

# GRANADA HILLS CHARTER

## Policy for Suicide Prevention, Intervention, and Postvention

K-12

The purpose of this policy is to protect the health and well-being of all students. The Governing Board recognizes that access to school based mental health services and supports directly improves students' physical and psychological safety; enhances academic and cognitive performance; and supports learning as well as social and emotional development. The Governing Board recognizes that suicide is a major cause of death among youth and that all suicide threats must be taken seriously. The Executive Director or Designee shall establish procedures to be followed when a suicide attempt, threat or disclosure is reported. The school shall also provide students, parents/guardians and staff with education that helps them recognize the warning signs of severe emotional distress and take preventive measures to help potentially suicidal students.

### DEFINITIONS

1. At risk-A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. Crisis team-A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. Mental health-A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. Postvention-Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. Risk assessment-An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental

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status, and other relevant risk factors.

6. Risk factors for suicide-Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. Self-harm-Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. Suicide-Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
9. Suicide attempt-A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. Suicidal behavior-Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
11. Suicide contagion-The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. Suicidal ideation-Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

## PREVENTION FOR GRADES K-12

Suicide prevention at school involves activities and programs which enhance school connectedness, contribute to a safe and supportive environment, and strengthen protective factors that reduce risk for students.

Suicide prevention includes:

- Promoting a climate of positive behavior support and intervention

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- Increasing staff, student, and parent/guardian knowledge of warning signs and risk factors for suicide at all grade levels and what to do when a student is expressing suicidal ideation/behavior.
- Engaging students by providing structure, guidance, and fair discipline.
- Monitoring students' emotional state and well-being and making referrals for support, as needed.
- Modeling and teaching desirable skills and behavior through character development programs.
- Promoting access to school and community resources.

The Executive Director or designee shall offer parent education information which describes the severity of the youth suicide problem and the school's suicide prevention curriculum. This information shall be designed to help parents/guardians recognize warning signs of suicide, learn basic steps for helping suicidal youth and identify community resources that can help youth in crisis. The Parent-Student Handbook and the Health Office/Counseling Website contain education and resources regarding suicide prevention and intervention. (Parent education and Handbook-Sample Attachment 2)

Suicide prevention training for certificated and identified classified staff, who directly assist in the supervision and instruction of students, shall be designed to help staff recognize sudden changes in students' appearance, personality or behavior which may indicate suicidal intentions, help students of all ages develop a positive self-image and a realistic attitude towards potential accomplishments, identify helpful community resources, and follow procedures established by the Executive Director or designee for intervening when a student attempts, threatens or discloses the desire to die by suicide. All certificated and selected classified staff shall be mandated to take the SAFE SCHOOL on-line training "Youth Suicide: Awareness and Prevention."

The Executive Director or designee shall incorporate suicide prevention instruction into the curriculum. As a high school graduation requirement, all 9-12 grade students must participate in the Summer Transition Academy (STA). An assembly *Rachel's Challenge* or similar is incorporated into STA. This assembly addresses bullying and its consequences, especially school violence and suicide. All students write a reflection after the assembly ("Dear Administrator Letter"). All letters are read, ranked in terms of student risk from 1 (lowest risk) to 5 (highest risk). Students identified at risk levels of 4 and 5 are called in during STA and assessed by the counselors. Students who are recognized in this process as needing longitudinal intervention are referred either to Special Programs for further assessment, or to the school social worker for follow-up and referral. (Rachel's Challenge-Attachment 2)

## Monitoring High Risk Populations

High risk factors for suicide or conditions that increase the chance the person may try to take her or his life. Suicide risk factors tend to be the highest when someone has several risks at the same time. It is important to note that suicide is not a result of single event.

The most frequent risk factors for suicide are:

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- Major depression or bipolar disorder
- Problems with alcohol and drugs
- Unusual thoughts and behaviors or confusion about reality
- Personality traits that create a pattern of intense unstable relationships or trouble with the law
- Previous suicide attempts or a family history of suicide or mental disorder
- Bereaved youth
- Serious medical condition and/or pain
- Youth who chronically self-harm
- Youth who are severely bullied
- Homeless Youth
- LGBTQ Youth
- Youth in the juvenile justice and child welfare system
- Native American youth
- Protective factor

Resilience is the ability to bounce back from stressful situations, difficult circumstances, and setbacks. According to the National Association of Social Workers (NASW), resilience results from a number of protective factors in the lives of young people. These are some of the ingredients that help build resilient teenagers:

- Caring and nurturing family relationships and open communication
- Community support
- Positive peer relationships
- Religious and cultural beliefs that discourage suicide
- Solid problem solving and conflict resolution skills
- Good health and access to health care
- Access to mental health and substance abuse services
- Compressive in school support
- No access to guns and other means of suicide

Young people who struggle with their sexual orientation and gender identity (LGBTQ youth) are at significantly higher risk for suicide than their heterosexual counterparts who feel secure in their sexual orientation and gender identity. LGBTQ youth don't die by suicide because they are LGBTQ. They attempt and die by suicide because of rejecting families, communities, and societal homophobia. The Substance Abuse and Mental Health Services Administration (SAMHSA) has published an 18-page guide for parents who want to raise their LGBT children into healthy adulthood.

Though staffing varies from year to year, Granada Hills Charter is well staffed with a large out-of-classroom department. The hallmark of the out-of-classroom staff is the collaborative spirit and cooperation between teams. GHC essentially provides "wrap-around services", thus promoting positive behavior in a safe and supportive learning environment. Academic counselors work with students to provide academic planning, support, and intervention opportunities throughout the four years. In addition, the academic counselors provide socio-emotional support individually and in groups. GHC also employs a 504/Transition Coordinator and a DIS/Transition Counselor to assist students with

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disabilities.

The most severe social, cultural and behavioral problems are addressed by two psychiatric social workers, social work student interns, and contracted psychiatric social workers (SSW) who provide specialized mental health counseling to students who are deaf or hard of hearing. To respond to the substantially increased student mental health needs, GHC has contracted with one additional agency. This agency provides workshops for parent with a focus on parenting adolescents and preparing them for adulthood by building resilience and provides student workshops and individual therapeutic counseling. Lastly, to provide trauma based therapy to the school's most fragile students, GHC has contracted with a qualified therapist for once a week support. GHC employs two full-time nurses and one full-time office assistant to attend to the student body's health needs. As the student body grows, GHC will appropriately staff its campus to meet the needs of its population.

In grades 9-12, three deans of discipline and two deans of attendance identify and support students with behavioral and attendance problems with PBIS. Student Expected Behaviors are clearly articulated and posted throughout campus.

## INTERVENTION

Any staff member who is made aware of or witnesses indications of self-harm or learns of a suicidal statement that is written, drawn, spoken or threatened, will immediately notify the guidance counselor, the school nurse, the school social worker, or an administrative director, who shall promptly report the threats or statements to the student's parents/guardians and follow the appropriate procedures for safeguarding the student. Any threat in any form must be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. Thus, in cases of life threatening situations a student's confidentiality will be waived.

The Board empowers faculty and staff to encourage students to report troubling behaviors, rumors and direct knowledge of a peer's suicidal ideation to an appropriate qualified adult. Teaching students appropriate help-seeking behaviors, both for themselves and their peers, is in line with the Expected Schoolwide Learning Results (ESLRs) adopted by the Governing Board as the guiding principles of GHC.

### Responding to Suicide Threats

Any administrator, certificated and classified staff member who becomes aware of a suicide threat must report this knowledge to an Administrative Director or the Health Office.

### During School Hours

- Immediately locate the student and radio security to retrieve him/her from the classroom, with all belongings and bring the student to the Health Office.
- If there is immediate danger and the student is physically violent or the student is temporarily AWOL, the school police office shall be notified or call 911.

The school social worker will make an assessment and notify the Psychiatric Mobile Response

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Team (PMRT) if hospitalization appears indicated. (818- 832-2510). Except in the case of suspected child abuse, the parents/guardians will be called once the PMRT arrives; this will prevent them from interfering with the in-depth interview and safeguarding of the student. If abuse is suspected, the Department of Child and Family Services shall be notified. The school social worker will stay on site with the student and family until the ambulance picks up the student.

- In the event the school social worker is off campus, a nurse or academic counselor will make a non-therapeutic assessment and review any supporting evidence, such as writings, screenshots of text messages, social media postings, etc. Often, this type of evidence is more revealing than the student's statements. (Suicide Assessment-Attachment 3.)
- After the initial interview of the student, nurse or counselor will call Valley Coordinated Children's Services (VCCS) to request a phone evaluation by the Officer of the Day (818-708-4500). Most often, the Officer of the Day (DO) will request the caller to contact parents/guardians and have them come to the school, even before it is clear what will happen next. While the DO speaks to the student on the phone, school staff calls the parent/guardian.
- VCCS will determine if hospitalization is needed; they will call PMRT or make other arrangements accordingly. They will also speak with the parent/guardian.

## After School Hours

- If the suicidal threat occurs after 6 pm on campus, staff must call the Los Angeles County Department of Mental Health (DMH) Access Line (1-800-854-7771.) The on-duty clinicians will determine the required level of intervention; they will either activate emergency services or give specific directives to the parent/guardian about how to proceed.
- At least one certificated staff member and/or administrator must remain with the student until emergency services arrive or parents/guardians retrieve the student unless child abuse is suspected. If child abuse is suspected, the Department of Children and Family Services must be notified.
- If a staff member learns of a threat after school, when the student is no longer on campus, the student's parents/guardians must be called to determine if the student is safe unless child abuse is suspected.
- If there is immediate danger and the student is physically violent or the student is temporarily AWOL, the school police office shall be notified or call 911.

## Emergency Phone Numbers

- Law Enforcement Emergency Line 24/7: 911
- Los Angeles Department of Mental Health Access Line 24/7: (800)854-7771
- Valley Coordinated Children's Services (8:00 am– 5:30 pm): (818) 708-4500
- Kaiser Permanente Behavioral Health Hotline (24/7 for Kaiser Members): (800) 900-3277
- Department of Children and Family Services-1-800-541-4000

## Re-Entry Procedures

- In case the student is hospitalized, the parent is informed by the counselor or school social worker verbally and by email that a physician (psychiatrist) must clear the student to return to school. In case there are restrictions, they must be laid out in detail. The note must be furnished at the mandatory re-admit conference in the Health Office. The school social worker, a nurse, and the

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student's academic counselor must be present for the conference. During summer school, an administrator must attend the conference.

- During the re-admit conference, parents sign a release of information so community mental health service provider and the school social worker can coordinate services. If an SST meeting, a 504 Plan, or a Special Education assessment is needed, next steps and timelines will be discussed with student and parents/guardians during the conference. If a safety plan has not been completed during the hospitalization, one has to be created during the re-admit conference. (Safety Plan and MY3 APP-Attachment 5) (Safety Plan for K-6 Attachment 5)
- The school social worker or the counselor notify the teachers that the student has returned and is entitled to as many days for make-up work as he/she was absent. Encourage the teachers to be sensitive to the student's needs and inform them that the student has been provided with a Health Office Pass (include expiration date.)
- Enter notes in student data system, observing the law of parsimony. NEVER include the name of a student's peer in the notes. If staff were notified of the threat by a student's friend, refer to them as "a male/female peer." Include time lines as well as the names/titles of people involved in the intervention (example: PMRT Clinician Begonia, RN; VCCS DO Oakley, Psy.D.)

## POSTVENTION

In the event that a student should die by suicide, the school shall treat the death like any other death. This minimizes the danger of inadvertently glorifying the suicide, which will also lower the likelihood of contagion. Postvention shall be implemented with faculty and staff, students, parents, and -- if appropriate-- with the community at large. If indicated, the Governing Board and the Executive Director shall empower the in-house crisis team to seek the assistance of appropriate community agencies. (After a Suicide Toolkit-Attachment 5)

The school crisis team shall meet on a quarterly basis to review and update crisis response procedures.

### Legal Reference:

#### EDUCATION CODE

49602 Confidentiality of student information

49604 Suicide prevention training for school

counselors WELFARE AND INSTITUTIONS CODE

5698 Emotionally disturbed youth; legislative

intent Management Resources:

#### CDE PUBLICATIONS

Suicide Prevention Program for California Schools,

1987 Health Framework for California Public Schools,

1994

Consultation: Barbara Ackermann, EdD, LCSW, School Social Worker. Svitlana Malis, LCSW, Clinical Supervisor PMRT, SPA 2, Los Angeles County Department of Mental Health.

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# Attachment 1



TO: STA Teachers

DATE: July 12, 2017

FROM: Julia Howelman, Administrator

SUBJECT: Rachel's Challenge Assembly and Debriefing Activity

## Expected Student Behavior



GRANADA HILLS  
CHARTER HIGH SCHOOL

Today, July 12, 2017, and tomorrow, July 13, 2017, your students will participate in a very powerful presentation called *Rachel's Challenge*. *Rachel's Challenge* focuses on the elimination of school violence and helps establish a school culture of kindness and compassion. Students are given five powerful challenges that are based on the writings and life of Rachel Joy Scott, the first victim of the Columbine School shootings in 1999. This program consists of an emotionally charged school assembly that will inspire every listener towards a life of kindness and compassion that supports the GHCHS Expected Student Behaviors posted throughout campus.

After the presentation, students will have the opportunity to sign a banner pledging to accept the five challenges of kindness. Upon returning to class, all students will write a letter to Mr. Bauer as a debriefing activity on the green sheet provided in this envelope. If, after the de-briefing writing activity, a student is visibly upset, please send him or her to the Health Office to meet with our Social Worker.

Before the end of Block One, collect the letters and place them into the envelope. Return the envelope to the Main Office at the start of Block Two. All letters will be read by our counseling staff.

If you have additional question about the presentation, please go to [www.rachelschallenge.com](http://www.rachelschallenge.com)

Thank you for your cooperation.





# **Attachment 2**

## **Attachment 2**

### **Suicide Prevention-What Parents Should Know**

Suicide is the second leading cause of death in young people 12 – 18, and among college-age youth. More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. Youth suicide is one of the most frightening topics for parents and educators. However, it must be addressed: Suicide is preventable! The more we know about it, the better prepared we are to respond to an existential mental health crisis in a young person's life. These pages are designed to help parents detect when something is wrong, and to explain how parents can safeguard their sons and daughters. The information below is taken and partially adapted from the JF Parent Resource Program (Jason Foundation). <http://jasonfoundation.com/prp/facts/signs-concerns/>

It is difficult for adults to understand what would motivate a young person to take his/her own life. Changes in the behavior of a child are often seen as a phase they are going through—just a part of adolescence. This may or may not be the case. As parents and adults we need to be able to talk openly with our youth. Some youth in pain see suicide as their only option. We need to be able to recognize signs of concern and know how to react and get professional help if needed. The first thing we need to do is to be well informed about the “Silent Epidemic” of youth suicide. **Suicide is Preventable**

#### **Higher Risk Groups**

Youth suicide is a serious, national health problem affecting our young people today. Although there is really no stereotypical “suicidal type” young person, the statistics on youth suicide indicate that some groups are at a higher risk for suicide than others. Suicide knows no boundaries; it occurs across all age, economic, social, and ethnic boundaries.

- Females attempt suicide more than three times as often as males; however, males die by suicide more than four times as often as the females.
  - In the age 10 to 24 group, 81% of the suicide deaths were males and 19% were females.
- Cultural variations also exist in suicide rates.
  - Native American/Alaskan Native youth have the highest rates of suicide-related fatalities.
  - Caucasian youth have the second highest rates of suicides.
  - African-American youth have the third highest rates of suicides.
  - Hispanic youth are more likely to report having attempted suicide than their black and white, non-Hispanic peers.
- LGBTQ youth are often considered to be at higher risk for suicide than their heterosexual peers.
  - 81.9% of LGBT students have experienced harassment at school because of their sexual orientation
  - 63.5% have felt unsafe at school
  - 60.4% of LGBT students never reported an incident of harassment or assault to school personnel.
- NOTE: This is not a complete listing but rather a general overview of at-risk groups.

## Risk Factors

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth's anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are described below.

- Depression, mental illness and substance abuse
  - One of the most telling risk factors for youth is mental illness. Mental or addictive disorders are associated with 90% of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment. In fact, 60% of those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions, and worsens depression, are associated with 50-67% of suicides.
- Aggression and fighting
  - Recent research has identified a connection between interpersonal violence and suicide. Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.
- Home environment
  - Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.
- Community environment
  - Youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her own behavior after what is experienced in the community. Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives.
- School environment
  - Youth who are struggling with classes, perceive their teachers as not understanding them or caring about them, or have poor relationships with their peers have increased vulnerability.
- Previous attempts
  - Youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.
- Cultural factors
  - Changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals. Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.
- Family history/stresses
  - A history of mental illness and suicide among immediate family members place youth at greater risk for suicide. Exacerbating these circumstances are changes in

family structure such as death, divorce, remarriage, moving to a new city, and financial instability.

- Self-mutilation
  - Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the reason for this behavior can vary from peer group pressure to severe emotional disturbance. Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.
- Situational crises
  - Approximately 40% of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.

### **Elevated Risk Factors**

- Although there is no such thing as a suicidal type of young person, the statistics on youth suicide do suggest that there are certain behaviors or characteristics that can alert you to a possible elevated risk of suicidal thought. Some of the most common elevated risk factors are listed below:
- Perfectionist Personalities
  - The pressure, often on oneself or from others, to be perfect may cause feelings of inadequacies. These young people are often the high achievers and/or school leaders that overextend themselves to exhaustion. These youth set high expectations for themselves and if those expectations become impossible to achieve, depression and eventual thoughts of suicide may occur.
- GLBTQ
  - These young people are considered to be at high risk for suicidal behavior because they are the targets of a great deal of victimization. They report not feeling safe in their schools, feeling confused about their sexuality and suffering some form of verbal or physical abuse.
- Learning Disabled
  - Youth who constantly struggle to understand concepts that are easily understood by others can become depressed and feel defeated. Their struggle to perform in school is present for them daily. Youth with learning disabilities had twice the risk of emotional distress, and females were at twice the risk of attempting suicide and for violence involvement than their peers.
- Loners
  - These young people appear to have no social or emotional support systems.

- Low Self- Esteem
  - Feelings of worthless, shame, overwhelming guilt, self-hatred, “everyone would be better off without me.”
- Depressed Youth
  - 90% of those who complete suicide suffer from undiagnosed and treatable mental health issues.
- Students in Trouble
  - A recent literature review of youth corrections shows that detention has a profoundly negative impact on young people’s mental and physical well-being, their education, and their employment. One psychologist found that for one-third of incarcerated youth diagnosed with depression, the onset of the depression occurred after they began their incarceration, and another suggests that poor mental health, and the conditions of confinement together conspire to make it more likely that incarcerated teens will engage in suicide and self-harm.
- Abused, Molested or Neglected
  - Abused youth in a study by the AMA showed significantly greater risk factors for youth suicide, including family disintegration, diagnoses of depression, disruptive behavior disorders and substance abuse and dependence.
- Abusers of Drugs and Alcohol
  - Alcohol and drug use clouds judgment, lowers inhibitions and worsens depression, and in turn can heighten the risk considerably.

### **Do's and Don'ts for Parents**

If you have noticed a pattern of behavior in a young person that is consistent with some of the risk factors and warning signs described in subsequent sections, it is time to act. Here are some tips on the next steps to take:

- Remain calm
  - Though you may be shocked and overwhelmed, it is important to try to stay relaxed. By remaining calm, you are creating a comfortable atmosphere for the person who is suicidal to open up to you and reach out for your help. Do not give up hope or begin to panic. If an individual is opening up to you, he or she must trust you and feel comfortable with you. Do not doubt yourself in the situation. It is important that the child have someone with them, so be sure to not leave him or her alone. Remember, what your child really needs right now is a parent.
- Be prepared to talk about suicide
  - Four out of five completed suicides gave clear warning signs before the attempt. While death is an uncomfortable subject for many people, it is important to be able to talk about it openly and honestly. There should be no fear in talking to young people about suicide. By discussing it, you are not putting the idea in their head or increasing the likelihood of suicidal behavior. An open discussion can help decrease some of the anxiety experienced by suicidal youth and come as a relief to them that someone else cares about them and wants to help them. Talking about suicide can help youth see the other options they have. Further, asking if they are

suicidal can be helpful because some youth view this question as permission to feel the way they do, making it easier for them to open up.

- In talking to a young person, it is important not to minimize or dismiss their problems. Instead, try to provide them with reassurance. Be sure to acknowledge their fear, sadness, and other emotions, and tell them you care about them and want to help them. Also, it is important to keep from encouraging feelings of guilt and being judgmental.
- Since people who are contemplating suicide feel so alone and helpless, the most important thing to do, if you think a friend or loved one is suicidal, is to communicate with him or her openly and frequently. Make it clear that you care; stress your willingness to listen. Your first question should be whether or not he or she is having suicidal thoughts. If the answer is yes, then ask the individual if he or she has a plan of how to do it. If the youth answers yes again, ask if he or she has obtained whatever is needed to do it, and if so, if a time has been determined. Getting the answers to these questions can help you evaluate the mindset of the youth and get him or her the necessary help.

#### Be prepared to ACT

- When a suicidal youth wants to open up to you, don't be afraid to get involved and take action to get them the help. If someone is suicidal, he or she must not be left alone. Try to get the person to seek help immediately from his or her doctor or the nearest hospital emergency room, or call 911. It is also important to limit the person's access to firearms, medications, or other lethal methods for suicide.

#### Do not try to play the hero

- Though it is important to act immediately, it is better not to act alone. Helping a suicidal person is not easy. It can take a lot of time and energy and bring forth an array of emotions. Having the support of others can help you help someone else. Additionally, you should never attempt to physically take away a weapon. You do not want to put yourself in a dangerous situation, nor do you want to aggravate the suicidal person.

#### Do not promise confidentiality

- Though an individual may ask you to guarantee confidentiality, try to avoid making this promise, and be prepared to break it if you do. Keeping a child's promise is not as important as saving a child's life. Though your child may be hurt and angry initially, you must remember that he or she is unable to think clearly right now, and realize it may be time to seek professional help.

#### Don't fall into the "Not My Child Syndrome"

- It is all too easy to think of suicide as a terrible tragedy that happens to other people's families. We want to believe that children who experience "suicidal thought" come from dysfunctional families that may have a history of family violence and drug abuse. While it is true that these factors increase the risk of suicide, it's important to understand that suicide crosses all racial, economic, social and ethnic lines. No one is automatically exempted. All of us need to be aware of the warning signs of "suicidal thought" and know how to respond if the behavior of the youth causes concern.



## **Where do I seek help?**

As outlined in these pages, youth suicide is a common and complex problem. However, it is not as complicated to help a suicidal teen as it seems. All parents have the drive to protect and safeguard their children. Not everyone, however, has a big and supportive network of extended family, friends, and community. This is why it is so important to have access to professional help and resources. Here are the most important ones:

- If you feel that your son or daughter is in imminent danger or has already attempted suicide, call 911.
- If your son or daughter needs immediate mental health assessment because of suicidal signs you recognize, call the 24-hour Access Line of the Department of Mental Health (800) 854-7771
- If you are worried about your son or daughter's mental state during business hours, call Valley Coordinated Children's Services and ask for an Officer of the Day. The therapist on duty will conduct a phone assessment of your child, will ask you additional questions, and advise you on how to proceed. (818) 708-4500.
- In case you are a member of Kaiser Permanente, you can call the 24-hour access line for help. Mental health specialists are standing by for assessment and immediate assistance (800) 900-3277.
- You can find further helpful mental health resources on the Granada Hills Charter website.



# Attachment 3

# GRANADA HILLS CHARTER HIGH SCHOOL

## SUICIDE RISK SCREENING TOOL

- |   |     |    |
|---|-----|----|
| 1. In the past few weeks, have you wished you were dead?  | Yes | No |
| 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? | Yes | No |
| 3. In the past week, have you been having thoughts about killing yourself?                            | Yes | No |
| 4. Have you ever tried to kill yourself?  | Yes | No |

If yes, how?

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When?

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If the student answers **Yes** to any of the above, ask the following acuity question:

- |   |     |    |
|---|-----|----|
| 5. Are you having thoughts of killing yourself right now? | Yes | No |
| 6. Do you have a plan? If yes, please describe:           |     |    |

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- |   |  |  |
|---|--|--|
| 7. Do you have access to those means (e.g. access to firearms, medications etc.)? |  |  |
|---|--|--|

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### Next Steps:

- If the student answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*\*Note: Clinical judgment can always override a negative screen*).
- If student answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - “Yes” to question #5 = **acute positive screen** (high risk identified). Student requires a safety/full mental health evaluation. **Student cannot leave until evaluated for safety**. Keep student in sight. Remove all dangerous objects from room. Ask questions #6 and #7 for further assessment. PMRT will ask for the responses to these questions.
  - “No” to question #5 = non-acute positive screen (moderate/low risk identified). Student requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.



# Attachment 4

# GRANADA HILLS CHARTER HIGH SCHOOL

## Reference Guide-Responding to Threats to Harm Self or Others

Any administrator, certificated and classified staff member who becomes aware of a suicide threat must report this knowledge to the following:

- Their supervising administrator
- Email the GHC Mental Health Crisis Team [ghcmhct@ghctk12.com](mailto:ghcmhct@ghctk12.com)
- The student's counselor

The mental health crisis team consist of the following:

- School Social Workers
- School Counselors
- School Psychologists
- School Nurses

*NOTE: The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.*

### Secure the Safety of the Student

1. **For immediate, emergency life threatening situations call 911.**
2. If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact the parent (if appropriate).

### A. Assess for Risk

#### 1. Assess for Suicide Risk

- a. Respond immediately to the concern. For example, do not wait until the end of the day or leave a note, send an email, or leave a voicemail without ensuring that the message was received.
- b. The social worker or MHC member should gather essential background information from referring party that will help with assessing the student's risk for suicide/threat (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, and social media).
- c. The social worker or MHC member should contact the student to complete a risk assessment utilizing the [GHC Suicide Risk Screening Tool](#). These tools include questions to ask, levels of risk, definitions, and warning signs. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated team member to determine the level of risk.
- d. If the assessing party makes phone calls for consultation, these should be made in a confidential setting.
- e. Ask parents to supervise the student at all times.
- f. The privacy of all students should be protected at ALL times. Disclose information only on the right to know and need to know basis.

# GRANADA HILLS CHARTER HIGH SCHOOL

## 2. Harm to Others/Threat Assessment

- a. Respond immediately to the concern. For example, do not wait until the end of the day or leave a note, send an email, or leave a voicemail without ensuring that the message was received.
- b. **Notify the Deans' office.** The social worker or MHC member should support the Dean in gathering essential background information from referring party that will help with assessing the student's risk for suicide/threat (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, and social media).
- c. The Deans' office will conduct a School Threat Assessment Investigation utilizing the [School Threat Assessment Investigation Protocol](#). These tools include questions to ask, levels of risk, definitions, and warning signs. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated team member to determine the level of risk.

### B. Determine Appropriate Intervention(s)

The assessing party should collaborate with at least one other mental health team member to determine appropriate action(s) based on the level of risk. Interventions should be based upon the severity and risk of suicide/threat. There are circumstances that might increase a student's suicide/threat risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias. The interventions determined should be documented and managed by the mental health team or Dean member.

### CATEGORY OF PRESENT BEHAVIOR/LETHALITY LEVEL

**The following language is for Mental Health Personnel only:**

**\_\_\_ High Risk: Student is contemplating/doing something that he/she perceives will cause death**, OR student is having conscious intent to die and/or student has a plan and/or access to means.

**\_\_\_ Moderate Risk: Student is depressed and has given thought as to how he/she might end his/her life**, OR student has a history of previous suicidal behavior, but no plan, intent, and/or access to means.

**\_\_\_ Low Risk: Student is saying or doing something that indicates a self-destructive desire**, OR student is having thoughts of killing him/herself with no plan, intent, and/or access to means.

Based on suicide/threat assessment, interventions may include:

#### 1. If Low Risk:

# GRANADA HILLS CHARTER HIGH SCHOOL

- a. Develop a safety plan as appropriate. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a crisis.
- b. Notify parents and share concerns and provide recommendations for mental health evaluation (e.g. contacting a primary care physician/insurance provider or community mental health agency) and safety in the home (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, razor blades).
- c. Offer additional resources/supportive services (as appropriate).
- d. Conduct follow-up check in with the school social worker.

## 2. **If Moderate Risk:**

- a. Develop a safety plan. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a crisis.
- b. Notify parents and share concerns and provide recommendations for mental health evaluation (e.g. contacting primary care physician/insurance provider or community mental health agency) and safety in the home (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, razor blades).
- c. Offer additional resources/supportive services (as appropriate).
- d. Conduct follow-up check in with a social worker.

## 3. **If High Risk:** If no reported issues of abuse/neglect, Follow the following two options (in order):

**Option 1:** School social workers or MHC members will call the Department of Mental Health (24/7) ACCESS at **(800) 854-7771**. ACCESS line dispatch the appropriate team to conduct a suicide/threat assessment at the school site or at student's home (if appropriate).

## **After School Hours**

- If the suicidal/homicidal threat occurs after 4:30 p.m. The staff member must call the Los 911.
- If child abuse is suspected, the Department of Children and Family Services (DCFS) must be notified.
- If a staff member learns of a threat after school, when the student is no longer on campus, the student's parents/guardians must be called to determine if the student is safe unless child abuse is suspected.
- **If there is immediate danger and the student is physically violent or the student is temporarily AWOL, the school police office shall be notified or call 911**

## **C. Re-Entry Guidelines**

# GRANADA HILLS CHARTER HIGH SCHOOL

See student Re-Entry Form for a checklist of action items to consider.

- a. A student returning to GHC Launch distance learning following psychiatric evaluation or hospitalization, including psychiatric and drug/alcohol inpatient treatment, must provide a psychiatrist's, mental health professional's, or charge nurse's note that clears the student to return to school without restrictions."discharge paperwork.
- b. A re-entry meeting with the social worker, school counselor, parents, and student should be held via Google Hangouts Meet, Zoom, or phone (virtual options are only available as long as distance learning is in place) to ensure a successful transition back to school.
- c. Complete a Safety Plan (if needed). Throughout the safety planning process, the likelihood of the student implementing the steps should be assessed and potential obstacles should be identified. A collaborative problem-solving approach should be used to address any potential barriers to the student utilizing the safety plan in the home.
- d. Mobilize a support system and provide resources.
  - i. Connect the student and family with social, school and community support.
  - ii. For mental/physical health services, refer the student to a community resource provider, or their health care provider.
- e. Monitor and manage.
  - i. School social workers should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate threat to self.
  - ii. Maintain consistent communication with appropriate parties on a need to know basis.
  - iii. If the parent/guardian is not following the safety recommendations, a suspected child abuse report may be filed.

## **E. Document All Actions**

1. The school social worker, MHC member, or Dean shall maintain records documentation of actions taken.
2. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.
3. Eschool notes:
  - a. Social workers, MHC members, or Dean will document behavior and include how it was handled.

DEPARTMENT OF MENTAL HEALTH-EMERGENCY OUTREACH BUREAU PSYCHIATRIC CRISIS  
SERVICES



# GRANADA HILLS CHARTER HIGH SCHOOL

## **ACCESS Center - (800) 854-7771**

Services include deployment of crisis evaluation teams, information and referrals, gatekeeping of acute inpatient psychiatric beds, interpreter services and patient transport. This service is open 24/7.

## **Psychiatric Mobile Response Teams (PMRT) – (800) 854-7771**

Psychiatric Mobile Response Teams (PMRT) consist of DMH clinicians designated per Welfare and Institutions Code 5150/ 5585 to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder.

## **Law Enforcement Teams/Medical Evaluation Team (LET/MET) - To make referrals call 911**

This co-response model pairs a DMH clinician with a law enforcement officer. The primary mission is to respond to 911 or patrol officer requests for assistance on calls involving mentally ill, homeless, or high risk individuals. LET/MET/SMART support one another as resources permit.

## **School Threat Assessment Response Team (START) – (213) 739-5565**

START provides training and consultation, assessment and intervention, and case management and monitoring to students at risk for targeted school violence. START collaborates with educational institutions, law enforcement agencies, mental health providers, and parents to mitigate or eliminate threats.

## **Homeless Outreach Mobile Engagement (HOME)- (213) 480-3480**

HOME provides countywide field-based outreach and engagement services and intensive case management to under-served or disengaged homeless persons who are mentally ill, living in homeless encampments, or frequenting locations where outreach is not readily available or provided in a focused manner.

## **Homeless Outreach Teams (HOT)- (800) 854-7771**

Homeless Outreach Teams (HOT) are comprised of PMRT staff members providing outreach and engagement to mentally ill homeless persons. HOT increases the likelihood of effective outcomes for this population in situations when they are at risk of involuntary hospitalization.

## **Psychiatric Emergency Teams (PET)**

Psychiatric Emergency Teams (PET) are mobile teams operated by psychiatric hospitals approved by the Department of Mental Health to provide 5150 and 5585 evaluations. Team members are licensed mental health clinicians. PET operates similar to PMRT and provides additional resources in specific geographical regions. For contact information on PET, call (800) 854-7771.

## **Suicide Prevention Hotline - (877) 727-4747 or Suicide Prevention Center in Los Angeles (310) 391-1253**

Provides a 24-hour suicide prevention crisis line and uses community volunteers in providing hotline service. The hotline counselors can refer the caller to a therapist in the community.



# Attachment 5

## **Developing a Student Safety Plan for Elementary School Students (Attachment 5)**

A Student Safety Plan should be completed after an incident involving a student who expresses suicidal ideation, is engaging in self-harm, receives a psychiatric evaluation or is hospitalized. Initial safety planning should be developed in collaboration with the student's input and should emphasize strategies that are practical. Complete a Safety Plan when the suicide risk assessment level is deemed low, moderate or high. Update the Safety Plan as needed.

**Refer to the definitions and examples below as a guide to help a student complete their Safety Plan:**

**My Triggers:** Any situation, person, place or thing that may elicit a negative reaction or cause the student to engage in negative behaviors/self-harm. Some triggers include *fights at home, being home alone, problems in the classroom/playground, seeing an ex best friend, gossip on social media, or getting a low score/grade.*

**When this happens, I feel:** This section allows students the ability to identify what emotion is manifested when there is a trigger. Some examples of emotions may be: *sad, mad, hurt, scared, worried.*

**My Warning Signs:** These are the actions, behaviors and observations that inform adults/staff that a student might be feeling suicidal and needs help. These can be thoughts, emotions, body sensations, and/or behaviors. Some warning signs that adults/staff may notice in students include talking, writings, postings or thinking about death; displaying dramatic mood swings; alcohol and drug use; socially withdrawing from friends, family and the community; drastic personality changes; and neglect of personal appearance.

On their safety plan, students may utilize page two to draw/write some of the warning signs they experience when they are upset that affects their thoughts, emotions, body, and behaviors. Students, especially younger students, may need some guidance and direction when developing their warning signs. Some examples include *having negative thoughts, heavy breathing, picking fights, feeling like I can't express myself, not wanting to do the things I used to enjoy, not caring what I look like, and/or sleeping too much/not enough.*

**My Coping Skills/Healthy Behaviors:** These are positive actions and behaviors that a student engages in to help them through their struggles on a daily basis. Some coping strategies include activities that a student can do in order to regulate his/her emotions (include some things he/she can do in the classroom and on the school yard, and some things he/she can do at home); ask the student for input, and teach him/her additional strategies if necessary. Strategies may include slow breathing, yoga, playing basketball, drawing, writing in journal, taking a break from class to drink water, listening to music, playing with a pet.

**School Support:** Any school staff member or administrator can check in with a student regularly. Notify student's teacher(s) and request monitoring and supervision of the student (keeping in mind not to share confidential information). Have the student list three names of trusted adults they can seek out for support.

Emphasize that teacher(s) must notify school site crisis team members about any safety issues or concerning observations. Some examples of school support may include: *Counselor Mr. Jones, Teacher Mr. Doe, Teacher Assistant Ms. Jane, After-School Staff Ms. Smith.*

**Home/Community Support:** It is important that a student also feel connected with healthy adults at home or in their community. The student should trust these adults and feel comfortable asking for help during a crisis. Have the student list three names of trusted adults they can seek out for support. Some adults may include *family (e.g. grandparent, aunt, uncle, adult sister/brother); clergy (e.g. youth pastor); or next-door neighbor-Mr. Smith.*

**My Other Thoughts:** This section provides students with the option to draw or write anything else they would like to highlight or add to their safety plan. This option encourages students to process their thoughts and experiences, especially if students indicate journaling as a coping skill.

**My Crisis Plan and Resources:** Review this section with the student, as well as with their parent/guardian, to ensure they are aware of the steps to take in the event of a crisis.

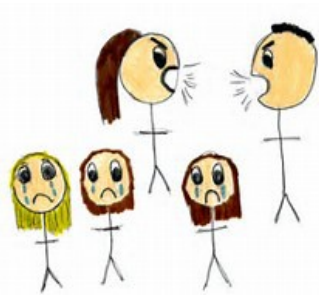
## MY SAFETY PLAN

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

**My Triggers:** (Things that make me upset, feel bad, or think about dying.)



Fights at Home



Problems with Classmates/Friends



Problems in School

Describe:

---

---

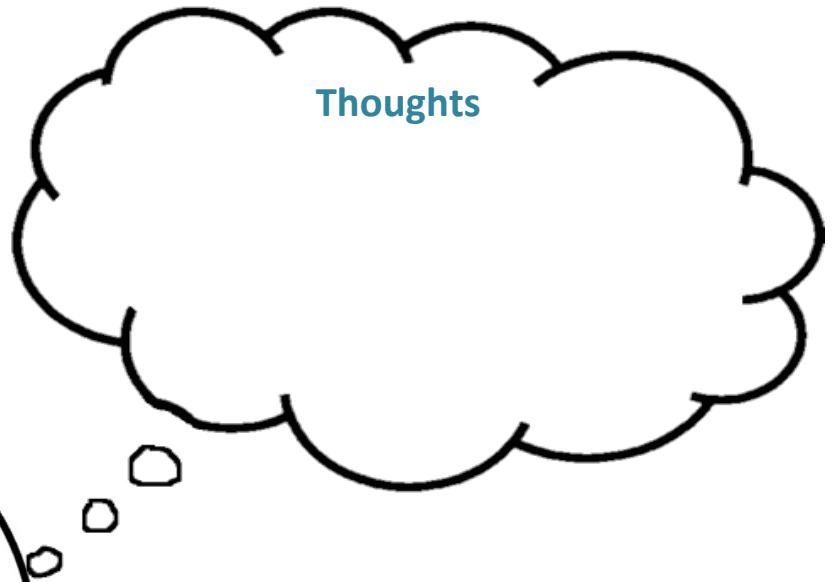
When this happens, I feel...

 <b>Sad</b>	 <b>Mad</b>	 <b>Hurt</b>	 <b>Scared</b>
 <b>Lonely</b>	 <b>Frustrated</b>	 <b>Worried</b>	<b>Create Your Own Feeling</b>

## My Warning Signs (Attachment 2)

What signs tell me I'm starting to get upset/overwhelmed?

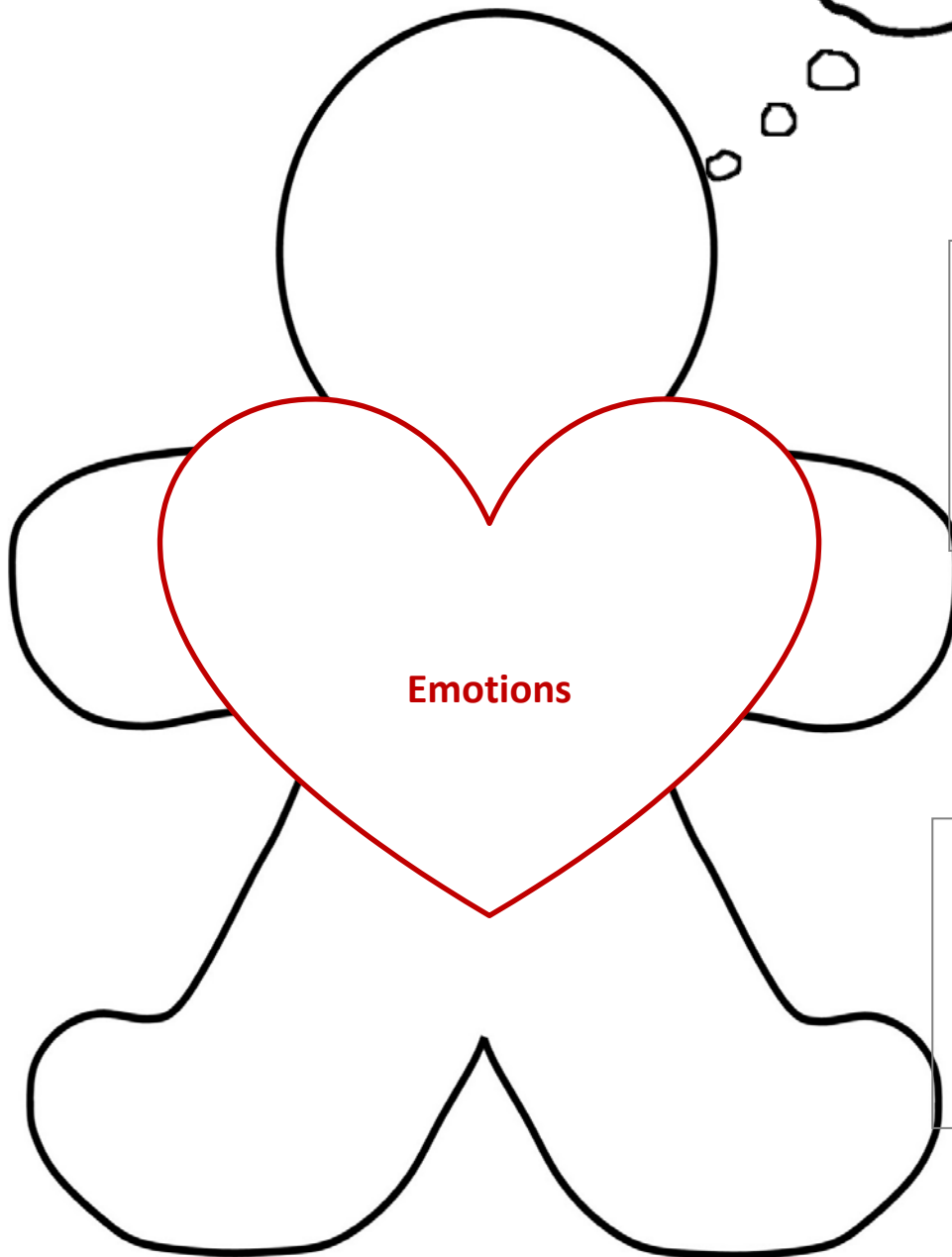
Directions: Write/draw your warning signs in the image below.



### Body Sensations

When I am mad I feel my...

- heart racing
- stomach ache
- sweaty palms
- add your own example in the image on the left



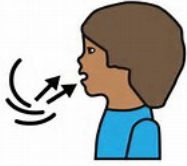
### Behaviors

When I am mad I...

- hurt myself
- pick fights
- spend time alone or isolate myself
- add your own example in the image on the left

**My Coping Skills/Healthy Behaviors:** (What are some helpful things that will take my mind off the problem?)

Take deep breath



Relaxation  
Techniques



Play with My Pet



Play with My Friends



Draw/Art

Identify your coping skills:

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- 

**School Support:** When I feel this way at school, I can go to...



Teacher



Principal, Counselor, Support staff



Other School Staff

Name three trusted adults at school:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Home/Community Support: When I feel this way at home, I can go to...**



**Parent/Guardian, Grandparent,  
Adult Sibling, Aunt/Uncle**



**Church Clergy, Coach, Therapist**

**Name three trusted adults at home or in my community:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My other thoughts...



## My Crisis Plan and Resources

I or my trusted adult can call...

- **911** for immediate support
- *Los Angeles County Department of Mental Health ACCESS (800) 854-7771* – (24 hours)
- **Suicide Prevention Lines (24 Hours)**
  - *National Suicide Prevention Lifeline*      **(800) 273-TALK** or **(800) 273-8255**  
**(800) SUICIDE** or **(800) 784-2433**
  - *Didi Hirsch Suicide Prevention Center*      **(877) 727-4747**
- *California Youth Crisis Line (800) 843-5200* – 24 hours, bilingual
- *TEEN LINE (310) 855-HOPE* or **(800) TLC-TEEN** – a teen-to-teen hotline with community outreach services, from 6pm-10pm PST daily. Text, email and message board also available, with limited hours-visit <http://teenlineonline.org> for more information.
- *The Trevor Project (866) 4-U-TREVOR* or **(866) 488-7386** – a 24-hour crisis line that provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit [www.thetrevorproject.org](http://www.thetrevorproject.org) for more information.

## Signatures

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_

Phone#

\_\_\_\_\_

Parent /Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Administrator/Case Carrier (please print)

\_\_\_\_\_

Title

\_\_\_\_\_

Administrator/Case Carrier Signature

\_\_\_\_\_

Date



# Attachment 6



# After a Suicide: A Toolkit for Schools

Second Edition



# Endorsements from Other Organizations

## National Association of School Psychologists (NASP)

When a suicide occurs, it can disrupt the foundation of the school and larger community to the core. How school leaders respond can help minimize negative effects and reinforce resilience. In fact, effective postvention efforts serve as the first line for prevention of potential suicide contagion among vulnerable members of the school community.

*After a Suicide: A Toolkit for Schools* provides step-by-step guidance, templates, and resources all in one place. It is a vital resource to help school administrators and crisis teams plan for and implement appropriate postvention strategies to facilitate communications, support grieving students and staff, identify at-risk individuals, and more.

## National Association of Secondary School Principals (NASSP)

The tragedy of suicide affects many schools each year, and it is essential for principals and other school leaders to have the resources they need to help them cope personally and professionally in the event of a student death. During the high-stress period after a suicide, these professionals must provide effective postvention (activities that reduce risk and promote healing after a suicide death) and facilitate an orderly return to the daily operation of the school. That's why the National Association of Secondary School Principals (NASSP) collaborates with organizations like the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. Toolkits like *After a Suicide: A Toolkit for Schools* provide our members with tools and resources designed to help them work with faculty, staff, students, and others to restore the health of the school community. Resources like these are integral in helping principals and other school leaders carry out their mission to serve all students.

## American School Counselor Association (ASCA)

A student suicide has a tremendous impact on the entire school as well as the broader community. School administrators, faculty, and staff are called on to provide leadership and strength to students and their families, even though they themselves may be shaken emotionally and unsure of the proper actions to take. They will be grappling with issues such as immediate crisis response, helping students and parents cope, and communicating with the school and wider community, as well as the media. *After a Suicide: A Toolkit for Schools*, developed by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, is a valuable guide to help school personnel prepare for the tumultuous and stressful aftermath of a student suicide and to help prevent future tragedies.

This second edition of *After a Suicide: A Toolkit for Schools* was written in 2018 by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), Education Development Center (EDC).

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For additional first edition acknowledgments, see [Appendix C: Additional Reviewers of the First Edition](#).

*After a Suicide: A Toolkit for Schools* addresses Objective 10.1 of the *National Strategy for Suicide Prevention* (2012): Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.

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Additional copies of this publication can be downloaded from <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>.

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy. AFSP's mission is to save lives and bring hope to those affected by suicide. [afsp.org](http://afsp.org)

The Suicide Prevention Resource Center (SPRC) is the nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*. It enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. [sprc.org](http://sprc.org)

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# Introduction

# Introduction

The suicide of a student can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. In this situation, schools need reliable information, practical tools, and pragmatic guidance to help them protect their students, to communicate with the public, and to return to their primary mission of educating students.

In 2011, the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) produced *After a Suicide: A Toolkit for Schools* to assist schools in the aftermath of a suicide in the school community. This second edition includes updated information and new material.

This toolkit reflects consensus recommendations developed in consultation with national experts, including school-based administrators and staff, clinicians, researchers, and crisis response professionals. It provides guidance and tools for *postvention*, a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma that could lead to further suicidal behavior and deaths, especially among people who are vulnerable.

This resource was developed primarily for administrators and staff in middle and high schools, but it can also be useful for parents and communities. Although some of the guidance can be used by schools serving other age groups, the developmental differences between students in elementary, middle, and high school, and college must be taken into account when using the toolkit to respond to a death in a school.

*After a Suicide* focuses on how to respond in the immediate aftermath of a suicide death of a student. Ideally, schools should have a crisis response and postvention plan in place before a suicide occurs. That will enable staff to respond in an organized and effective manner. But whether or not a school has such a plan, this toolkit contains information schools can use to initiate a coordinated response. For information on developing protocols for responding to a suicide, see Chapter 3 in [Preventing Suicide: A Toolkit for High Schools](#).<sup>1</sup>

The following principles have guided the development of the toolkit:

- Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased student's family and close friends.
- Adolescents are vulnerable to the risk of suicide contagion, that is, when a struggling student experiences the loss of another student to suicide and becomes at greater risk. Therefore, it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Adolescents are also resilient. With the proper information, guidance, and support from school staff, students can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.
- Suicide has multiple causes. However, a student who dies by suicide was likely struggling with significant concerns, such as a mental health condition that caused substantial psychological pain even if that pain was not apparent to others. But it is also important to understand that most people with mental health conditions do not attempt suicide.

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<sup>1</sup> There are some differences in terminology and roles between *Preventing Suicide: A Toolkit for High Schools* and this toolkit. We provide additional explanation in this toolkit's section "Crisis Response."

- Help should be available for any student who may be struggling with mental health issues or suicidal feelings.
- Postvention efforts need to consider the cultural diversity of those affected by a suicide.

*After a Suicide: A Toolkit for Schools* was designed to help schools respond immediately in the minutes, hours, and days after a suicide as well as in the weeks and months it takes the school community to heal and move forward. Since significant numbers of high school-aged youth die by suicide across the United States every year, every school needs to be prepared to respond to such an event.

## Brief Descriptions of the Toolkit Sections

**Crisis Response** – Steps that should be taken immediately when the school learns that a student has died by suicide

**Helping Students Cope** – Ways that the school can help reduce the emotional trauma of an unexpected death for all students and reduce suicide risk among vulnerable students

**Working with the Community** – Approaches to sharing information and coordinating activities with organizations and groups outside the school, including the police department, local government, faith community, and mental health providers

**Working with the Media** – Helping journalists ensure that the public gets the information it needs without causing undue emotional stress, increasing the risk of contagion to other students, or violating the privacy of the deceased and his or her family

**Memorialization** – Appropriately remembering and honoring a student who died without contributing to additional emotional trauma or suicide risk among other students

**Social Media** – How to appropriately use social media to inform the community while working to limit the spread of rumors and social media content that can raise the risk of vulnerable students

**Suicide Contagion** – Helping vulnerable students who may be in emotional or suicidal crisis as a result of the death of another student, member of the school community, or a celebrity with whom they identify, in order to avoid additional suicidal behavior and deaths

**Bringing in Outside Help** – Identifying and working with postvention experts from outside the school

**Going Forward** – Moving past the immediate crisis and implementing a comprehensive suicide prevention plan (if the school does not already have one)

**Appendix A: Tools and Templates** – Sample guidelines, letters, and procedures to be used in the aftermath of a suicide

**Appendix B: Additional Resources** – Sources of more information and guidance on preparing for and responding to a suicide in the school community, listed by the section of the toolkit to which they are most relevant

# Crisis Response

# Crisis Response

When a school receives the news that one of its students has died by suicide, the first step is to make sure this news is true. In this age of social media and smartphones, it is easy for rumors to spread.

- School staff should immediately confirm the death of a student.
- Upon confirmation, the school should immediately implement a coordinated crisis response to achieve the following:
  - o Effectively manage the situation
  - o Provide opportunities for grief support
  - o Maintain an environment focused on normal educational activities
  - o Help students cope with their feelings
  - o Minimize the risk of suicide contagion

## Mobilize a Crisis Response Team

It is most effective for schools to have an identified Crisis Response Team set up and ready to respond to a crisis before one occurs. This team is responsible for implementing the elements of your school's crisis response plan.

Before a crisis occurs, find out whether your school district has a Crisis Response Team that can provide additional support to your school if needed. Many districts have a Crisis Response Team to handle larger crisis events, with each school having its own Crisis Response Team. This allows schools to pull from the district-wide team if they require additional support staff to meet the needs of their staff and students in the aftermath of a suicide. A district team is also beneficial if the school's Crisis Response Team is emotionally impacted in a way that makes it difficult for team members to engage in postvention activities effectively, or if they need extra support.

Depending on the size of the school or district, the school Crisis Response Team should have at least 5 or 6 people (but no more than 15), chosen for their skills, credentials, and ability to work compassionately and effectively under pressure with all members of the school community. Ideally the team will be a combination of administrators, counselors, social workers, psychologists, nurses, and school resource officers. It can also be useful to include a member of the school's information technology staff to help with social media. The team should have the ability to work with all of the cultures represented by the students and their families.

### If You Have Used *Preventing Suicide: A Toolkit for High Schools*

Note: *Preventing Suicide: A Toolkit for High Schools* uses the term "Suicide Response Team." In this toolkit on postvention, we use "Crisis Response Team" instead because this term is now more widely known, accepted, and used in school safety plans. Some schools have a Suicide Response Team that is part of a larger Crisis Response Team. Even if you have a Suicide Response Team, consider mobilizing the entire Crisis Response Team after a suicide, since effective postvention requires the expertise, roles, and knowledge of the entire team.

The Crisis Response Team coordinator is usually the principal. The team coordinator:

- Has overall responsibility throughout the crisis
- Is the central point of contact
- Monitors overall postvention activities throughout the school
- Handles communications with the different groups of people within the school (e.g., administration, staff, students, and parents) and the media

Depending on the needs of the school and its Crisis Response Team, the team coordinator may find it helpful to designate a member of the mental health staff to serve as an assistant coordinator for the team. This person assists the coordinator in the following activities:

- Coordinate communication among the staff, students, and community
- Share updates with Crisis Response Team members
- Work with the mental health team to organize safe rooms for students and staff in need of assistance
- Facilitate communication with parents when concerns arise about particular students

If an assistant coordinator is designated, that person can also fill in for the coordinator if he or she is not available. If an assistant coordinator is not designated, a back-up coordinator should be assigned by the coordinator for times when the coordinator is not available.

### Comparison of Roles in This Toolkit and *Preventing Suicide: A Toolkit for High Schools*

This toolkit updates the roles listed in *Preventing Suicide: A Toolkit for High Schools*.

<b><i>After a Suicide: A Toolkit for Schools</i></b>	<b><i>Preventing Suicide: A Toolkit for High Schools</i></b>
Crisis Response Team coordinator	Suicide Response Team coordinator
Assistant coordinator (optional)	N/A
Back-up coordinator if no assistant coordinator	Back-up coordinator

### Get the Facts

A postvention plan should emphasize a single point of contact for information if the school learns of a student death. For example, the school principal would likely be the first person notified when anyone in the school learns of a student death.

Although it may not always be possible to immediately determine all of the details about a death, confirming as much factual information as possible before communicating with students is important. Speculation and rumors can exacerbate the emotional upheaval within the school. Time is also of the essence in confirming factual information

since social media and other forms of communication may be occurring simultaneously, and it is possible that others, including students, may already have some information about the death.

It can be challenging for a school to determine how to proceed if the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed. The school's principal or the superintendent should first check with the family, the coroner, and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death.

### **If the Cause of Death Is Unconfirmed**

If there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there may be rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person and his or her family and friends.

Given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social media), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..." For a more complete example of how to talk with students about this, see [Sample Death Notification Statement for Students: Option 2 – When the Cause of Death Is Unconfirmed](#).

The school attorney may wish to first research the applicable state law regarding discussing the cause of death before the school issues a statement. In addition, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

### **If the Family Does Not Want the Cause of Death Disclosed**

Although the fact that a student has died may be disclosed immediately, official information about the cause of death should not be disclosed to students until the family has been consulted. The need to share information should be carefully balanced with honoring the family's request. Therefore, the school may choose to initially release a more general, factual statement without using the student's name if the family does not give permission (e.g., "We have learned that a ninth-grade student died over the weekend.").

There may be cases where the death has been declared a suicide, but the family does not want this communicated, perhaps due to prejudice, privacy concerns, or fear of risking contagion or because they simply do not (yet) believe or accept that it was suicide. If this situation occurs, someone from the administration or mental health staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death among themselves, and that having adults in the school community talk with students about suicide and its causes can help keep students safe.

Schools have a responsibility to balance the need to be truthful with the school community with the need to be sensitive to the family. If the family refuses to permit disclosure, schools can state, "The family has requested that information about the cause of death not be shared at this time." But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example:

*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.*



## Share the News with the School Community

The principal or Crisis Response Team coordinator should use care in sharing the information about the death with staff and parents in the school community. This communication should be done separately from communications with students. Also, what is said publicly may be limited to some degree by the family's wishes, and it is important to distinguish what might be said in a public meeting (e.g., with parents) versus a meeting of necessary school staff (e.g., teachers who taught the deceased student).

In any communication about suicide, it is important to follow guidelines on safe messaging about suicide. It is particularly important to avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner. Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the student's struggles are not mentioned, it may cause confusion as well as give the impression that suicide is an effective way of addressing one's distress—especially among the other students.

For more suggestions on how to talk about suicide, see the tool [Tips for Talking about Suicide](#).

## Address Cultural Diversity

Postvention efforts need to take into consideration the cultural diversity of everyone affected by a suicide, including the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability. Culture may significantly affect the way people view and respond to suicide and death.

Key points involving cultural differences include the following:

- Be aware that the extent to which people are able to talk about suicide varies greatly, and in some cultures suicide is still seen as a moral failing.
- Be sensitive to the beliefs and customs regarding the family and community, including rituals, funerals, the appropriate person to contact, etc.
- Be sensitive to how the family or community may need to respond to the death before individuals outside of the family or community intervene to provide support.
- Engage a "cultural broker" to act as a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the person who died by suicide.
- Bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for parents.

## Activities for Responding to a Crisis

### Crisis Response Team Coordinator's Tasks

- Inform the principal (if not already notified or designated as team coordinator) and school superintendent of the death.
- Contact the deceased's family to:
  - Offer condolences
  - Inquire as to what the school can do to assist
  - Ask them to identify the student's friends who may need assistance

- o Discuss what students should be told
- o Inquire about funeral arrangements

Note: Schools may establish a better rapport with the family if they make this contact in person.

- Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- Establish a plan to immediately notify school staff of the death via the school’s crisis alert system. If possible, this should be an in-person notification, especially for those who worked directly with the deceased student.
- Schedule an initial all-staff meeting as soon as possible—ideally before school starts in the morning (see the tool [Sample Guidelines for Initial All-Staff Meeting](#)).
- Arrange for students to be notified of the death in small groups, such as in homerooms. Do *not* notify students by PA (public address) system or in a large assembly.
- Disseminate a death notification statement for students to homeroom teachers (see the tool [Sample Death Notification Statement for Students](#)). It is suggested that in the homeroom of the deceased student, it might be helpful to have a mental health professional (e.g., school psychologist, counselor, social worker) present as well as the teacher.
- Identify social media accounts that may need attention or monitoring, and designate a member of the crisis team to monitor them (for more information, see the [Social Media](#) section).
- Draft and disseminate a written death notification statement to parents (see the tool [Sample Death Notification Statement for Parents](#)).
- Disseminate the handouts [Facts about Suicide in Adolescents](#), [Tips for Talking about Suicide](#), and [Youth Warning Signs and What to Do in a Crisis](#) to teachers and other relevant school staff to give them more information about suicide and how to help their students.
- Speak with the school superintendent and Crisis Response Team assistant coordinator throughout the day.
- Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.

### Team Assistant Coordinator’s Tasks

The following tasks may be delegated as appropriate to specific staff by the team coordinator if an assistant coordinator is not designated:

- Conduct an initial all-staff meeting.
- Conduct periodic meetings for the Crisis Response Team members.
- Monitor activities throughout the school, making sure teachers, staff, and Crisis Response Team members have adequate support and resources.
- Plan a parents’ meeting, if necessary (see the tool [Sample Agenda for Parent Meeting](#)).
- Assign roles and responsibilities to Crisis Response Team members in the areas of safety, support for staff and students, community liaisons, funeral, media relations, and social media.

## Other Key Activities

These activities can be implemented by the team coordinator, assistant coordinator, and/or other designated staff, depending on the activity and the specific situation:

### Safety

- Keep to regular school hours.
- Ensure that students follow established dismissal procedures.
- Call on school resource officers or facilities managers to assist parents and others who may show up at the school with inquiries and to keep media off school grounds.
- Pay attention to students who are having particular difficulty, including those who are either withdrawing from others or congregating in hallways and bathrooms. Encourage them to talk with counselors or other appropriate school staff.

### Support for Staff and Students

- Assign a staff member to follow the deceased student's schedule to monitor peer reactions and answer questions. It is also important to monitor staff reactions to the death.
- If possible, arrange for several substitute teachers or "floaters" from other schools within the district (or outside consultants) to be on hand in the building in case teachers need to take time out of their classrooms.
- If possible, identify an easily accessible mechanism for students to request support (e.g., be able to request a pass to meet with a counselor or others) throughout the day.
- Arrange for crisis counseling rooms for staff and students.
- Provide tissues and water throughout the building and arrange for food for teachers and crisis counselors who may be giving up lunch periods to respond to students.
- Work with the administration, teachers, and school mental health professionals to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality.
- Work with school-based mental health professionals to develop plans to provide counseling and referrals to those who need it.
- Prepare to track and respond to student and/or family requests for [memorialization](#).

### Community Liaisons

- Several team members will be needed, each serving as the primary contact for working with community partners of various types, including:
  - o Coroner/medical examiner – To ensure accuracy of information disseminated to school community
  - o Police – As necessary, particularly if an investigation about the death occurs, and the police wish to speak with school staff
  - o Mayor's office and local government – To facilitate a community-wide response to the suicide death

- o Mental health and medical communities and grief support organizations – To plan for student, staff, and community needs
- Arrange for outside trauma responders, if necessary, and brief them as they arrive on scene.

## Funeral

- Communicate with the funeral director about logistics for students and staff attending the services, including the need for crisis counselors and/or security to be present at the funeral.
- Encourage the family to hold the funeral off of school grounds and outside of school hours if at all possible.
- Be sensitive to the needs and wishes of different religious, ethnic, and racial groups that may be involved in the funeral.
- When possible, discuss with the family the importance of communicating with clergy/religious leaders, or whoever will be conducting the funeral, to ask if they are comfortable mentioning something about the struggles the student was having. When appropriate, include mental health concerns. While ultimately this is the family and religious leader's decision, an informed discussion should occur where the family and religious leader are made aware of the benefits of providing this information as a way to promote understanding about suicide as well as to reduce possible contagion.
- Depending on the family's wishes, help disseminate information about the funeral to students, parents, and staff, including:
  - o Location
  - o Time of the funeral (keep school open if the funeral is during school hours)
  - o What to expect (e.g., whether there will be an open casket)
  - o Guidance regarding how to express condolences to the family
  - o Policy for releasing students during school hours to attend (i.e., students will be released only with permission of parent, guardian, or designated adult)
  - o Procedures for staff who want to attend (i.e., excused time away, getting substitute teachers)
- Work with school mental health professionals and community mental health professionals to arrange for counselors to attend the funeral.
- Encourage parents to accompany their child to the funeral.

## Media Relations

- Designate a media spokesperson to field media inquiries using the tool [Key Messages for Media Spokesperson](#).
- Prepare a media statement.
- Advise staff that only the media spokesperson is authorized to speak to the media.
- Advise students to avoid interviews with the media.
- Refer media outlets to [Recommendations for Reporting on Suicide](#).

## Social Media

- Oversee the school's use of social media as part of the crisis response.
- See the [Social Media](#) section for details on monitoring social media.

## Tools for Crisis Response

These tools are in [Appendix A: Tools and Templates](#):

- [Sample Guidelines for Initial All-Staff Meeting](#)
- [Sample Death Notification Statement for Students](#)
- [Sample Death Notification Statement for Parents](#)
- [Sample Agenda for Parent Meeting](#)
- [Tips for Talking about Suicide](#)
- [Facts about Suicide in Adolescents](#)
- [Youth Warning Signs and What to Do in a Crisis](#)

For more resources on crisis response, see [Appendix B: Additional Resources](#).

# Helping Students Cope

# Helping Students Cope

In the aftermath of a suicide, students and others in the school community may feel emotionally overwhelmed. This can make it difficult for the school to return to its primary function of educating students and can also increase the risk of prolonged stress responses and even suicide contagion. A school's approach to supporting students after a suicide loss is most effective when it provides different levels of support depending on the students' needs. It is critical that an opportunity to meet in smaller groups be given to students in need of more in-depth support, augmenting the support given to all students.

## Key Considerations

Adolescence is a time of increased risk for difficulties with emotional regulation given the intensification of responses that come with puberty and the structural changes in the brain that occur during this developmental period. Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged in the face of a suicide. Young people may not yet have learned how to recognize complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia.

It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as in group and individual counseling sessions. Schools can also help students balance the timing and intensity of their emotional expression. Staff can use the information in the tool [Tips for Talking about Suicide](#) to help students understand and manage their emotions.

If there are concerns about a student's emotional or mental health, the parent(s) or guardian(s) should be notified, and a referral should be made to a mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available in addition to school-based mental health professionals (e.g., school psychologists, counselors, social workers) include community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals. In addition, it may be useful for school staff to identify and reach out to families of students who are not coming to school.

When implementing these strategies, leadership will most likely be provided by the school psychologist, counselor, social worker, school nurse, and/or possibly a community mental health partner, all of whom may be members of the school's Crisis Response Team and likely trained in culturally competent counseling strategies. However, all adults in the school community can help by modeling calm, caring, and thoughtful behavior.

## Schedule Meetings with Students in Small Groups

Schools will likely need to adjust the regular academic schedule to allow time for helping students address their emotional needs. It is preferable to reach out to students in a deliberate and timely way, rather than allow the emotional environment to escalate, and to do so in homerooms and small group meetings.

All students should be provided with the opportunity to go to a small group meeting where they can express their feelings about the death of their classmate and obtain support. This type of group would be optional for students and should take place outside their classroom in private offices within the school. Ideally, these groups would be facilitated by a school mental health professional or another person experienced in postvention. However, if that is not possible, it is important that the staff who meet with students are comfortable with students' grief and know the school's

procedure for addressing a student who is in distress and the importance of referring the student for help. Such small groups also provide a chance for adults to identify youth who appear in need of additional support.

These group meetings can either have a structured agenda and keep to a time limit or be open-ended and focus more on addressing the students' specific needs. It is important to provide each student with an opportunity to speak. The groups should focus on helping students identify and express their feelings and discuss practical coping strategies (including appropriate ways to memorialize the loss) so that they can return their focus to their regular routines and activities.

In addition to the small groups, it might be helpful to have mental health professionals visit classrooms to:

- Give all students accurate information about suicide
- Prepare students for the kinds of reactions that can be expected after hearing about a peer's suicide death
- Provide them with safe coping strategies they can use to help them in the coming days and weeks
- Answer questions students may have and dispel any rumors

If the deceased student participated in sports, clubs, or other school activities, the first practice, game, rehearsal, or meeting after the death may be difficult for the other students. These events can provide further opportunities for the adults in the school community to help the students appropriately acknowledge the loss.

## Help Students Identify and Express Their Emotions

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. How they express their emotions may also be influenced by their cultural background. Acknowledge the diversity of experiences and the wide range of feelings and reactions to a crisis that students may have, and emphasize the importance of being respectful of others.

Some students may need help identifying emotions beyond simply sad, angry, or happy, and they may need reassurance that a wide range of feelings and experiences are to be expected. They may also need to be reminded that emotions may be experienced as physical symptoms, including butterflies in the stomach, shortness of breath, insomnia, fatigue, or irritability. To facilitate this discussion, ask students questions, such as:

- What is your biggest concern about the immediate future?
- What would help you feel safer right now?

It may help establish rapport to open a conversation by asking students what their favorite memories are of the student.

## Practical Coping Strategies

Encourage students to think about specific things they can do when intense emotions, such as worry or sadness, begin to well up, for example:

- Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place
- Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie



- Exercise
- Think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now
- Write a list of people they can turn to for support
- Write a list of things they are looking forward to
- Focus on personal goals, such as returning to a shared class or spending time with mutual friends

Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.

Encourage students to think about how they want to remember their friend. Ideas may include writing a personal note to the family, attending the memorial service, creating a memory book, or doing something kind for another person in honor of their friend. Be sure to educate students about the school's guidelines regarding memorialization. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

Schools, in partnership with community mental health resources, might also consider creating drop-in centers that provide a safe and comfortable place for youth to be together after school hours. These can be staffed by volunteer counselors and clinicians from the community who can provide grief counseling, as well as identify and refer youth who may need additional mental health or substance abuse services. These centers can also be used during times of particularly heightened emotion, such as graduation or the anniversary of a student's death.

## Reach Out to Parents

Parents may need guidance on how to talk about suicide with their children and how best to support them at this difficult time. They may also need reliable information such as that found in [Facts about Suicide in Adolescents, Youth Warning Signs and What to Do in a Crisis](#), and [Tips for Talking about Suicide](#). Encourage parents to contact school mental health staff if they are concerned about their children or other students.

## Anniversary of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death.

For more resources on helping students cope, see [Appendix B: Additional Resources](#).

# Working with the Community

# Working with the Community

Because schools exist within the context of a larger community, it is very important that before a suicide or other death occurs they establish and maintain open lines of communication and working relationships with community partners, such as the coroner/medical examiner, police department, local government office, funeral director, clergy, mental health and health care professionals, and community-based agencies. In many communities, schools and community partners may have established a memorandum of understanding (MOU) to clarify requirements and responsibilities. With these relationships already set up, schools and community partners will be ready to work together in the event of a crisis. If these relationships and MOUs are not in place, reach out to the partners described in this section as soon as possible after a suicide occurs to help clarify roles.

## Key Considerations

The school is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family of the deceased student. Even in those realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. For example, a school may be able to offer relevant information (such as input on the likely turnout at the funeral) and anticipate problems (such as the possibility that students may gather late at night at the place where the deceased died). A coordinated approach can be especially critical when the suicide death receives a great deal of media coverage, and the entire community becomes involved.

## Coroner/Medical Examiner

As noted in [Get the Facts](#) (in the Crisis Response section), the coroner or medical examiner is the best starting point for confirming that a death has been declared a suicide. So to help make accurate information available and to avoid or stop the spread of rumors as quickly as possible, it is important for the school to maintain a positive working relationship with the local coroner or medical examiner.

## Police Department

The police are also likely to be an important source of information about the death, particularly if there is an ongoing investigation (e.g., if it has not yet been determined whether the death was a suicide or homicide). The school needs to be in close communication with the police to determine (a) what they can and cannot say to the school community so as not to interfere with the investigation, and (b) whether there are certain students or staff who must be interviewed by the police before the school can debrief or counsel them in any way. If school staff are to be interviewed, the school may want to consult its legal counsel prior to the interview(s).

There may also be situations in which the school has information that is relevant to the ability of the police to keep students safe. For example, the school may become aware that students have established a memorial off-campus and may even be engaging in dangerous behavior (such as gathering in large groups at the site of the death at night or holding vigils at which alcohol is being consumed) and may need to enlist the cooperation of the police to keep the students safe. The school may also be in a unique position to brief the police (and even the family of the deceased student) about what to expect at the funeral or memorial service in terms of turnout and other safety concerns.

## Local Government

A student suicide death may reveal an underlying community-wide problem, such as drug or alcohol use, bullying, gang violence, or a possible suicide cluster. Because schools function within—not separate from—the surrounding community, local government entities, such as the mayor’s office, can be helpful partners in promoting dialogue and presenting a united front in the interest of protecting the community’s young people.

## Funeral Director

The school and funeral home are complementary sources of information for the community.

Schools are often in an excellent position to:

- Give the funeral director a heads-up about what to expect at the funeral in terms of the number and types of students likely to attend and the possible need to have additional staff and/or security present
- Provide information about local counseling and other resources to the funeral directors, with the request that the information be made available to attendees at the funeral

Schools can also ask the funeral director to:

- Provide (or recommend) materials that the school could give to students to help them prepare for the funeral
- Talk to the family about the importance of scheduling the service outside of school hours, encouraging students’ parents to attend, and providing counselors to meet with distraught students after the service (and the need for a quiet area in which to do so)

A guide for funeral directors is available [here](#).

## Faith Community Leaders

The school can play an important role by encouraging a dialogue with the family and the faith community leaders (or whoever will be officiating at the service) to help them all understand the risk of [suicide contagion](#). For example, the school could explain the importance of not inadvertently romanticizing either the student or the death in the eulogy, and emphasize the connection between suicide and underlying mental health issues. It may be helpful to refer faith community leaders to the publication [After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances](#).

If the school has a religious affiliation, it is important to include clergy who are on staff in any communications and outreach efforts to support the student body and encourage them to be familiar with their faith’s current understanding of the relationship between mental illness and suicide.

Faith communities may also be helpful in supporting community postvention efforts. Vignette A provides an example.

### **Vignette A: Faith Leaders Educating Community Members**

A high school whose staff had been trained in postvention lost a student to suicide. The principal invited the family minister, whose youth group the student had been involved in, to the school's early morning crisis response meeting. The minister learned about the many risk factors that can lead to suicide. He and his wife both became leaders in the community's postvention response. They hosted an evening gathering at the church to educate all community members about suicide as a public health issue and inform them of the warning signs and resources for help.

This collaborative approach with key community stakeholders helped to give people permission to grieve the loss and learn how to hold onto hope and resilience.

## **Mental Health and Health Care**

Most schools have mental health professionals on staff, and it is important that these individuals are linked to other mental health professionals in the community. If there are concerns that a student needs additional supports, school staff should notify the parent(s) or guardian(s) and make a referral to an appropriate mental health professional for assessment, diagnosis, and possible treatment.

Schools should also establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of a suicide death, schools will want to notify the center to ensure seamless referrals if students show signs of distress. Schools will also want to publicize crisis hotline numbers, including the [National Suicide Prevention Lifeline](#): 800-273-TALK (8255). In addition, schools can encourage the local health care community, including primary care doctors and pediatricians, to screen affected youth they see for depression, substance abuse, and other relevant disorders and refer them to a mental health professional as needed.

Schools can also help students, staff, and families find local bereavement support groups through community mental health and health care centers. Another way to find suicide bereavement support groups is through [AFSP's listing](#) of suicide loss survivor groups across the country.

## **Outside Postvention Specialists**

Working with students in the aftermath of a suicide death can easily exhaust a school's crisis team members, which can interfere with their ability to effectively assist the students. Bringing in postvention specialists or trauma responders from other school districts or local mental health or crisis centers to work alongside the school's crisis team members—and to provide care for the caregivers—can be quite helpful. See the section [Bringing in Outside Help](#) for more information.

## **Building a Community Coalition**

If a community does not already have a coalition focused on suicide prevention, it may be helpful to create one.

Schools can be an active partner in this process. The coalition should include senior representation from the school, together with representatives from as many of the following as possible:

- Law enforcement
- Government (e.g., the mayor's office, medical examiner's office, and public health department)
- Parents who have demonstrated community leadership in addressing drug and alcohol abuse, bullying, or other related issues
- Mental health community (e.g., community mental health centers, psychiatric screening centers, private practitioners, and substance abuse treatment centers)
- Social service agencies
- Faith community leaders
- Funeral directors
- First responders and hospital emergency department personnel
- Media (as coalition members, not to cover it as a news event)
- Students
- Suicide bereavement support group facilitators
- Primary health care providers and clinics

The coalition's initial goals should include the following tasks:

- Identify a leader or lead agency.
- Identify any particular risk factors within the community, such as widespread drug and alcohol use, bullying, or easy access to means of suicide.
- Mobilize existing mental health and primary care resources to identify and help young people who may be at high risk.
- Mobilize parents to assist in monitoring youth who come to their homes and neighborhoods.
- Reach out to other groups and businesses in the community where youth gather, such as recreation centers, religious organizations, sports leagues, movie theaters, and diners.

The coalition should also identify the gaps in existing resources and how to fill those gaps, such as by:

- Appointing a suicide prevention resource coordinator
- Hiring or contracting for additional counseling staff as needed
- Hiring staff to provide screening programs throughout the school district
- Developing alcohol and drug programs for youth
- Developing teen centers where youth can come together and engage in social and recreational activities with caring adults

- Creating a public awareness campaign or website to:
  - o Educate the community about mental health disorders, substance abuse, and other high-risk behaviors
  - o Decrease negative associations with mental health disorders and help-seeking
  - o Increase help-seeking

Note: See [Framework for Successful Messaging](#) for examples of safe messaging.

- Creating public service campaigns to educate the community about suicide risk factors, warning signs, and local resources for those at risk
- Identifying ways to reach at-risk youth who are not in the education system, such as recent graduates, dropouts, or those in the juvenile justice system
- Identifying and implementing ways to reduce access to lethal means
- Exploring eligibility for additional sources of funding, such as a U.S. Department of Education School Emergency Response to Violence (SERV) grant, awarded to school districts that have experienced a traumatic event and need additional resources to respond

Vignette B is an example of how community partners in a regional network may work together when a suicide occurs.

### **Vignette B: Networking throughout a State**

In one state, a system of regional public health networks supports good communication among health care providers, first responders, and behavioral health services. Many providers who are active members in this network received training in postvention that included protocols and strategic planning.

When a young man died by suicide shortly after graduating from high school, staff in the network's member organizations drew on the protocols they had learned. One of the trainers had ties to the young man's family and helped them connect immediately with loss survivor support services. As a result, within days, family members were receiving individual support, and later in the month, several family members were attending loss survivor support groups. School personnel who knew he had a girlfriend in another school district contacted the school counselor there to extend resources and supports.

Throughout the week and into the weekend, members of the network circulated an e-mail loop with resources and protocols, identifying who was available as a contact for resources and/or support. They also alerted first responders and the regional mental health emergency services team to the possibility of related incidents and had a spokesperson available for media inquiries. Postvention guidelines and sample notices, as well as resources for loss survivors, were sent to the counselors in the young man's high school and athletic groups. One of the counselors used the information to make changes in a program that would have memorialized the student in an unsafe way. Another counselor worked with youth to organize a fundraiser to support suicide prevention efforts in their region.

Even without a formal network, such as the one described here, organizations and schools can develop collaborative relationships and receive training so that they are prepared if a suicide occurs.

For more resources on working with the community, see [Appendix B: Additional Resources](#).

# Working with the Media



# Working with the Media

A death by suicide of a school-age student can attract a lot of media attention. And when multiple suicide deaths have occurred, media interest can be particularly intense. It is important for a school to develop safe messages in order to avoid contagion. The school should appoint a media spokesperson to ensure that news is released to the media in a deliberate and consistent manner and to disseminate the document [Recommendations for Reporting on Suicide](#) to the media.

The risk of contagion is related to the amount, duration, prominence, and content of media coverage. Therefore, it is extremely important that schools strongly encourage the media to adhere to the recommendations for safe reporting, which were developed by the nation's leading suicide prevention organizations.

These recommendations include the following:

- Do not glamorize or romanticize the victim or the suicide.
- Do not oversimplify the causes of suicide.
- Do not describe the details of the method.
- Do not include photographs of the death scene or of devastated mourners, which can draw in vulnerable youth who may be desperate for attention and recognition.
- Use preferred language, such as “died by suicide” or “killed himself or herself” rather than a “successful” suicide.
- Include messages of hope and recovery.
- Consult suicide prevention experts.
- Include a list of [warning signs](#), since most (but not all) people who die by suicide show warning signs.
- List the [National Suicide Prevention Lifeline](#) number (800-273-8255) and include information on local mental health resources in each article.
- Include up-to-date local and national resources.

## Tools for Working with the Media

The following tools are in [Appendix A: Tools and Templates](#):

- [Sample Media Statement](#)
- [Key Messages for Media Spokesperson](#)

For more resources on working with the media, see [Appendix B: Additional Resources](#).

# Memorialization

# Memorialization

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

## Key Considerations

It is very important that schools develop a policy on memorialization before a suicide death occurs and ensure that the policy is in the school's suicide prevention procedures. Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces prejudice associated with suicide and may be deeply painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of [suicide contagion](#), it is equally important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Focus on how the student lived, rather than how he or she died. If the student had underlying mental health problems, seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family.

This section includes several creative suggestions for memorializing students who have died by suicide and a tool to assist with [making decisions about school-related memorials](#).

## Funerals and Memorial Services

It is strongly advised not to hold funeral and memorial services on school grounds. The school should instead focus on maintaining its regular schedule, structure, and routine. Using a room or an area of the school for a funeral service can inextricably connect that space to the death, making it difficult for students to return there for regular classes or activities.

It is also strongly advised that the service be held outside of school hours. If the family does hold the service during school hours, it is recommended that the school remain open and that school buses not be used to transport students to and from the service. Students should be permitted to leave school to attend the service only with appropriate parental permission. Regular school protocols should be followed for dismissing students over the age of majority.

If possible, the school should coordinate with the family and [funeral director](#) to arrange for mental health professionals to attend the service. In all cases, the principal or another senior administrator should attend the funeral.

Schools should strongly encourage parents whose children express an interest in attending the funeral to attend with them. This provides not only emotional support but also an opportunity for parents to monitor their children's response, to open a discussion with their children, and to remind them that help is available if they or a friend are in need.

## Spontaneous Memorials

It is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as his or her locker or classroom seat, or at the site where the student died. Students may even come to school wearing T-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk.

A combination of time limits and straightforward communication regarding the memorials can help to restore equilibrium. Although it may be necessary in some cases to set limits for students, it is important to do so with compassion and sensitivity, offering creative suggestions whenever possible. For example, schools may wish to make poster boards and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be avoided by those who don't wish to participate (i.e., not in the cafeteria or at the front entrance) and have them monitored by school staff.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

### **Vignette C: Adapting a Memorial for Dia de Los Muertos**

A large comprehensive high school was trying to find a way to honor the cultural heritage of its Latino students on Dia de Los Muertos (Day of the Dead).<sup>\*</sup> The students requested that they be allowed to memorialize their loved ones who had died (including some who had died by suicide) by setting up an altar with images of their friends on a public section of campus. The school psychologist (who is also Latina) struggled with how to follow the known guidelines regarding memorialization, while also respecting the students' wishes, so she consulted with experts in suicide prevention.

The school decided to have a couple of adult advisors meet with the students and hear their points of view in order to connect with what their underlying motivations were: to celebrate their cultural heritage in the face of tragedy. It was proposed that an altar be set up with favorite foods and imagery (sports, activities, music, other hobbies), rather than using pictures of their deceased loved ones. The altar was permitted for three days, October 31 to November 2, which coincided with the Mexican holiday. According to their feedback, the students felt validated and respected, and they also felt connected to the larger campus community.

<sup>\*</sup> The celebration of the Day of the Dead is an integral part of embracing death that is particular to Mexican national identity but is also celebrated by other Latino cultures in the United States. During this event, the popular belief is that the deceased have divine permission to visit friends and relatives on earth and to again enjoy the pleasures of life.

It is recommended that schools discourage requests to create and distribute images of the deceased, such as on T-shirts or buttons. Although these items may be comforting to some students, they may be quite upsetting to others. Repeatedly bringing images of the deceased student into the school can also be disruptive and inadvertently glamorize suicide. The school should prioritize protecting students who might be vulnerable to contagion over what might comfort students who want to remember the deceased student. If students come to school wearing such items, it is recommended that they be allowed to wear the items only for that day, and that staff explain to students the rationale for the school's policy. Some schools have found a middle ground with students, for example, by allowing them to wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum. Students may be involved in planning how to respectfully move or remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

When a spontaneous memorial occurs off school grounds, the school's ability to exert influence is limited. It can, nevertheless, encourage a responsible approach among the students by explaining that it is recommended that memorials be time-limited (again, approximately five days, or until after the funeral), at which point the memorial would be disassembled, and the items offered to the family. The school may also suggest that students participate in a (supervised) ceremony to disassemble the memorial, during which music could be played, and students permitted to take part of the memorial home. The rest of the items would then be offered to the family.

Schools should discourage gatherings that are large and unsupervised. When necessary, administrators may consider enlisting the cooperation of local police to monitor off-campus sites for safety. Counselors can also be enlisted to attend these gatherings to offer support, guidance, and supervision.

It is not recommended that flags be flown at half-staff (a decision generally made by local government authorities rather than the school administration, in any event).

## Online Memorial Pages

Posting on online memorial pages and messaging sites has become common practice in the aftermath of a death. Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. It is vital that memorial pages use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time-limited. For more information on what's involved in safe messaging, see the [Framework for Successful Messaging](#).

It is recommended that online memorial pages remain active only for up to 30 to 60 days after the death of the student. At that time, they should be taken down and replaced with a statement acknowledging the caring and supportive messages that had been posted and encouraging students who wish to further honor their friend to consider other [creative suggestions](#).

Schools should keep a copy of the memorial page after it has been taken down. This could be a print-out of the Facebook page or a series of screenshots, etc. The archive of the memorial page can serve as a reference later if there are concerns about the safety of students who left messages.

If the student's friends create a memorial page of their own, school staff should communicate with the students to ensure the page includes safe messaging and accurate information. School staff should join any student-initiated memorial pages so that they can monitor and respond as appropriate.

## School Newspapers

Coverage of the student's death in the school newspaper may be seen as a kind of memorial. Articles may also be used to educate students about suicide warning signs and available resources. Having some focus on healthy coping, resilience, and recovery is also helpful. Any such coverage should be reviewed by an adult to ensure it conforms to the standards set forth in [Recommendations for Reporting on Suicide](#).

## Events

The student's classmates may wish to dedicate an event, such as a dance performance, poetry reading, or sporting event, to the memory of their friend. End-of-the-year activities may raise questions of whether to award a posthumous degree or prize or to include a video tribute to the deceased student during graduation. The guiding principle is that all deaths should be treated the same way. Schools may also wish to encourage the student's friends to consider [creative suggestions](#), as noted below, such as organizing a suicide prevention awareness or fundraising event.

### **Vignette D: A Creative Solution for a Difficult Event**

A 17-year-old senior who was playing the lead in a high school musical died by suicide 10 days before opening night. The Drama Department struggled with whether to stage the show as scheduled. The plot of the show featured a possible suicide attempt by one of the main characters. Some cast members felt unable to continue with rehearsals, although most felt that "the show must go on." The director did not want to unwittingly highlight the real-life tragedy by cancelling the show and also wanted to find a way to increase awareness about mental health issues, encourage help-seeking, and decrease prejudice. The school leadership consulted with suicide prevention experts and also met with the family of the student who died.

The solution was to have the students propose ideas to the director for how to decrease risks if the show were to go on. They made a brief video that was sent out to the school community (parents and students) to describe their reasons for carrying on with the show as scheduled. Intentional messages of hope, help-seeking, and strength in times of difficulty were included in the video, as well as communicated before each show in introductory comments made by the director and in the show's program, which also included a list of mental health resources. The script was edited to remove most of the direct references to suicide. According to student, parent, and staff reflections, all of the shows were successful, and there were no negative incidents related to this show.

Often, the parents of the deceased student express an interest in holding an assembly or other event to address the student body and describe the intense pain the suicide death has caused to their family in hopes that this will dissuade other students from taking their own lives.

While it is understandable that bereaved parents would wish to prevent another suicide death, schools are strongly advised to explain that both presenting this content and holding assemblies or other large events for students is not an effective approach to suicide prevention and may actually be risky. Students suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended, and they may be even more likely to act on their suicidal thoughts. In addition, students are very reluctant to speak in an assembly and may be more trusting in a small group or classroom. A more helpful option is to encourage parents to work with the school to bring an appropriate educational program to the school, such as [More Than Sad: Teen Depression](#), a DVD that educates teens about the signs and symptoms of depression, or others listed on the websites of [SPRC](#) and [AFSP](#).

## Yearbooks

If there is a history of dedicating the yearbook (or a page of the yearbook) to students who have died by other causes, that policy is equally applicable to a student who has died by suicide. Final editorial decisions should be made by an adult to ensure that it conforms to the standards in [Recommendations for Reporting on Suicide](#). The staff member in charge of the yearbook should work with the principal and school mental health professionals on these decisions.

The focus should be on mental health and/or suicide prevention. Underneath the student's picture it might say, "In your memory, we will work to erase the prejudice surrounding mental health problems and suicide." The page might also include pictures of classmates engaging in a suicide prevention event, such as an AFSP [Out of the Darkness Walk](#).

## Graduation

If there is a tradition of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. Schools may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by the principal and appropriate staff.

## Permanent Memorials and Scholarships

Some communities wish to establish a permanent memorial: sometimes physical, such as planting a tree or installing a bench or plaque, and sometimes commemorative, such as a scholarship.

While there is no research to suggest that permanent memorials create a risk of contagion, they can be upsetting reminders to bereaved students. Whenever possible, it is recommended they be established off school grounds. The school should bear in mind that once it plants a tree, puts up a plaque, installs a park bench, or establishes a named scholarship for one deceased student, it should be prepared to do so for others, which can become quite difficult to sustain over time.

## Creative Suggestions

Simply prohibiting any and all memorialization is problematic in its own right. It is deeply hurtful to the student's family and friends and can generate intense negative reactions.

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the impact that the proposed activity will likely have on students, particularly on those who might be vulnerable to contagion.

Schools may proactively suggest a meeting with the student’s close friends to talk about the type and timing of any memorialization. This can provide an important opportunity for the students to be heard and for the school to sensitively explain its rationale for permitting certain kinds of activities and not others. Schools may even wish to establish a standing committee composed of students, school administrators, and family members that can be convened on an as-needed basis.

Schools may also suggest specific types of safe memorialization for students, such as the following:

- Hold a day of community service or create a school-based community service program in honor of the deceased.
- Put together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., an AFSP [Out of the Darkness Walk](#)) or hold a fundraising event to support a local crisis hotline or other suicide prevention program.
- Sponsor a mental health awareness day.
- Purchase books on mental health for the school or local library.
- Work with the administration to develop and implement a curriculum focused on enhancing social and emotional development and help-seeking behaviors.
- Volunteer at a community crisis hotline.
- Raise funds to help the family defray their funeral expenses.
- Make a book or notecards available in the school office for several weeks, in which students can write messages to the family, share memories of the deceased, or offer condolences. The book or notecards can then be presented to the family on behalf of the school community.

## Tool for Making Decisions about Memorials

The following tool is in [Appendix A: Tools and Templates](#):

- [Making Decisions about School-Related Memorials](#)

For more resources on memorialization, see [Appendix B: Additional Resources](#).



# Social Media

# Social Media

In the emotionally charged atmosphere that often follows a suicide death, schools may be inclined to try to control or stifle students' use of social tools such as texting, Facebook, Twitter, YouTube, Instagram, and Snapchat—a task that is virtually impossible. However, by working in partnership with key students to identify and monitor the relevant social networking sites, schools can strategically use social media to disseminate information, share prevention-oriented messaging, offer support to students who may be struggling, and identify and respond to students who could be at risk.

## Key Considerations

Following a suicide death, students may immediately turn to social media for a variety of purposes, including:

- Getting and sharing news about the death (both accurate and rumored)
- Expressing their feelings about what has happened
- Giving and receiving emotional support
- Calling for impromptu gatherings (both safe and unsafe)
- Creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased

The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate important and accurate information to the school community
- Identify students who may be in need of additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages that emphasize suicide prevention
- Minimize the risk of suicide contagion that could occur through glorifying suicide or describing details of the means used

Schools will be able to use social media most effectively and efficiently if they have set up policies and protocols and developed a presence on social media sites before a crisis takes place. Policies can include guidelines about how social media should be used (e.g., for broadcast, interaction, linkage). Protocols can include platform-specific templates that can be filled in and deployed rapidly in a crisis. Schools should determine which social media tools to use based on the culture and needs of their school community. Schools may also want to have a designated staff person serve as a social media manager to assist the school district's public information officer.

## Involve Students

Students themselves are in the best position to assist in the school's efforts. They can:

- Help identify the particular media favored by the student body
- Engage their peers in honoring their friend's life appropriately and safely
- Inform school or other trusted adults about online communications that may be worrisome or inappropriate

It will enhance the credibility and effectiveness of social media efforts to have a designated member of the Crisis Response Team who is familiar with social media work in partnership with student leaders.

Students recruited to help should be reassured that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication. They should also be made aware that staff are available to provide support if they see a social media post that indicates someone may be at risk of suicide.

## Disseminate Information

Schools may already have a website and/or an online presence on one or more social media sites. These can be used to share information with students, teachers, and parents, for example:

- The funeral or memorial service (schools should check with the student's family before sharing information about the funeral)
- Where students can go for help or to meet with counselors
- Facts related to mental illness and the warning signs of suicide
- Local mental health resources
- The National Suicide Prevention Lifeline: 800-273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) for live chat
- Other national suicide prevention organizations, such as [AFSP](#) and [SPRC](#)
- Schools should emphasize help-seeking and suicide prevention. Students can also be enlisted to post this information on their own social media outlets. More specific guidance for safe message content is in the [Framework for Successful Messaging](#).

### **Vignette E: Using Social Media to Help Native American Youth**

A Native American community on a reservation experienced multiple suicide deaths among its high school youth. The youth shared with each other on social media that they were depressed and that the future seemed hopeless. They expressed sentiments such as, “Because of [name of the person who died by suicide], maybe I should kill myself, too.” These emotions were not showing up in school or elsewhere in public. The students felt comfortable expressing these feelings on social media, where they experienced a sense of community and anonymity.

Because Facebook profiles remained online after individuals died and were used as memorials, there was concern about the potential for students to inadvertently glamorize the suicide deaths on these sites. However, the suicide prevention staff and school counselors used the sites in a positive way to address the contagion. They posted messages encouraging the youth to talk with a supportive adult. A key message was:

*With help, loss of life can be prevented. The best way to honor [name of the person who died] is to seek help if you or someone you know is struggling. If you're feeling lost, desperate, or alone, please visit the National Suicide Prevention Lifeline, call 1-800-273-TALK, or text TALK to 741741. The call or text is free and confidential, and crisis workers are there 24/7 to assist you.*

They used the word *honor* in the message because in this Native American culture, honoring a person and life is highly valued.

Soon after the positive messages were posted, youth in the community began reaching out more. They expressed their distress more openly on their social media profiles to their friends and peer helpers who then informed trusted adults. The program staff proactively monitored the social media profiles for expressions of distress and depression and initiated contact when warranted. In addition, the staff provided more gatekeeper training to adults to increase the number of adults able to help the youth.

The program and school staff also worked with local faith leaders. One pastor who was trusted by the youth strongly encouraged them to talk with an adult and reinforced the positive messages that were posted on social media.

These efforts created a turning point, and there were no more suicides during that period of time.

## **Online Memorial Pages**

For information on online memorial pages and message boards, see the [Memorialization](#) section.

## Monitor and Respond

Social media sites, including the deceased's wall or personal profile pages, should be monitored to whatever extent possible for the following:

- Rumors
- Information about upcoming or impromptu gatherings
- Derogatory messages about the deceased
- Messages that bully or victimize current students
- Comments indicating students who may themselves be at risk

Responses should emphasize safe messaging and dispel rumors, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, it may be appropriate to go beyond replying online, for example, to notify parents and local law enforcement about the need for security at late-night student gatherings.

It may also be necessary in some cases to take action against so-called "trolls," who seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most services (e.g., Facebook, Twitter, Instagram) have a report mechanism or comparable feature that enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site.

On occasion, schools may become aware of posted messages indicating that another student may be at risk of suicide. Messages of greatest concern are those suggesting hopelessness or referring to plans to join the deceased student. In these instances, it may be necessary to alert the student's family, refer the student for immediate mental health services, and/or contact the National Suicide Prevention Lifeline to request that a crisis center follow up with the student.

For more resources on social media, see [Appendix B: Additional Resources](#).

# **Suicide Contagion**

# Suicide Contagion

## Key Considerations

Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.

If there appears to be contagion, schools should consider taking additional steps beyond the basic crisis response outlined in this toolkit to avoid suicidal behavior and deaths. It is advisable for schools to increase efforts to identify other students who may be at heightened risk of suicide, actively collaborate with community partners in a coordinated suicide prevention effort, and possibly bring in outside experts.

## Identifying Other Students at Possible Risk for Suicide

In the face of potential contagion, it is important for schools to use mental health professionals and others who have been trained to identify students who may be at heightened risk for suicide due to underlying mental disorders or behavioral problems (e.g., depression, anxiety, conduct disorder, and/or substance abuse) or who have been exposed to the prior suicide either directly (by witnessing the suicide or by close identification or relationship with the deceased) or indirectly (by extensive media coverage).

Of special concern are those students who:

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

Schools can also seek to identify those in the general student body who may be at heightened risk by using a mental health screening tool. It is advised that schools consult with mental health professionals on appropriate strategies for screening and assessment.

## Connecting with Local Mental Health Resources

Schools should work with local primary care and mental health resources (including pediatricians, community mental health centers, and local private practice mental health clinicians) to develop plans to refer at-risk youth. Once these plans are established, they should be reviewed with all the school-based mental health professionals so that any student who is identified as being at high risk can be referred to a local mental health screening center or private practitioner for further evaluation.

## Suicide Clusters

The possibility of contagion resulting in multiple suicides in a community (also known as a suicide cluster) is rare. But if a potential cluster is suspected, at a minimum, school-based mental health professionals and/or trained outside professionals should be available to meet with distraught students for grief counseling and help them connect with other resources in the community.

Schools need to collaborate with community partners to effectively manage all aspects of reacting to possible contagion and preventing its spread. Many communities may already have a coalition focused on suicide prevention. It is often helpful for school officials and other designated persons to join these coalitions, particularly if contagion occurs. If a coalition does not exist at the local level, it is strongly recommended that the community [build a community coalition](#) as described in the section [Working with the Community](#), or at least convene a coordinating committee that meets on a regular basis to work on these efforts.

Bringing in outside help can also be particularly valuable when contagion occurs or is suspected. See the next section for more detailed information.

If multiple suicides do occur, media coverage will likely be more extensive, and journalists may try to interview students, school administrators, and staff. A designated school spokesperson should proactively reach out to media outlets to ensure that [media recommendations](#) are followed.

For more resources on suicide contagion, see [Appendix B: Additional Resources](#).



# Bringing in Outside Help

# Bringing in Outside Help

School crisis team members should remain mindful of their own limitations and consider bringing in crisis team members from other parts of their school district (if there are any), trained trauma responders from other school districts, and/or staff from local mental health centers to help them as needed. Often, crisis team members are also impacted by a suicide death, and it is important that they respond in a way that protects the school community while not diminishing or ignoring their own reactions to the death.

In especially complicated situations, schools may even consider bringing in local or national experts in school suicide postvention for consultation and assistance (provided that sufficient funding is available). Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references and clearances checked.

Following is a list of national organizations that provide crisis response, postvention consultation, and training, and/or that can put schools in touch with appropriate experts:

- The National Association of School Psychologists' [School Safety and Crisis Response Committee](#) provides phone, e-mail, and onsite consultation.
- [The National Institute for Trauma and Loss in Children \(TLC\)](#) provides schools, agencies, and parents with names of TLC-certified trauma practitioners in their area who are available for consultation and referrals. TLC also has certified trauma trainers who can come to a school, organization, or community to provide training on suicide crisis response and postvention as well as other trauma-related topics. Call 877-306-5256 or e-mail [info@starr.org](mailto:info@starr.org).
- [The Dougy Center: National Center for Grieving Children & Families](#) provides phone and onsite consultation and onsite training.
- Many states also have resources available. SPRC's website provides suicide prevention contacts in every state who can assist you in identifying local experts ([www.sprc.org/states](http://www.sprc.org/states)). You can also check with your state's office of education.

**Going Forward**

# Going Forward

After a school has addressed the needs arising directly from a suicide, it should consider implementing a comprehensive suicide prevention program, if it does not already have one. This is also a good time to develop or review policies and procedures for dealing with all deaths, including deaths by suicide.

There are no specific guidelines regarding how long a school should wait after a death to implement such a program. However, a school should not use a prevention program as a substitute for responding to how students and others in the school community have been impacted by the death. Students and staff will likely be more ready to receive prevention information after grief needs have been appropriately addressed. Some experts suggest waiting several months or a semester before providing prevention education to students, teachers, and other school staff.

A useful resource for developing a school-based suicide prevention plan is [Preventing Suicide: A Toolkit for High Schools](#). It offers guidance on implementing key components of a comprehensive plan, including creating protocols on identifying and responding to students at risk of suicide; educating staff, students, and parents; and establishing postvention policies and programs. Another useful tool is [Model School Policy on Suicide Prevention](#), which provides model language, explanations, and resources to help schools develop a suicide prevention policy.

The [Resources and Programs](#) section of SPRC's website has information on and links to suicide prevention programs, many of which are designed for schools. Programs with evidence of effectiveness are flagged.

Some schools may also wish to take collective action to address the problem of suicide, such as participating in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center. AFSP has [chapters in all 50 states](#) that can help connect individuals to volunteer suicide prevention opportunities in their communities. For more information on national opportunities, see [AFSP's website](#).

# Appendices

# Appendix A: Tools and Templates

This appendix contains tools and templates to help carry out different parts of the postvention process.

## Sample Guidelines for Initial All-Staff Meeting

The first meeting with school staff is typically conducted by the Crisis Response Team coordinator and should be held as soon as possible, ideally before school starts in the morning.

However, depending on when the death occurs, there may not be enough time to hold the meeting before students begin to hear the news through word of mouth, social media, or other means. If this happens, the Crisis Response Team coordinator should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. Information about the cause of death should be withheld until the family has been consulted.

## Goals of Initial Meeting

Allow at least one hour to do the following:

- Introduce the Crisis Response Team members.
- Share accurate factual information about the death, honoring the family's request for privacy.
- Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional support and refer them to appropriate resources.
- Have substitute teachers available to replace any teachers who are too upset to teach (a task for the principal).
- Remind staff of the school's policy or response following a student death and any considerations specifically for a suicide death.
- Provide appropriate staff (e.g., homeroom teachers or advisors) with a scripted [Sample Death Notification Statement for Students](#), and arrange coverage for any staff person who is unable to manage reading the statement.
- Prepare for student reactions and questions by providing staff with the handouts [Tips for Talking about Suicide](#) and [Facts about Suicide in Adolescents](#).
- Share with staff how to handle parent inquiries and plans for communicating with parents, including who parents should contact for further information and resources.
- Explain plans for the day, including locations of crisis counseling rooms or other supports.
- Remind all staff of the following:
  - How they respond to the crisis can have a strong impact on their students. They need to project that they are in control and are concerned about their students' mental health.
  - They can play an important role in identifying changes in students' behavior. Discuss a plan for handling students who are having difficulty.

- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Let staff know about any outside crisis responders or others who will be assisting.
- Remind staff of student and staff dismissal protocols for the funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson, and instruct staff to refer all media inquiries to him or her.

## End of the First Day

It can also be helpful for the Crisis Response Team coordinator and/or assistant coordinator to have an all-staff meeting at the end of the first day. This meeting provides an opportunity to take the following steps:

- Offer verbal appreciation of the staff.
- Review the day's challenges and successes, including any students of particular concern.
- Debrief, share experiences, express concerns, and ask questions.
- Check in with staff to assess whether any of them need additional support, and refer accordingly.
- Disseminate information regarding the death and/or funeral arrangements.
- Discuss plans for the next day.
- Remind staff of the importance of self-care.
- Remind staff of the importance of documenting crisis response efforts for future planning and understanding.

## Sample Death Notification Statement for Students

Share this death notification statement with students in small groups, such as homerooms or advisories, **not** in assemblies or over loudspeakers. These statements are examples that can be modified by the principal or Crisis Response Team as needed.

### Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.



## Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. The cause of death has not yet been determined.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

### Option 3 – When the Family Has Requested the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

## Sample Death Notification Statement for Parents

This death notification statement is to be sent by the most efficient and effective method(s) for the school, including e-mail, text, printed copy sent home with students, or regular mail. It can also be posted on the school's website and social media accounts. If there is a resource about talking to students and children about suicide, it should be shared. It should be translated for parents who may know little or no English. See AFSP's [Children, Teens and Suicide Loss](#) for information about how to talk to students about suicide.

### Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

All of the students were given the news of the death by their teacher in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. Suicide is a very complicated act. Although we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents and others in the community at **[DATE/TIME/LOCATION]**. Members of our Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

**[PRINCIPAL'S NAME]**

## Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

All of the students were given the news of the death by their teacher in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them.

The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumors may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. We will do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

**[PRINCIPAL'S NAME]**

### Option 3 – When the Family Has Requested That the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

All of the students were given the news of the death by their teacher in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them.

The family has requested that information about the cause of death not be shared at this time. We are aware there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you or your child is not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the death of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

If you have any questions or concerns, please do not hesitate to contact me or the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

**[PRINCIPAL'S NAME]**

## Sample Agenda for Parent Meeting

Meetings with parents can provide a helpful forum for disseminating information and answering questions. The Crisis Response Team coordinator and all other Crisis Response Team members, the superintendent, and the school principal should attend parent meetings. Representatives from community resources, such as mental health providers, county crisis services, and clergy, may also be invited to be present and provide information. This is a good time to acknowledge that suicide can be a difficult subject to talk about and to distribute the handout [Tips for Talking about Suicide](#).

Be sure to consider the racial, ethnic, and religious backgrounds of students and parents:

- Address the language needs of parents who speak little or no English.
- Determine if there is any content or format that would feel uncomfortable or inappropriate for those who might attend the meeting. For example, if parents of the deceased are in attendance, how might discussing this in a group setting impact their experience?

Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming.

The meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counselors for questions and discussion.

The following is a sample meeting agenda.

### Part 1 – General Information (45–60 minutes)

#### **Crisis Response Team coordinator, school superintendent, or principal:**

- Welcomes all and expresses sympathy
- Introduces the school administration and members of the Crisis Response Team
- Expresses confidence in the staff's ability to assist the students
- Encourages parent and school collaboration during this difficult time
- Reassures attendees that there will be an opportunity for questions and discussion
- States school's goal of treating this death as it would any other death, regardless of the cause, while remaining aware that adolescents can be vulnerable to the risk of imitative suicidal behavior
- States the importance of balancing the need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide

#### **Principal or Crisis Response Team coordinator:**

- Outlines the purpose and structure of the meeting
- Verifies the death (see [Sample Death Notification Statement for Parents](#))
- Discourages the spread of rumors
- Informs parents about the school's response activities, including to media requests
- Informs parents about the student release policy for funerals

**Crisis Response Team coordinator, assistant coordinator, or other designated crisis team member:**

- Discusses how the school will help students cope
- Mentions that more information about bereavement after suicide is available on AFSP's website
- Shares the handouts [Facts about Suicide in Adolescents](#), [Youth Warning Signs and What to Do in a Crisis](#), and [Tips for Talking about Suicide](#)
- Explains risk factors and warning signs
- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal thoughts or behaviors
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at the school and in the community, such as:
  - o School mental health professionals
  - o Community mental health agencies
  - o Emergency psychiatric screening centers
  - o Children's mobile response programs
  - o National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

**Part 2 – Small Group Meetings (1 hour)**

- Ideally, each small group should have no more than 8 to 10 parents.
- Each group should be facilitated by at least two trained mental health professionals.
- Support staff should be available to direct parents to meeting rooms, distribute handouts, and make water and tissues available.
- If possible, additional mental health professionals should be available to meet with parents individually as needed.

**Some Additional Considerations**

- Since some parents may arrive with young children, provide onsite childcare.
- Some students may accompany their parents so provide separate discussion groups for them.
- Media should not be permitted access to the small groups. Arrange for the media spokesperson to meet with any media at a separate location away from parents and children.
- In some cases (e.g., if the death has received a great deal of sensationalized media attention), security may be necessary to assist with traffic flow and media and crowd control.

## Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

<p><b>Give accurate information about suicide.</b></p> <p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people's minds.</p>	<p><b>By saying...</b></p> <p>"The cause of <b>[NAME]</b>'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."</p> <p>"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."</p> <p>"Mental health problems are not something to be ashamed of. They are a type of health issue."</p>
<p><b>Address blaming and scapegoating.</b></p> <p>It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p><b>By saying...</b></p> <p>"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."</p>
<p><b>Do not focus on the method.</b></p> <p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p><b>By saying...</b></p> <p>"Let's talk about how <b>[NAME]</b>'s death has affected you and ways you can handle it."</p> <p>"How can you deal with your loss and grief?"</p>
<p><b>Address anger.</b></p> <p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p><b>By saying...</b></p> <p>"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about <b>[NAME]</b>. You can be angry at someone's behavior and still care deeply about that person."</p>



Address feelings of responsibility.	By saying....
<p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."</p> <p>"We cannot always predict someone else's behavior."</p>

Promote help-seeking.	By saying....
<p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.</p>	<p>"Seeking help is a sign of strength, not weakness."</p> <p>"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 or depressed or had thoughts of suicide?"</p> <p>"If you are concerned about yourself or a friend, talk with a trusted adult."</p>

## Sample Media Statement

To be provided to local media outlets either upon request or proactively.

School staff were informed that a **[AGE]**-year-old student at **[SCHOOL NAME]** has died. The cause of death was suicide. Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at **[DATE/TIME/LOCATION]**. Members of the school's Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide, how adults can help youth cope, the emotional needs of adolescents, and the risk factors and warning signs for suicide. They will also address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at **[PHONE NUMBER, EXTENSION]** or **[E-MAIL ADDRESS]** for more information.

Trained crisis counselors will be available to meet with students and staff starting tomorrow and continuing over the next few weeks as needed.

Following is a list of warning signs and steps to take that were developed specifically for youth.

### Youth Warning Signs

Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress



- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:

- Withdrawal from or change in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation or irritability



### What to Do

If you notice any of these signs in a student, take these recommended steps right away:

1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.
2. Make sure the student is escorted to the school's mental health professional.
3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.

### What to Do

1. Ask if the student is okay or if he or she is having thoughts of suicide.
2. Express your concern about what you are observing in his or her behavior.
3. Listen attentively and nonjudgmentally.
4. Reflect what the student shares and let the student know he or she has been heard.
5. Tell the student that he or she is not alone.
6. Let the student know there are treatments available that can help.
7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

## Resources

Note: The items in brackets are to be added by each school.

### **Local Community Mental Health Resource(s)**

[NAME(S)]

### **National Suicide Prevention Lifeline**

800-273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) for live chat

### **Local Hotline Number(s)**

[NAME(S)]

## Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth. Media are strongly encouraged to refer to the document [\*Recommendations for Reporting on Suicide\*](#).

## Local Media Contact

[NAME]

[TITLE]

[SCHOOL]

[PHONE]

[E-MAIL ADDRESS]

## Key Messages for Media Spokesperson

This information is for use by the person designated by the school to speak with the media.

### School's Messages

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to **[HIS/HER]** family and friends and the entire community.
- We will be offering grief counseling for students and staff starting on **[DATE]** and lasting through **[DATE]** or as long as needed.
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on **[DATE/TIME/LOCATION]**. Experts will be on hand to answer questions.
- No TV cameras or reporters will be allowed in the school or on school grounds.

### School's Response to the Media

- The media are strongly encouraged to refer to the document [Recommendations for Reporting on Suicide](#).
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.
- Media should also avoid oversimplifying the cause of a suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a complicated issue.
- Remind the public that in a majority of suicide deaths, mental health issues play an important role, underscoring the need to address mental health concerns proactively.
- Media should include links to or information about helpful resources, such as local crisis hotlines and the [National Suicide Prevention Lifeline](#) (800-273-TALK (8255)).

### Information on Suicide

- Suicide is complicated and involves multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition, the most common of which is depression.
- Mental health conditions and substance abuse problems are treatable.
- The best way to prevent suicide is through early detection, diagnosis, and treatment of depression and other mental health conditions, including substance abuse problems.

## Making Decisions about School-Related Memorials

This tool poses questions to consider about both planned and spontaneous memorials associated with a school, although not necessarily sponsored by the school. Examples include a school event, student-created memorial, and a page in a yearbook.

- Does the school or school district have a policy (or standard procedure) on memorialization for the death of a student (or school staff person), regardless of the cause?
  - o If yes, how would implementing what is usually done for other types of deaths be done for a death by suicide? How might those procedures be interpreted with a suicide? For example:
    - If a memorial page in the yearbook is a standard procedure, are there other deaths (from other causes) during the school year that would also have pages or be on the same page? Could a memorial page also have a message to promote help-seeking among students or a similar supportive message?
  - o If no, look at districtwide practices or consult with other schools.
- Has the family expressed a desire for or opposition to any public acknowledgment of the death as a suicide?
- How might a memorial on school grounds help facilitate (or impede) grieving of the loss by students and school staff?
- How will the school deal with a spontaneous memorial initiated by students?
- Could a memorial be something other than a physical object, such as a suicide prevention program?
- What other ways are there for students to acknowledge and express their grief following a suicide?
- When would be a good time to memorialize a student's death?
  - o Does the plan for memorialization coincide with other student events (e.g., graduation)?
- How might the memorial procedure affect vulnerable students? Teachers and other staff?
  - o Is there a way to memorialize so that a life-affirming message is the focus?
- If the school puts up a *physical* memorial, what will the students and staff who were not at the school during the year of the death be told about the memorial?

## Facts about Suicide in Adolescents

Suicide is complicated and involves the interplay of multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition. In teens, the behavioral health conditions most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, eating disorders, and substance abuse problems. Although in some cases these conditions may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “trigger.”

Other key risk factors for suicide include the following:

- Personality characteristics, such as hopelessness, low self-esteem, impulsivity, risk-taking, and poor problem-solving or coping skills
- Family characteristics, such as family history of suicidal behavior or mental health problems, death of a close family member, and problems in the parent-child relationship
- Childhood abuse, neglect, or trauma
- Stressful life circumstances, such as physical, sexual, and/or psychological abuse; breaking up of a romantic relationship; school problems; bullying by peers; trouble with the law; and suicide of a peer
- Access to lethal means, especially in the home

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. But in some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental health condition, which can increase suicide risk. Conversely, existing mental health conditions may also lead to stressful life experiences, which may then exacerbate the underlying illness and in turn increase suicide risk.

## Help Is Available

If there are concerns about a student’s emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include the following:

- School-based mental health professionals
- Community mental health providers and clinics
- Emergency psychiatric screening centers
- Children’s mobile response programs

Pediatricians and primary care providers can also be a source of mental health referrals. Many of them are also well-versed in recognizing and treating certain mental health conditions like depression.

Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA’s National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.

## Crisis Lines

A crisis line is a service that provides free, confidential support and resources for people in emotional distress. The service is provided by a trained crisis counselor on the phone and in some cases by text and/or chat. You can call or text for help with someone you're worried about or for yourself. In addition to the resources listed below, some states have their own crisis lines with phone, text, and/or chat services.

### **National Suicide Prevention Lifeline**

Call 800-273-TALK (8255)

Chat service and other information: Go to [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### **Crisis Text Line**

Text HOME to 741741

Other information: Go to [www.crisistextline.org](http://www.crisistextline.org)

### **Trevor Project**

Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13–24

Trevor Lifeline: Call 1-866-488-7386

TrevorText: Text TREVOR to 1-202-304-1200

TrevorChat and other information and resources: Go to [www.trevorproject.org](http://www.trevorproject.org)

# Youth Warning Signs and What to Do in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See [www.youthsuicidewarningsigns.org](http://www.youthsuicidewarningsigns.org).

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none"><li>• Talking about or making plans for suicide</li><li>• Expressing hopelessness about the future</li><li>• Displaying severe/overwhelming emotional pain or distress</li></ul>	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none"><li>1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.</li><li>2. Make sure the student is escorted to the school's mental health professional.</li><li>3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.</li></ol>
<ul style="list-style-type: none"><li>• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none"><li>○ Withdrawal from or change in social connections or situations</li><li>○ Changes in sleep (increased or decreased)</li><li>○ Anger or hostility that seems out of character or out of context</li><li>○ Recent increased agitation or irritability</li></ul></li></ul>	<h3>What to Do</h3> <ol style="list-style-type: none"><li>1. Ask if the student is okay or if he or she is having thoughts of suicide.</li><li>2. Express your concern about what you are observing in his or her behavior.</li><li>3. Listen attentively and nonjudgmentally.</li><li>4. Reflect what the student shares and let the student know he or she has been heard.</li><li>5. Tell the student that he or she is not alone.</li><li>6. Let the student know there are treatments available that can help.</li><li>7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).</li></ol>



# Appendix B: Additional Resources

Appendix B contains links to materials that provide additional information on the topics covered in the toolkit. Resources are organized by the section of the toolkit to which they are the most relevant.

## Crisis Response

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Kerr M. M., Brent D. A., McKain B., & McCommons P. S. (2003). *Postvention standards manual: A guide for a school's response in the aftermath of sudden death* (4th edition). Retrieved from <https://www.starcenter.pitt.edu/Files/PDF/Manuals/Postvention.pdf>

Lieberman, R., Poland, S., & Kornfeld, C. (2014). *Best practices in suicide intervention*. In A. Thomas & P. Harrison (Eds.), *Best practices in school psychology*. Bethesda, MD: National Association of School Psychologists.

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

National Association of School Psychologists. (2004). *Culturally competent crisis response: Information for school psychologists and crisis teams*. Retrieved from [https://schoolcounselor.org/asca/media/asca/Crisis/cc\\_crisis.pdf](https://schoolcounselor.org/asca/media/asca/Crisis/cc_crisis.pdf)

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. Retrieved from <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Suicide Prevention Resource Center. (2016). Provide for immediate and long-term postvention. Retrieved from <http://www.sprc.org/comprehensive-approach/postvention>

Suicide Prevention Resource Center. (2012). *The role of school mental health providers in preventing suicide*. Retrieved from <http://www.sprc.org/sites/default/files/resource-program/SchoolMentalHealth.pdf>

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <http://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>

Underwood, M., Fell, F. T., & Spinazzola, N. A. (2010). *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: [http://www.hazelden.org/OA\\_HTML/ibeCCtpltmDspRte.jsp?item=54103](http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=54103)

## Helping Students Cope

Dougy Center, The National Center for Grieving Children & Families, & American Foundation for Suicide Prevention. (n.d.). *Children, teens and suicide loss*. Retrieved from <https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/children-teens-suicide-loss/>

To purchase this resource: <https://stores.kotisdesign.com/afspexternal/resources/children-teens-and-suicide-loss/40691>

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Evans, R., & National Association of Independent Schools. (2004). Helping students cope with suicide. (2004). Retrieved from <http://www.nais.org/Articles/Pages/Helping-Students-Cope-with-Suicide-145734.aspx>

Lieberman, R. (2010). Save a friend: Tips for teens to prevent suicide. In A. Canter, L. Paige, M. Roth, I., Romero, & S. A. Carroll (Eds.), *Helping children at home and school III: Handouts for families and educators*. Bethesda, MD: National Association of School Psychologists.

Lieberman R., & Poland, S. (2017). After a suicide: Postvention for schools: Answering student questions and providing support. *Communiq  : Newspaper of the National Association of School Psychologists*, 45(7), 8–12. Retrieved from <http://www.nova.edu/suicideprevention/forms/after-a-suicide-postvention.pdf>

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <https://www.sprc.org/sites/default/files/migrate/library/RespondingAfterSuicideNationalGuidelines.pdf>

Underwood, M. Fell, F. T., & Spinazzola, N. A. (2010) *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: [http://www.hazelden.org/OA\\_HTML/ibeCCtpltmDspRte.jsp?item=54103](http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=54103)

## Working with the Community

Berkowitz, L., McCauley, J., & Mirick, R. [n.d.]. Riverside Trauma Center postvention guidelines. Retrieved from <http://traumacenter.wpengine.com/wp-content/uploads/2015/03/Postventionguidelines.pdf>

Connect. [n.d.]. Suicide postvention training. Trainings of different lengths and tailored for different audiences. Retrieved from <http://www.theconnectprogram.org/training/reduce-suicide-risk-and-promote-healing-suicide-postvention-training>

Substance Abuse and Mental Health Services Administration. (2008). *Supporting survivors of suicide loss: A guide for funeral directors*. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4375/SMA09-4375.pdf>

Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Retrieved from <http://www.sprc.org/resources-programs/after-suicide-recommendations-religious-services-and-other-public-memorial>

## Working with the Media

*Recommendations for reporting on suicide.* (2015). Retrieved from <http://reportingonsuicide.org/>

National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging.* Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

## Memorialization

Centre for Suicide Prevention (Calgary). (2004). *School memorials after suicide: Helpful or harmful?* Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/Alert54.pdf>

Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9), 1269–1284.

Jellinek, M., Bostic, J. Q., & Schlozman, S. C. (2007). When a student dies. *Educational Leadership*, 65(3), 78–82.

*Recommendations for reporting on suicide.* (2015). Retrieved from <http://reportingonsuicide.org/>

## Social Media

Entertainment Industries Council's TEAM Up. (2014). *Social media guidelines for mental health promotion and suicide prevention.* Retrieved from <http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>

Know the Signs. [n.d.]. *How to use social media for suicide prevention user guide.* Retrieved from [http://eiconline.org/teamup/wp-content/files/13-CALM-0106-Socialmedia\\_Guide\\_FNL.pdf](http://eiconline.org/teamup/wp-content/files/13-CALM-0106-Socialmedia_Guide_FNL.pdf)

National Suicide Prevention Lifeline. (2010). *Lifeline online postvention manual.* Retrieved from <http://www.sprc.org/resources-programs/lifeline-online-postvention-manual>

Riverside Trauma Center. [n.d.] Trauma center resources: Social media and suicide. Retrieved from <http://riversidetraumacenter.org/trauma-center-resources/>

## Suicide Contagion

Insel, B. J., & Gould, M. (2008). Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America*, 31(2), 293–316.

Lake, A. M., & Gould, M. S. (2013). Suicide clusters and suicide contagion. In S. Koslow, C. Nemeroff, & P. Ruiz (Eds.), *A concise guide to understanding suicide: Epidemiology, pathophysiology and prevention.* Cambridge, UK: Cambridge University Press.

National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging.* Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

*Recommendations for reporting on suicide.* (2015). Retrieved from <http://reportingonsuicide.org/>

Zenere, F. J. [n.d.]. *Suicide postvention in the school community*. Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/SchoolPostvention.pdf>

Zenere, F. J. (2009, October). Suicide clusters and contagion: Recognizing and addressing suicide contagion are essential to successful suicide postvention efforts. *Principal Leadership*, 12–16. Retrieved from [http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide\\_Clusters\\_NASSP\\_Sept\\_%2009.pdf](http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide_Clusters_NASSP_Sept_%2009.pdf)

# Appendix C: Additional Reviewers of the First Edition

The following individuals also reviewed the first edition of *After a Suicide: A Toolkit for Schools*, along with the primary reviewers listed at the beginning of the toolkit. The job titles listed were the ones when the first edition was reviewed.

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**Paula Clayton, MD**, Medical Director, American Foundation for Suicide Prevention, New York, NY

**Cheryl DiCara**, Director, Maine Youth Suicide Prevention Program, Augusta, ME

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**John Kelly, PhD**, School Psychologist, Commack Public Schools/New York Association of School Psychologists, Commack, NY

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