

Butte County Office of Education Youth Suicide Prevention Protocol

The Superintendent of Butte County Office of Education (BCOE) recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (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. While many see this as a high school and middle school issue, it is vitally important to include efforts aimed at elementary age youth. Although the number of suicides in this age group is small, there has been an increase in attempts for 10 -14 year olds over the past few years. Our younger youth are additionally impacted through suicide or attempts of people they know or stories they hear from peers or (social) media.

Recognizing that it is the duty of BCOE and schools to protect the health, safety, and welfare of its students, this protocol 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 protocol shall be paired with other policies that support the emotional and behavioral wellness of students.

This protocol 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 Administrator or Designee 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, expanded learning staff (afterschool) and other individuals in regular contact with students such as crossing guards, tutors, and coaches.

The Superintendent or Designee has involved school-employed mental health professionals (e.g., school counselors, psychologists, social workers, 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 strategies for suicide prevention and intervention.

To ensure the policies and protocols regarding suicide prevention are properly adopted, implemented, and updated, the BCOE School Administrative team will serve as the suicide prevention team and the point of contact will be the Principal, or designee, for each school. This policy and protocol shall be reviewed and revised at least annually in conjunction with the previously mentioned community stakeholders.

Prevention: Staff Training

Training shall be provided at all schools (grades 1-12) and shall include all staff members and other adults regularly assisting students on campus.

All suicide prevention trainings shall be offered by school staff or community members who have received advanced training specific to suicide in the appropriate age group.

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. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

Core components of the general suicide prevention training shall include:

- Suicide risk factors, warning signs, and protective factors (Attachments 1,2,3)
- Appropriate ways to interact with a youth who is demonstrating emotional distress or 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. Guidelines for Teachers and Staff (Attachment 4)
- Emphasis on immediately (same day) referring any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member. Intervention In A Suicidal Crisis (Attachment 5)
- Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide. SAMSHA's National Registry of Evidence-based Programs and Practices [NREPP] (Resource)
- Reviewing data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Center for Disease Control, National Institute of Mental Health [NIMH] (Resources)
- BCOE approved procedures for responding to the aftermath of suicidal behavior

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

- The impact of traumatic stress on emotional and mental health;
- The positive impact of teaching social-emotional skills and bolstering resilience;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate messaging about suicide (correct terminology, safe messaging guidelines)

The professional development also shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide.

These groups include, but are not limited to, the following:

- Youth affected by suicide;

Responsible:
Site Administrator
will arrange for training.

Resources:
SAMSHA-NREPP:
<https://www.samhsa.gov/nrepp>

Center for Disease Control-Statistics:
CDC Statistics

National Institute of Mental Health-Statistics:
NIMH Statistics

The TREVOR Project:
<https://www.thetrevorproject.org>

HEARD Alliance:
<http://www.heardalliance.org/>

HEARD Alliance-Toolkit for Mental Health Promotion and Suicide Prevention:
HEARD Toolkit

Suicide Prevention Resource Center:
<http://www.sprc.org/>

Society for the Prevention of Teen Suicide

- **Suicide-awareness-in-elementary-school**
- **Parent guides**
- **Educator Resources**

CASEL:
<https://casel.org/what-is-casel/>

<ul style="list-style-type: none"> Youth with a history of suicide ideation or attempts; Youth with disabilities, mental illness, or substance abuse disorders; Lesbian, gay, bisexual, transgender, or questioning youth; Youth experiencing homelessness or in out-of-home settings, such as foster care; Youth who have suffered traumatic experiences <p>(See Resources)</p>	
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Employee Qualifications and Scope of Service

<p>Employees of Butte County Office of Education 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.</p>	
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Prevention: Student Education

<p>Butte County Office of Education along with its partners will carefully review available student curricula to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.</p> <p>Under the supervision of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:</p> <ul style="list-style-type: none"> Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress Receive developmentally appropriate guidance regarding the district’s suicide prevention, intervention, and referral procedures. <p>The content of the education shall include:</p> <ul style="list-style-type: none"> 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. <p>Prevention for elementary age youth is less focused on talking about suicide and more about:</p> <ul style="list-style-type: none"> Learning to recognize and cope with difficult emotions; 	<p>Resources: SAMSHA-NREPP: https://www.samhsa.gov/nrepp SAMSHA: Preventing Suicide Toolkit: Toolkit</p> <p>National Institute of Mental Health (NIMH): Suicide Prevention</p> <p>The TREVOR Project: https://www.thetrevorproject.org</p> <p>Continued from above: HEARD Alliance: http://www.heardalliance.org/ HEARD Alliance-Toolkit for Mental Health Promotion and Suicide Prevention:</p>
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<ul style="list-style-type: none"> ● Building and maintaining healthy social relationships; ● Feeling and showing empathy for others; ● Understanding where to go for help. <p><u>Collaborative for Academic, Social, and Emotional Learning (CASEL)</u> (Resource)</p> <p>Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).</p> <p>(See Resources)</p>	<p><u>HEARD Toolkit</u></p> <p>Suicide Prevention Resource Center: http://www.sprc.org/</p> <p>CASEL: https://casel.org/what-is-sel/</p>
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Prevention: Parent Education

<p>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 schools suicide prevention policy and protocols.</p> <p>School sites shall make information available to parents and caregivers about:</p> <ol style="list-style-type: none"> 1) The prevalence of suicide and suicide attempts among youth; 2) The risk factors, warning signs of suicide and protective factors; 3) How to respond when they recognize their child or another youth is at risk; 4) Where to turn for help in the community. <p>This information could be included in parent handbook, parent newsletters, parent workshops, enrollment packets, parent-teacher conferences, etc.</p> <p>When Your Child Expresses Suicidal Thoughts or Behaviors: <u>Handout, Pamphlet</u> (Attachment 6, 6a)</p> <p>General Guidelines for Parents (Elementary) Palo Alto Unified School District <u>Handout</u> (Attachment 6b)</p>	<p>Resources:</p> <p>SAMSHA-NREPP: https://www.samhsa.gov/nrepp</p> <p>SAMSHA: Preventing Suicide Toolkit: <u>Toolkit</u></p> <p>The TREVOR Project: https://www.thetrevorproject.org</p> <p>HEARD Alliance: http://www.heardalliance.org/</p> <p>Society for the Prevention of Teen Suicide</p> <p><u>Parent guides</u></p> <p>Suicide Prevention Resource Center: http://www.sprc.org/</p>
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Prevention: Identification and Intervention

<p>School sites are encouraged to utilize a universal screener to identify potential risk factors and mental health concerns for all students. In addition, students should be aware of how to self-refer or obtain support for someone they are concerned about.</p> <p>When students are identified through the screener or other means, appropriate follow-up and referrals will be made to school mental health professionals, administrators, other school staff members as appropriate, parents/guardians/caregivers, community mental</p>	<p>Resources:</p> <p><u>Screeener</u></p> <p><u>Kelvin</u></p>
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health and health organizations.

Identification and Intervention

Intervention protocols to assist students in a crisis involving suicidal thoughts or behaviors are a critical component of school responses. These protocols aid school personnel in intervening effectively with potentially suicidal students. School administrators play a crucial role in establishing a school climate that requires key school personnel to be familiar with and responsive to a suicidal crisis in order to help prevent a youth suicide. Students of concern may be referred to counselors by staff, parents, peers, or self-referral. Intervention protocols vary based on the determined degree of suicide risk and age of the student, see [Intervention In A Suicidal Crisis](#) (Attachment 5)

Key principles to remember in any crisis:

1. **Listen to the student:** Acknowledge their feelings, allow them to express their feelings, avoid giving advice or opinions, and listen for warning signs.
2. **Be direct:** Ask openly about suicide “Suicide is a crisis of non-communication and despair; by asking about it you allow for communication to occur and provide hope” (USF, 2003). Asking about suicide does not put the idea into a student’s mind.
3. **Be honest:** Offer hope but do not condescend or offer unrealistic assurance.
4. **Know your limits:** Involve yourself only to the level you feel comfortable. If you are uncomfortable or feel the situation is beyond your capacity to deal with, refer the student to someone in a better position to help. If you feel the student is in immediate danger, escort the student to the the person you are referring to. If not, check to see that the referral was followed up on.
5. **Inform parents (when appropriate, see “Parent Notification and Involvement, page 7):** Their child is experiencing a crisis. Reassure them that he/she is currently safe. Inform them of community supports that are available to them during and after the crisis. Work with the parents to develop a plan of action for getting their child help. As needed, provide written information. When Your Child Expresses Suicidal Thoughts or Behaviors, [Handout, Pamphlet](#) (Attachment 6, 6a); [Sample Guidelines for Notifying Parent, Supporting Parents Through Their Child’s Suicidal Crisis](#), (Attachments 8, 8a).
6. **Allow other students to express their fears and concerns** or feelings of responsibility or guilt. Let students know that the student in crisis is receiving help, maintain confidentiality and keep details of the crisis to a minimum. [Talking-to-your-kid-about-suicide](#) has guidance relevant for school staff. Let students know where they can get help. [Save a Friend: Tips for Teens to Prevent Suicide](#)
7. **Monitor:** Friends of the student and others who are potentially at-risk for suicide.
8. **Debrief:** All faculty and staff involved in the crisis are given opportunities to discuss their reactions and are offered support. Allow expression of feelings, worries, concerns, and suggestions of what was done well and what could have been done better during and following the crisis.

Resources:

SAMSHA:Preventing Suicide Toolkit:
[Toolkit](#)

The TREVOR Project:
<https://www.thetrevorproject.org>

HEARD Alliance:
<http://www.heardalliance.org/>

HEARD Alliance -Toolkit for Mental Health Promotion and Suicide Prevention:
[HEARD toolkit](#)

Suicide Prevention Resource Center:
<http://www.sprc.org/>

Intervention: Potentially Suicidal Student

Refer to “Intervention in a Suicide Crisis” (Attachment 5) for steps to take when a student is identified by a staff person, peer, or parent as potentially suicidal because of directly or indirectly expressed suicidal thoughts or demonstrated warning signs.

**Resources:
Above**

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.

Intervention: In-School Suicide Attempt

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

**Resources:
Above**

- 1) Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- 2) Call 911 and give them as much information as possible
- 3) First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
- 4) School staff will supervise the student to ensure their safety. Do not leave them alone.
- 5) The school principal, or designee, will contact the student’s parent or guardian, as described in the Parental Notification and Involvement section **unless** it is determined that contacting parents/guardians will endanger the health or well-being of the student.
- 6) Staff will move all other students out of the immediate area as soon as possible.
- 7) Staff will immediately notify the principal or designee, regarding in-school suicide attempts.
- 8) If appropriate, staff will immediately request a mental health assessment for the youth from Butte County Behavioral Health Help in a Crisis at 891-2810. (If needed, due to lack of response from BCBH Crisis Line, call the above number and ask for a BCBH Supervisor.)
- 9) Listen and prompt the student to talk. Acknowledge their feelings, allow them to express their feelings, avoid giving advice or opinions, and listen for warning signs. Promise privacy and help, and be respectful, but do not promise confidentiality.
- 10) The school will engage, as necessary, the crisis team and/or school/community mental health professionals to assess whether additional steps should be taken to ensure student safety and well-being.
- 11) Student should only be released to parents/guardians/caregivers or to a person

Butte County Behavioral Health Crisis and Suicide Prevention: Crisis Response

who is qualified and trained to provide help.

Intervention: Out-of-School Suicide Attempts

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:

- 1) Call 911 or the police and/or emergency medical services.
- 2) Inform the student's parent or guardian. (Unless it is determined that this will further endanger the health or well-being of the student).
- 3) Inform the school principal, or designee. 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.

If a staff member becomes aware of an out-of-school suicide attempt by a student that **occurred without immediate knowledge**, it is crucial that staff protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- 1) Contact the parents/guardians/caregivers and offer support to the family;
- 2) Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
- 3) Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;
- 4) Designate a staff member to handle media requests;
- 5) Provide care and determine appropriate support to affected students;
- 6) Offer to the student and parents/guardians/caregivers steps for reintegration to school (below).

Resources:
Above

Parental Notification and Involvement

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent/ guardian/caregiver will be informed as soon as practicable by the principal, or designee. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child ([Sample Guidelines for Notifying Parents, Supporting Parents Through Their Child's Suicidal Crisis](#), (Attachment 8, 8a) [Sample Parent Contact Acknowledgement Form](#), (Attachment 9). Through discussion with the student, the principal or designee will assess whether there is further risk of harm due to parent/ guardian/caregiver notification. If the principal,

Resources:
SAMSHA: Preventing Suicide Toolkit:
[Toolkit](#)

HEARD Alliance-Toolkit for Mental Health Promotion and Suicide Prevention:
[HEARD toolkit](#)

designee, believes, in their professional capacity, that contacting the parent/guardian/caregiver would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented. Referral to Children’s Services is required.

Butte County Behavioral Health Crisis and Suicide Prevention: Crisis Response

Postvention: Re-entry Procedure

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 well being 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.

Responsible:
 ~Site Administrator
 ~Support staff (counselor)

Resources:
HEARD Alliance:
<http://www.heardalliance.org/>

HEARD Alliance-Toolkit for Mental Health Promotion and Suicide Prevention:
[HEARD Toolkit](#)

SAMSHA:Preventing Suicide Toolkit:
[Toolkit](#)

The TREVOR Project:
<https://www.thetrevorproject.org>

Suicide Prevention Resource Center:
<http://www.sprc.org/>
Society for the Prevention of Teen Suicide
When-a-students-return-to-school

The following steps shall be implemented upon re-entry:

- 1) A school employed mental health professional or other designee will be identified to coordinate with the student, their parent/ guardian/caregiver, and any outside mental health care providers.
- 2) Obtain a written release of information signed by parents/guardians/caregivers and providers
- 3) Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- 4) Inform the student’s teachers about possible days of absences;
- 5) Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- 6) Mental health professionals or trusted staff members should maintain ongoing contact to monitor student’s actions and mood;
- 7) Work with parents/guardians/caregivers to involve the student in an aftercare plan.
- 8) The designated staff person will periodically check in with student, parents, providers to help the student re-adjust to the school community and address any ongoing concerns.

Postvention: After a Suicide Death

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH [See After a Suicide Toolkit](#), (Attachment 10)

Day of Event

Administrator or designee:

- Verify details of death with police or other local authority
- Administrator or Designee Contacts Family [Guidelines for Working With the Family](#), (Attachment 11)
 - Express sympathy as you would for any sudden death
 - Inquire about what the school can share about their loss. If family is unwilling or not ready to share, help the family craft a message that they do want released in order to minimize rumors, misinformation, and speculation. Acknowledge that this is a great tragedy and assist them in understanding that crafting a message about the cause of death will help their child's friends who are suffering.
 - Ask what the school can do to support the family.
 - Let them know the school will be checking in with them in the coming days and weeks to determine what continued support the school can provide.
- Administrator or Designee Notifies Schools Where Siblings and Close Relatives Attend
 - Shut down deceased student in all student information systems so no automated messages regarding absence, grades, etc. are sent home
 - If siblings attend the school, ensure no absence calls or letters are sent during this time.
 - Disable student email if provided by the school
 - Ensure office staff knows how to respond to inquiries, [Sample Script for Office Staff](#), (Attachment 12); [Guidelines for Office Staff](#), (Attachment 13)
- Administrator or Designee Notifies School Community. For samples see: [After a Suicide Toolkit](#), (Attachment 10); [HEARD Alliance Toolkit](#), pages 170-174 (Resource)
 - Principal, or designee, notifies all faculty and staff
 - Principal to notify families of students about the death and the school's response
 - Communicate letter to families in the most expedient way so they will know what their student will be facing at school when the death is announced.
 - Letter should include a list of local resources

Day One (first school day after event)

Initial All--Staff Meeting (before school) For sample agenda see: [After a Suicide Toolkit](#), (Attachment 10)

- Principal conducts the initial all-staff meeting.

A few goals of this meeting are to:

Resources:

Suicide Prevention Resource Center-After a Suicide Toolkit:
[After a Suicide Toolkit for Schools](#)

SAMSHA:Preventing Suicide Toolkit:
[Toolkit](#)

SAMSHA: Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS
[Guide](#)

HEARD Alliance-Toolkit for Mental Health Promotion and Suicide Prevention:
[HEARD toolkit](#)

- 1) Convey what information can be relayed to students
 - For sample announcements, see [After a Suicide Toolkit](#), “Sample Death Notification Statements for Students” (Attachment 10)
 - Prepare staff to inform students in their first class. In order to deal with student reactions provide them with copies of: [After a Suicide Toolkit](#), “Talking About Suicide” (Attachment 10); [Sample Grief Discussion with Students](#), (Attachment 14)
 - Identify staff uncomfortable with notifying students of the death. Designate another staff member or counselors to support those staff members in their classrooms throughout the school day.
 - Remind staff who the designated media spokesperson is and that they should refer any outside requests for comments or information to this individual.
- 2) Control rumors
- 3) Provide staff support
 - Identify staff who can serve as roving substitutes for those instructors who may need a short break.
 - Advise staff that extra support is available for those who need it.
 - Hold an end of day meeting for staff to debrief and to obtain support.
- 4) Remind staff of [risk factors](#) and [warning signs](#) (Attachment 1 and Attachment 2) and to use gatekeeper training as situation warrants.
- 5) Inform staff where to send at-risk students and that they must be sent with another student or escorted by adult -- never alone
- 6) Identify designated locations on site for students who would like to support one another with a trusted adult nearby. Determine who should monitor these sites. Provide snacks if possible along with art and writing supplies for creative expression that may later be preserved for the student’s family.
- 7) Designate a parent location for those who come to campus to ask questions and express concerns.
- 8) Send follow up email after the staff meeting with information discussed in the first meeting and any additional details, such as list of local resources.

Support Students During the School Day

- Counselor/s or Psychologists provided by BCOE will follow deceased student’s schedule to assess students and to assist teachers
- Identify, monitor, and support students who may be at risk
 - Recognize that students who were close to deceased and known vulnerable students may be at-risk for suicide. Assign a staff member to develop a list of students of concern with input from others.
 - Meet with at-risk students, document, and follow-up as needed.
- Designate someone to circulate on campus to determine who might be in need and to monitor for rumors.
- Meet with students in small groups including established groups of the deceased (e.g. sports, clubs, friend groups) to provide emotional support. Meeting should be facilitated by counselor, school psychologist, community counseling and grief support, etc. To guide the meeting refer to [After a Suicide Toolkit](#), “Talking About Suicide” (Attachment 10); [Sample Grief Discussion with Students](#), (Attachment 14)

After-School Staff Meeting

- Acknowledge that it’s been a difficult day for everyone and that this meeting is an opportunity to share experiences from the day and what their needs for support will be for the next day.

- Inform staff as to the continued availability of roving substitute teachers and counselors. Determine this based upon expressed need and day one experiences in the classroom.
- Allow staff to express concerns and ask questions.
- Emphasize self-care for teachers/staff since they have been primarily focused on taking care of students.
- Reminder to continue to identify, monitor, and support students who may be at risk.

Advise on Appropriate Memorialization

In the interest of identifying a meaningful, safe approach to acknowledging the loss, schools should both meet with the student's friends and coordinate with the family. 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. In all cases, schools should have a consistent policy so that suicide deaths are handled in the same manner as any other deaths. Refer to [After a Suicide Toolkit](#), "Memorialization" (Attachment 10); [Memorials-after-suicide-guidelines](#) Attachment 10b)

Key Considerations for Memorialization

- Any memorial should have the goals of being life-affirming, raising awareness, and reducing stigma.
- Encourage contributions to the family or local organization that supports youth mental health promotion or suicide prevention.
- Because adolescents are especially vulnerable to the risk of suicide contagion, it's important to memorialize the student in a way that doesn't inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicide and underlying brain conditions such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse).
- Determine a date/time to gather materials from spontaneous memorials so that they can be organized and given to the family. Well in advance of this time, let students know when this will occur.
- Designated staff should be available to students concerned about rumors or social media postings about the death. Social media can be used effectively for the dissemination of accurate information and to promote suicide prevention efforts. For recommendations see [After a Suicide Toolkit](#), "Social Media" (Attachment 10)

Key Considerations for Funeral/Memorial Service (see [After a Suicide Toolkit](#), "Memorialization" Attachment 10; [Memorials-after-suicide-guidelines](#) Attachment 10b)

- Discuss with the family the importance of informing clergy or whoever will be conducting the funeral about the risk of suicide contagion among adolescents.
- Communicate the importance of emphasizing the connection between suicide and underlying brain conditions (such as depression), as noted in the key considerations for memorialization listed above.
- Encourage the family to consider holding the funeral outside of school hours if at

all possible.

- If family asks, principal should communicate with the funeral director about logistics, including need for mental health professionals and/or grief counselors to be present at the funeral.
- Depending on family wishes, the Principal will disseminate information about the funeral to students, parents, and staff as soon as it becomes available. Include the following information in the announcement:
 - Location of the funeral
 - Time of the funeral (keep school open if the funeral is during school hours)
 - What to expect (e.g. whether there will be an open casket)
 - Guidance regarding how to express condolences to the family (e.g. treat like any other sudden death, family wishes for charitable donations vs. flowers, etc.).
 - School policy for releasing students during school hours to attend (i.e., students will be released only with permission of parent, guardian, or designated adult).
 - Consider having a trusted adult or family member accompany students who choose to attend the funeral to provide support.

5. Working with the Media

- Principal will direct all media inquiries to the designated media spokesperson.
- Assemble media packet.
 - A statement is prepared in advance and a hard copy provided by media spokesperson when contacted by outside organizations for comments or information regarding the death.
 - For guidelines and sample statements refer to: [After a Suicide Toolkit](#), “Sample Media Statement”, “Key Messages for Media Spokesperson” (Attachment 10) and [HEARD Alliance Toolkit](#) (Resource)
 - Provide media with SPRC/AFSP media guidelines [Recommendations For Reporting on Suicide](#), (Attachment 15).

STEPS TO TAKE IN THE LONG-TERM AFTERMATH

Coordinate implementation of long--term response protocol

- Schedule daily debriefs while in initial assessment period to discuss at-risk students who need follow-up and to review confidential database. This generally lasts 1-2 weeks, but can vary with the situation.
- Discuss with family of deceased student any concerns they may have for siblings, friends or acquaintances and follow up accordingly. Counselor monitors and checks in with at-risk students as long as needed. Document name of student, date/time of check-in, assessment of areas of concern, follow-up referrals and notifications on standardized forms For sample see Resources: [HEARD Alliance Toolkit](#), Attachment 3.15, “Student Suicide Risk Documentation Form”).
- Send e-mail updates to staff to keep them informed about funeral arrangements; resources and supports available for them; physical, emotional, cognitive, and social manifestations of grief in students; referral process for students of concern, etc. This generally lasts 12 weeks, but can vary with the situation.
- Develop prearranged protocol for removing personal items from locker or desk, respecting family wishes for privacy and/or support
- Convene and facilitate a tactical debriefing of what worked and what could be improved upon during the initial assessment period (1-2 weeks post-intervention).

Team leader documents successes, challenges, and recommendations for improvement to be incorporated into the Comprehensive Suicide Prevention Toolkit.

Enhance identification and support of vulnerable students

- Identify students in need and refer to counselor (note alternative approaches to identifying students at risk in Section I: Promotion of Mental Health Wellness). Attendance office to alert principal or designee about increased student absences.
- Continue to monitor for rumors.
- Designate staff member to rove site/ campus throughout the day and monitor the emotional climate.
- Continue to meet with students in small groups, especially those groups of which the deceased student was a member.
- Recommend more individual supports (make sure to offer continued support if needed).

Prepare for anniversaries and special events

- Prior to graduation ceremonies for the deceased student's class, check with family about any requests. Acknowledgment of a student who has died by suicide should be consistent with acknowledgement of a student who has died by any other means.
- Be aware of special events (e.g. proms, birthday etc.), holidays, and anniversaries, as these may activate possible stress/grief responses (physical, emotional, social, cognitive) in students or staff. See [SAMSHA Preventing Suicide Toolkit](#), "Guidelines for Anniversaries of a Death" (Resources)
- The probability of contagion is heightened on the anniversary of the death as well as on other meaningful days.
- Expect the possibility of long term memorials. See [After a Suicide Toolkit](#), "Memorialization" (Attachment 10); [Memorials-after-suicide-guidelines](#) (Attachment 10b) and continue to work with family, students, and social media.
- Provide support as needed for siblings of the deceased enrolled in the district. Coordinate with parents. Refer to and choose among the Resources section for more information as needed.
- Principal or designee to remain in contact with family through the funeral and in the weeks following death.
- Communicate with and support the broader school community.
 - Provide parent/community education about suicide, grief, and self-care within the first month following death.
 - Site-based staff, district psychiatrist, district nurse may show AFSP "More than Sad" program providing staff and parents with information about warning signs of suicide, risk-and-protective factors, importance of means restriction, supportive services, community resources, crisis line, and helpful responses to student questions.

External Communication

The school principal or designee will be the sole media spokesperson unless other BCOE official has been designated. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.

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| <ul style="list-style-type: none">● Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.● Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available. | |
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