

SUICIDE PREVENTION

*The following policy adheres to AB2246 and Ed Code 215

**Northern Humboldt Union High School District (NHUHSD)
Suicide Prevention Policy**

The Governing Board of NHUHSD recognizes that suicide is a leading cause of death among youth and that an even greater number of youth consider (17 percent of high school students) and attempt (over 8 percent of high school students) suicide (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students. This policy is based on research and best practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

In an attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or Designee of the NHUHSD shall develop strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for all school personnel in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, and other individuals in regular contact with students such as tutors, and coaches.

The Superintendent or Designee of the NHUHSD shall develop and implement preventive strategies and intervention procedures that include the following:

SUICIDE PREVENTION (continued)**Overall Strategic Plan for Suicide Prevention**

The Superintendent or Designee NHUHSD shall involve school-employed mental health professionals (e.g., school counselors, psychologists, and nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention. Districts must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. Planning personnel shall include the following:

NHUHSD Personnel

Arcata High School: Assistant Principal
 Arcata High School: School Psychologist
 Arcata High School: Student Assistance Counselor
 District: Director of Student Services
 District: School Nurse
 District: School Resource Officer
 McKinleyville High School: Assistant Principal
 McKinleyville High School: School Psychologist
 McKinleyville High School: Student Assistance Counselor
 Six Rivers Charter High School: Principal
 Tsurai High School: Principal

Community Personnel:

DHHS: Health Education Specialist - Suicide Prevention Coordinator
 HCOE: Director of Special Education
 SELPA: Behavioral Health Program Manager
 UIHS: Health Promotion Education Project Supervisor

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the district shall appoint an individual (or team) to serve as the suicide prevention point of contact for the district. The NHUHSD contact is the Director of Student Services. On each of the district's two campuses the points of contact will be (1) Student Assistance Counselor and (2) School Psychologist. These individuals shall serve as the liaisons to the Director of Student Services, and will coordinate and implement suicide prevention activities on their specific campuses. This policy shall be reviewed and revised as indicated, at least annually, collaboratively with the previously mentioned community stakeholders.

SUICIDE PREVENTION (continued)**Prevention****A. Communication about Suicide Prevention**

Communication about suicide has an effect on suicidal thinking and behaviors. Consequently, NHUHSD along with its partners have critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe communication about suicide.

B. Suicide Prevention Training and Education

The NHUHSD along with its partners have carefully reviewed available staff training to ensure it promotes best practices in suicide prevention. Training shall be provided for all school staff members and other adults on campus (including substitutes and intermittent staff, volunteers, interns, tutors, and coaches).

Training:

At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.

All suicide prevention trainings shall be offered under the direction of school-employed mental health professionals (e.g., school counselors or psychologists) who have received advanced training specific to suicide. Staff training can be adjusted yearly, based on previous professional development activities and emerging best practices.

At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training yearly. Trainings may be conducted via monthly staff meetings, annual district meetings, online training, on site trainings directed by community partners (UIHS and HCOE), and participation with HCOE continuing education opportunities. Core components of the general suicide prevention training shall include:

- ❖ Suicide risk factors, warning signs, and protective factors;
- ❖ How to talk with a student about thoughts of suicide;
- ❖ How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
- ❖ Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member;

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- ❖ Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- ❖ Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site at <http://cal-schls.wested.org/>.
- ❖ District policies and procedures for suicide prevention, intervention, and postvention.

In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff will include the following components:

- The impact of traumatic stress on emotional and mental health;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate communication about suicide (correct terminology, safe communication guidelines);
- The factors associated with suicide (risk factors, warning signs, protective factors);
- How to identify students who may be at risk of suicide;
- Appropriate ways to interact with a student who is demonstrating emotional distress or who is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on district guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines;
- District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures will emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Responding after a suicide occurs (suicide postvention);
- Resources regarding suicide prevention for students;
- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.

The professional development also will include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. Risk factors for suicide are characteristics or conditions that increase the chance that a person may try

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to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. The most frequently cited risk factors for suicide are:

- ❖ Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings);
- ❖ Problems with alcohol or drugs;
- ❖ Unusual thoughts and behavior or confusion about reality;
- ❖ Personality traits that create a pattern of intense, unstable relationships or trouble with the law;
- ❖ Impulsivity and aggression, especially along with a mental disorder;
- ❖ Previous suicide attempt or family history of a suicide attempt or mental disorder.

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

Protective Factors for Suicide are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them. Protective factors for suicide include:

- ❖ Receiving effective mental health care
- ❖ Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- ❖ The skills and ability to solve problems

Note that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors: These groups include, but are not limited to, the following:

- 1. Students living with mental and/or substance use disorders.** While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of the deaths by suicide. Mental disorders, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders are important risk factors for suicidal behavior among young people. (5) The majority of people suffering from these mental disorders are not engaged in treatment; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.
- 2. Students who engage in self-harm or have attempted suicide.** Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at elevated

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risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

3. **Students in out-of-home settings.** Students involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on students in foster care does not exist, one researcher found that students in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care. (6)
4. **Students experiencing homelessness.** For students experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.(7)
5. **American Indian/Alaska Native (AI/AN) students.** In 2009, the rate of suicide among AI/AN ages 15-19 was more than twice that of the general youth population. (8) Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see http://www.nctsn.net/org/nctsn_assets/pdfs/AI_Youth-CurrentandHistoricalTrauma.pdf.
6. **LGBTQ (lesbian, gay, bisexual, transgender, or questioning) students.** The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers. (9) The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter report having made a suicide attempt.(10) Suicidal behavior among LGBTQ students can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those students with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ students.
7. **Students bereaved by suicide.** Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves. (11)
8. **Students living with medical conditions and disabilities.** A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally studies

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show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries. (12)

C. Employee Qualifications and Scope of Services

Employees of the NHUHSD and their partners must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide. Please refer to District Policies and Procedures for suicide prevention and intervention.

D. Specialized Staff Training (Assessment)

Additional professional development (beyond the annual one-hour requirement) in suicide risk assessment and crisis intervention shall be provided to mental health professionals (school counselors, psychologists, and nurses) employed by NHUHSD.

E. Parents, Guardians, and Caregivers Participation and Education

- ❖ To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the NHUHSD suicide prevention policy and procedures;
- ❖ This suicide prevention policy shall be prominently displayed on the NHUHSD Web page;
- ❖ Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy;
- ❖ All parents/guardians/caregivers should have access to suicide prevention training that addresses the following:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;
 - How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate Suicide Risk Inquiry.

F. Student Participation and Education

The NHUHSD along with its partners has carefully reviewed available student curricula to ensure they align with best practices for appropriate education about suicide.

Under the supervision of school-employed mental health professionals and/or community mental health professionals, and following consultation with county and community mental health agencies, students shall:

- ❖ Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;

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- ❖ Receive developmentally appropriate guidance regarding the district's suicide prevention, intervention, and referral procedures.

The content of the education shall include:

- ❖ Coping strategies for dealing with stress and trauma;
- ❖ How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
- ❖ Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
- ❖ Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, and physical education) and throughout the school community via additional educational activities such as Sources of Strength events, School Safety Day, etc.

The NHUHSD will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, Sources of Strength, and National Alliance on Mental Illness on Campus High School Clubs).

Intervention, Assessment, Referral

A. Staff

A referral process will be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

Campus liaisons who have received advanced training in suicide intervention have been designated as the primary and secondary suicide prevention liaisons. The names, titles, and contact information of multi-disciplinary crisis team members will be distributed to all students, staff, parents/guardians/caregivers and be prominently available on school and district Web sites.

At NHUHSD these individuals are the Student Assistance Counselor (1) and the School Psychologist (2). Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison. If neither of these persons are available staff shall immediately contact site administration.

Suicide Risk Protocol: (please refer to Appendix A for comprehensive forms)

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Step 1: Keep the Student Safe

- Appropriately supervise the student(s). If there is imminent danger, call 911.

Step 2: Notify the Suicide Prevention Liaison(s)

- Report the situation to the Student Assistance Counselor (1) or School Psychologist (2) or Site Administrator (3) or Director of Student Services (4).

Step 3: Suicide Prevention Liaison Notify/Identify Additional Team Member(s)

It is required that this assessment process include two NHUHSD staff members, one of which has mental health training. If either of the suicide prevention liaisons are not available notify site administration immediately and call the NHUHSD Director of Student Services.

- School Psychologist School Resource Officer School Nurse
 - Academic Counselor Other _____
- Administrator: _____

Step 4: Intervention Team Complete Suicide Inquiry Form (See appendix A) and Determine Level of Risk

- Low Level of Risk** The student appears to be at a low-risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.
- Medium Level of Risk** Information suggests medium-risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support.
- High Level of Risk** Information suggests a high-risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

Step 5: Notify the Student's Parent(s) or Guardian(s) and Discuss Concerns

- Parents/guardians have been notified of the situation and that you will be talking to and assessing their child.
- Parents/guardians have been asked to come to the school to discuss the child's needs.

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- Parents/guardians have NOT been notified because:

Step 6: Provide Intervention and Support

Each school within the NHUHSD will ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

- In all cases mental health staff must provide referrals for supportive services to parents. (For example DHHS Mental Health Referral) to be documented on the Suicide Risk Inquiry.
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) at 707-445-6180 to report neglect of the youth.
- Emergency Conference Notice* may be completed with parent/guardian when parent/guardian comes to the school to take responsibility for their child.

B. Parents, Guardians, and Caregivers

Parents/guardians/caregivers will be notified yearly via annual mailings of the NHUHSD suicide prevention policy. The NHUHSD Suicide Prevention Policy will be updated and available on the district website as well. Parents of students who are evaluated by the Suicide Intervention Team will be notified and provided with school and community resources to support response to crisis situations.

C. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt. Students will be provided with the names, titles, and contact numbers of school based mental health professionals.

D. Action Plan for In-School Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. The following steps should be implemented:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency procedures;

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- Supervise the student to ensure their safety
- Move all other students out of the immediate area;
- Immediately contact the administrator or suicide prevention liaison;
- Parents/guardians/caregivers should be contacted as soon as possible;
- Do not send the student away or leave them alone, even if they need to go to the restroom;
- Listen and prompt the student to talk;
- Review options and resources of people who can help;
- Be comfortable with moments of silence as you and the student will need time to process the situation;
- Provide comfort to the student;
- Promise privacy and help, and be respectful, but do not promise confidentiality;
- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

E. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of NHUHSD property, it is crucial that the LEA protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
- Obtain permission, written or verbal, from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;
- Designate a staff member to handle media requests;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.
- Offer to the student and parent/guardians/caregivers references to community and school based supports
- When appropriate obtain a release of information from the parent/guardian/caregiver to coordination with outside agencies and/or mental health services.
- If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:
 - Call the police and/or emergency medical services, such as 911;
 - Inform the student's parent/guardian/caregiver;
 - Inform the school suicide prevention liaison and principal/assistant principal;
 - If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

SUICIDE PREVENTION (continued)**F. Supporting Students after a Mental Health Crisis**

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

- ❖ Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- ❖ Listen actively and non-judgmental to the student. Let the student express his or her feelings;
- ❖ Acknowledge the feelings and do not argue with the student;
- ❖ Offer hope and let the student know they are safe and that help will be provided. Do not promise confidentiality or cause stress;
- ❖ Explain calmly and get the student to a trained professional, Student Assistance Counselor, School Psychologist, or designated staff to further support the student;
- ❖ Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.
- ❖ If the student has the support of a 504 or Individualized Education Plan make a plan for and IEP or 504 team meeting.

G. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment. The following steps shall be implemented upon re-entry:

- Obtain a written release of information for any relevant support personnel, current or previous;
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation including what information what may be shared;
- Inform the student's teachers about re-entry plan;
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

H. Death/Suicide Postvention Response Plan:

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. The Director of Student Services for the NHUHSD shall ensure that each campus adopts an action plan for responding to a suicide/death as part of the

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general Crisis Response Plan. The Suicide Postvention Response Plan incorporates both immediate and long-term steps and objectives.

In the event of a possible death within the school community it is critical that the school first obtain confirmed and accurate information. While it may not always be possible to immediately ascertain all of the details about the death, confirming as much information as possible is important because speculation and rumors can exacerbate emotional upheaval within the school.

If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed it can be challenging for a school to determine how to proceed.

Enact Postvention Response Plan led by the suicide prevention liaison and administration;

- Initial meeting of the district/school Suicide Postvention Response Team (School Principal, Assistant Principal, Student Assistance Counselor, School Psychologist, Academic Counselors, School Nurse)
- Identify a staff member to confirm death and cause (school site administrator);
 - Confirm the Cause of Death
 - Administrator shall first check with the SRO, coroner, or the medical examiner’s office to ascertain the official cause of death.
 - If the death has been ruled a suicide, the school can proceed to communicate as described below
 - If cause of death is unconfirmed:
 - If there is an ongoing investigation, check with local law enforcement before speaking about the death with students who may need to be interviewed by authorities.
- Identify a staff member to contact deceased’s family to inquire about funeral arrangements;
- Assign a staff member to arrange and coordinate operations;
 - Identify a staff member to follow the deceased student’s schedule to monitor peer relations and answer questions;
 - If possible arrange for several substitute teacher s or “floaters” from other schools within the district to be on hand in the building in case teachers need to take time out of their classroom;
 - Arrange for crisis counseling rooms for staff and students;
 - Contact community resources/additional support services if necessary – consult with crisis team liason/administration;
 - Provide tissues and water throughout the building and arrange food for faculty and crisis counselors
 - Work with administration, faculty, and counselors to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may

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- have witnessed the death; and students known to have depression or prior suicidality; and work with school counseling staff to develop plans to provide psychological first aid to them;
 - Prepare to track and respond to student and/or family requests for memorialization
- Assign a team member to arrange and monitor school safety
 - Keep regular school hours
 - Ensure that student follow established dismissal procedures
 - Call on school resource officers to assist parents and others who may show up at the school and to keep media off school grounds.
 - Pay attention to students who are having particular difficulty and direct to appropriate personnel and spaces on campus
- Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification). Refer to Appendix B for example initial staff meeting agenda.
 - State that the cause of death is still being determined
 - Acknowledge that there are rumors
 - Remind students that rumors can be deeply hurtful and unfair to the missing, deceased person, their family, and their friends.
- Coordinate an all-staff meeting, as soon as possible during the school day, to include:
 - Notification (if not already conducted) to staff about suicide death;
 - State that the cause of death is still being determined
 - Acknowledge that there are rumors
 - Remind students that rumors can be deeply hurtful and unfair to the missing, deceased person, their family, and their friends.
 - Emotional support and resources available to staff;
 - **DO NOT HOLD A WHOLE SCHOOL ASSEMBLY**
 - Written script for teachers to discuss the incident with students, (see Appendix C for sample death notification to students)
 - Support Teachers who are unable to be in class;
 - Coordinate substitute teachers
 - Combine classes
 - Offer for support staff/administration to deliver news to students;
 - Share information that is relevant and that which you have permission to disclose.
 - Prepare staff to respond to needs of students regarding the following:
 - Review of protocols for referring students for support/assessment;
 - Talking points for staff to notify students;
 - If the cause of death is still being determined:
 - State that the cause of death is still being determined
 - Acknowledge that there are rumors

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- Remind students that rumors can be deeply hurtful and unfair to the missing, deceased person, their family, and their friends.
 - Resources available to students (on and off campus).
- ☐ Identify students significantly affected by suicide death and other students at risk of imitative behavior;
- ☐ Identify students affected by suicide death but not at risk of imitative behavior;
- ☐ Communicate with the larger school community about the suicide death (Appendix D for sample parent communication);
- ☐ If the death is ruled a suicide disseminate information/facts about suicide and mental disorders in adolescents
- ☐ Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (go to the Reporting on Suicide.Org Web site at www.reportingonsuicide.org). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors. (See Appendix E for sample media statement)
- ☐ Utilize and respond to social media outlets:
 - Identify what platforms students are using to respond to suicide death;
 - Identify/train staff and students to monitor social media outlets.
 - Include long-term suicide prevention responses:
 - Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed;
 - Support siblings, close friends, teachers, and/or students of deceased;
 - Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.
- ☐ Assign a team member to be the Funeral liaison who will:
 - Communicate with the family or funeral director about logistics, including the need for crisis counselors and or security to be present at the funeral.
 - Work with the family to find a space off of school campus to hold the funeral
 - If the death is determined to be a suicide discuss with the family the importance of communicating with clergy or whomever will be conducting the funeral to emphasize the importance of connecting suicide to underlying mental health issues (such as depression) and not romanticizing the death in ways that could risk contagion
 - Depending on the families wishes help disseminate information about the funeral to students, parents and staff including:
 - Location
 - Time
 - What to expect (open casket for example)
 - Guidance regarding how to express condolences to the family
 - Policy for releasing students during school hours to attend

SUICIDE PREVENTION (continued)

- Work with school counselors and community mental health professionals to arrange for counselors to attend the funeral.
- Encourage parents to accompany their child to the funeral
- Coordinate a follow up staff meeting (see Appendix B for sample agenda)
 - Offer verbal appreciation of the staff
 - Review the day's challenges and success
 - Debrief, share experiences, express concerns, and ask questions
 - Check in with staff to assess whether any of them need additional support, and refer accordingly.
 - Disseminate information regarding the death and/or funeral arrangements.
 - Discuss plans for the next day
 - Remind staff of the importance of self-care.
 - Remind staff of the importance of documenting crisis response efforts for future planning and understanding.

Legislation Promoting Suicide Prevention

California *Education Code (EC)* Section 215, as added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license.

For more information on AB 2246 Pupil Suicide Prevention Policies, go to the California Legislative Information Web page at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246.

For resources regarding youth suicide prevention, go to the State Superintendent of Public Instruction (SSPI) letter regarding Suicide Prevention Awareness Month on the California Department of Education (CDE) Web page at <http://www.cde.ca.gov/nr/el/le/yr16ltr0901.asp> and the Directing Change for Schools Web page at <http://www.directingchange.org/schools/>.

Additionally, the CDE encourages each LEA to work closely with their county behavioral health department to identify and access resources at the local level.

SUICIDE PREVENTION (continued)**Resources**

Communication on suicide prevention - see the National Action Alliance for Suicide Prevention Web site at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

Engaging the media regarding suicide prevention see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>

For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>

The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide.

Additional information about this Toolkit for schools can be accessed on the Heard Alliance Web site at <http://www.heardalliance.org/>.

You can find information about a comprehensive suicide prevention toolkit for schools on the Palo Alto Unified School District Counseling Services Web page at <https://www.pausd.org/student-services/counseling-services>

After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/comprehensive-approach/postvention>

Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>

For additional information on suicide prevention, intervention, and postvention, see the Mental Health Recovery Services Model Protocol Web page at [http://www.mhrsonline.org/resources/suicide%5Cattempted suicide resources for schools-9/](http://www.mhrsonline.org/resources/suicide%5Cattempted%20suicide%20resources%20for%20schools-9/)

Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <http://www.cde.ca.gov/lr/ss/vp/safeschlplanning.asp>

Additional resources regarding student mental health needs can be found in the SSPI letter Responding to Student Mental Health Needs in School Safety Planning at <http://www.cde.ca.gov/nr/el/le/yr14ltr0212.asp>.

SUICIDE PREVENTION (continued)

Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. See the Mental Health First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>

Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>

Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>

SafeTALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks Web page at <https://www.livingworks.net/programs/safetalk/>

Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>

Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure that the program is easy to disseminate and measures success at the elementary, middle, and high school levels. See the Kognito Web page at <https://www.kognito.com/products/pk12/>

Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amsr>

Parents as Partners: A Suicide Prevention Guide for Parents is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>

SUICIDE PREVENTION (continued)

More Than Sad is school-ready and evidence-based training material, listed on the national Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at <https://afsp.org/our-work/education/more-than-sad/>

Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital Web page at <http://www.childrenshospital.org/breakfree>

Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <http://www.reconnectingyouth.com/programs/cast/>

Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>

Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge and awareness of depression and suicide. See the SAVE Web page at <https://www.save.org/what-we-do/education/leads-for-youth-program/>

The School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats is a guide that will assist in school re-entry for students after an attempted suicide. See the Mental Health Recovery Services Resource Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/

SUICIDE PREVENTION (continued)**References**

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SUICIDE PREVENTION (continued)

Appendix A

Northern Humboldt Union High School District

SUICIDE RISK INQUIRY

*A suicide risk assessment should be initiated **immediately** whenever a student talks about harming himself/herself, or if there is concern that a student has thoughts about hurting himself/herself.*

This form must be filled out by the designated Suicide Prevention Liaison

Student Name: _____ Date: _____

Suicide Prevention Liaison: _____

Intervention Team: _____

Determined Level of Risk:

- Low
- Medium
- High

Contacted:

- Parent
- Current Clinician: _____
- Emergency Personnel: _____
- School Psychologist
- Student Assistance Counselor
- Administration

Completed Packet given to:

- Student Assistance Counselor
- School Psychologist
- Administrator: _____
- Other: _____

- **Do not leave the student unattended by an adult.**
- **Do not allow the student to leave the building until this protocol is completely filled out and a plan for ensuring the student's safety is being carried out.**
- **The Site Administrator/Principal must be informed**

SUICIDE PREVENTION (continued)

This Suicide Risk Inquiry will guide your evaluation, document your concerns, and help you develop a student safety plan. Contact administrative offices as necessary for guidance:

File all completed paperwork in site designated central filing location.

Student: _____ School: _____

DOB: _____ Student Number: _____ Grade: _____ Age: _____

Parent/Guardian Names: _____ Phone: _____ Date: _____

Parent/Guardian Names: _____ Phone: _____

Referral Information

Who reported the concern? _____

What information did this person share that raised concern about suicide risk? _____

Guiding Interview Questions

- How are things going for you right now?
- Have you been feeling down or discouraged?
- What problems are getting you down?
- Has someone hurt you, or has someone hurt your feelings in some way?
- Do you feel like things can get better?
- Have you been thinking about hurting yourself or taking your own life?
- What happened to make you think about hurting or killing yourself?
- Do you know someone who has committed suicide?
- Has someone you care about died?
- Have you tried to hurt or kill yourself before?
- Have you thought about how to make yourself die?
- How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds – medication, firearms, etc.)
- What would make things better?
- What would have to happen for things to work out?
- What have you tried to do to make things better?
- Can you talk to family and friends about how you are feeling?
- Who have you told about how you are feeling?
- Are they helping you?
- Would you be willing to talk to someone about how you're feeling (e.g. a therapist)?

SUICIDE PREVENTION (continued)

Warning Signs for Suicide

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicide notes | <input type="checkbox"/> Family problems | <input type="checkbox"/> Access to a means to harm self |
| <input type="checkbox"/> Making final arrangements | <input type="checkbox"/> Legal problems | <input type="checkbox"/> Family history of suicide |
| <input type="checkbox"/> Giving away possessions | <input type="checkbox"/> Poor coping skills | <input type="checkbox"/> Friend has attempted suicide |
| <input type="checkbox"/> Reading or writing about death | <input type="checkbox"/> Limited support system | <input type="checkbox"/> Previous suicide attempts, cutting |
| <input type="checkbox"/> Social withdrawal/isolation | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Sexual identity issues |
| <input type="checkbox"/> Sad or depressed affect, hopelessness | <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Increased risk taking |
| <input type="checkbox"/> Loss of an important person or relationship | <input type="checkbox"/> Humiliation or rejection | <input type="checkbox"/> Sense of desperation |
| | | <input type="checkbox"/> Plan to commit Suicide |

Questions to Complete in Evaluating Risk

- ❖ Does the student admit to thinking about suicide? **Yes No**
- ❖ Is the student having suicidal thoughts? (General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself") **Yes No**
- ❖ Is the student contemplating suicide? **Yes No**
- ❖ Is the student having thoughts of self-harm? **Yes No**
- ❖ Does the student admit to thinking about harming others? **Yes No**
- ❖ Does the student have a plan to carry out either of these? ("Have you ever done anything, started to do anything, or prepared to do anything to end your life?") **Yes No**

If so what is the plan? (how, when, where)_____

- ❖ Is the method available to carry out the plan?

Explain:_____

- ❖ Is there a history of previous gesture(s) or attempt(s)? **Yes No**
- ❖ Is there a family history of suicide? **Yes No**
- ❖ Has the student been exposed to suicide by others? **Yes No**
- ❖ Has the student been recently discharged from psychiatric care? **Yes No**

If yes explain:_____

- ❖ Is the child currently receiving counseling services (with whom)? **Yes No**_____
- ❖ Is the child receiving Special Education Services? **Yes No**
- ❖ Is the child taking any medications? **Yes No**
- ❖ Does the student have a support system? **Yes No**

List the names of family members:_____

Peers:_____

SUICIDE PREVENTION (continued)

Others: _____

❖ Protective Factors: _____

Level of Risk Determined *Low Level of Risk*

The student appears to be at a low-risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.

 Medium Level of Risk

Information suggests medium-risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support.

 High Level of Risk

Information suggests high-risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports.

SUICIDE PREVENTION (continued)

Parent/Guardian/Caregiver Contact

Name of person contacted: _____

Date of contact: _____

Was the person contacted aware of the student's suicidal thoughts/plans: **Yes** **No**

What was the perception of the threat by the person contacted: _____

Short Term Actions Taken

Take action to provide for the student's safety and address current concerns.

In all cases, you must provide referrals for supportive services to parents. List supportive services suggested: _____

- Call 911
- Released to Parent/Guardian/Caregiver
- Parent/Guardian/Caregiver took student to hospital
- Parent/Guardian/Caregiver scheduled a mental health evaluation
- Released back to class after action plan taken
- Released to parent to take home – completed emergency conference notice
- Current therapist notified
- Provide the student and family with resources: _____
- School administrator or mental health professional scheduled follow up
- School administrator notified
- SAT team notified
- IEP/504 team notified
- Parent to come to school and take their child for immediate intervention with a health care provider. Completed emergency conference notice
- Notify DHHS Department of Mental Health Crisis line (707) 445-7715
- Contact a School Resource Officer if available, or call Sherriff (707) 839-2432 or Police non-emergency (707) 822-2428.
- Other

Emergency Conference Notice must be completed with parent/guardian when parent/guardian comes to the school to take responsibility for their child.

SUICIDE PREVENTION (continued)**Long Term Action Plan**

	Action	Person Responsible
	Assist family in setting up outside therapy/mental health support	
	ERICS referral (Special Education only)	
	Student safety plan completed and distributed	
	Referred to special education/Child Find	
	Informed relevant school staff of follow up actions	
	Release of information obtained for follow up providers	
	FRC Referral/ROI	
	Current Therapist/ROI	
	School Based Mental Health	
	DHHS Mental Health Referral/ROI	
	Tribal Resources/ROI	
	Other	

SUICIDE PREVENTION (continued)

PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to take the following steps:

- **Provide supervision for my child at all times and safety-proof my home.**
 - I will not allow my child to be left alone at this time or allow them access to weapons, drugs or medications.*
 - I have been advised that I should immediately take my child to a hospital to be evaluated.*

- **Help the school staff create a Suicide Prevention Plan for my child to be used at school.**
- **Contact professionals that can assist me and my child on a private basis:**

Possible resources include:

1. _____
2. _____
3. *National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)*

- **Share with the school the names of other professionals helping my child.**

Sign a release of information form so that school staff and other professionals may share information to benefit my child.

- **In case of emergency, I should:**

1. *Call 911.*
2. *Take my child to a hospital emergency room.*

Parent Signature

School Staff Signature

Date

Date

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

SUICIDE PREVENTION (continued)

Appendix B

After A Suicide

Sample Agenda for Initial All-Staff Meeting

This meeting is typically conducted by the Crisis Response Team Leader and Administrator should be held as soon as possible, ideally before school starts in the morning.

Depending on when the death occurs, there may not be enough time to hold the meetings before students have begun to hear the news through word of mouth, text messaging, or by other means. If this happens, the Crisis Response Team Leader should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as calls to the classroom phones. Remember that information about the cause of death should be withheld until the family has been consulted.

Goals of Initial Meeting

Allow at least one hour to address the following goals:

- Introduce the Crisis Response Team members
- Share accurate information about the death
- Allow staff an opportunity to express their own reactions and grief. Identify anyone who may need additional support and refer them to appropriate resources.
- Provide appropriate faculty (e.g., homeroom teachers or advisors) with a scripted **death notification statement** for students. Arrange coverage for any staff who are unable to manage reading the statement.
- Prepare for students reactions and questions by providing handouts to staff on **Talking About Suicide** and **Facts About Suicide and Mental Disorders in Adolescents**.
- Explain plans for the day, including location of crisis counseling rooms.
- Remind all staff of the important role they may play in identifying changes in behavior among the students they know and see every day, and discuss plan for handling students who are having difficulty.
- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Apprise staff of any outside crisis responders or others who will be assisting.
- Remind staff of student dismissal protocol for funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

End of the First Day

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

SUICIDE PREVENTION (continued)

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

SUICIDE PREVENTION (continued)

Appendix C

Sample Death Notification Statement for Students

Use in small groups as homerooms or advisories, not in assemblies or over loudspeakers.

Option 1 – When the death has been ruled a suicide

It is with great sadness that I have to tell you that one of our students, _____, has taken [his/her] own life. All of us want you to know that we are here to help you in any way we can.

A suicide death present us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We will do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find that diving into your work is a good distraction.

We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you would like to talk to a counselor, just let your teachers know.

Please remember that we are here for you.

Option 2 – When the cause of death is unconfirmed

It is with great sadness that I have to tell you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way we can.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We will do our best to give you accurate information as it becomes known to us.

SUICIDE PREVENTION (continued)

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you are having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sad loss. If you would like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Option 3 – When the family has requested that the cause of death not be disclosed

It is with great sadness that I have to tell you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way that we can.

The family has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friend. We will do our best to give you accurate information as it become known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you are having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sadness. If you would like to talk to a counselor, just let us know. Please remember that we are here for you.

SUICIDE PREVENTION (continued)

Appendix D

Sample Death Notification Statement for Parents

To be sent by e-mail or regular mail

Option 1 – When death has been ruled suicide

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

The school will be hosting a meeting for parents and others in the community at [date/time/location]. Members of our Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,
[Principal]

SUICIDE PREVENTION (continued)

Option 2 – When the cause of death is unconfirmed

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that students not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We will do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

Option 3 – When the family has requested that the cause of death not be disclosed

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The family has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk about the possibility that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder

SUICIDE PREVENTION (continued)

such as depression, which can prevent a person from thinking clearly about the problems in his or her life and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

SUICIDE PREVENTION (continued)**Appendix E****Sample Media Statement**

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

School personnel were informed by the coroner's office that a []-year-old student at [] school has died. The cause of death was suicide.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and other in the community at [date/time/location]. Members of the school's Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following suicide. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [email address] for more information.

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

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Local Community Mental Health Resources

[To be inserted by school]

SUICIDE PREVENTION (continued)

National Suicide Prevention Lifeline

800-273-TALK (8255)

[Local hotline numbers to be inserted by school]

Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized descriptions of suicide deaths in the new media can contribute to suicide contagion (“copycat” suicides), particularly among youth. Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and [http://www.sprc.org/library/at a glance.pdf](http://www.sprc.org/library/at_a_glance.pdf).

Media Contact

TITLE:

SCHOOL:

PHONE:

E-MAIL ADDRESS:

Key Messages for Media Spokesperson

For use when fielding media inquiries.

Suicide/Mental Illness

- Depression is the leading cause of suicide in teenagers
- About 6 percent of teenagers will develop depression yearly. Sadly, more than 80 percent of these kids will not have their illness properly diagnosed or treated, which can also lead to school absenteeism, failing grades, dropouts, crimes, and drug and alcohol abuse.
- Depression is among the most treatable of all mood disorders. More than three fourths of people with depression respond positively to treatment.
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental disorders, including addictions.

School’s Response Messages

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to [his/her] family and friends, and the entire community.
- We will be offering grief counseling for students, faculty and staff starting on [date] through [date].
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on [date/time/location]. Experts will be on hand to answer questions.
-

SUICIDE PREVENTION (continued)

School Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and [http://www.sprc.org/library/at a glance.pdf](http://www.sprc.org/library/at_a_glance.pdf).
- Research has shown that graphic, sensationalized descriptions of suicide deaths in the new media can contribute to suicide contagion (“copycat” suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increase risk of contagion.
- Media should also avoid oversimplifying cause of suicide (e.g., “student took his own life after breakup with girlfriend”). This gives the audience a simplistic understanding of a very complicated issue.
- Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental disorder such as depression.
- Media should include links to or information about helpful resources such as local crisis hotlines or the National Suicide Prevention Lifeline 800-273-TALK (8255).

SUICIDE PREVENTION (continued)

Appendix F

Suicide Risk Protocol To be Distributed to all staff members

Step 1: Keep the Student Safe

- Appropriately supervise the student(s). If there is imminent danger call 911.

Step 2: Notify the Suicide Prevention Liaison(s)

- Report the situation Student Assistance Counselor (1) or School Psychologist (2) Site Administrator (3) or Director of Student Services (4)

Step 3: Suicide Prevention Liaison Notify/Identify Additional Team Member(s)

It is required that this assessment process include two NHUHSD staff members, one of which has mental health training. If the either of the suicide prevention liaison's are not available notify side Administration immediately and call NHUHSD Director of Student Services.

- School Psychologist School Resource Officer School Nurse Academic Counselor
- Other _____

Administrator: _____

Step 4: Intervention Team Complete Suicide Inquiry Form (See appendix A) and Determine Level of Risk

- Low Level of Risk** The student appears to be at a low risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.
- Medium Level of Risk** Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support.
- High Level of Risk** Information suggests high-risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

SUICIDE PREVENTION (continued)

Step 5: Notify the Student's Parent(s) or Guardian(s) and Discuss Concerns

- Parents/guardians have been notified of the situation and that you will be talking to and assessing their child.
- Parents/guardians have been asked to come to the school to discuss the child's needs.
- Parents/guardians have NOT been notified because:

Step 6: Provide Intervention and Support

Each school within the NHUHSD will ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

- In all cases you must provide referrals for supportive services to parents. (For example DHHS Mental Health Referral) to be documented on the Suicide Risk Inquiry.
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) at 707-445-6180 to report neglect of the youth.
- Emergency Conference Notice* may be completed with parent/guardian when parent/guardian comes to the school to take responsibility for their child.