in bathrooms and hallways.
4. Ensure all staff members are briefed on and following procedure to report students who seem to be having an especially difficult time.

### *Operations Coordinator Checklist*

1. Assign a staff or faculty member to follow the deceased student's schedule to monitor peer reactions and answer possible questions.
2. Enlist the District Suicide Prevention Team, if possible, to help arrange for substitute teachers or "floaters" from other schools within the district to be on hand in the building in case teachers need to take time out of their classrooms.
3. Arrange for crisis counseling rooms for staff and students.
4. Provide tissues and water throughout the building and arrange for food for faculty and crisis counselors.
5. Work with the school counseling staff (likely members of the School Suicide Prevention Team) to identify individuals who may be having particular difficulty and create psychological first aid plans for them.

<sup>74</sup> See **Facts About Suicide and Mental Disorders** and **Talking About Suicide** in the *Resource Appendix*.

6. Prepare to track and respond to student and/or family requests for memorialization.

### *Funeral Coordinator Checklist*

1. Communicate with the funeral director about logistics, especially the need for crisis counselors and/or security to be present at the funeral.
2. Communicate with the family.
  - Encourage the family to hold the funeral off school grounds and outside of school hours, if possible.
  - Discuss the importance of communicating with clergy or whoever will be conducting the service that it is important to connect suicide to underlying mental health issues and not romanticize the death in ways that could risk contagion.
  - Ask about their preferences regarding the role the school plays in disseminating information about the funeral.
3. Depending on the family's wishes, disseminate information about the funeral to students, parents, and staff.
  - Location
    - Time of the funeral (keep school open if during school hours)
    - What to expect (e.g., whether there will be an open casket)
  - Guidance regarding how to express condolences to the family
  - Policy for releasing students during school hours to attend
4. Encourage adult family members or guardians to accompany their child to the funeral.
5. Arrange for counselors to attend the funeral. Work with school counselors and community mental health professionals.

### *Media Relations & Social Media Responsibilities*

1. Prepare a media statement.
2. Field media inquiries utilizing recommended messages for media spokespeople on suicide.<sup>75</sup>
3. Instruct staff that only the media spokesperson is authorized to speak to the media.
4. Instruct students to avoid interviews with the media.
5. Refer media outlets to a resource for reporting on suicide.<sup>76</sup>
6. Oversee school's use of social media as part of crisis response.
7. Consider convening a small group of the deceased's friends to work with school administrators to monitor social networking sites and other social media.

<sup>75</sup> **Key Messages for Media Spokesperson** from AFSP and SPRC, *After a Suicide*, 21 is a recommended resource.

<sup>76</sup> [Reporting on Suicide: Recommendations for the Media](#) is a recommended resource to give to media; more information is available in the *Resource Appendix*.

## Guidelines: Modifying Procedure for Responding to a Completed Student Suicide

**Death can have a profound impact on young people, especially the unexpected death of a peer or someone they know.<sup>77</sup>**

- 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.

District and school staff and administration have an opportunity to help students cope in the short term by creating a procedure that describes specific steps to take after suicide and continuing to help students cope over the long term. It is important to keep in mind that the emotional effect from a suicide can continue for months, even years, after the event.

### ***Concerning the specific district/school, consider:***

- Immediate crisis response
- How students communicate and spread information (especially social media)
- Memorialization
- Working with the community
- Helping students cope

### ***Also, consider:***

- How to ensure all staff have access to forms
- To whom forms should be delivered
- Information to be collected
- Methods of effectively keeping the district and school administrators and teams well informed

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<sup>77</sup> SAMHSA, *Preventing Suicide*, 85-86.

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## ***Highlighted Resources***

*The following resources are forms and other documents recommended for use.*

### **External References**

#### ***CDC Suicide Facts at a Glance***

<https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>

A one-page (front and back) resource with statistics and facts about suicide in the United States.

#### ***Understanding Risk and Protective Factors: A Primer***

<http://www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf>

A document outlining common risk and protective factors, as well as strategies for using this information in suicide prevention efforts.

#### ***The School Health Index***

<http://www.cdc.gov/healthyschools/shi/index.htm>

A self-assessment and planning tool that a district/school can use to improve health and safety policies and programs.

#### ***The Hexagon Tool***

<http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN-Education-TheHexagonTool.pdf>

A tool to help states, districts, and schools systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication, and capacity to implement.

#### ***Choosing and Implementing a Suicide Prevention Gatekeeper Training Program***

<http://www.sprc.org/resources-programs/choosing-and-implementing-suicide-prevention-gatekeeper-training-program>

A table for comparing gatekeeper-training programs that is available after registering for the “Choosing and Implementing a Suicide Prevention Gatekeeper Training Program Course.”

#### ***Warning Signs***

<http://www.sprc.org/about-suicide/warning-signs>

A list of common warning signs indicating intermediate or serious risk for suicide.

#### ***Reporting on Suicide: Recommendations for the Media***

<http://reportingonsuicide.org/recommendations/>

Guidance to media outlets on how to thoughtfully engage in suicide coverage.

## **General References**

### ***Preventing Suicide: A Toolkit for High Schools***

<https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf>

A useful toolkit from the Substance Abuse and Mental Health Services Administration that has a variety of resources, scripts, and forms for suicide prevention initiatives.

### ***After a Suicide: a Toolkit for Schools***

<http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf>

A resource for postvention policy from the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

### ***Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources***

<http://www.thetrevorproject.org/pages/modelschoolpolicy>

A resource from the Trevor Project for creating a districtwide policy on suicide prevention.

### ***Suicide Prevention Resource Center: resources for schools - <http://www.sprc.org/settings/schools>***

### ***Tracking Tables*** (see pages in Resource Appendix)

- **Staff Engagement Tracking Table**
- **Community Organization/Individual Engagement Tracking Table**
- **Parent Engagement Tracking Table**





