

Suicide Prevention and Intervention Handbook

*A Guide for School Site Administrators and
School Mental Health Professionals*



Achieving our Greatest Potential!

Acknowledgements

We would like to express our deepest gratitude to the individuals who have passionately dedicated their time to the development of this handbook. The Suicide Prevention and Intervention Handbook would not have been possible without the collaboration between the Prevention and Intervention and Special Education departments. A special thanks to the following individuals for their contributions and daily commitment to zero suicide in our schools and community:

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Cynthia Betancourt Alvarado MSW, PPSC- Former School Social Worker
Darnell Fisher MSW, PPSC- Clinical School Social Worker
Jessica Avina, MA- School Psychologist
Karen Russell, MA- School Psychologist

Furthermore, we would like to acknowledge with much appreciation the many students throughout our school district who participated in Student Stakeholder Meetings and voiced valuable contributions that have shaped the development of the Suicide Prevention Policy in Fresno Unified School District. We would like to express our gratitude to the many staff members who organized and implemented the Student Stakeholder Meetings.

Finally, we express our gratitude to the various agencies and individuals who make up the Fresno County Suicide Prevention Collaborative. Thank you for your partnership, support, and resources that have supported our work towards developing a comprehensive response to AB2246 and AB1767.

Preface

While the topic of suicide has not historically been discussed in open forums, greater attention has been placed on the need to have these important conversations and to recognize that suicides do occur in our society and school- aged children are not immune to this phenomenon. Fresno Unified School District recognizes that suicide is a leading cause of death among youth and understands the significant impact that a well-equipped and knowledgeable school community can have on prevention efforts. School personnel regularly interact with students and are often able to recognize the warning signs of suicide and to offer appropriate referral and/or assistance.

In September 2016 the Governor of California signed into legislation Assembly Bill 2246 (AB2246), a bill that requires the governing board or local educational agency, in grades 7 through 12 to adopt a policy on pupil suicide prevention that specifically addresses the needs of high-risk groups. In 2019, Assembly Bill 1767 was adopted to expand suicide prevention efforts to grades Kindergarten through 6th grade.

In 2020 the County of Fresno reported 102 deaths by suicide including several youths under the age of 18. The youngest person reported to die by suicide was a school aged youth at 13 years old. In addition, our local hospitals report months of more than 50 mental health visits in the emergency departments specifically for our youth during the past 3-4 years. Specifically, within Fresno Unified, there were an estimated 800 suicide risk assessments completed on school campuses in the 18-19 school year and over 500 risk assessments for the 19-20 school year. Fresno Unified School District is committed to meeting the mandates of the law, ensuring that students, staff, and parents are equipped and empowered through evidence-based education to prevent suicide in our community.

The information contained in this handbook will review the process and procedures regarding suicide prevention, intervention, and postvention for school-aged youth. This handbook is meant to serve as a guide to promote safety for all involved in the process.

If you or someone you know is in need of immediate crisis intervention related to suicidal thoughts or behaviors contact 911, go to your nearest emergency room, or contact the Suicide Prevention Lifeline at 1-800-273-TALK (8255).

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Section 1: Prevention

1.1 Addressing Suicide Prevention for all Students

Suicide Prevention involves school wide activities and programs that promote awareness and education, enhance connectedness, contributes to a safe and nurturing environment, and strengthens protective factors that reduce risk for students.

Prevention efforts include:

- A. Promoting and reinforcing the development of help-seeking behaviors and healthy problem-solving skills.
- B. Increasing staff, student, and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Access to accurate and current list of resources where students and families can find help both within and outside the school community.
- D. Multidisciplinary Crisis Teams to identify, follow, and refer at-risk students for needed services.

1.2 School Climate

Fresno Unified understands the need to promote a positive school climate for all students to thrive. Creating and promoting a positive climate on school campuses facilitates prevention efforts by allowing students to feel safe, welcomed, engaged and connected. When youth feel connected, we increase the protective factors against suicide and aid in prevention efforts.

When addressing school climate, we must acknowledge the stigma that exist related to mental illness and receiving mental health treatment in our society. In order to create environments where all students feel safe to engage in help-seeking behaviors for themselves and others we must actively and collectively:

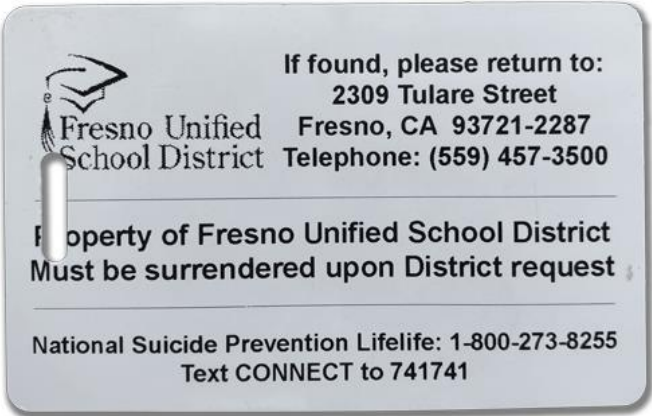
- Have open and honest conversations about mental health
- Share facts about mental health and its effects while also dispelling myths.
- Don't joke about mental health and gently correct others who do.
- Promote mental health as part of our complete health and wellness

It is everyone's responsibility to work towards building a positive environment on campuses for students, staff, and parents.

1.3 Student Education and Awareness

Information will be provided to all students about suicide prevention and positive attitudes about mental health. This will increase students' ability to recognize the warning signs of suicide and how to seek help for themselves or others.

- A. A District adopted evidenced- based program is used in primary and secondary school settings. The curriculum will focus on reducing the stigma of mental illness, encouraging help-seeking behaviors for self and others, engaging parents and school staff as partners in prevention, and encouraging partnerships with community-based programs.
- B. **National Suicide Prevention Month** will be promoted annually on primary and secondary school site campuses with the focus on recognizing warning signs and risk factors for suicide and understanding how to seek help for self and others.
- C. **National Mental Health Awareness Month** will be promoted annually on primary and secondary school site campuses with emphasis on reducing stigma regarding mental health, healthy coping skills and understanding the importance of mental health as a component of overall health and well-being.
- D. Access to Suicide Prevention Hotline and Crisis Text line is printed on the back of all student ID cards in grades 7 through 12th. This is in direct response to Senate Bill 972 passed in 2018.



1.4 Staff Professional Learning

All school staff is responsible for safeguarding the health and safety of students. All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, and resources regarding suicide prevention. **It is expected that staff only work within the qualifications and scope of their job classification, credential, or license.**

Annual Suicide Prevention Training:

- A. **All Staff:** Training on suicide prevention will be given at the beginning of each school year. Topics will include current laws, facts and statistics about suicide, warning signs, risk factors, identifying the school’s mental health team, teachers’ responsibilities/roles, and procedures for identifying and supporting students at risk of suicide.
- B. **Identified Staff:** Identified district staff will be trained in Applied Suicide Intervention Skills Training “ASIST”, which is a 2-day interactive workshop that teaches suicide first aid to participants. The training focuses on helping caregivers recognize when a person at risk is having thoughts of suicide and how to provide “safety for now”.

1.5 Parent Education and Awareness

Information and resources for district parents will occur through the following:

- A. **Parent University:** Will provide training to parents on suicide risk factors, warning signs, and how to seek help for their students.
- B. Parents will have access to the Suicide Prevention tab on the district website with information on warnings signs, risk factors, and how to obtain help at the school site or in the community. In addition, parents will have access to the district’s policy on suicide prevention.

***Fresno Unified Web - Based Resources: <https://www.fresnounified.org>
Fresno Unified Website → Parents → Social Emotional Wellness & Supports***

Section 2: Intervention

2.1 Responding to Students at Risk for Suicide

The following are procedures for responding to students at risk of suicide and/or exhibiting self-injurious behaviors. The site administrator is responsible for the implementation of these procedures. For an abbreviated checklist of the procedures outlined below, see **Appendix - Checklist for Responding to Students at Risk for Suicide**.

2.2 Risk Assessment Procedures: In Person-Response

Respond Immediately

- A. **Report Concerns** of suicidal thoughts or behaviors to the site administrator immediately. A district employed School Mental Health Team Member who is assigned to serve at the school site and is certified in FUSD approved suicide assessment tools and intervention will be contacted. Only district employed mental health professionals trained in the district approved suicide risk assessment tool (C-SSRS) can complete a suicide risk assessment. For an overview of this process, see **Appendix - Site Crisis Decision Tree**
- B. **Supervise the student at all times.** Ensure that students sent to the office for assessment are always accompanied by a staff member.
- C. If the student has made a suicide attempt at school that requires immediate medical attention, call 911 and contact the site designated Health Services staff member as soon as possible. The Site Mental Health Team will determine whether the student is able to participate in a suicide risk assessment and proceed with the steps below.

Assess for Suicide Risk

- A. **Gather information:** The administrator should gather essential background information that will help with assessing the student's risk for suicide (i.e. student's actions or words that led to the concern, copies of any concerning writings, drawings, text messages, or social media).
- B. **Complete C-SSRS:** The designated School Mental Health Team member will meet with the student to complete the C-SSRS. Based on the information gathered, the assessing party will collaborate with at least one other designated School Mental Health Team member to **identify the level of risk** as determined by responses to the C-SSRS and **develop a plan of action**.

- C. Appropriate interventions will be implemented based on the C-SSRS severity rating, which could include the administrator convening the School Mental Health Team to determine next steps and **develop a plan of action.**
- D. **Contact Parent:** Parent contact will be made by the designated School Site Mental Health Team member to communicate the identified safety concerns and the School Mental Health Team’s plan of action. (see 2.3 for additional next steps)

2.2 (a) Communication with Parent/Guardian

The parent or guardian of the student who was assessed should be contacted as soon as reasonably possible regardless of the outcome of the C-SSRS risk assessment. However, the required documentation for the parent contact will be dependent on the School Mental Health Team’s plan of action. Please see the documentation needed for the various outcomes listed below, 2.2(c)

No disclosure shall be made to the student’s parent/guardian/caregiver when there is a reasonable cause to believe that the disclosure will result in a danger to the health, safety, or welfare of the student. In the case of non-disclosure to parent/guardian/caregiver, staff should consult with an additional member of the School Site Mental Health Team and report concerns to Child Protective Services (559) 600-8320 or Local Law Enforcement. Documentation of this decision should be documented on the Risk Assessment Data Collection Form.

2.2 (b) Removal of Student from Campus

Based on the assessment with the student, the School Mental Health Team will determine if it is safe for the student to remain on campus. One of the following actions should occur:

- A. **No Removal, student remains at school:** If a student is considered “No Risk” or is determined to not require removal from school as determined by the C-SSRS, complete the documentation requirements (2.2 (c)) and provide the student with school and community resources.
- B. **Student Released to Parent** ****No student should be released to a parent if they are considered “High Risk” based on the C-SSRS. It may be appropriate for a student to be released to a parent/guardian when then the C-SSRS is considered no, low, or moderate risk****
 - a. If a student is released from school into the care of their parent/guardian, the **Parent Notification of Suicide Risk Assessment Form** (see Appendix) should be reviewed and signed by the parent/guardian and School Mental Health Team Member. A copy of the

form shall be provided to the parent. The original copy shall be kept in a confidential file.

- C. **Student Removed from Campus on 5585/5150 Hold** - If the student is removed from campus on a 5585/5150 custody hold, the **Parent Notification of Suicide Risk Assessment Form** (see appendix) should be completed and provided to the parent in the most efficient manner possible; hand-delivered, electronic, or mail (after carefully discussing via phone). If the information is known, the parent shall be provided with the name of the emergency room or crisis stabilization unit the student is being transported to. The original copy shall be kept in a confidential file. If the student is removed from campus on 5585/5150 hold, the **Removal of Student from Campus during School Hours Form** should be completed by the school site administrator or designee in collaboration with the peace officer present.

2.2 (c) Documentation Requirements:

Wellness Plan:

- A. **No Risk or “Low Risk”**: A *FUSD Student Wellness Plan* **may be completed** with students who are determined to be No risk or “Low Risk” based on the C-SSRS; however it is not required to assemble the site-based inter-disciplinary team to complete the process. Provide the student and parent/guardian with a copy of the Wellness Plan.
- B. **“Moderate Risk”**: A *FUSD Student Wellness Plan* **must be completed** with students who are determined to be “Moderate Risk” based on the C-SSRS. Complete the *FUSD Student Wellness Plan* with student at the time of the intervention. Provide the student and parent/guardian with a copy of the FUSD Student Wellness Plan. Assemble the site-based multi-disciplinary team as soon as reasonably possible to discuss the appropriate steps for implementing the Wellness Plan.
- C. **“High Risk”**: A *FUSD Student Wellness Plan* **must be completed** with students who are determined to be “High Risk” based on the C-SSRS. The FUSD Student Wellness Plan will be completed with the student and site-based multi-disciplinary team upon the student’s return to school.

Additional Documentation Requirements:

The following documents are necessary for understanding the immediate and potential future needs for students in our district. The following documents are required.

1. Complete C-SSRS
2. Complete the Risk Assessment Data Collection form (submit)
3. A member of the School Mental Health Team should document interventions in Atlas. (adhere to suggestions regarding documenting confidential information)
4. Removal of Student from Campus During School Hours form (complete and submit to the administrator or designee)

Submit Risk Assessment Data Collection form to suicideriskassessment@fresnounified.org within 48 hours. Including the disposition of the C-SSRS assessment.

See Appendix for forms- Risk Assessment Data Collection, C-SSRS, Removal of Student from Campus During School Hours

2.3 Risk Assessment Procedures: Virtual -Response

Respond Immediately

- A. **Report Concerns** of suicidal thoughts or behaviors to the site administrator immediately by phone who will then contact a district employed School Mental Health Team member who is assigned to serve at the school site and is certified in FUSD-approved suicide assessment tools and interventions. Only district employed mental health professionals trained in the district approved suicide risk assessment tool (C-SSRS) can complete a suicide risk assessment.

*******If suicide/safety risk is immediate (i.e. student has indicated an immediate plan for, or in the process of suicide), call 911 and provide current location of the student in addition to contacting school administrator or designee by phone.**

In the event you are unable to reach a School Mental Health Team Member contact the Special Education Department at 457-3320 for support. The Lead School Psychologist and Student Support Services Manager will coordinate to identify available staff to complete the suicide risk assessment and appropriate follow up support.

Assess for Suicide Risk

- A. **Complete C-SSRS:** The designated School Mental Health Team member will complete a virtual assessment (by phone or video) with the student. Based on the information gathered, the assessing party will collaborate with at least one other designated School Mental Health Team member to **identify the level of risk** as determined by responses to the C-SSRS and **develop a plan of action**.
- B. **Contact Parent:** Parent contact will be made by a designated School Mental Health Team member as soon as reasonably possible to communicate the identified safety concerns and the School Mental Health Team's plan of action.

2.3 (a) Communication with Parent/Guardian

The parent or guardian of the student who was assessed should be contacted as soon as reasonably possible regardless of the outcome of the C-SSRS risk assessment. However, the required documentation for the parent contact will be dependent on the School Mental Health Team's plan of action. Please see the documentation needed for the various outcomes listed below.

No disclosure shall be made to the student's parent/guardian/caregiver when there is a reasonable cause to believe that the disclosure will result in a danger to the health, safety, or welfare of the student. In the case of non-disclosure to parent/guardian/caregiver, staff should consult with an additional member of the School Site Mental Health Team and report concerns to Child Protective Services (559) 600-8320 or Local Law Enforcement. Documentation of this decision should be documented on the Risk Assessment Data Collection Form.

1. Communicate the identified concerns with the parent,
2. Review the **Parent Notification of Suicide Risk Assessment** (see appendix)
3. Make a recommendation for the student to be taken for a crisis evaluation.
4. Provide the parent with national and local suicide prevention resources.

A **minimum of 3 contacts** to the parent/guardian listed in ATLAS must occur. If you were successful in contacting the student for the risk assessment but unsuccessful in contacting the parent/guardian, the School Mental Health Team member before the end of the workday, or earlier if the severity of the concern warrants, will contact law enforcement to request a welfare check.

2.3 (b) Documentation Requirements:

Wellness Plan:

5. **No Risk or “Low Risk”:** A *FUSD Student Wellness Plan* may be completed with students who are determined to be No Risk or “Low Risk” based on the C-SSRS; however it is not required to assemble the site-based interdisciplinary team to complete the process. Provide the student and parent/guardian with an electronic copy of the Wellness Plan.
6. **“Moderate Risk”:** A *FUSD Student Wellness Plan* must be completed with students who are determined to be “Moderate Risk” based on the C-SSRS. Complete the FUSD Student Wellness Plan with student at the time of the intervention. Provide the student and parent/guardian with an electronic copy of the FUSD Student Wellness Plan. Assemble the site-based multi-disciplinary team as soon as reasonably possible to discuss the appropriate steps for implementing the FUSD Student Wellness Plan.
7. **“High Risk”:** A *FUSD Student Wellness Plan* must be completed with students who are determined to be “High Risk” based on the C-SSRS. The FUSD Student Wellness Plan will be completed with the student and site-based multi-disciplinary team upon the student’s return to school.

Additional Documentation Requirements:

The following documents are necessary for understanding the immediate and potential future needs for students in our district. The following documents are required.

1. Complete C-SSRS
2. Complete the Risk Assessment Data Collection form (submit)
3. A member of the School Mental Health Team should document interventions in Atlas. (adhere to suggestions regarding documenting confidential information)
4. FUSD Student Wellness Plan (reference Section 2.3 above)

Submit the Risk Assessment Data Collection Form to suicideriskassessment@fresnounified.org within 48 hours. See Appendix - Risk Assessment Data Collection, C-SSRS (Electronic Version), FUSD Student Wellness Plan, and Procedures for Suicide Risk Assessment during Virtual Learning

2.4 Planning for Re-entry (In-person and Virtual Assessments)

Students who have made a suicide attempt are at higher risk of re-attempting within the first 30- 90days after the attempt. Coordination between parents, community stakeholders, and school personnel is key in mitigating the risk for our students. The re-entry to school process is vital in ensuring that wellness plans are in place for the student and necessary staff are prepared and able to respond.

When preparing to welcome a student back to school following an absence, it is crucial to be aware of the potential stressors related to returning. Some potential stressors for the student and parent could include:

- Feeling judged
- Dealing with rumors
- Concern about missed work/test
- Concern about attendance and truancy
- Unsure if they will be able to utilize healthy coping skills
- Worry about what to tell others when they ask about the absence
- Students and staff knowing details discussed in the Wellness Plan

Below are the guidelines for completing *FUSD Student Wellness Plans*. The guidelines are appropriate in instances whereby the student participated in a suicide risk assessment, mental health crisis evaluation, or involuntarily detained for a psychiatric hospitalization.

A. A *FUSD Student Wellness Plan* will be scheduled by a School Mental Health Team member. In collaboration with the student, parent, and other pertinent school site members, the *FUSD Student Wellness Plan* will be completed to facilitate a smooth transition back to school. Every effort should be made to include the parent in the collaboration process of developing a plan prior to the students' return to classes. The following forms will be completed:

1. **Release of Information** (See Appendix)
2. **FUSD Student Wellness Plan** (See Appendix)

In instances whereby, the Risk Assessment was completed by a site-based School Mental Health Team member, the team member that completed the risk assessment is responsible for scheduling and coordinating the *FUSD Student Wellness Plan*.

In instances whereby, the Risk Assessment was completed by a Mental Health Staff member not at the school site or by a member of the community, the site-based School Mental Health Team members will take lead in coordinating the efforts to complete the *FUSD Student Wellness Plan* in a timely manner.

In collaboration with the student, parent, and other pertinent school site members the wellness plan will be completed to facilitate a smooth transition back to school. Every effort should be made to include the parent in the collaboration process of developing a safety plan prior to the students' return to classes. The following forms will be completed:

1. **Release of Information** (see Appendix)
2. **FUSD Student Wellness Plan** (See Appendix)

Section 3: Postvention

Postvention refers to events and procedures that occur after the death of a student by suicide. Postvention strategies are in effect prevention efforts in that they can promote healing after a death and reduce the likelihood of suicide contagion.

3.1 Verify Facts

- A. If the family chooses not to disclose the cause of death, the information will not be shared with staff, students, or the community.
- B. Site Administration will work in collaboration with Communications to verify facts, supports and appropriate messaging regarding the incident.

3.2 Mobilize Crisis Response Team

- A. Communications Department will contact the Crisis Response Coordinator who will contact appropriate members of School Mental Health Teams.
- B. The School Mental Health Team will be contacted to determine the level of crisis response. The School Mental Health Team will connect with Site Administration.
- C. If deemed necessary, additional crisis responders will be deployed to the school site to offer additional supports for staff and students.

3.3 Informing about the Loss

Staff: Specific procedures will take place to inform staff members about the loss of a student or colleague. See below.

- A. Staff meeting
 - 1. Communications Department to assist in developing a script with administrators to provide to teachers/staff on how/what information to share with students
 - 2. Administrators will only share approved facts to staff
 - 3. School Mental Health Team members will assist staff with tools for discussing suicide with students. See Appendix- *Crisis Resource List and Tips after Suicide-Helping Students Cope*

4. Provide staff with strategies for controlling rumors. See Appendix-
Contagion
5. Discuss importance of not memorializing the student on campus. While well-meaning the act of memorializing a student can have unintended negative consequences. See Appendix -
Memorialization
6. Inform staff of the process to direct students on how to access supports on campus.

Students:

Classroom

1. School Mental Health Team members will partner with teachers to deliver information (basic facts of death and known funeral arrangements).
2. Teachers to present information on how to access support to students through the classroom setting

Parents (Options Include)

1. **School Messenger:** A script will be provided to site administration utilized as a messenger recording to parents notifying them of the loss of a student.
2. **Letter:** (when applicable): Communications Office and site administration will collaborate to draft a letter to be sent home with students directly impacted including general information regarding death, what the school is doing to support students, warning signs of suicide, and resources available.

Community: Only the Communications Office is in charge of notifying local agencies or discussing with media.

3.4 Supporting the School Community after a loss

Staff Support

A. Voluntary Staff Meeting

1. School site administrator will inform staff that substitute teachers are available if they need time off. Communications Office will work with Human Resources in getting substitutes.
2. Provide information regarding available resources (i.e. Employee Assistance Program)
3. End of day meeting for staff to debrief and access support led by School Mental Health Teams.

Student Support

- A. School Mental Health Team members and administrator will follow the class schedule of the deceased student(s) to identify students who need support.
- B. A crisis response team will be available for students who need support through staff referral.
- C. If needed, teachers will fill out Referral for Crisis Response Support- See Appendix (provided by crisis response team) and submit to School Mental Health Team who will connect students to crisis response team for support.
- D. Schedule meetings for established groups of the deceased (i.e. clubs, sports)

Parent Support

- A. School Mental Health team members will be available to offer resources to parents to support their students at home.

3.5 Follow up with family of the deceased

A. School Mental Health Team member (Predetermined based on selected role) provides follow up support and connection to resources as needed.

1. Community Resource Guide- See Appendix

Glossary of Terms

AB1767: California Assembly Bill that passed in October of 2019 and expanded upon AB2246 laws to include a mandated suicide prevention policy for grades K-6th. The mandate requires age appropriate delivery to students and suicide awareness and prevention training for teachers.

AB2246: California Assembly Bill passed in 2016 mandating that all school districts have a policy addressing suicide prevention, intervention, and postvention. The law also requires that students, staff and parents receive education regarding risk factors and warning signs of suicide.

Columbia Suicide Severity Rating Scale (C-SSRS): An evidence-supported assessment tool that determines level of risk of an individual experiencing suicidal ideation.

Contagion: Refers to the process by which one suicide death may contribute to another. The term can also apply to self-injurious behaviors.

Crisis Intervention Team: A team coordinated by the Fresno Police Department and Fresno County Behavioral Health to respond to serious threats to self or others. The team is an additional support to School Resource Officers.

Crisis Response Team: District School Mental Health Team members deployed to school sites for additional crisis counseling support.

Risk Assessment Data Collection: A tool utilized by Fresno Unified School District's School Mental Health Teams to track and monitor trends in data as it relates to factors, subgroups, and outcomes in suicide risk assessment.

School Mental Health Team: Clinical School Social Workers, School Social Workers, School Psychologists, and other identified support staff.

School Resource Officer (SRO): Local law enforcement officers assigned to school sites

Self-Injury: Self-injury refers to any intentional acts to hurt oneself. This is often referred to as cutting; however, can include other acts such as head-banging, burning, hair-pulling, scratching, etc. See Self-injury guide for additional information.

Senate Bill 972: Bill that was passed in 2018 that mandated schools that issue identification cards to students in grades 7th -12th print the National Suicide Prevention Lifeline number on the ID card and authorized for districts to include the Crisis Text Line or local suicide prevention hotline number.

Site Crisis Decision Tree: A flowchart explaining the school site process for addressing suicide risks and homicide threats.

Suicidal Ideation: Refers to a person having thoughts of suicide.

Suicide: Refers to voluntarily an intentionally taking one's own life.

Threat Assessment Team: School Administrators, School Nurses, Clinical School Social Workers, School Psychologists, School Social Workers, and other identified support staff.

5585/5150: 5585/5150 refers to the section of the Welfare and Institutions Code (WIC) under California State Law, which allows a person who is experiencing a mental health crisis to be involuntarily detained for a 72- hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled. 5585 is the WIC that refers to a minor, youth below the age of 18 years. 5150 is the WIC that refers to adults, age 18 and above.

Appendix

Protocols

- Site Crisis Decision Tree
- Checklist for Responding to Students at Risk for Suicide In-person Response
- Checklist for Responding to Students at Risk for Suicide Virtual Response
- Referral for Crisis Response Support

Forms: Assessment Packet

- C-SSRS (Columbia Suicide Severity Rating Scale)
- Parent Notification of Suicide Risk Assessment Form
- Release of Information (ROI)
- Removal of Student from School During School Hours
- Risk Assessment Data Collection
- Student Wellness and Safety Plan Primary Grades
- Student Wellness and Safety Plan Secondary

Resources:

- Community Resource Guide

Students:

- There is Hope flyer (English)
- There is Hope flyer (Spanish)

Parents:

- Understanding Non-Suicidal Self Injury
- Preventing Youth Suicide: Tips for Parents and Educators (English)
- Preventing Youth Suicide: Tips for Parents and Educators (Spanish)

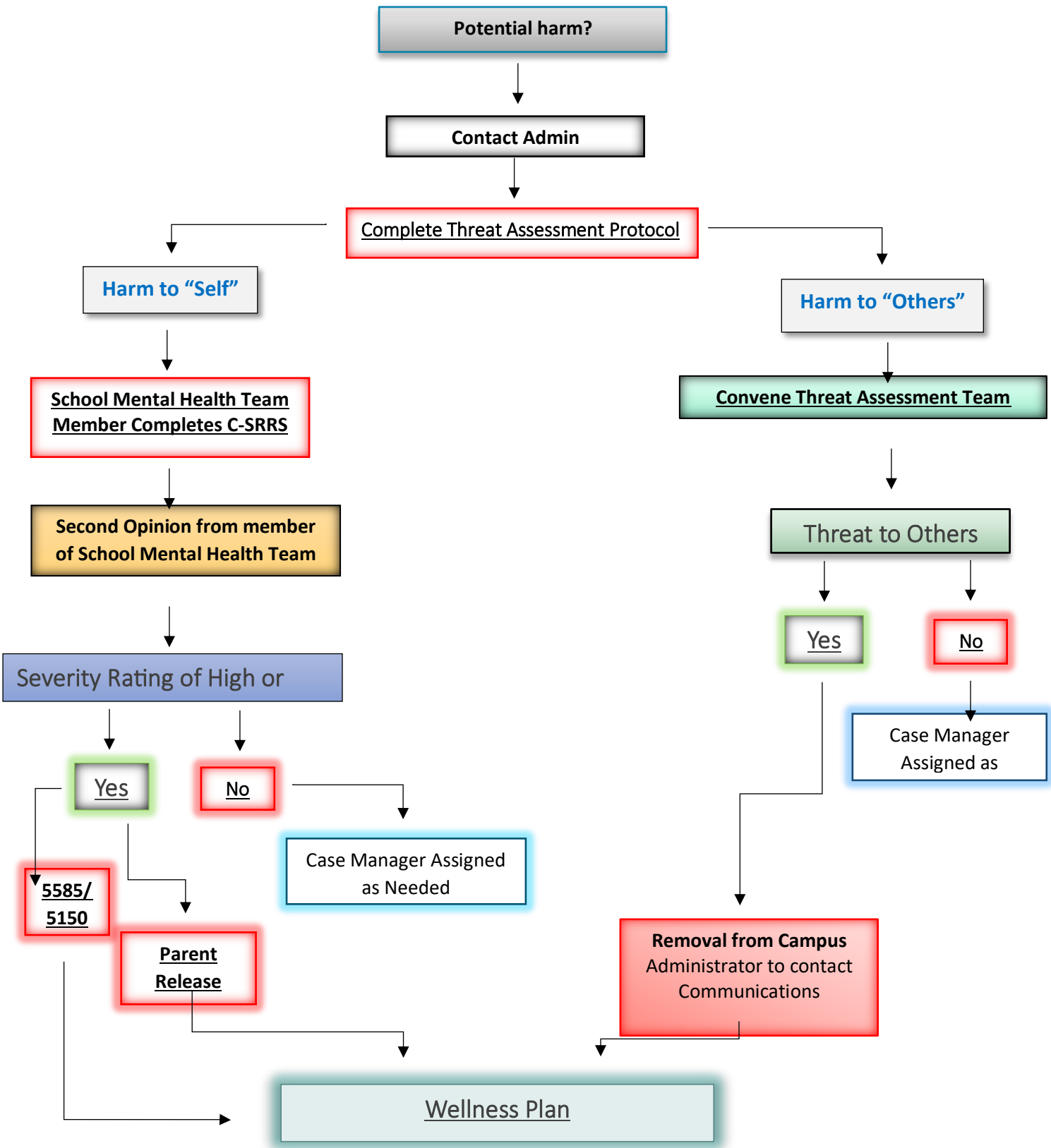
Staff:

- After a Suicide: Helping Student Cope article
- Suicide Contagion
- Memorialization

PROTOCOLS



Site Crisis Decision Tree



Checklist for Responding to Students at Risk for Suicide *In Person Response*

The following is a checklist of general procedures for responding to students at risk of suicide. For a complete description of each procedure, refer to the Section 2.2: *Responding to Students at Risk for Suicide, In-Person response* section of the Suicide Prevention Handbook.

1. Respond Immediately

- Report concerns to administrator as soon as possible
- Supervise student at all times

2. Assess for Suicide Risk

- Gather essential background information
- Complete C-SSRS, completed by designated Site Mental Health Team member
- Determine level of risk, through collaboration with second Site Mental Health Team member
- Develop Plan of Action, confirm actions with Site Mental Health Team

3. Communication with Parent/Guardian

- Contact parent, to communicate concerns and plan of action

4. Documentation Requirements

- Complete C-SSRS
- Complete Risk Assessment Data Collection form
(Send to district office)
- Complete Removal of Student from School During School Hours (if appropriate)

5. Planning for Re-entry

- Release of Information
- FUSD Wellness Plan schedule

Checklist for Responding to Students at Risk for Suicide Virtual/Off Campus Response

The following is a checklist of general procedures for responding to students at risk of suicide. For a complete description of each procedure, refer to the Section 2:3 of the Suicide Prevention Handbook.

Respond immediately if the student has indicated an immediate plan or are in the process of attempting suicide. Call 911 and provide location of the student.

- Attempt to maintain contact with the student until a School Site Mental Health Team Member can take over
- Report concerns** to administrator as soon as possible

Respond immediately if the student indicates suicidal ideation or is at risk of suicide.

- Attempt to maintain contact with the student until a School Site Mental Health Team Member can take over
- Report concerns** to administrator as soon as possible

1. Assess for Suicide Risk

- Gather** essential background information
- Complete C-SSRS**, completed by designated Site Mental Health Team member
- Determine level of risk**, through collaboration with second Site Mental Health Team member
- Develop Plan of Action**, confirm actions with Site Mental Health Team

2. Communication with Parent/Guardian

- Contact parent**, to communicate concerns and plan of action

3. Documentation Requirements

- Complete C-SSRS
- Complete Risk Assessment Data Collection form (**Send to district office**)

4. Planning for Re-entry

- Obtain signed Release of Information**
- Schedule FUSD Student Wellness Plan**
-

Referral for Crisis Response Support

Please write the student's name and submit to a School Mental Health Team Member. Please do not send student for support, the crisis response team will call students identified on this list out to provide support.

1.

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15.

ASSESSMENT PACKET



COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Were any of these in the past 3 months?</u>	Lifetime	Past 3 Months

 Low Risk
 Moderate Risk
 High Risk

Parent Notification of Suicide Risk Assessment

I have been informed that the school has serious concerns about my child, _____ and my child has expressed suicidal ideation.

My child has been 5585/5150 and transported to Fresno County's Exodus Recovery Stabilization Center at 600-6760 or Emergency Department at the local hospital OR my child was assessed for Suicide Risk.

One of the following recommendations have been made:

- Referral for an emergency evaluation for suicide risk has been provided to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child. (Fresno County's Exodus Recovery Stabilization Center @ 600-6760 or Emergency Department at the local hospital).
- Referral to mental health and counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain counseling services for my child.
- Referral to site-based support team

STUDENT RETURN TO SCHOOL INFORMATION:

An Assigned Support Staff has been identified at the school site to follow up with my student.
Name/Title:

A Student Wellness Plan Meeting is scheduled for: Date:

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant to Education Code Section 49602 regarding a matter involving my child's safety and that professional mental health and counseling is recommended.

Parent/Legal Guardian
Title

School Personnel /

Parent was unavailable for face to face meeting at the time of notification. Parent was informed verbally of the student's risk and recommended to follow the above steps. Parent will be provided with a copy of the form via mail, email, text, or other approved method.

Staff Signature and Date

Parent Notification of Suicide Risk Assessment

Being notified that your student has been assessed for suicidal thoughts or behaviors or self-injury is a difficult time for most people. In the upcoming days it will be important to consider a few things.

1. Remove or safely secure items in the home that the student could use to harm themselves such as firearms, prescription medicines, cleaning supplies, razors, or items that could be used as a noose.
2. Do not respond with anger. Doing so may inadvertently increase suicidal thoughts and behaviors.
3. Discuss and develop a safety plan with your student.
4. Model and practice self-care. Caring for a hurting child requires you to be well yourself. **Resources:** (In the event of an emergency call 911)

Warning Signs:

- ▶ Verbal or written threats to kill themselves
- ▶ Significant changes in mood (be cautious for moments of elation after significant period of sadness. May indicate that they have made up their mind about dying.)
- ▶ Change in habits (sleep, grooming, self-care, substances use)
- ▶ Rage, seeking revenge
- ▶ Looking for ways to kill themselves (pills, weapons etc.)
- ▶ Giving away personal possessions
- ▶ Self-injurious behaviors (cutting, head banging, burning, carving in skins, etc.)
- ▶ Withdrawal from friends or activities

Coping Skills:

- ▶ Write a list of things to look forward to
- ▶ Write a list of support people you can talk to. Save them under favorites on your phone
- ▶ Engage in healthy hobbies and activities
- ▶ Sleep (8-10 hours each night)
- ▶ Pause. Take a deep breath. Observe what you are feeling
- ▶ Download a meditation app
- ▶ Watch a funny video clip
- ▶ Focus on a personal goal
- ▶ Express your emotions through art
- ▶ Remember a time when you have overcome in the past.
- ▶ What helped you then? Try it now.

Resources: (In the event of an emergency call 911)

- National Suicide Prevention Lifeline 1 -800-273-TALK (8255)
- Central Valley Suicide Prevention Hotline 1-888-506-5991
- Crisis Text Line: text "HOME" to 741741
- Exodus Recovery Youth Crisis Center 4411 E. Kings Canyon Road Fresno, Ca (559) 512-8700
- Trevor Project Lifeline 1-866-488-7386
- Fresno County Youth Wellness Center (559) 600-8918
- Care Solace: <https://caresolace.com/site/fresnofamilies/>

Parent Notification of Suicide Risk Assessment

RETURN TO SCHOOL CHECKLIST

The time following a student's treatment or evaluation for a mental health crisis can be difficult for all involved. In order to assist your student in transitioning back to school as smoothly as possible, please consider the following guidelines.

- Inform the Site Administrator when the student is expected to return to school and a Student Wellness Plan meeting will be scheduled (see page 1 for Assigned Support Staff contact information)

- Bring hospital discharge paperwork and information about follow-up appointments to the Student Wellness Plan meeting
 - Ask the agency to list any recommendations or accommodations

 - If medication was prescribed or changed, consider contacting the school nurse to review possible side effects which may impact the student in the classroom setting.

- Participate in your student's Wellness Plan meeting which will include developing a safety plan and identifying needs regarding missed assignments, etc.

Thank you for working in partnership with us to support your student at school.

FUSD CONNECT

FUSD Connect is a specialized service for students who demonstrate multiple crisis incidents and may need additional support to maintain attendance and participation in school. Services include case management, individual/group counseling, and resource sharing. Consult with the Case Manager at your school site or contact FUSD Connect regarding a referral to this program.

FUSDConnect@fresnounified.org

Fresno Unified School District

AUTHORIZATION FOR RELEASE OF INFORMATION

A. STUDENT/PARENT INFORMATION:

Last Name, First Name

Date of Birth

FUSD
ID Number

B. INFORMATION IS AUTHORIZED TO BE EXCHANGED AND RELEASED BETWEEN FRESNO UNIFIED SCHOOL DISTRICT AND:

- | | |
|--|--|
| <input type="checkbox"/> _____ School District | <input type="checkbox"/> Fremont Hospital |
| <input type="checkbox"/> Bakersfield Behavioral Healthcare Hospital | <input type="checkbox"/> Fresno Community Hospital |
| <input type="checkbox"/> California Children's Services (CCS)/Medical Therapy Unit (MTU) | <input type="checkbox"/> Fresno County Department of Social Services |
| <input type="checkbox"/> Central Valley Regional Center (CVRC) | <input type="checkbox"/> Fresno County EOC HeadStart |
| <input type="checkbox"/> Children's Hospital Central California | <input type="checkbox"/> Fresno County Behavioral Health |
| <input type="checkbox"/> Charlie Mitchell Clinic | <input type="checkbox"/> Fresno County Superintendent of Schools |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Kaiser Permanente Medical Center, Fresno |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Saint Agnes Medical Center |
| <input type="checkbox"/> Other Specialty Clinic _____ | <input type="checkbox"/> Stanford Children's Health ____ (Dept(s)) |
| <input type="checkbox"/> Clovis Community Hospital | <input type="checkbox"/> State of CA Department of Rehabilitation |
| <input type="checkbox"/> Exceptional Parents Unlimited (EPU) | <input type="checkbox"/> Tri-County Migrant HeadStart |
| <input type="checkbox"/> Exodus Recovery Fresno | <input type="checkbox"/> UMC Children's Health Center |
| | <input type="checkbox"/> United Cerebral Palsy |
| | <input type="checkbox"/> University Medical Center |
| | <input type="checkbox"/> Uplift Family Services |

- Physician/Clinic/Other: _____
- Physician/Clinic/Other: _____
- Physician/Clinic/Other: _____

C. PURPOSE OF THE REQUESTED INFORMATION:

- Authorization forwarded at the request of the Parent/Legal Guardian.
- Assist in determining most appropriate school education program/learning accommodations.
- Other: _____

D. TYPE/DESCRIPTION OF INFORMATION REQUESTED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Psychological Report(s) |
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Lab Results/X-ray Reports | <input type="checkbox"/> Appointment Dates/Times |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Mental Health Records |
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Evaluation Reports |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Individualized Education Program (IEP) | |

E. PERSON AUTHORIZING RELEASE OF INFORMATION:

I understand that the information released may include information regarding treatment, hospitalization, or outpatient care, unless otherwise excluded here: _____

I understand that Fresno Unified School District is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological, and health records are exchanged among California Public Schools.

I have read and understand the "Authorization Restrictions and Rights" below, which includes my right to refuse to sign this authorization, to revoke this authorization, to receive a copy of this authorization, and/or inspect or copy any information disclosed.

Unless revoked, this authorization will expire in one year, unless otherwise specified here: _____

Signature of Parent/Legal Guardian Surrogate

Date

***A copy of this authorization shall be considered as valid as an original.

Authorization Restrictions and Rights

- ❖ Signing this authorization is voluntary. You can refuse to sign this authorization. Refusing to sign this authorization will not affect Fresno Unified School District's commitment to providing a quality education for our child; however, refusing to sign may inhibit the school's ability to implement an optimal plan of education, learning accommodations and supports, and/or health care plan for your child.
- ❖ This authorization may be revoked at any time. To revoke this authorization, you must provide a written request to revoke the authorization to roirevocation@fresnounified.org. Any information disclosed before your written revocation is received may be used as previously permitted.
- ❖ You have the right to receive a copy of this "Authorization for Release of Information." If requested, you will receive a copy after you sign it.
- ❖ Fresno Unified School District is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological, and health records are exchanged among California Public Schools. No further disclosure of this information by Fresno Unified School District shall be done without specific, written, and informed release by parent/legal guardian.
- ❖ If you authorize disclosure of information to a person or entity that is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by state or federal law.
- ❖ You may inspect or copy the information disclosed, as provided in CFR 164.524.

REMOVAL OF STUDENT FROM SCHOOL DURING SCHOOL HOURS

The student was removed from _____ School during school hours by _____
(School)

_____ making an arrest or taking a child into custody in _____
(Department) (Title)

accordance with the laws of this State and the rules and regulations of this district. (BP/AR 5145.11)

(Student's Name) (Birthdate) (Age)

(Parent/Guardian's Name) (Address) (Phone)

1. Facility and address where child was taken _____
2. Name of Peace Officer _____ Badge No. _____
3. Law Enforcement Agency _____

4. Basis for action (check one)

- Section 836 - Penal Code (Arrest without warrant)
- Warrant for arrest
- Section 305 - Welfare and Institutions Code - Without Warrant (protective custody)
- Section 625 - Welfare and Institutions Code - Without Warrant (minor is suspected of a crime)
- WIC 5585/5150- involuntarily detained for a 72- hour psychiatric hospitalization
- With express permission of parent
- In case of emergency when parent cannot be reached
- In case of emergency when rights of one of the persons involved might otherwise be seriously
- Impaired. (such as child abuse investigation)

5. Parent notified by _____ of the removal and place where student taken. ***Except in child abuse investigation**

Date _____ Time _____

Signature of Principal/Designee _____

***E.C. 48906. When a principal or other school official releases a minor student of such school to a peace officer for the purpose of removing the minor from school premises, such school official shall take immediate steps to notify the parent/guardian, or responsible relative of the minor regarding the release of the minor to such officer, and regarding the place to which the minor is reportedly being taken.**

Risk Assessment Data Collection

- DO NOT place in cum or any permanent student record folder.
- Keep a copy filed in the Administrator's confidential file.
- Send this summary sheet to: suicideriskassessment@fresnounified.org

Student Name: _____ Student ID: _____ Date: _____
School: _____ Grade: _____ Special Education: _____ Select _____

Type of Incident

- Suicidal Behavior/Ideation (Injury)
- Suicidal Behavior/Ideation (Non-Injury)
- Self-Injury /Cutting
- 5150/5585

Subgroup Identification

- Bereaved by Suicide
- Mental Illness/Substance Abuse Disorders
- Homelessness/Foster Care
- LGBTQ+

Level of Risk C-SSRS Screener

- High Risk
- Moderate Risk

- Low Risk

- No Risk

Staff

Name:

Job Title:

- School Psychologist
- Clinical School Social Worker
- School Administrator
- School Nurse

Associated Factors

- Family History of Bereavement
- History of Child Maltreatment

- Previous Attempts
- History of Mental Disorders
- History of Substance Use
- Isolation
- Bullying
- Other

Outcome

- Hospital ER
- Exodus
- Parent Release
- Parent Notification/Stayed at School
- Student at home/Parent Notification

Staff

Name:

Job Title:

- School Psychologist
- Clinical School Social Worker
- School Administrator
- School Nurse

- Parent was not contacted due to concerns that it would present a safety concern for the student. Local agency was contacted by a member of the School Mental Health Team regarding these specific concerns. Scan and send the completed Risk Assessment Data Collection to: SuicideRiskAssessment@fresnounified.org

WELLNESS PLAN PROTOCOLS: ELEMENTARY STUDENTS

A student Wellness Plan should be completed when a student has been assessed and/or treated for suicidal thoughts or behaviors, has engaged in self-harm, or has been hospitalized due to any combination of the aforementioned scenarios. If the student was assessed by a member of the School Site Mental Health Team using the C-SSRS, see chart below:

C-SSRS Assessment Determinations

**Moderate
or High Risk**

The School Site Mental Health Team member must complete the Wellness Plan with student and parent/guardian following return to school.

**No or
“Low Risk”**

The School Site Mental Health Team member may complete the Wellness Plan with student at the time of the assessment. Follow appropriate procedures to inform the parent/guardian.

Date of Review: After the initial Wellness Plan, a member of the team should review the plan with the student and parent/guardian, other necessary parties within 30 days to determine if further supports are needed or to terminate the plan.

Medication Changes: If the School Nurse does not attend the Wellness Plan, please consult if the student has been prescribed a new medication or had any changes. Side effects may affect the student while at school.

ROI: If a District Release of Information has been signed, list the name of the Provider for whom we can share/receive information with.

Missing Assignments: If a student has missing assignments as a result of being assessed or treated for suicidal ideation/behaviors, assist the student in communicating with their teachers and develop a reasonable plan for assignment completion.

Modified Schedule: There may be instances where a modification in the student’s schedule is recommended or encouraged to ensure a smooth transition back to school. Consult with necessary staff when developing a schedule change.

Student Supervision: If the student requires adult supervision in excess of what is typically provided for all students, develop an appropriate plan and inform necessary parties.

Additional information and Concerns: Address concerns with the student and parent as they arise. Some concerns may include: making up missed assignments, worry about what to tell other students when they ask why they were absent, concern about everyone knowing the reason for the absence, or being treated differently.

WELLNESS PLAN PROTOCOLS: ELEMENTARY STUDENTS

MY TRIGGERS & WARNING SIGNS: Any situation, person, place, or thing that triggers unwanted feelings and thoughts about self-harm or dying. Possible triggers may include: Parental arguing, sibling disagreement, getting a low grade, being ignored by peers, or bullying. Allow the student to share their specific trigger leading up to the event.

WHEN THIS HAPPENS, I FEEL: Assist the student in identifying what feeling they had when they were triggered leading up to the event that initiated a crisis risk assessment. Some students may have a difficult time identifying their feelings, some examples include, sad, guilty, mad, worried/scared, or confused.

MY COPING SKILLS: Assist the student in identifying things they can reasonably do while at school to help them feel better if they become triggered. The behaviors should focus on positive activities can assist with emotional regulation. Strategies may include; counting backwards, deep breathing exercises, reading, drawing, coloring, taking a walk with a trusted adult, or taking a water break.

PEOPLE I CAN GO TO FOR HELP WHEN I AM AT SCHOOL: Assist the student and parent in identifying school staff members or administrators that the student can check-in with. The identified person is responsible for maintaining confidentiality, except in the case of safety issues or other concerns. If necessary, develop a plan on how to connect the student and identified staff member when the student is in class to prevent unintentional barriers to the student accessing their supports.

Safety Planning outside of School: Review all bolded information for parents/guardians to consider when students are outside of school to increase safety.

CRISIS RESOURCES: Review local and national suicide prevention resources with the family to ensure they understand how to seek help in the event of a crisis.

SIGNATURES: The student, parent/guardian, school site mental health team member, and other involved parties should review and sign to acknowledge the wellness plan. Written parental consent is required to disclose information from this plan with identified school staff on this safety plan or community providers for the purpose of collaboration and case management.

Student Action Plan for Teachers: This one-page document is to be provided to teachers after completion of the Wellness Plan to assist in a successful transition to the classroom setting. No Confidential information is to be shared without the signed consent from a parent/guardian to release information.

Wellness Plans meetings should include pertinent staff including but not limited to: School Psychologist, School Social Workers, Nurses, Case Mangers, and Academic Counselors.

WELLNESS PLAN PROTOCOLS: ELEMENTARY STUDENTS

Student Name: Student ID Number:

Today’s Date: Date of Review:

School: Grade:

Parent/Guardian Name: Phone:

Dates of Absence from School: to

Where did the student receive evaluation or treatment?

Follow-up Appointment information:

Medication Changes: Choose an item. If, yes consult with the nurse regarding possible side- effects that may interfere with the student’s learning.

ROI on file: Choose an item. If yes, enter provider

Provider Name:

SPED: Choose an item. **Case Manager:**

If “Yes”, to any of the statements below, complete the corresponding section in the Student Action Plan

Does the student have missing assignments? Choose an item.

Does the student require a modified schedule? Choose an item.

Does the student require additional staff supervision? Choose an item.

Additional Information and Concerns

Student concerns about returning to school:

Parent Concerns about the student returning to school:

My Triggers and Warning Signs

(Things that make me feel sad, angry, or have thoughts about dying)

Problems at School



Getting a low grade



When a teacher gets angry



shutterstock · 166156862

Being bullied

Problems at Home



Disagreement with a sibling



Parents arguing

Describe:

When this happens, I feel:

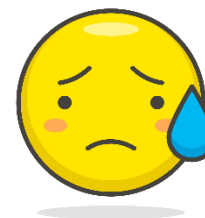


Mad



Scared

Worried



Sad



Confused

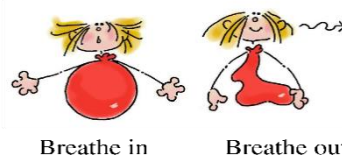


Guilty

Draw your own Feeling Here:

My Coping Skills (What can you do to help , are triggered?)

etter when you



Coloring	Counting backwards from 10	Breathing slowly	Reading a book
----------	----------------------------	------------------	----------------

- 1.
- 2.
- 3.

People I can go to for help when I am at school:



(Coach, Teacher, Principal, Librarian, Cafeteria Staff, Nurse, Campus Assistant)

Three people I trust are:

- 1.
- 2.
- 3.

Safety Planning Outside Of School

It is highly encouraged to develop a safety plan for your student to follow outside of school hours, including before and after school activities. Consider the following:

- Provide support and encouragement for your student by listening and working together to problem solve.
- Ensure a safe environment by removing or safely securing firearms and ammunition, knives, prescription and over-the counter medication, ropes/belts, harmful cleaning products, and alcohol/illegal drugs.
- Maintain all appointments with mental health and health care providers to ensure your student receives adequate care.
- Encourage your student to use healthy coping skills to manage their emotions and thoughts.
- Consult with the Assigned Support Staff regarding concerns or questions:

Crisis Resources:

If I need additional support to control my feelings when I am not at school, I or a trusted adult can call.....

- 911 for immediate support
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Crisis Text Line: Text “HOME” to 741741
- Exodus Crisis Stabilization Center (559) 512-8700
- NAMI (National Alliance on Mental Illness) 224-2469
Offers support groups to family members of those coping with mental illness.

Signatures:

Student:

Parent/Guardian:

School Site Mental Health Team Member

School Administrator

Other:

Other:

Student Action Plan for Teachers

Student Name: _____ is returning to school after an extended absence on _____
Click or tap to enter a date.

The following guidelines will help to support the student's re-entry to school.

Identified coping strategies

- 1.
- 2.
- 3.

The student is able to access the following support staff:

- School Social Worker School Psychologist
 Nurse Other: _____
 Requires escort to access support staff

The student requires increased supervision during these times:

- Before/after school lunch/recess bathroom breaks other
 The student needs a plan for missed work. Please consider modifications in due dates and other accommodations as needed.
 The student has a modified schedule. See changes below:

Please welcome the student back to class warmly. Avoid inquiring about the specifics of the student's absence and encourage peers not to probe. Most plans are for a period of 1-2 weeks unless further support is necessary. Please consult the student's Assigned Support Staff for this plan with questions:

Assigned Support Staff:

WELLNESS PLAN PROTOCOLS: Middle/High School Students

A student Wellness Plan should be completed when a student has been assessed and/or treated for suicidal thoughts or behaviors, has engaged in self-harm, or has been hospitalized due to any combination of the aforementioned scenarios. If the student was assessed by a member of the School Site Mental Health Team using the C-SSRS, see chart below:

C-SSRS Assessment Determinations

**Moderate
or High Risk**

The School Site Mental Health Team member must complete the Wellness Plan with student and parent/guardian following return to school.

**No or
“Low Risk”**

The School Site Mental Health Team member may complete the Wellness Plan with student at the time of the assessment. Follow appropriate procedures to inform the parent/guardian.

Date of Review: After the initial Wellness Plan, a member of the team should review the plan with the student and parent/guardian, other necessary parties within 30 days to determine if further supports are needed or to terminate the plan.

Medication Changes: If the School Nurse does not attend the Wellness Plan, please consult if the student has been prescribed a new medication or had any changes. Side effects may affect the student while at school.

ROI: If a District Release of Information has been signed, list the name of the Provider for whom we can share/receive information with.

Missing Assignments: If a student has missing assignments as a result of being assessed or treated for suicidal ideation/behaviors, assist the student in communicating with their teachers and develop a reasonable plan for assignment completion.

Modified Schedule: There may be instances where a modification in the student’s schedule is recommended or encouraged to ensure a smooth transition back to school. Consult with necessary staff when developing a schedule change.

Student Supervision: If the student requires adult supervision in excess of what is typically provided for all students, develop an appropriate plan and inform necessary parties.

Additional information and Concerns: Address concerns with the student and parent as they arise. Some concerns may include: making up missed assignments, worry about what to tell other students when they ask why they were absent, concern about everyone knowing the reason for the absence, or being treated differently.

WELLNESS PLAN PROTOCOLS: Middle/High School Students

MY TRIGGERS: Any situation, person, place, or thing that triggers unwanted feelings and thoughts about self-harm or dying. Possible triggers may include: Parental arguing, sibling disagreement, getting a low grade, being ignored by peers, or bullying. Allow the student to share their specific trigger leading up to the event.

MY WARNING SIGNS: These can be observations, actions or behaviors that the student identifies in themselves or things that can be observed by another person to signal the student is in crisis. Examples can include, writings, social media post, isolation/withdrawal, excessive tearfulness, heavy breathing, difficulty sleeping, etc.

COPING SKILLS: Assist the student in identifying things they can reasonably do while at school to help them feel better if they become triggered. The behaviors should focus on positive activities can assist with emotional regulation. Strategies may include; counting backwards, deep breathing exercises, reading, drawing, coloring, taking a walk with a trusted adult, or taking a water break.

SCHOOL SUPPORT: Assist the student and parent in identifying school staff members or administrators that the student can check-in with. The identified person is responsible for maintaining confidentiality, except in the case of safety issues or other concerns. If necessary, develop a plan on how to connect the student and identified staff member when the student is in class to prevent unintentional barriers to the student accessing their supports.

SAFETY PLANNING OUTSIDE OF SCHOOL: Review all bolded information for parents/guardians to consider when students are outside of school to increase safety.

CRISIS RESOURCES: Review local and national suicide prevention resources with the family to ensure they understand how to seek help in the event of a crisis.

SIGNATURES: The student, parent/guardian, school site mental health team member, and other involved parties should review and sign to acknowledge the wellness plan. Written parental consent is required to disclose information from this plan with identified school staff on this safety plan or community providers for the purpose of collaboration and case management.

Student Action Plan for Teachers: This one-page document is to be provided to teachers after completion of the Wellness Plan to assist in a successful transition to the classroom setting. No Confidential information is to be shared without the signed consent from a parent/guardian to release information.

FUSD STUDENT WELLNESS PLAN (Middle/High School Students)

Student Name:

Student ID Number:

Today's Date:

Date of Review:

School:

Grade:

Parent/Guardian Name:

Phone:

Dates of Absence from School: to

Where did the student receive evaluation or treatment?

Follow-up Appointment information:

Medication Changes: Choose an item. If, yes consult with the nurse regarding possible side- effects that may interfere with the student's learning.

ROI on file: Choose an item. If yes, enter provider

Provider Name:

SPED: Choose an item.

Case Manager:

If "Yes", to any of the statements below, complete the corresponding section in the Student Action Plan

Does the student have missing assignments? Choose an item.

Does the student require a modified schedule? Choose an item.

Does the student require additional staff supervision? Choose an item.

Additional Information and Concerns

Student concerns about returning to school:

Parent Concerns about the student returning to school:

FUSD STUDENT WELLNESS PLAN Middle/High School Students

Student Safety Plan

My Triggers: Situations that make me uncomfortable, sad, or have thoughts of dying.

- 1.
- 2.
- 3.

Warning Signs: Things I begin to notice or do that signal, I should use this safety plan. (Pacing, clinched fist, tearfulness, recurring thoughts)

- 1.
- 2.
- 3.

Healthy Coping Skills: Things that I can do to make myself feel better in the moment (reading, get a sip of water, relaxation techniques, walking, app)

- 1.
- 2.
- 3.

School Support: People at school I trust and can talk to or places I can go on campus to keep me safe

- 1.
- 2.
- 3.

My Assigned Support Staff is:

I can reach them by

FUSD STUDENT WELLNESS PLAN Middle/High School Students

Safety Planning outside of school

It is highly encouraged to develop a safety plan for your student to follow outside of school hours, including before and after school activities.

Consider the following:

- *Provide support and encouragement for your student by listening and working together to problem solve.*
- *Ensure a safe environment by removing or safely securing firearms and ammunition, knives, prescription and over-the counter medication, ropes/belts, harmful cleaning products, and alcohol/illegal drugs.*
- *Maintain all appointments with mental health and health care providers to ensure your student receives adequate care.*
- *Encourage your student to use healthy coping skills to manage their emotions and thoughts.*
- *Consult with the Assigned Support Staff regarding concerns or questions:*

Crisis Resources:

If I need additional support to control my feelings when I am not at school, I or a trusted adult can call.....

- 911 for immediate support
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Crisis Text Line: Text "HOME" to 741741
- Exodus Crisis Stabilization Center (559) 512-8700
- NAMI (National Alliance on Mental Illness) 224-2469
Offers support groups to family members of those coping with mental illness.

Participant Signatures

Student:

Parent/Guardian:

School Site Mental Health Team Member

School Administrator :

Other:

FUSD STUDENT WELLNESS PLAN Middle/High School Students

Student Action Plan for Teachers

Student Name: _____ is returning to school after an extended absence on _____
Click or tap to enter a date.

The following guidelines will help to support the student's re-entry to school.

Identified coping strategies

- 1.
- 2.
- 3.

The student is able to access the following support staff:

- School Social Worker School Psychologist
 Nurse Other: _____
 Requires escort to access support staff

The student requires increased supervision during these times:

- Before/after school lunch/recess bathroom breaks other
- The student needs a plan for missed work.** Please consider modifications in due dates and other accommodations as needed.
- The student has a modified schedule.** See changes below:

Please welcome the student back to class warmly. Avoid inquiring about the specifics of the student's absence and encourage peers not to probe. Most plans are for a period of 1-2 weeks unless further support is necessary. Please consult the student's Assigned Support Staff for this plan with questions:

Assigned Support Staff:

RESOURCES



COMMUNITY RESOURCE GUIDE

This list includes selected offices and community resources that can be helpful before, during, and after a crisis. **Remember that your first call in a life-threatening emergency should be 911.**

Emergency Resources

Exodus Recovery Youth Crisis Center Ages 18 and under (559) 512-8700
4411 E. Kings Canyon Rd. Fresno, CA

Exodus is a 24-hour facility that provides crisis stabilization services for youth who are experiencing a mental health crisis. Services are on a walk-in, voluntary basis or youth who are on a Welfare and Institutions Codes 5150.

Crisis Lines

Central Valley Suicide Prevention Hotline (888) 506-5991

24-hour crisis hotline for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

National Suicide Prevention Hotline (800) 273-TALK or (800) 273-8255

24-hour crisis hotline for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

California Youth Crisis Line (800) 843-5200

24-hour crisis hotline for individuals 12-24 years of age who are contemplating, threatening, or attempting suicide, including their family and friends.

The Trevor Lifeline (866) 488-7386

24-hour crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people ages 13-24.

Crisis Text Line Text "Hello" to 741741

Free, confidential texting to a trained crisis counselor. Text are free for AT&T, T-Mobile, and Sprint. 741741 will not show on a phone bill.

Fresno Unified School District Resources

Special Education Department

(559) 457-3220

<https://www.fresnounified.org/dept/specialeducation>

Student Support Services

(559) 457-3660

<https://www.fresnounified.org/dept/dpi/ss/>

Student Support Services provides a wide array of Social Emotional Support to students and families in removing barriers that lead to academic achievement and success. Services include social work, substance abuse, and mental health.

<https://dpi.fresnounified.org/ss/sews/>

Community Resources

Department of Behavioral Health Access Line

(800) 654-3937

24/7 information connecting to mental health services.

Multi-Agency Access Program

(559) 512-6777

Provides information about resources for housing, mental health, and substance use disorders. Available Monday-Friday 8am - 4:30 pm.

National Alliance on Mental Illness (NAMI)

(559) 224-2469

Provides support and education to individuals and families diagnosed with a mental illness.

Fresno County Youth Wellness Center

(559) 600-8918

Provides outpatient mental health services for youth including but not limited to mental health screenings, assessment, and individual counseling. Appointments must be scheduled Monday - Friday 8 am - 5pm. Medi-Cal insurance only.

All 4 Youth (School-Based Program)

(559) 600-6892 or (559) 443-4800

Provides school-based outpatient mental health services for youth. Contact either number to gather additional information about resources and programs as they may vary across the district.

Sanctuary Runaway Hotline

(800) 820-4968

Local Outreach to Suicide Survivors (LOSS)

(559) 322-5877

www.lossteam.com

Offers grief support counseling to families and friends after a suicide loss.

Fresno Cares

www.fresnocares.org

Website with various local resources related to mental health and wellness.

Community Grief and Loss Resources

This list includes selected offices and community resources that can be helpful in the event of a loss of a loved one to suicide.

Fresno Unified School District (FUSD)

Fresno Unified does not provide direct services to parents and extended members of the family of the deceased student. Siblings who are affected by the loss of a loved one may receive grief support services at their school site by a mental health professional. Please contact your child's site directly to inquire about services available.

Student Support Services

(559) 457-3660

<https://www.fresnounified.org/dept/dpi/sss/>

Student Support Services provides a wide array of Social Emotional Support to students and families in removing barriers that lead to academic achievement and success. Services include social work, substance abuse, and mental health.

Fresno Survivors of Suicide Loss

(559) 322-5877

2490 W Shaw Ave Suite 101 Fresno, 93711

Offers a grief support group led by a peer who has experienced loss by suicide as well. Groups are free and held once a month at Hinds Hospice Center for Grief and Healing.

Hinds Hospice

(559) 258-8579

Provides a variety of grief support for children and adults who have experienced loss of a loved one. Hinds Hospice offers workshops for the community on topics such as understanding grief, Hope for the Holidays, and survivors of suicide loss. Contact the agency for specific information.

Optimal Hospice Care

(559) 320-4000

9525 Fort Washington Road, Fresno, 93730

Provides grief support groups weekly on Monday's 3:00 pm- 4:00 pm in Fresno. The agency also provides services in Spanish and specific groups for children experiencing grief. Services are free and open to the public. Services also available in Madera and Visalia.

Kids Camp

(559) 320-8000

An annual 3-day camp offered at Camp Oakhurst in Coarsegold, FREE of charge to youth who have experienced the loss of a loved one in the recent past. No previous hospice services required. Referrals and information can be found online at www.Optimalhospicefoundation.com

Footsteps by Saint Agnes

(559) 450-5608

1303 E. Herndon Ave, Fresno

Provides grief support for children and teens coping with the loss of a loved one. The program utilizes expressive art curriculum for a 6 week course and groups children of similar age and type of loss. Parent support groups are run concurrently.

Camp Sunshine is a one-day summer camp for children ages 5-18 who are experiencing significant change due to death, divorce, separation, or abandonment. The camp is free, includes breakfast, and registration is required.

Grief Share

Grief Share is a national organization that provides information about ongoing and upcoming grief support groups in your community. Access this website for the most up to date information including dates, times, and locations.

<https://www.griefshare.org/countries/us/states/ca/cities/fresno>

New York Life Foundation: After a loved one dies

On-line book available for parents on how to help children who are grieving. (A hard copy of the book may be available by a school mental health professional at your school's site).

<http://www.newyorklifestore.com/media/pdfs/CRD-Bereavement-Booklet-FINAL-2015-EN.pdf>



There is Hope. There is Help. Suicide is Preventable.

If you or someone you know is thinking of dying by suicide, get help immediately.
Call 911 or the National Suicide Prevention Lifeline at **1-800-273-TALK**
or text "HOME" to 741741 to the Crisis Text Line.

Things to Know and Say



Everyone's life matters.
Help is available.

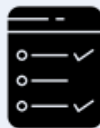


People do care.
Treatment works.



Don't keep it to yourself.
Tell a trusted adult.

What to Do



- Identify trusted adults at school and home.
- Avoid drugs and alcohol.
- Consider downloading helping apps like Virtual Hope Box, MY3, or A Friend Asks.
- Recognize the warning signs in yourself, your friends, on social media.
- **Get help. You can't do it alone.**
 - Tell a school psychologist, counselor, teacher, parent, or other adult.
 - Call 911 or 1-800-273-TALK or text "HOME" to 741741.

Reminders for Friends



- **Connect.** Listen, be accepting, don't judge.
- **Confirm.** Ask if they have thoughts of dying or of suicide.
- **Protect.** Take any threats they make seriously. **Do not agree to keep a secret!** Tell someone.
- **Stay.** Do not leave alone a person you are concerned about being at imminent risk. You might be their lifeline.
- **Act.** Call for help immediately!

Risk Factors



- Feeling depressed, hopeless
- Deliberate self injury ("cutting")
- Prior suicidal thinking and behavior
- Having family members or friends who have attempted or died by suicide
- Loss of an important relationship (e.g., breaking up)
- Being isolated or alone
- Having been traumatized or abused
- Drug and alcohol use

Warning Signs



- Suicidal threats, both direct ("I want to die") and indirect ("I wish I could go to sleep and not wake up")
- Suicide notes, plans, social media posts
- Making final plans; giving away favorite things
- Preoccupation with death or revenge
- Changes in behavior, sleeping, eating, appearance, thoughts and/or feelings
- Extreme mood swings, rage, withdrawal
- Sudden unexplained happiness



For more information, visit www.nasponline.org/safety-and-crisis.
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Hay esperanza. Hay ayuda. El suicidio puede evitarse.

Si tú o algún conocido están pensando en cometer suicidio, busca ayuda inmediatamente. Llama al 911 o a la Línea Nacional de Prevención del Suicidio al **1-800-273-TALK** o envía "HOGAR" a la línea de mensajes de texto para casos de crisis 741741.

Cosas que debes saber y decir



La vida de todos es importante.
Hay ayuda disponible.

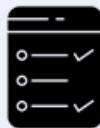


A las personas les importa.
El tratamiento funciona.



No lo ocultes.
**Cuéntale a un adulto
en quien confíes.**

Qué hacer



- Identifica adultos en quienes puedas confiar en la escuela y en tu hogar.
- Evita las drogas y el alcohol.
- Considera descargar aplicaciones de ayuda, como Virtual Hope Box, MY3 o A Friend Asks.
- Reconoce las señales de advertencia en ti, tus amigos y las redes sociales.
- **¡Busca ayuda! No puedes hacerlo solo.**
 - Habla con un psicólogo escolar, un consejero, maestro, tus padres u otro adulto.
 - Llama al 911 o al 1-800-273-TALK, o envía "HOGAR" por mensaje de texto al 741741.

Para que los amigos tengan presente



- **Conéctate.** Escucha, acepta, no juzgues.
- **Confirma.** Pregunta si han pensado en morirse o suicidarse.
- **Protege.** Toma en serio las amenazas que hagan. **¡No accedas a mantener el secreto!** Cuéntale a alguien.
- **No te alejes.** No dejes sola a la persona que te preocupa que podría estar en riesgo inminente. Podrías ser su salvación.
- **Actúa.** ¡Pide ayuda de inmediato!

Factores de riesgo



- Sentirse deprimido, desesperado
- Lastimarse intencionalmente ("cortarse")
- Pensamientos y comportamientos previos al suicidio
- Tener familiares o amigos que intentaron suicidarse o se suicidaron
- La pérdida de una relación importante (p. ej., terminar una pareja)
- Estar aislado o solo
- Haber sido víctima de un trauma o abuso
- Consumir drogas y alcohol

Señales de advertencia



- Amenazas suicidas tanto directas (p. ej., "Quiero morirme"), como indirectas (p. ej., "Quisiera irme a dormir y no despertar")
- Notas, planes, publicaciones en redes sociales de naturaleza suicida
- Hacer planes finales, regalar las cosas favoritas
- Preocupación sobre la muerte o la venganza
- Cambios en el comportamiento, la forma de dormir y comer, la apariencia, los pensamientos y/o sentimientos
- Cambios extremos de humor, ira, arrepentimiento
- Repentina felicidad inexplicable



Para obtener más información, visita www.nasponline.org/safety-and-crisis.
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Understanding Non-Suicidal Self-Injury Guide

Self-injury refers to intentional acts to harm one's body and may include:

Cutting	Burning	Head banging
Intentionally swallowing inappropriate objects (batteries, razor blades, etc.)	Rubbing objects on skin (ice, glass)	Carving words/symbols on the skin
Not allowing wounds to heal	Excessive scratching	Hair pulling
Smashing fingers and toes with hard objects	Allowing others, including animals to inflict physical pain	Using hot items to burn the skin (curling irons, fire, etc.)

Warning Signs for Self-injury

- Wearing long-sleeves or pants even in hot weather (may refuse to dress out for PE)
 - Frequent reports of accidents to explain away bruising or marks
 - Blood stains on clothing, towels, or bedding
 - Sharp items such as razors, knives, scissors, glass shards, needles in the student's possession.
 - Statements of helplessness, hopelessness, or worthlessness
- ****Most frequently the legs, arms, and torso are used to self-harm****

Supporting and Assessing for possible self-injury

- Assess for suicide risk. Although those who self-injure may not have suicidal intent, those who self-injure are more likely to have suicidal thoughts. **Seek help immediately if your child is having thoughts of suicide.**
- Remove the item that the child is using to self-injure

- Encourage use of healthy coping strategies; do not discourage self-harming behaviors as often times students do not know of a different option to manage their emotional pain.
- Focus on exploring the emotional pain, rather than focusing on the injury
- Listen calmly and demonstrate care. Responding with punishment, anger, or shock may inadvertently increase self-injurious behaviors.
- Provide resources on problem-solving, healthy coping skills, and identifying trusted support persons to reach out to for help as appropriate.

Preventing Youth Suicide: Tips for Parents and Educators

If you or someone you know is suicidal, get help immediately via 911, the National Suicide Prevention Lifeline at 1-800-273-TALK or the Crisis Text Line (text "HOME" to 741741).

Suicide is preventable. Youth who are contemplating suicide frequently give warning signs. Do not be afraid to ask about suicidal thoughts. Never take warning signs lightly or promise to keep them secret.

Risk Factors



- Hopelessness
- Non-suicidal self injury (e.g., cutting)
- Mental illness, especially severe depression, but also post traumatic stress, ADHD, and substance abuse
- History of suicidal thinking and behavior
- Prior suicide among peers or family members
- Interpersonal conflict, family stress/dysfunction
- Presence of a firearm in the home

Warning Signs



- Suicidal threats in the form of direct (e.g., "I want to die") and indirect (e.g. "I wish I could go to sleep and not wake up") statements
- Suicide notes, plans, online postings
- Making final arrangements
- Preoccupation with death
- Giving away prized possessions
- Talking about death
- Sudden unexplained happiness
- Increased risk taking
- Heavy drug/alcohol use

What to Do



- Remain calm, nonjudgmental and listen.
- Ask directly about suicide (e.g., "Are you thinking about suicide").
- Focus on your concern for their well-being
- Avoid being accusatory (e.g., don't say, "You aren't going to do anything stupid are you?").
- Reassure them that there is help; they will not feel like this forever.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm, especially firearms.
- **Get help!** Never agree to keep suicidal thoughts a secret. Tell an appropriate caregiving adult. Parents should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school-employed mental health professional.

Reminders for Parents



After a school notifies a parent of their child's risk for suicide and provides referral information, parents must:

- **Continue to take threats seriously.** Follow through is important even after the child calms down or informs the parent "they didn't mean it."
- **Access school supports.** If parents are uncomfortable with following through on referrals, they can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- **Maintain communication with school.** After an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place possible for your child.

Prevención del suicidio juvenil: consejos para padres y educadores

Si usted o algún conocido tiene una tendencia suicida, pida ayuda de inmediato llamando al 911, la Línea Nacional de Prevención del Suicidio al 1-800-273-TALK o la Línea de Mensajes de Texto en Caso de Crisis (envíe "HOGAR" al 741741).

El suicidio puede evitarse. Los jóvenes que consideran el suicidio con frecuencia muestran señales de advertencia. No tema preguntar sobre pensamientos suicidas. Nunca tome las señales de advertencia con ligereza ni prometa guardarlas en secreto.

Factores de riesgo



- Desesperanza
- Lesión autoinflingida no suicida (p. ej., cortarse)
- Trastornos mentales, especialmente la depresión profunda, pero también el estrés postraumático, el ADHD y el abuso de sustancias
- Antecedentes de pensamientos y comportamientos suicidas
- Suicidio previo entre compañeros o familiares
- Conflicto interpersonal, estrés/disfunción familiar
- Presencia de un arma de fuego en el hogar

Señales de advertencia



- Amenazas suicidas en forma de declaraciones directas (p. ej., "Quiero morirme") e indirectas (p. ej., "Quisiera irme a dormir y no despertar")
- Notas, planes y publicaciones en línea suicidas
- Hacer arreglos finales
- Preocupación por la muerte
- Obsequiar posesiones preciadas
- Hablar sobre la muerte
- Repentina felicidad inexplicable
- Mayor toma de riesgos
- Abuso de drogas/alcohol

Qué hacer



- Conserve la calma, no juzgue y escuche.
- Pregunte de manera directa sobre el suicidio (p. ej., "¿Estás considerando suicidarte?").
- Céntrese en su preocupación por su bienestar
- Evite acusar (p. ej., no diga "No vas a hacer nada estúpido, ¿no?").
- Garantícele que existe ayuda y que no se sentirá de esa manera para siempre.
- Proporcione supervisión constante. No deje al joven solo.
- Elimine los medios con los que podría dañarse, especialmente armas de fuego.
- **¡Pida ayuda!** Nunca acuerde guardar pensamientos suicidas en secreto. Infórmele a un adulto cuidador adecuado. Los padres deberían buscar ayuda en los recursos de salud mental de la comunidad o la escuela lo antes posible. El personal de la escuela debería llevar al estudiante a un profesional de salud mental contratado por la escuela.

Recordatorios para padres



Luego de que la escuela notifica a los padres sobre el riesgo de suicidio de su hijo y proporciona información para derivarlo, los padres deben:

- **Continuar tomando las amenazas con seriedad.** El seguimiento es importante, incluso si después el joven se calma o informa a los padres que "no lo decía en serio".
- **Acceder al apoyo escolar.** Si los padres no se sienten cómodos buscando ayuda a través de las derivaciones, le pueden dar permiso al psicólogo escolar para que se comunique con la agencia de derivaciones, proporcione información para derivarlo y realice el seguimiento de la visita.
- **Mantener comunicación con la escuela.** Después de una intervención, la escuela también proporcionará apoyo de seguimiento. Su comunicación será importante para garantizar que la escuela sea el lugar más seguro y cómodo posible para su hijo.

Para obtener mayor orientación, visite www.nasponline.org/safety-and-crisis/suicideprevention.

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After a Suicide: Helping Students Cope

The aftermath of a youth suicide is a sad and challenging time for a community. However, during this time, you can be a powerful role model for students.

Tips for how to respond to students:

- It is important to normalize and validate feelings such as anger, sadness, shock, fear or confusion. It is certainly acceptable to show your own emotions to students.
- There will likely be a wide range of emotions. Respect that some students may not want to verbalize their feelings, some may want to mourn openly, and still others may not be significantly affected.
- When talking with students, please state that the student died by suicide (NOT committed suicide or successfully attempted).
 - To avoid contagion (copycat) situations, give students the facts, but do not attempt to explain details or why the student ended his/her life. Doing so may communicate to vulnerable students that death is a way to obtain incredible amounts of attention.
 - Do not allow students to romanticize or view suicide as an acceptable means to deal with problems. Focus instead on helping students cope with their own grief. Remind students that there are positive coping strategies (talking to a trusted friend or adult, writing thoughts or feelings, exercise, rest) for life's difficulties and that there are resources for anyone contemplating suicide.
- One of the most precious gifts you can give a grieving teen is the gift of your presence.
- Do not feel you must give advice or suggestions. It is acceptable to say, "I don't know, or I don't know the answer, or "This is hard on us all".
 - Do not attempt to impose your explanation on why this has happened. • Do not attempt to reassure that everything is okay.
- Do not tell them you know how he/she feels (because you probably don't).
- Be willing to say nothing.
- Do not lecture or use well-intentioned clichés that minimize or take away from a student's need to mourn. For example, do not say things like "time heals all wounds."

Commonly asked questions and appropriate responses:

Why did he/she die by suicide? We are never going to know the answer to that question as the answer has died with him/her. The focus needs to be on helping you with your thoughts and feelings and everyone working together to prevent future suicides rather than explaining "why".

What method did they use to end their life? If you have factual information, answer specifically as to the method, such as he/she shot herself or died by hanging. However, do not go into explicit details such as what was the type of gun or rope used or the condition of the body etc.

What should I say about him/her now that they have made the choice to die by suicide? It is important that we remember the positive things about them and to respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.

Didn't he/she make a poor choice and is it okay to be angry with them? They did make a very poor choice and research has found that many young people who survived a suicide attempt are very glad to be alive and never attempted suicide again. You have permission for any and all your feelings in the aftermath of suicide and it is okay to be angry with them.

Isn't someone or something to blame for this suicide? The suicide victim made a very poor choice and there is no one to blame. The decision to die by suicide involved every interaction and experience throughout the young person's entire life up until the moment they died and yet it did not have to happen. It is the fault of no one.

How can I cope with this suicide? It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings **with them**. **It is important to maintain normal routines, proper sleeping and eating habits** and to engage in regular exercise. Please avoid drugs and alcohol. Resiliency, which is the ability to bounce back from adversity, is a learned behavior. Everyone does the best when surrounded by friends and family who care about us and by viewing the future in a positive manner.

What is an appropriate memorial to a suicide victim? The most appropriate memorial is a living one such as a scholarship fund or contributions to support suicide prevention. The American Association of Suicidology cautions that permanent markers or memorials such as plaques or trees planted in memory of the deceased dramatize and glorify their actions. Special pages in yearbooks or school activities dedicated to the suicide victim are also not recommended as anything that glorifies the suicide victim will contribute to other teenagers considering suicide.

What are the warning signs of suicide? The most common signs are the following: making a suicide attempt, verbal and written statements about death and suicide, fascination and preoccupation with death, giving away of prized possessions, saying goodbye to friends and family, and dramatic changes in behavior and personality.

What should I do if I believe someone to be suicidal? Do not minimize their feelings or problems. Listen to them, support them, believe them, and let them know that they are not the first person to feel this way. Do not keep a secret about suicidal behavior. There is help available--mental health professionals such as counselors and psychologists have special training to help young people who are suicidal. It is important to stay with the person until they are connected to their support system. If you feel someone is in imminent danger, call 911.

Helpful Resources: 1-800-SUICIDE (1-800-784-2433) 1-800-TALK (1-800-273-8255) 1-877-542-SAFE (Safe2Tell encourages students to voice their concerns and take responsibility for keeping themselves and others safe.)

Revised, NASP, Scott Poland, 2003

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.

Memorialization Guidelines and Suggestions

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

- Fresno Unified School District strongly advises 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.

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).

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.

Graduations

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.

After a Suicide: A Toolkit for Schools

<https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/>