PREVENTING SUICIDE

A Toolkit for High Schools

Substance Abuse and Mental Health Services Administration
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PREVENTING SUICIDE:
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Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

The people depicted in this toolkit are models only. They are not included to illustrate the mental health issues addressed in this toolkit nor do the authors of this document have any reason to believe that they experienced any of the mental health issues addressed in this toolkit.

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CONTENTS

Introduction

Preventing Suicide: A Toolkit for High Schools was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. The information and tools in this toolkit will help schools and their partners:

- Assess their ability to prevent suicide among students and respond to suicides that may occur
- Understand strategies that can help students who are at risk for suicide
- Understand how to respond to the suicide of a student or other member of the school community
- Identify suicide prevention programs and activities that are effective for individual schools and respond to the needs and cultures of each school's students
- Integrate suicide prevention into activities that fulfill other aspects of the school's mission, such as preventing the abuse of alcohol and other drugs

Suicide prevention efforts in high schools are usually led by school counselors, mental health professionals, or social workers. But it is important to remember that no one—not the principal, not the counselor, and not the most passionate and involved parent—can establish effective suicide prevention strategies alone. The participation, support, and active involvement of others in the school and community are essential for success.

Chapter 1 will help you:

- Begin to identify the school staff and community partners who can help
- Generate support for suicide prevention in the school system and community
- Prioritize and select programs and activities that are right for your school

Chapters 2–7 describe the steps necessary to implement the components of a comprehensive school-based suicide prevention program. Most chapters include tools to help you carry out these steps, including forms, worksheets, factsheets, and guidelines.

The "Resources" section is an annotated directory of suicide prevention resources.

Note on Organization: References in the text of the toolkit are found in the Reference List following Chapter 7. References for each tool are listed with the tool.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"What happened in our district could happen anywhere."

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009a).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- For each suicide death among young people, there may be as many as 100–200 suicide attempts (McIntosh, 2010).
- Approximately 1 out of every 15 high school students attempts suicide each year (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide death rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

    - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students (Epstein & Spirito, 2009).

- Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
- Efforts to promote safe schools and adult caring also help protect against suicidal ideation and attempts among LGB youth (Eisenberg & Resnick, 2006).
- Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and can affect academic performance. According to the 2009 Youth Risk Behavior Survey (CDC, 2010b):

   - Approximately 1 of 2 high school students receiving grades of mostly Ds and Fs felt sad or hopeless. But only 1 of 5 students receiving mostly grades of A felt sad or hopeless.
   - 1 out of 5 high school students receiving grades of mostly Ds and Fs attempted suicide. Comparatively, 1 out of 25 who receive mostly A grades attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the "copycat effect"). This may result in the relatively rare phenomenon of "suicide clusters" (unusually high numbers of suicides occurring in a small area and brief time period) (Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

   - Failure to notify parents if their child appears to be suicidal
   - Failure to get assistance for a student at risk of suicide
   - Failure to adequately supervise a student at risk of suicide

What about FERPA?

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

School Connectedness

School connectedness "is the belief by students that adults and peers in the school care about their learning as well as about them as individuals" (CDC, 2009b). Making positive changes to the school climate—increasing students' sense of connectedness to the school—can result in improved academic achievement and healthy behaviors among students. Strategies for building connectedness include (CDC, 2009b):

- Providing students with the academic, emotional, and social skills necessary to be actively engaged in school
- Using effective classroom management and teaching methods to foster a positive learning environment
- Creating decision-making processes that facilitate student, family, and community engagement; academic achievement; and staff empowerment
- Providing education and opportunities to enable families to be actively involved in their children's academic and school life
- Creating trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities
- Providing professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of students

Although suicidal behavior is one of the negative behaviors that can be reduced as connectedness increases, strategies to increase connectedness should not be substituted for the types of suicide prevention strategies described in this toolkit. However, combining suicide prevention with efforts to increase connectedness is a powerful strategy for furthering both goals.

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which specific components are implemented in a particular sequence. These components include:

- **Protocols for helping students at risk of suicide, including:**
  - » A protocol for helping students who may be at risk of suicide
  - » A protocol for responding to students who attempt suicide at school
  - » Agreements with community providers to provide behavioral health services to students
- **Protocols for responding to suicide death, including:**
  - » Steps to take after the suicide of a student or other member of the school community
  - » Staff responsible for taking these steps
  - » Agreements with community partners to help in the event of a suicide
- **Staff education and training, including:**
  - » Information about the importance of suicide prevention for all staff
  - » Training, for all staff, on recognizing and responding to students who may be at risk of suicide.
  - » Training, for appropriate staff, on assessing, referring, and following up with students identified as at risk of suicide.
- **Parent education, including:**
  - » Information for parents about suicide and related behavioral health issues
  - » Strategies to engage parents in suicide prevention programs
- **Student education, including:**
  - » One or more programs to engage students in suicide prevention
  - » Integration of suicide prevention into other student healthy behavioral health initiatives
- **Screening:**
  - » A suicide screening program
  - » Parent, staff, and community mental health provider support for screening

Preventing Suicide: A Toolkit for High Schools will help you implement these components. The toolkit represents the best available evidence and expert opinion on preventing suicide among high school students. It is recommended that you review the entire toolkit before starting to implement any one component.

Suicide Prevention and Behavioral Health

In this toolkit, we use SAMHSA's definition of behavioral health: "the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illnesses, and/or mental disorders." SAMHSA has articulated the philosophy that "behavioral health is essential to the Nation's health." Schools have an essential role to play in preventing suicide and in promoting behavioral health among America's young people.

CHAPTER 1

Getting Started

The steps in Chapter 1 will answer these questions:

- What are the most critical steps you should take to protect your students from suicide?
- How can you engage administrators in suicide prevention?
- Which school staff and community partners should be involved from the beginning?
- How can you educate yourself and the school community about suicide prevention?

A STRATEGIC APPROACH TO PREVENTING SUICIDE IN SCHOOLS

Suicide prevention experts agree that the most effective way to prevent suicide is to use a number of complementary strategies (which will be described in this toolkit). But even schools fortunate enough to have the resources to implement all of these strategies should not try to do them all at the same time.

A comprehensive school-based suicide prevention program should be built on a foundation that responds to the most serious issues faced by students and the school—a student at high risk of suicide and a death by suicide of a student (which could put other students at risk).

The two essential components that every school should have in place are:

- Protocols for helping students at possible risk of suicide
- Protocols for responding to a suicide death (and thus preventing additional suicides)

Every school should have these two sets of protocols in place regardless of whether they are going to implement any additional suicide prevention activities. For guidance in creating these protocols, see Chapters 2 and 3 of this toolkit.

It is essential to implement protocols for responding to students at possible risk of suicide ***before*** implementing strategies to help identify students at risk of suicide (such as training staff to recognize suicide risk). Identifying students who are at risk of suicide will be more likely to prevent suicide when the procedures that ensure these students receive appropriate services are in place. Only after creating these procedures is a school ready to implement other suicide prevention strategies.

After developing the two critical protocols, all staff should be engaged in suicide prevention. This should include the following:

- Educating all staff about the importance of suicide prevention
- Training all staff to recognize suicide risk
- Training selected staff to assess and refer students at risk of suicide to appropriate services

After a school has created and implemented these three components (the two essential protocols and the staff education and training outlined above), it is ready to implement additional suicide prevention strategies, including:

- Educating parents about behavioral health promotion and suicide risk
- Educating and involving students in behavioral health promotion and suicide prevention
- Screening students for suicide risk

For guidance on these strategies, see Chapters 5, 6, and 7 of this toolkit.

STEPS FOR GETTING STARTED

These steps for getting started are not entirely sequential. You may want to complete them in a different order—or carry out several of them at the same time.

Step 1. Engage administrators, school boards, and other key players.

The support of school administrators—especially principals—is essential to any activity carried out within a school. The support of other key players, including superintendents and school board members, can also be crucial for success. School leaders may be reluctant to undertake a suicide prevention initiative because of the sensitive nature of this issue or because of competing demands. Here are some suggestions for gaining their support:

- **Explain why it is important to address suicide risk among students.** To gain the support of administrators, school leaders, and other stakeholders, use *Tool 1.A: Suicide Prevention: Facts for Schools*. Another useful resource is the free video "School-Based Suicide Prevention: A Matter of Life and Death," in which school administrators and staff share their experiences of facing the suicide of a student. See Getting Started—Information Sheets in the "Resources" section in this toolkit for information on this video.
- **Highlight data and information specific to your district, State, or tribe.** Local statistics on suicidal behavior can be very persuasive in convincing stakeholders that action needs to be taken. The Centers for Disease Control and Prevention's Youth Risk Behavior Survey has a Web page at http://www.cdc.gov/healthyyouth/yrbs/state_district_comparisons.htm which

includes State and district-level data.

- **Share your plans.** Emphasize that you will take advantage of the many existing suicide prevention programs that are considered best practices, and that these strategies can be easily integrated into the activities already in place at the school.

Step 2. Bring people together to start the planning process.

Having the right people in the right room is essential to any successful planning process. Some schools may want to start by convening a group composed of staff members and then reach out to the community. Other schools may want to involve both staff and community partners from the start.

Engage school staff.

You will find it easier to chart a realistic course of action if you engage school staff from various disciplines and areas of responsibility from the beginning. It is important to have people with mental health expertise, such as a school counselor or social worker, involved in planning and possibly leading suicide prevention activities.

Your school may have teams responsible for health or behavioral health issues, such as a crisis response team or a health promotion team. If you do, consider adding suicide prevention to their mission and involving members of these teams as you assign responsibility for suicide prevention strategies.

It is important to understand that the reluctance of some staff to become involved with the team may be a result of their own personal experiences with suicide or suicide risk. These personal histories, and the desires of staff not to reveal them, need to be respected.

Tool 1.B: Chart of School Staff Responsibilities will help you decide who should be involved in planning and implementing the specific components of your suicide prevention program. Begin by filling in the names of staff who will be responsible for taking the steps outlined in this chapter.

School staff may also want to engage students and parents in the planning process. Take advantage of existing mechanisms for involving students and parents in the development of school policies and implementation of new programs.

Engage community partners.

Schools need community support to help prevent suicide. If your community has a suicide prevention coalition or group, contact it as soon as you get started. Your State or tribal suicide prevention contact can help you identify suicide prevention coalitions in your community. For a list of State and tribal suicide prevention contacts, visit the Suicide Prevention Resource Center Web site:

You should also reach out to leaders from the ethnic and cultural communities represented in your school. They can be critical in ensuring that your efforts are culturally competent and effective in reaching the students and parents from these communities.

Tool 1.C: Chart of Community Partners will help you identify the individuals and agencies you might want to engage in your school's suicide prevention efforts. In addition, each chapter includes a process for identifying community partners that can help implement particular activities. Use Tool 1.C. to identify the community partners you need to get started, that is, to take the steps described in this chapter.

Step 3. Provide key players with basic information about youth suicide and suicide prevention.

The following tools will help your staff and community partners gain a basic understanding of suicide prevention:

Tool 1.A: Suicide Prevention: Facts for Schools includes an overview of the problem of adolescent suicide and the role schools can play in prevention.

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets describes characteristics that increase risk of and protection against suicide as well as warning signs that someone may be at risk of imminent harm. This is important information for all staff and will be referenced in subsequent activities.

Tool 1.E: Data on Youth Suicide includes information on suicide deaths, attempts, and methods among young people ages 13–19.

Tool 1.F: Suicide and Substance Abuse Information Sheet provides information on substance abuse as a major risk factor for suicide and the implications of that for prevention.

Tool 1.G: Suicide and Bullying Information Sheet provides information on bullying as a major risk factor for suicide and the implications of that for prevention.

The Getting Started part of the "Resources" section in this toolkit contains other background documents and factsheets to share with staff.

Step 4: Develop your overall strategy.

Assess your current policies, programs, and school culture.

Before developing an overall strategy for your school, it is important to understand the programs and policies in your school, community, or State that could facilitate, obstruct, or otherwise affect your work.

- **Determine whether there are policies,** either State, district, Bureau of Indian Education, or tribal, to which your activities must conform, e.g., training for staff, training for students, or protocols for suicide prevention or intervention.

- » The State Information pages of the Suicide Prevention Resource Center Web site list State policies on suicide prevention in schools: http://www.sprc.org/states
- » The Suicide Prevention Action Network (SPAN) USA Web site has updates on all State legislation related to suicide prevention: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=DDB4817F-AFFD-AB5B-65FFA5FF8FD4DDCC
- » For Bureau of Indian Education policies, send an email to juanita.keesing@bie.edu or call the Bureau of Indian Education Central Office at 202-208-5962.
- » Federal civil rights laws require reporting and preventing discrimination based on sex or disability, which are also potential risk factors for suicide.

- **Assess the health and behavioral health programs** you may already have in place that could be enhanced with suicide prevention activities. These programs could include those designed to build connectedness; improve the school climate; or prevent bullying, violence, or the abuse of alcohol and other drugs. The School Health Index is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs: http://www.cdc.gov/healthyyouth/shi/index.htm.
- **Inventory the suicide prevention programs** in your district and community. Contact your local mental health department to learn about other programs in your area. You can also get in touch with your State or tribal suicide prevention

- **Learn how the different cultures** represented among the students in your school address behavioral health issues and suicide risk, and take that into consideration in developing your strategy. For additional guidance, see *Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet.*
- **Consider how to address obstacles** you might face. For example, some people might question whether schools should be involved in suicide prevention. You can address this objection with the information provided in *Tool 1.A: Suicide Prevention: Facts for Schools*.

Select components of a comprehensive approach.

After assessing the policy environment and the existing programs in your school into which suicide prevention strategies can be integrated, you can begin choosing programs and activities to implement. It is important to remember that the field of suicide

prevention is relatively young. Even the most carefully constructed and rigorously evaluated suicide prevention program will have limitations as well as strengths. No program can claim universal effectiveness (Gould, Greenberg, Velting, & Shaffer, 2003; Gould, Klomek, & Batejan, 2009; Guo & Harstall, 2002; Miller, Eckert, & Mazza, 2009). Thus, it is important to examine the evaluation and research to ensure that the programs and activities you choose are the best fit for your school.

- Use *Tool 1.I: Checklist of Suicide Prevention Activities* to assess what you already have in place and what is missing. Compare your protocols with those recommended in Chapter 2 (Protocols to help students at possible risk of suicide) and Chapter 3 (Protocols to respond appropriately to a death by suicide). You may find that your protocols need to be revised or enhanced. Completing this checklist will prepare you to embark upon the steps outlined in Chapters 2–7.
- Review *Tool 1.J: Matrix of School-Based Suicide Prevention Programs*. This matrix lists all the school-based suicide prevention programs currently in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). This matrix can help you choose programs to use in your school. *Tool 1.K: Suicide Prevention Registries Information Sheet* provides more information about the NREPP and BPR.

CHAPTER 1: GETTING STARTED TOOLS

Tool 1.A: Suicide Prevention: Facts for Schools

Tool 1.B: Chart of School Staff Responsibilities

Tool 1.C: Chart of Community Partners

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

Tool 1.E: Data on Youth Suicide

Tool 1.F: Suicide and Substance Abuse Information Sheet

Tool 1.G: Suicide and Bullying Information Sheet

Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Tool 1.I: Checklist of Suicide Prevention Activities

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

Tool 1.K: Suicide Prevention Registries Information Sheet

Tool 1.A: Suicide Prevention: Facts for Schools

This factsheet can help you gain the support of administrators, school leaders, and other stakeholders for implementing suicide prevention initiatives in high schools. It includes an overview of the problem of adolescent suicide, explains why it is important to address suicide risk among students, and discusses the role that schools can play in prevention.

The information in this factsheet was also included in the Introduction. This handout can be found in the "Handouts" section of this Toolkit, which begins on page 209.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

   - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs can also reduce suicide risk among students (Epstein & Spirito, 2009).
   - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
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   - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

    - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.
    - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

    - Failure to notify parents if their child appears to be suicidal
    - Failure to get assistance for a student at risk of suicide
    - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school. You can download this toolkit free of charge from http://store.samhsa.gov/product/SMA12-4669.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

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Tool 1.B: Chart of School Staff Responsibilities

As you work on the steps in the chapters of this toolkit, use the chart on the next page to record the names of the people who will play a role in planning and implementing each component of your program. Check the column representing the activities in which they will be involved. Staff with differing areas of expertise will be required to implement the steps in various chapters. However, this does not mean that you will have to establish separate groups for each component, as you will probably find that many staff will be involved in several of the components. The following people may be helpful in planning and implementing components of your school's suicide prevention program:

- Superintendent
- Principal
- Assistant principal
- Curriculum director
- Health educator
- School nurse
- School health coordinator
- Guidance counselor/school counselor
- School social worker
- Student assistance program staff/pupil services coordinator
- Special education staff
- Members of the Crisis Response Team
- School psychologist
- School-based health center and/or mental health center staff
- Child study team member(s)
- School security officer/school resource officer
- Teachers
- Technology staff
- Athletic staff

STAFF	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each staff person will plan and implement.						
Name & Title	Getting Started (Ch.1)	Protocols for Helping Students at Risk of Suicide (Ch. 2)	Protocols for After a Suicide (Ch. 3)	Staff Education and Training (Ch. 4)	Parent/ Guardian Education and Outreach (Ch. 5)	Student Programs (Ch. 6)	Screening (Ch. 7)
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Tool 1.C: Chart of Community Partners

As you go through the steps in each chapter, use the chart on the next page to fill in the names of individuals or agencies in the community who can help you plan and implement that component of your program. Check the column representing the activities in which they will be involved. Some partners will probably be involved with more than one program component. The following types of community partners may be helpful in implementing components of your school's suicide prevention program:

- Leaders representing the cultural communities of your students
- Mental health providers/community mental health agency staff
- Substance abuse counselors
- Crisis center workers
- Healthcare providers
- Community health department staff, including injury and violence prevention and maternal and child health professionals
- Hospital staff, including emergency department staff
- EMTs, fire and rescue personnel, and first responders
- Police
- Clergy
- County social services staff
- Child welfare providers
- Juvenile justice professionals
- Coroner
- Media representatives
- Immigrant and refugee organization staff
- LGBT youth–serving program staff
- Youth development professionals (e.g., YMCA, Boys and Girls Club, community youth center)

In tribal communities consider including Indian Health Service hospitals, clinics, and primary care providers, and tribal behavioral health and social service programs.

ORGANIZATION/ INDIVIDUAL	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each organization/individual will work on.						
Name	Getting Started (Ch.1)	Protocols for Helping Students at Risk of Suicide (Ch. 2)	Protocols for After a Suicide (Ch. 3)	Staff Education and Training (Ch. 4)	Parent/ Guardian Education and Outreach (Ch. 5)	Student Programs (Ch. 6)	Screening (Ch. 7)
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Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

This tool will help educate school staff and other partners about the factors that are associated with suicide risk, the factors that are associated with protection against suicide, and the warning signs of suicide. This tool has been formatted as three separate handouts.

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

This handout can be found in the "Handouts" section of this Toolkit, which begins on page 209.

RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion

- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
  - » Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
  - » Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
  - » Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

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PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

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RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

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Tool 1.E: Data on Youth Suicide

Suicide Deaths among Young People (CDC, 2009)

In 2009, the most recent year for which data are available, 1,852 young people between the ages of 13 to 19 years died by suicide in the United States. Approximately 78 percent of the fatalities were male and 22 percent were female.

During 2009, an additional 2,702 young people between the ages of 20 and 24 years died by suicide. About 84 percent of these fatalities were young men and 16.0 percent were young women. It is possible that many of these deaths could have been prevented if the young people had been identified as being at risk and had received mental health services while they were in high school.

The rates of suicide deaths among 13–24 year olds are as follows:

- American Indian/Alaska Native: 22.11 per 100,000
- White: 9.47 per 100,000
- Asian/Pacific Islander: 6.32 per 100,000
- Hispanic: 6.46 per 100,000
- Black: 5.74 per 100,000

In 2009, suicide was the third leading cause of death for people of both sexes and all races 13–19 years of age. The first and second leading causes of death were unintentional injuries and homicides, respectively.

Suicide Attempts among Young People (CDC, 2010)

Suicide deaths represent only a fraction of the toll that suicidal behavior takes among America's youth. Data from the 2009 Youth Risk Behavior Survey (YRBS)* revealed that in the 12 months preceding the survey:

- 1 out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse. This included 1 out of every 43 (2.3 percent) female students and 1 out of every 62 (1.6 percent) male students.

The YRBS also revealed the following:

- 1 out of every 16 high school students (6.3 percent) reported having attempted suicide at least once. This included 1 out of every 22 male students (4.6 percent) and 1 out of every 12 female students (8.1 percent).
- 1 out of every 9 students (10.9 percent) had made a plan about how he or she would attempt suicide.
- 1 out of every 7 students (13.8 percent) reported having seriously considered attempting suicide during the preceding 12 months.

*The YRBS is a national survey of students in grades 9–12. It uses self-reports to monitor six categories of behaviors, including those that contribute to unintentional injuries, violence, and suicide.

Suicide Methods (CDC, 2009)

These data are from 2009, the latest year for which data are available.

The leading methods (means) by which young people ages 13–19 took their own lives were:

- Suffocation, including hanging (45.2 percent of suicide deaths)
- Firearms (42.7 percent)
- Poisoning, including carbon monoxide (5.8 percent)
- All other means (6.3 percent)

The leading methods among males of this age were:

- Firearms (48.5 percent of suicide deaths)
- Suffocation, including hanging (40.9 percent)
- Poisoning, including carbon monoxide (4.3 percent)
- All other means (6.2 percent)

The leading methods among females of this age were:

- Suffocation, including hanging (60.3 percent of suicide deaths)
- Firearms (22.1 percent)
- Poisoning, including carbon monoxide (11.3 percent)
- All other means (6.4 percent)

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Tool 1.F: Suicide and Substance Abuse Information Sheet

Substance abuse is a major risk factor for suicidal behavior among young people (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; U.S. Department of Health and Human Services, n.d.). The National Household Survey of Drug Abuse found that young people ages 12–17 who used alcohol or illegal drugs were more likely to be at risk for suicide than young people who did not use alcohol or drugs (SAMHSA, 2002).

- 19.6 percent of young people who reported using alcohol were found to be at risk of suicide. Only 8.6 percent of young people who did not report using alcohol were at risk.
- 25.4 percent of young people who reported using illicit drugs were found to be at risk of suicide. Only 9.2 percent of young people who did not report using drugs were at risk.
- 29.4 percent of young people who reported using an illicit drug other than marijuana were found to be at risk of suicide. Only 10.1 percent of those who did not report using a drug other than marijuana were at risk.

Substance abuse, suicidality, and depression can share symptoms and risk factors, and often co-occur (Dunn, Goodrow, Givens, & Austin, 2008; Esposito-Smythers and Goldston, 2008). The use of alcohol and other drugs by adolescents can be an attempt to self-medicate, that is, to ease the pain and suffering associated with depression, family dysfunction, and other problems, many of which are also associated with suicide risk. However, a review of data on suicides by people of all ages led researchers to conclude that "the use of alcohol or other drugs might contribute substantially to suicides overall" (CDC, 2006). Others have come to similar conclusions, speculating that alcohol and drugs promote suicide by diminishing critical thinking skills and inhibitions (Makhija and Sher, 2007; Esposito-Smythers and Spirito, 2004). The effect on inhibition may also play a role in the choice of the lethality of the means of suicide. Young people who die by suicide are more likely to have used alcohol or drugs prior to their suicidal act than are young people who attempted suicide but did not die (DeJong et al., 2010). It is also important to understand that almost 96 percent of drug-related suicide attempts by adolescents ages 12–17 who are seen in emergency departments involved prescription drugs (SAMSHA, 2010).

Implications for Prevention

Substance abuse and suicidality can be addressed with common strategies including (1) identifying students suffering from suicidality, substance abuse, or depression and ensuring that they receive help and (2) enhancing overarching protective factors, such as connectedness, which can also improve the school environment and enhance academic achievement. It is also important to educate school staff, students, and parents about the role of alcohol and drugs—including prescription drugs—in adolescent suicide, as well as the relationship among substance abuse, suicide, and depression.

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Tool 1.G: Suicide and Bullying Information Sheet

Bullying is the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use new communication technologies, such as social media and texting, to harass and cause emotional harm to their victims.

Thirty-two percent of the Nation's students (ages 12–18) reported being bullied during the 2007–2008 school year (Dinkes, Kemp, & Baum, 2009). Lesbian, gay, bisexual, and transgender (LGBT) youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Garofalo, Wolf, & Kessel, 1998; Bontempo & D'Augelli, 2002; Berlan, Corliss, Field, Goodman, & Austin, 2010).

Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Children who are *both* victims and perpetrators of bullying are at highest risk (Kim and Leventhal, 2008; Hay and Meldrum, 2010; Kaminski and Fang, 2009).

Young people who are the victims of bullying are at increased risk for suicide (Kim, Leventhal, Koh, & Boyce, 2009) as well as increased risk for depression and other problems associated with suicide (Gini and Pozzoli, 2009; Fekkes, Pipers, and Verloove-Vanhorcik, 2004).

Many children who are bullied have personal characteristics that increase their risk of victimization (Arseneault, Bowes, & Shakoor, 2010). These characteristics include:

- Internalizing problems (including withdrawal, anxiety, and depression)
- Low self-esteem
- Low assertiveness
- Aggressiveness in early childhood (which can lead to rejection by peers and social isolation)

Many of these characteristics are also risk factors for suicidal behavior and ideation. The authors of the study cited above suggest that the same personal risk factors that can contribute to a child's risk of suicidal behavior can also increase the child's risk of being bullied. Being bullied further heightens the child's risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior). These personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:

- The family, including child maltreatment, domestic violence, and parental depression (Arseneault, Bowes, & Shakoor, 2010)
- The school environment, including a lack of adequate adult supervision (which can be a result of the physical layout of a school), a school climate characterized by conflict, a lack of consistent and effective discipline (Swearer, Espelage, Vaillancourt, & Hymel, 2010), and school size (Bowes, Arseneault, Maughan, Taylor, Caspi, & Moffitt, 2009)

The effects of bullying (especially chronic bullying) on suicidal behavior and mental health are long term and may persist into adulthood (Arseneault, Bowes, and Shakoor, 2010).

Implications for Prevention

Although there is little research on this issue, it would seem that the three areas in which prevention strategies could affect both bullying and suicide are 1) the school environment, 2) family outreach, and 3) identifying and providing appropriate services to students with personal characteristics that increase their risk of being bullied, bullying others, or suicidal behavior. At the same time, attempts to find and use overarching prevention strategies should not ignore the need for interventions that specifically target each problem.

For additional information and resources, see the following:

- StopBullying.gov at http://www.stopbullying.gov/
- Stop Bullying Now

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Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Understanding the cultural context of suicidal behavior is essential for effective prevention. The American Psychological Association defines culture as "belief systems and value orientations that influence customs, norms, practices, and social institutions" of a group (APA, 2002). Culture profoundly influences how people think about suicide, death, and mental illness; how they display emotions or distress; and how they ask for or accept help. Additionally, culture is complex. The cultures of groups sharing common histories and/or heritages are not adequately described by categories such as "Hispanic," "American Indian/Alaska Native," "disabled," "rural," "southern," or "LGBT." Nor is culture static: Cultures change over time.

Creating an effective suicide prevention program requires understanding the cultures of your students and their families. Gaining this understanding entails working with students, families, community leaders, and "cultural mediators" or "cultural brokers." They can provide insight into how you can design and implement culturally competent suicide prevention activities.

This information sheet draws upon one of the few comprehensive reviews of the research on the impact of culture on suicide and suicide prevention (Goldston, et al., 2008) to provide guidance on how you can work to ensure your suicide prevention activities will be appropriate and effective for the cultural context in which they will take place.

Goldston's review of the literature pointed out the impact of culture upon the following:

- **Risk and protective factors.** For example, family support may be a strong protective factor in immigrant families. But such protection can weaken as families become "Americanized" and young people grow more independent.
- **The precipitants of suicidal behavior.** Culture influences how young people respond to events that escalate risk and trigger suicide attempts. In cultures in which peer influence is strong, for example, the suicide of a friend or schoolmate may provoke a "copycat" suicide. This may not happen in cultures where family influence is stronger than peer influence. In those cultures, a suicide attempt might be triggered if a vulnerable young person fails to meet family expectations in academic achievement.
- **The understanding and expression of the warning signs of suicide.** Culture influences how people display (or refrain from displaying) emotional distress. Some cultures may promote a stoicism that makes seeing warning signs difficult. Young people from other cultures may be reluctant to talk about their problems; rather they express them through behavior or demeanor.
- **Help-seeking behaviors.** Culture plays a large role in determining who (if anyone) young people turn to for emotional support. Young people from some cultures may prefer to consult family members or religious leaders rather than mental health professionals or other "outsiders." Other cultures may value self-reliance and regard any help-seeking (even within the family) as a weakness.

- **Trust.** Young people and families from groups with histories of victimization, oppression, sectarian violence, or other forms of trauma may fear people who represent authority (including school and mental health personnel) or are from cultural groups other than their own.

Recommendations for ensuring that suicide prevention activities effectively respond to the cultures of your student population include the following:

- Actively show an understanding of and respect for the cultures of students and their families.
- Create culturally sensitive services that build on a culture's strengths and protective factors.
- Engage families as active participants in guaranteeing a young person's safety as well as in the therapeutic process.
- Respect and build upon the religious and spiritual heritage of students. Some families may seek the permission of spiritual or traditional leaders before they turn to mental health service providers or may want to offer both types of support to their children.
- Tailor prevention programs, especially gatekeeper programs and assessment services, to how cultures display—or conceal—distress.
- Be sensitive to stigma around issues of suicide, help-seeking, and mental health services. It may be useful to offer services in settings not associated with mental health treatment.

Creating culturally competent suicide prevention activities is inherently collaborative. It requires the input of school staff, students, families, mental health service providers, and others. What staff and mental health providers learn about the culture of students and families, and what students and families learn about suicide and mental health, may challenge their beliefs. But working together to bring the insights of both science and culture to bear upon suicide is the key to providing culturally competent and effective prevention.

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For additional information on cultural competence, please see:

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Tool 1.I: Checklist of Suicide Prevention Activities

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have a written protocol for responding to students who attempt suicide at school that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have established agreements with outside providers to provide effective and timely mental health services to our students.	☐	☐	☐	Review and implement steps in Chapter 2
Protocols for after a suicide				
We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with the guidelines in Chapter 3 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 3
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.	☐	☐	☐	Review and implement steps in Chapter 3
We have identified community partners to help us in the event of a suicide.	☐	☐	☐	Review and implement steps in Chapter 3
Staff education and training				
All professional and support staff have received information about the importance of school-based suicide prevention efforts, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 4
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Parent/guardian education and outreach				
We educate the parents of our students about suicide and related mental health issues, as described in Chapter 5 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 5

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
We have a sufficient level of participation in our programs to educate parents about suicide.	☐	☐	☐	Review and consider implementing steps in Chapter 5
Student education				
We have implemented at least one type of program to engage students in suicide prevention.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Suicide prevention is integrated into other student health/mental health courses and initiatives.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Screening				
We have implemented a suicide screening program, as described in Chapter 7 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 7
We have the support of parents, school staff, and community mental health providers for our suicide screening program.	☐	☐	☐	Review and consider implementing steps in Chapter 7

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

This matrix lists all of the school-based suicide prevention programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR) as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The matrix also indicates the primary and secondary components of each program. The primary component of the program is the one around which the program is built. In most cases, the primary component is education and training for staff or students. Secondary components are included in some of the programs to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

SCHOOL-BASED SUICIDE PREVENTION PROGRAMS

Program	Primary Component	Secondary Components
Programs in NREPP		
American Indian Life Skills Development/ Zuni Life Skills Development	Student Program	
Coping and Support Training (CAST)	Student Program	
Lifelines	Student Program	– Protocols – Staff Education and Training – Parent Education
Reconnecting Youth	Student Program	
SOS Signs of Suicide	Student Program	– Screening – Staff Education and Training – Parent Education
TeenScreen Schools and Communities	Screening	
Programs in BPR		
Applied Suicide Intervention Skills Training (ASIST)	Staff Education and Training	
Ask 4 Help! Suicide Prevention for Youth	Student Program	
Assessing and Managing Suicide Risk (AMSR)	Staff Education and Training	

Program	Primary Component	Secondary Components
Be A Link! Suicide Prevention Gatekeeper Training	Staff Education and Training	
Gatekeeper Suicide Prevention Program: A High School Curriculum	Student Program	– Staff Education and Training – Parent Education
Healthy Education for Life	Student Program	
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum	Student Program	
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	Student Program	– Protocols
Making Educators Partners in Youth Suicide Prevention	Staff Education and Training	
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	Staff Education and Training	
Question, Persuade, Refer (QPR) Gatekeeper Training	Staff Education and Training	
QPRT Suicide Risk Assessment and Risk Management Training Program	Staff Education and Training	
Recognizing and Responding to Suicide Risk (RRSR)	Staff Education and Training	
RESPONSE: A Comprehensive High School-Based Suicide Awareness Program	Student Program	– Protocols – Staff Education and Training – Parent Education
School Suicide Prevention Accreditation Program	Staff Education and Training	
Sources of Strength	Student Program	
Suicide Alertness for Everyone (safeTALK)	Staff Education and Training	
Youth Suicide Prevention School-Based Guide Checklists	Protocols	
Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel	Protocols	

For additional information on the programs in this matrix, see the "Resources" section at the end of the toolkit.

Tool 1.K: Suicide Prevention Registries Information Sheet

Many of the chapters in this toolkit contain a matrix with information on school-based suicide prevention programs that have been developed by experts in the field. All of these programs are included in either the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR).

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) rates programs whose developers have published research demonstrating that the program has achieved one or more positive behavioral outcomes. NREPP rates these programs on both of the following criteria:

1. The quality of the research demonstrating that the programs result in positive outcomes
2. The availability and quality of materials to help people use the program (e.g., training materials)

The Suicide Prevention Resource Center's Best Practices Registry (BPR) includes programs and practices that meet standards set by experts in suicide prevention.

Both of these registries are periodically updated. Check the Web sites for the most current listings.

- NREPP (Section I: Evidence-Based Programs)
- BPR (Section III: Adherence to Standards)

There may be effective programs and practices that are not included in NREPP or BPR because:

- The programs' developers have not submitted their programs to either registry
- The programs are still being rated
- In the case of NREPP, developers are completing their evaluation research

CHAPTER 2

Protocols for Helping Students at Risk of Suicide

PROTOCOLS FOR HELPING STUDENTS AT RISK FOR SUICIDE

The steps in Chapter 2 will answer these questions:

- Who should develop protocols to meet the needs of students at risk of suicide?
- What outside sources of help will you need?
- What are essential steps in a protocol to help students who have been identified as possibly at risk of suicide?
- What are essential steps in a protocol to respond to a suicide attempt on campus?
- How can you prepare for a student's return to school after a suicide attempt?
- How can you educate your staff about these protocols?

WHY IS IT IMPORTANT TO BE PREPARED TO HELP STUDENTS AT RISK OF SUICIDE?

Many high school students reported that they had seriously considered suicide in the past year, and 1 out of 53 will make an attempt serious enough to require medical attention (CDC, 2010a). Helping these young people lower their suicide risk is essential if schools are going to:

- Maintain a safe and secure school environment
- Promote the behavioral health of students, which enhances their academic performance
- Avoid liability related to suicides or suicide attempts by students

How schools can identify young people who may be at risk of suicide (or suffering from related problems, including substance abuse, depression, or bullying) will be discussed elsewhere in this toolkit. But before a school implements activities to identify students at risk of suicide, it must be prepared to:

- Help students at risk for suicide preserve their safety and access behavioral health services
- Respond to the infrequent event in which a student tries to take his or her own life in the school or on the campus
- Plan for the return of students after an absence related to suicide risk (including a suicide attempt or a hospitalization for the treatment of a mental health issue related to suicide risk)

Notifying Parents/Guardians

Parents or guardians of a young person identified as being at risk of suicide should be notified by the school and must be involved in consequent actions. Schools should comply with local, State, and Federal policies and laws regarding parental notification. If the school suspects the student's risk status is the result of abuse or neglect, school staff must notify the appropriate authorities.

STEPS TO DEVELOP PROTOCOLS TO HELP STUDENTS AT RISK OF SUICIDE

Step 1: Convene a group to create protocols for helping students at risk of suicide.

This group should include staff that would normally be involved in the care of at-risk students, including your school's mental health professionals: counselors, social workers, and school psychologists. The group should also include administrators, resource officers, teachers, and a member of the school Crisis Response Team. Tribal communities should include the Tribal Behavioral Health and Tribal Court representatives for children and families. If your school already has a process for identifying students at risk of suicide, you should include staff familiar with that process.

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Identify the suicide risk response coordinator.

Subsequent chapters in this guide will describe programs that schools can implement to increase the likelihood that students, staff members, and parents will be able to identify a

student at risk for suicide. Everyone in the school should know that he or she must take suicidal behavior seriously and should know to whom to turn if he or she has a concern. Your planning group should take the following steps:

- Clearly designate at least one individual and one alternate who will serve as the points of contact for anyone in the building who is concerned that a student may be at risk. In this guide, the term "suicide risk response coordinator" refers to this point of contact.
- Make sure all staff know who the suicide risk response coordinator and the alternate are. Keep the list of contacts updated.
- Let all members of the school community know that anyone who has a concern should take immediate action to inform the school administrator, who will locate the suicide risk response coordinator or alternate. Also, let everyone know that a staff person should stay with the student until the suicide risk response coordinator arrives.

Step 3: Identify and involve mental health service providers to whom students can be referred.

Many schools cannot directly provide appropriate mental health services for students at risk of suicide. It is important for these schools to identify mental health service providers to whom students can be referred and to involve these service providers while developing these protocols. These service providers may include:

- Hospitals, especially emergency departments and psychiatric units
- Psychiatric hospitals
- Community mental health centers
- Individual mental health service providers, including psychiatrists, psychologists, and social workers in both the public and private sectors
- Primary care providers
- Spiritual leaders or traditional healers to which members of some cultures may turn when confronted with behavioral health issues

In tribal communities, the hospitals, community mental health centers, and primary care providers may be part of the Indian Health Service (IHS). In this toolkit the general terms "hospitals," "community mental health centers," and "primary care providers," should be understood to include IHS services and Tribal Behavioral Health and Social Service programs.

Tool 1.C: Chart of Community Partners (see Chapter 1) can help you identify and record names of mental health service providers.

Tool 2.A: Questions for Mental Health Providers includes questions you can ask to determine if a provider can meet the needs of students at risk of suicide.

Step 4: Develop a protocol to help students at risk for suicide.

It is critical to have a protocol in place for helping students who have been identified as being at potential risk of suicide, as described in Step 2. All staff should be aware of the protocol and follow it when appropriate.

The protocol should include provisions for:

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

Tool 2.B: Protocol for Helping a Student at Risk of Suicide is a worksheet that you can use to create a protocol with the four steps listed above.

Tools 2.B.1—2.B.6 are additional tools to help you take these steps. In each of the steps, consider the cultural backgrounds of the students to ensure their needs are met in an effective and appropriate way.

Assessing suicide risk.

School staff should make sure that all students who are identified potentially at risk for suicide are subsequently assessed for suicide risk. Suicide risk assessment is the process of determining an individual's level of risk, i.e., low, medium, or high. Such an assessment is critical to developing an individualized plan for ensuring the safety of the student and providing support and treatment. It should only be done by mental health professionals who have been trained to assess risk using a scientifically validated process.

There are several ways that school staff can ensure that students at risk for suicide are appropriately assessed:

- School mental health staff who have been trained in suicide risk assessment can conduct the assessment.
- The student can be referred to a mental health provider who has been trained in suicide assessment.
- The school can contact a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide risk assessment.

Tool 2.B.1: Suicide Risk Assessment Resources lists several suicide assessment trainings you can offer to your mental health staff and some of the assessment tools used by trained providers.

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet provides some background information and additional resources on the problem of self-injury and its relationship to suicidal behavior.

Notifying parents.

Parents or guardians (including guardians appointed by a Tribal Court) must always be notified when there appears to be any risk that a student may harm himself or herself, unless doing so would exacerbate the situation. Keep in mind that you will need to be prepared for a range of responses and emotions.

Tool 2.B.3: Guidelines for Notifying Parents provides a list of topics to discuss with parents of children who are at risk of suicide. It includes suggestions for ways that staff can provide support to parents and engage them as partners in helping the student.

Tool 2.B.4: Parent Contact Acknowledgement Form is a form to be signed by the parents, acknowledging that they were notified about their child's suicide risk.

Referring the student to a community provider.

Students at risk for suicide may need to be referred to community resources. If your school already has a policy addressing referrals to health and mental health service providers, your referral procedure for suicide risk should be consistent with this policy, as well as any district, State, tribal, Bureau of Indian Education, or Federal policies and laws.

Tool 2.B.5: Guidelines for Student Referrals provides a description of the information that should be given to a mental health service provider to facilitate a referral.

Documenting the process.

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

Tool 2.B.6: Student Suicide Risk Documentation Form is a form you can adapt for your documentation needs.

Supporting Parents

Parents may experience a complex set of conflicting emotions when they are told their child may be suicidal, such as shock, anxiety, fear, confusion, embarrassment, anger, belligerence, and denial. They may experience some or all of these reactions. Parents usually need support and/or assistance to come to terms with their child's risk and their reaction to this risk, as well as the need to get professional help for their child and possibly for themselves.

Using Referral Data to Understand Your Students' Needs

The data included on referral forms can also be used to guide your suicide prevention efforts. One school district studies and patterns data from its mental health referral forms, including student information related to grade, race, gender, the month/year the referral was generated, and the specific problems or risk factors presented. By analyzing data over a 10-year period, they were able to identify the months with the greatest number of referrals for depressive symptoms and the specific grade levels with the highest referral rates. These data are allowing the school district and its mental health service partners to prepare and plan for this annual increase in referrals.

Maintaining Confidentiality

Student information needs to be kept confidential for both ethical and legal reasons, including a parent's or student's right to privacy under FERPA. This can be challenging. Here are some suggestions for ensuring confidentiality:

- Classroom discussions about particular incidents and students should be avoided entirely because they violate a student's right to confidentiality.
- Gossip about particular incidents and students should also be discouraged.
- If a student who has attempted suicide wishes to talk about his or her experience with other students in class, the teacher and a mental health professional or administrator should meet with the student to discuss what he or she would like to disclose and the possible risks of doing so.
- Staff should be provided with the information necessary to work with the student and preserve the young person's safety. Staff do not need clinical information about the student or a detailed history of his or her suicidal risk or behavior. Discussion among staff should be restricted to the student's treatment and support needs.

Step 5: Develop a protocol for responding to a suicide attempt in the school or on the school campus.

Although students infrequently attempt suicide in schools or on a high school campus, such incidents do occur. Schools need to be prepared for such an event.

Tool 2.C: Protocol for Responding to a Student Suicide Attempt outlines the actions to be taken and people to be contacted when a student attempts suicide on a school campus.

Step 6: Plan for managing a student's return to school.

Schools should be prepared to facilitate the reentry of students who have missed school because of a suicide attempt or related behavioral health issue. Returning to school can be difficult for these young people:

- They may worry about the reactions of their peers and teachers.
- They may have problems catching up on their school work.
- They may be taking medications that can interfere with their academics.

These problems can create additional stress for students who are already under significant emotional strain. They need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis.

A staff member should be assigned to facilitate the student's return to the school. This might be a teacher or other staff member particularly trusted by the student and his or her family. Or it might be a school psychologist, social worker, or counselor. This staff member will be the primary point of contact for parents, hospital staff, clinicians, and school staff while the student is out of school, and he or she will oversee the student's reentry. Parents should be engaged in every step of this process. A reentry plan should be developed through consensus of the family, school, and providers.

Tool 2.D: Guidelines for Facilitating a Student's Return to School will provide you with specific steps you should take to make sure that these high-risk students get the help they need in preparing to return to school after a suicide attempt or mental health crisis.

Step 7: Help staff understand the protocols.

All staff members need to be familiar with the protocols for helping students at risk of suicide in case they are called upon to participate in implementing the procedures outlined in the protocols. Briefing school staff about these protocols will also educate them about suicide risk and the problems experienced by students returning to school after a suicide attempt or mental health crisis.

The protocols should be revisited every year. It is important to determine whether any staff member responsible for a specific activity has left his or her job. If so, his or her protocol responsibility should be assigned to someone else. It is also important to ensure that all new staff become familiar with these procedures.

Suggestions for Educating Staff about Your School's Protocols

- Educate staff about the protocols during staff meetings or in-service trainings.
- Educate new staff about the protocols as part of their orientation.
- Remind staff about protocols in newsletters or communications on related issues.
- Include copies of the protocols in teacher handbooks and the school crisis plan.

For additional resources on developing protocols for responding to students who attempt suicide at school or who are at risk of suicide, see the Crisis Response/ Postvention section in the "Resources" section at the end of the toolkit.

CHAPTER 2: PROTOCOLS FOR HELPING STUDENTS AT RISK OF SUICIDE TOOLS

Tool 2.A: Questions for Mental Health Providers

Asking the following questions of a mental health provider can help determine if he or she can meet the needs of students at risk of suicide.

1. Are you able to provide services to people of high school age?
2. What types of services can you provide to high school students?
3. What are your major clinical skills and interests? Do you have any expertise in assessing and treating young people who are at risk of suicide?
4. What experience and capacity do you have for providing services to LGBT youth and to the specific ethnic groups that make up your school's student body?
5. Where are you located?
6. What process do you follow after being called with a referral?
7. What process do you follow in the event of a suicide crisis?
8. Would you be able to come to our school to see a student if necessary?
9. How long might it take for you to see a student with urgent problems? With non-urgent problems?
10. What kind of follow-up can you provide students and the school?
11. Do you offer support groups for students or parents?
12. What insurance plans do you accept?
13. Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
14. What are your procedures for ensuring student confidentiality?

Tool 2.B: Protocol for Helping a Student at Risk of Suicide

Suicide Risk Response Coordinator: _____

Backup to Coordinator: _____

Actions	Contacts	Supporting materials
Conduct a suicide risk assessment.	Who conducts assessment:	Tool 2.B.1: Suicide Risk Assessment Resources Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet
Notify parents/guardians	Who notifies parents/guardians:	Tool 2.B.3: Guidelines for Notifying Parents Tool 2.B.4: Parent Contact Acknowledgement Form
Refer for services if needed.	Community mental health services provider:	Tool 2.B.5: Guidelines for Student Referrals
Document the process	Who completes the documentation form:	Tool 2.B.6: Student Suicide Risk Documentation Form

Tool 2.B.1: Suicide Risk Assessment Resources

(TO BE USED WITH TOOL 2.B)

Advanced Training in Suicide Risk Assessment

There are a variety of advanced training programs that may be used to teach appropriate professionals to assess suicide risk. They include:

- Applied Suicide Intervention Skills Training (ASIST)
- Assessing and Managing Suicide Risk (AMSR)
- Recognizing and Responding to Suicide Risk (RRSR)
- QPRT Suicide Risk Assessment and Risk Management Training Program

For more information about these training programs, see Chapter 4 and the "Resources" section in this toolkit.

Assessment Tools

There are a variety of assessment tools that qualified mental health professionals can use to assess student suicide risk. They include:

- Beck Scale for Suicide Ideation (Pearson,
- Suicide Ideation Questionnaire (PAR,
- Suicide Ideation Questionnaire–JR (SIQ–JR) (PAR,
- Suicide Probability Scale (Western Psychological Services
- Inventory of Suicide Orientation—30 (Pearson, http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAg126&Community=CA_Psych_AI_Behavior)

All of these tools are published, validated by research, have been used with adolescents, and take about 10 minutes to complete. The Beck Scale is also available in Spanish.

The Suicide Prevention Unit of the Los Angeles Unified School District uses a simpler assessment for students who may be at risk for suicide

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet

(TO BE USED WITH TOOL 2.B)

Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself without the intent to die. Self-injury includes a wide variety of behaviors, such as cutting, burning, head banging, picking or interfering with healing of wounds, and hair pulling.

The relationship between self-injury and suicide is complicated. Researchers believe self-injury is a behavior separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioral, environmental, biological, and psychological factors. However, in some people the self-destructive nature of self-injury may lead to suicide.

Students who injure themselves intentionally should be taken seriously and treated with compassion. Teachers or other staff who become aware of a student who is intentionally injuring himself or herself should refer the student to the school counselor, psychologist, social worker, or nurse. Staff should offer to accompany the student to the proper office and help broach the issue with the relevant mental health professional.

School mental health staff should:

- Assess the student for both self-injury and risk of suicide
- Notify and involve the parents/guardians
- Design appropriate treatment for the student's current behaviors or refer the student to a mental health provider in the community for treatment

The following resources can be used to understand and prepare to respond to self-injury by students:

- Prevention Researcher. February 2010, Vol. 17, No.1 focuses on adolescent self-injury
- Self-Injurious Behavior Webcast. October 2006, 1 hour, includes an interview with Dr. Janice Whitlock
- Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. Web site contains numerous informational materials

[Developed in consultation with Richard Lieberman M.A., NCSP, School Psychologist/Coordinator, Los Angeles Unified School District, Suicide Prevention Unit]

Tool 2.B.3 Guidelines for Notifying Parents

(TO BE USED WITH TOOL 2.B)

Notifying Parents and Guardians

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a few days. If this followup conversation reveals that the parent has not contacted a mental health provider:
   - Stress the importance of getting the child help
   - Discuss why they have not contacted a provider and offer to assist with the process
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document ***all*** contacts with the parents.

Supporting Parents through Their Child's Suicidal Crisis

Family Support is Critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help—they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone—appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible…explore how and where youth get this idea…without in any way minimizing the behavior.

[Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program.

Tool 2.B.4: Parent Contact Acknowledgement Form

(TO BE USED WITH TOOL 2.B)

This form is an example that can be used to verify that the parents have been advised of a student's suicide risk.

Parent Contact Acknowledgement Form

School _____

This is to verify that I have spoken with school staff member _____ ___ on _____ (date), concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

[From DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines (p. 45). Augusta, ME: Maine Youth Suicide Prevention Program.

Tool 2.B.5: Guidelines for Student Referrals

(TO BE USED WITH TOOL 2.B)

Schools should be prepared to give the following information to providers. *Note: Parents' permission may be required to share this information.*

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses, and phone numbers).
2. How did the school first become aware of the student's potential risk for suicide?*
3. Why is the school making the referral?
4. What is the student's current mental status?
5. Are the student and parents/guardians willing or reluctant to meet with a mental health service provider?
6. What other agencies are involved (names and information)?
7. Who pays for the referral and possible treatment?
8. Where is the best place to meet with the student (e.g., school, student's home, therapist's office, emergency room)?

*Be sure that parental consent meets the requirements of FERPA as follows:

1. Specify the records that may be disclosed.
2. State the purpose of the disclosure.
3. Identify the party or class of parties to whom the disclosure may be made.

See 34 CFR § 99.30.

Tool 2.B.6: Student Suicide Risk Documentation Form

(TO BE USED WITH TOOL 2.B)

This form is an example that can be used to document the school's response to a student who has been identified at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student's behalf.

Put this form on your school's letterhead. Consider adapting it for your school's policies, procedures, and student population.

Student information

Date student was identified as possibly at risk:

Name of student:

If Native American, tribal status:

Name of school:

Birth date:

Gender:

Grade:

Name of Parent/Guardian/Tribal Court appointed guardian:

Parent/Guardian's telephone number(s): (1) (2)

Tribal Court appointed guardian's telephone number: OR

Directions to residence:

IDENTIFICATION OF RISK

Who identified student as being at risk:

- Self
- Parent
- Teacher
- Other staff:
- Student/friend
- Other:

Reason for concern:

ASSESSMENT

Action taken to assess for suicide risk:

- School staff [name] conducted assessment
- Outside provider [name] conducted assessment
- Other:

Date of assessment:

Type of assessment conducted:

Results of assessment:

NOTIFICATION OF PARENT/GUARDIAN

Staff who notified parent/guardian/Tribal Court appointed guardian:

Date notified:

Parent acknowledgement form signed: Yes ☐ No ☐ If no, reason:

REFERRAL

Type of referral

- School personnel:
- Outsider provider:
- Hospital:
- Other:

Date of referral:

Follow-up scheduled:

SOURCES:

DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). *Youth suicide prevention, intervention & postvention guidelines*. Augusta, ME: Maine Youth Suicide Prevention Program. From the following forms: Report of Risk, p. 44 and Student Record of Actions Taken, p. 47.

Suicide Prevention Unit, Los Angeles Unified School District, School Mental Health—Suicide Prevention. (n.d.). Risk assessment referral data.

Tool 2.C: Protocol for Responding to a Student Suicide Attempt

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student. *Never leave the student alone.*
2. Call 9-1-1 or your local emergency service provider.
3. Contact the Student Risk Response Coordinator.

The Student Risk Response Coordinator should:

1. Contact additional personnel as necessary. These may include community crisis service providers, law enforcement, the school superintendent and other administrators, the school nurse, guidance counselor, social worker, psychologist, and other school staff.
2. Contact the student's parents to tell them what has occurred with their child. Make arrangements to meet at the appropriate location, for example, the school psychologist's office or the emergency room of the local hospital.
3. Contact emergency medical services if needed.
4. After the immediate crisis, make a plan to follow up with the parents and student regarding arrangements for medical and/or mental health services.

The Response Team includes:

Suicide Risk Response Coordinator(s): _____

Backup Coordinator(s): _____

Emergency Medical Services: _____

[Compiled from the DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program.

Tool 2.D: Guidelines for Facilitating a Student's Return to School

These guidelines will help staff plan for a student's return to school after a suicide attempt or mental health crisis. In addition to meeting regularly with the student, the staff member facilitating the student's return should do the following:

1. Become familiar with the basic information about the case, including:
    - How the student's risk status was identified
    - What precipitated the student's high-risk status or suicide attempt
    - What medication(s) the student is taking
2. With the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family:
    - Call or meet frequently with the family.
    - Facilitate referral of the family for family counseling, if appropriate.
    - Meet with the student and his or her family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
    - Ask the student about his or her academic concerns and discuss potential options.
    - Educate teachers and other relevant staff members about warning signs of another suicide crisis.
    - Meet with appropriate staff to create an individualized reentry plan prior to the student's return and discuss possible arrangements for services the student needs.
    - Modify the student's schedule and course load to relieve stress, if necessary.
    - Arrange tutoring from peers or teachers, if necessary.
    - Work with teachers to allow makeup work to be extended without penalty.
    - Monitor the student's progress.
    - Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA (defined in the Introduction to this toolkit) and HIPAA (which protects release of an individual's health information).

4. Follow up behavioral and/or attendance problems of the student by:

    - Meet with teachers to help them understand appropriate limits and consequences of behavior
    - Discuss concerns and options with the student
    - Consult with the school's discipline administrator
    - Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
    - Monitor daily attendance by placing the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day
    - Make home visits or have regularly scheduled parent conferences to review attendance and discipline record
    - Facilitate counseling for the student specific to these problems at school

5. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:

    - Deliver classwork assignments to be completed in the hospital or at home, as appropriate
    - Allow a representative from school to visit the student in the hospital or at home with the permission of the parents
    - Attend treatment planning meetings and the hospital discharge conference with the permission of the parents

6. Establish a plan for periodic contact with the student while he or she is away from school.

7. If the student is unable to attend school for an extended period of time, determine how to help him or her complete course requirements.

[Compiled with information from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program.

CHAPTER 3

After a Suicide

The steps in Chapter 3 will answer these questions:

- Who in our *school* and our *community* needs to be involved in developing our protocols for responding to a suicide?
- What are the key components of *immediate* and *long-term* suicide response protocols?
- How should we inform all staff about the protocols?

POSTVENTION, SURVIVORS, AND CONTAGION

The terms "postvention," "survivors," and "contagion" are commonly used by suicide prevention experts and practitioners when discussing the aftermath of suicide. As they may be unfamiliar to most people, definitions are given below:

A **survivor** (or suicide survivor) is a person who has experienced the suicide of a family member, friend, or colleague. A person who attempts suicide but does not die is an attempt survivor.

Postvention refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.

Suicide contagion is "a process by which the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide" (Davidson and Gould, 1989).

WHY IS IT IMPORTANT TO DEVELOP PROTOCOLS FOR RESPONDING TO A SUICIDE?

Any death can have a profound effect on young people, especially the unexpected death of a peer or someone they know:

- The death of someone their own age can threaten the adolescent sense of invulnerability.
- The death of a role model can produce conflicting feelings, including loss and betrayal.
- The suicide death of someone they know can leave them susceptible to suicide contagion.
- The suicide death may make it difficult for students to focus on their academics and other regular activities.

Schools need to prepare to do the following:

- Help students cope in the short term by creating a protocol that describes specific steps to take after a suicide
- Continue helping students cope over the long term, since the emotional fallout from a suicide can continue for months, and even years, after the event

A High School Principal Talks about the Need to Be Prepared

We didn't have a suicide prevention plan. The superintendent didn't think it was critical. There was a mindset of "it doesn't happen here." We had a crisis plan for when a student died in an automobile collision or a staff member got cancer, but suicide just wasn't on our agenda. When it happened, it just blew us out of the water because we weren't ready for it.

An effective response to a suicide can also avoid the infrequent but very real phenomenon of suicide contagion. Adolescents are more susceptible to suicide contagion than people of other ages (Gould, Jamieson, & Romer, 2003b).

Groups of related suicides, called suicide clusters, are approximately 1–2 percent of all adolescent suicides in the United States (Gould, et al., 1990). While clusters can include students in the same school, it is not necessary for young people to have direct contact with one another to be part of a suicide cluster. A suicide by a celebrity or a person whom teens see as a role model can raise vulnerable teens' risk for suicide, as can widely publicized suicides by other adolescents.

How a school responds to a suicide (as well as the way in which the media reports on a suicide) can help prevent—or promote—suicide contagion (sometimes called "copycat suicides"). Unintentionally glamorizing a youth who died by suicide, suggesting that the death was caused by a single problem (such as breaking up with a girlfriend or boyfriend), or providing a detailed description of how a youth died can raise suicide risk among other vulnerable young people. It is important to work with the press to ensure that the public's right to know is balanced with the damage that inappropriate reporting can cause. The campus needs to be managed for safety. Reporters and other outsiders should not be allowed free access to the campus and your students.

Many teens use the Internet and social media to keep in touch with friends, obtain news and information, and otherwise exchange information with those in the larger world. Social media include blogs, Internet bulletin boards, wikis (Web sites that allow any user to add and edit content), and social networking sites of different types.

- Keep informed of the types of information—and misinformation—students may be sharing in the wake of a suicide or attempted suicide. Responses may include posting comments that dispel rumors, reinforcing important information such as the connection between mental illness and suicide, and offering resources such as for mental health care (American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC), 2011).
- Identify students who may need help in coming to terms with the event.

To the extent possible, social media sites that should be monitored include the following:

- Online condolence pages that many funeral homes provide to clients
- Blogs that many newspapers use to display readers' comments on their stories
- Social networking sites (including the deceased student's page)

Schools Use Social Media to Prevent Suicide and Contagion

After a suicide, one school district monitored its students' use of social media to prevent additional tragedies. The school had access to a Facebook page as well as a young writer's Web site monitored by the project's coordinator through which students could express their feelings. The local funeral home also had an online condolence page that students used. The writer's project coordinator, funeral home director, and school counseling director all maintained close contact and closely followed the emotional outpouring of students through the sites. The school counselors and administrators, along with the community mental health crisis coordinator, watched these social media channels closely to identify youth who might be at risk of suicide or need additional support.

Another district provided students with hotline numbers and other information that they could post on their personal Facebook pages.

A suicide will also profoundly affect staff. Staff members will experience their own grief as well as the stress of responding to the emotional pain of students, parents, and other members of the community. Staff members may feel a deep sense of guilt if they think that they could have done something to prevent the death. It is essential to provide resources that support the emotional health of the staff, especially those responsible for responding to the suicide, as they may be under intense emotional pressure.

STEPS TO DEVELOP PROTOCOLS FOR RESPONDING TO A SUICIDE

Step 1: Convene a group to create the protocols.

The protocol planning group should include:

- Staff members who know the school personnel and their roles, skills, and personalities and the community partners who will be involved in responding to a suicide (see Step 2 below)
- An administrator
- Mental health professionals, such as the counselor, social worker, or school psychologist (if your school has one on staff)
- A member of your school's Crisis Response Team

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Identify community partners who can help.

Schools may need the help of other individuals, agencies, and organizations in the community while responding to the suicide of a student. They may, for example, need the help of a local mental health center to address the emotional needs of students and staff, and the local police department (including Tribal and Bureau of Indian Affairs Law Enforcement agencies in tribal communities) to get information about the death or secure the campus. It is also important to involve representatives of the cultural and religious communities represented by your students when preparing these protocols. These representatives can provide essential insight into the grieving traditions of these communities. These partners should be involved in the planning process so that they can inform the process and be ready and willing to participate should a tragedy occur.

Tool 1.C: Chart of Community Partners (see Chapter 1) can help you identify and record names of mental health service providers.

Step 3: Create a protocol for your school's immediate response to a suicide.

Before beginning the process of creating a protocol for your school, first investigate what is already in place:

- Are there any State, district, Bureau of Indian Education, or tribal protocols or procedures to which your protocol and activities must conform?
- If so, are they recommended or mandated, and how appropriate are they for the needs of your school?
- Does your school have a crisis response plan, and if so, does the plan include procedures for responding to a suicide?

If you determine that you need to create a protocol or modify an existing protocol, it is important to include the following:

- ***A Suicide Response Coordinator***, who will be responsible for contacting the members of the Suicide Response Team in the event of a suicide and for coordinating the work of the team. A backup coordinator should be designated for times when the coordinator is unavailable.
- ***A procedure for deciding when to implement the protocol***, as well as what aspects of the protocol to implement, based on the nature of the event. The decision will probably be made by the principal in consultation with the suicide response coordinator.
- ***The actions*** the school needs to take immediately after a suicide, the person responsible for each action, and a backup person to undertake these tasks if the lead person is not available. Although one individual, such as the principal, may be responsible for several actions, it is important not to assign too many responsibilities to a single staff member, since this could interfere with his or her ability to complete these tasks. Avoid assigning tasks to individuals who will not be able to function effectively in a highly emotional environment.
- ***Contact information for people and agencies*** you may need to notify, such as the police or a grief counselor. The community partners you identified in Step 2 may be able to help you determine which agencies and individuals need to be involved. You should confirm with these individuals and organizations that they are the appropriate parties to contact and that they consent to being identified in the school's suicide response protocol as parties to contact if a suicide occurs.
- ***Resources*** that your staff need to implement the protocol, such as a letter to send to parents or guidelines for talking to the media. The sample materials included in this toolkit may be used as is or modified to fit your needs.

Tool 3.A: Immediate Response Protocol is a worksheet that you can use or adapt to create an Immediate Response Protocol for your school. Tools 3.A.1–3.A.9 are additional tools to help you implement the Immediate Response Protocol.

When to Use the Immediate Response Protocol

Whether you use some or all of the steps in the Immediate Response Protocol will depend on the situation. Some events might warrant implementing selected activities rather than the entire protocol. Consider these examples:

- *The suicide of a student that occurs at the beginning of a long school vacation or over the summer.* School staff need to be made aware that students' emotions may resurface when they return to school.
- *The suicide of a person to whom many students have a strong emotional attachment, such as an actor, musician, or athlete, or the suicide of a young person which receives substantial media coverage.* School staff need to be sensitive to the sometimes emotional response of young people to the death of someone they did not know.

The Suicide Response Coordinator (in consultation with other members of the Suicide Response Team, if appropriate) should decide on the level of implementation warranted by the incident at hand.

Step 4: Include the Immediate Response Protocol in your school's crisis response plan.

Many districts and schools have crisis response plans. These plans often include protocols for responding to a natural disaster, medical emergency, and serious violence. Your suicide response protocols should be included in your school's crisis response plan.

Step 5: Create a protocol for the long-term response to a suicide.

The suicide of a member of the school community, especially of a student, has consequences that will continue long after the event. You should also create a protocol that describes actions to take in the weeks, months, and years after a suicide. These actions include:

- Appropriately memorializing the deceased in the yearbook and at graduation
- Preparing for the anniversary of the death or the birthday of the deceased in ways that do not increase the likelihood of creating suicide contagion

The Long-Term Response Protocol, like the Immediate Response Protocol, specifies the actions to take, who is responsible for each action, and relevant contacts and resources.

Tool 3.B: Long-Term Response Protocol is a worksheet that you can use or adapt to create a long-term response protocol. Tool 3.B.1 provides guidance on dealing with anniversaries of a death.

Step 6: Help staff understand the protocols.

The people responsible for implementing the protocols, including those in a backup role, should be familiar with the protocols and their specific duties. They should be asked if they feel they can carry out these assignments. Some members of your staff may have had experiences that may make it emotionally difficult for them to undertake particular responsibilities. Once responsibilities have been assigned, provide each staff member with copies of the protocols and any resources they may need. All school personnel should be briefed about the protocols.

Step 7: Update the protocols.

The protocols may need to be periodically updated, for example, to recruit new members of the Suicide Response Team if team members retire, leave their jobs, or take sabbaticals or parental leave. Changes in the community—such as the closing of a mental health center—may also require changes to the protocol. Someone (perhaps the Suicide Response Coordinator) should:

- Periodically review the protocol
- Decide whether the protocol needs to be updated
- Convene a small group (perhaps the original planning team) to update the protocol

For additional resources on developing protocols after a suicide, see the section Crisis Response/Postvention in the "Resources" section at the end of the toolkit.

CHAPTER 3. AFTER A SUICIDE TOOLS

School staff need to remember that postvention helps prevent additional suicides by mitigating the effect that a suicide has on vulnerable students.

Tool 3.A: Immediate Response Protocol

- Tool 3.A.1: Sample Script for Office Staff
- Tool 3.A.2: Sources of Postvention Consultation
- Tool 3.A.3: Guidelines for Working with the Family
- Tool 3.A.4: Guidelines for Notifying Staff
- Tool 3.A.5: Sample Announcements
- Tool 3.A.6: Sample Letter to Families
- Tool 3.A.7: Talking Points for Students and Staff after a Suicide
- Tool 3.A.8: Guidelines for Memorialization
- Tool 3.A.9: Guidelines for Working with the Media

Tool 3.B: Long-Term Response Protocol

- Tool 3.B.1: Guidelines for Anniversaries of a Death

Tool 3.A: Immediate Response Protocol

Use this worksheet to:

1. Understand the steps your school will need to take in the event of a suicide. The steps will not necessarily be taken in the order outlined on this worksheet. Some of them will need to be implemented simultaneously.
2. Assign members of the school staff to be responsible for each task.
3. Record the names and telephone numbers of people and agencies who will be called in the event of a suicide.
4. Understand and, if necessary, modify the resources that will be used in implementing the protocol.

Ensure the following:

- Each member of the Suicide Response Team has a copy of the completed protocol.
- Each person who has lead or backup responsibility for a particular step has the tools necessary to complete this task. As soon as these roles are assigned, the individuals should read the tools (and modify if necessary) so that they will be prepared to respond immediately in the event of a suicide.
- The approaches you use are appropriate to the cultural and spiritual traditions of the students in your school.

Suicide Response Coordinator—responsible for contacting the Suicide Response Team in the event of a suicide and coordinating the work of the team:

Name_____

Backup Suicide Response Coordinator—responsible for contacting and coordinating the team if the Suicide Response Coordinator is unavailable:

Name_____

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify key individuals			
1. Verify death	Lead: Backup:	Police: Medical examiner:	
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: Backup:		Tool 3.A.1: Sample Script for Office Staff
3. Notify superintendent's office	Lead: Backup:	Superintendent : . Backup/weekends:	
4. Notify district crisis team*	Lead: Backup:	District crisis team: Weekend/vacation/late night contacts:	
5. Notify schools attended by family members of the deceased	Lead: Backup:	Other schools in district: .	
6. Contact and coordinate with external mental health professionals	Lead: Backup:	Community mental health providers: External crisis response professionals:	Tool 3.A.2: Sources of Postvention Consultation
7. Reach out to and work with the family of the deceased	Lead: Backup:		Tool 3.A.3: Guidelines for Working with the Family

**In tribal communities, Bureau of Indian Education schools notify the main office and tribal schools notify the principal.*

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify school community			
8. Notify all faculty and staff	Lead: Backup:		Tool 3.A.4: Guidelines for Notifying Staff
9. Coordinate notifying students about the deaths	Lead: Backup:		Tool 3.A.5: Sample Announcements
10. Notify families of students about the death and the school's response	Lead: Backup:		Tool 3.A.6: Sample Letter to Families
Support students and staff			
11. Provide staff with guidance in talking to students	Lead: Backup:		Tool 3.A.7: Talking Points for Students and Staff After a Suicide
12. Provide support to staff	Lead: Backup:	Community mental health professionals:	
13. Identify, monitor, and support students who may be at risk	Lead: Backup:		
14. Implement steps to help students with emotional regulation	Lead: Backup:		
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: Backup:		Tool 3.A.8: Guidelines for Memorialization
Minimize risk of contagion through the media			
16. Work with press/media	Lead: Backup:	Local media contact(s):	Tool 3.A.9: Guidelines for Working with the Media
17. Monitor social media	Lead: Backup:		

Tool 3.A.1: Sample Script for Office Staff

(USE WITH TOOL 3.A)

This script can help receptionists or other people who answer the telephone to respond appropriately to telephone calls received in the early stages of the crisis.

Hello, _____ School. May I help you?

Take messages on non-crisis-related calls.

For crisis-related calls, use the following general schema:

- **Police or other security professionals—**Immediate transfer to principal.
- **Family members of deceased—**Immediate transfer to principal or anyone else they want to reach at the school. If principal is not available immediately, ask if they would like to speak to a school psychologist or social worker.
- **Other school administrators—**Give out basic information on death and crisis response and offer to transfer call to principal or others.
- **Parents regarding their child's immediate safety—**Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer to a crisis team member who may have more information.
- **Persons who call with information about others at risk—**Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
- **Media—**Take messages and refer to principal.
- **Parents generally wanting to know how to respond—**Explain that children and staff are being supported. Take messages to give to Student Services staff from parents needing more detailed information.
- **Where to send parents who arrive unannounced on the scene—**Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

[From Madison Metropolitan School District. (Revised 2005). Sudden death-suicide-critical incident: Crisis response procedures for principals and student services staff. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf]

Tool 3.A.2: Sources of Postvention Consultation

(USE WITH TOOL 3.A)

There are local resources that can provide consultation on postvention in the event of a school suicide. Since the availability of these resources varies depending on a school's location, you should investigate the resources in your area as part of your planning.

Some valuable sources of such consultation are organizations and agencies that receive Garrett Lee Smith Memorial Grant funding. To identify Garrett Lee Smith grantees in your area, see the Suicide Prevention Resource Center Web site.

The following are national organizations that provide consultation for developing a postvention response or that can put you in touch with other experts.

National Association of School Psychologists (NASP): NASP sponsors a National Emergency Assistance Team (NEAT) that provides consultation to schools and, in some cases, makes site visits. NEAT members are listed with their contact information. Schools may also contact NASP during business hours at 301-657-0270 and ask for the NASP Executive Director.

National Institute for Trauma and Loss: The National Institute for Trauma and Loss sponsors the TLC Referral Directory of Certified Trauma and Loss Specialists, School Specialists, Consultants, and Consultant Supervisors. The directory is accessible to TLC members only. Membership is automatic after completing requirements for Level-1 Certification as a Certified Trauma Specialist. Schools are encouraged to assign a representative to receive certification training as a School Specialist (Level-1) in order to access the directory or as a Consultant (Level-2) to acquire expertise as a local crisis consultant.

Level-1 Certification requires a 3-day TLC training and completion of online courses and an essay exam.

To access listings outside of the United States and Canada, call 877-306-5256 or 586-263-4232.

Suicide Prevention Resource Center (SPRC) State pages: Consult the State pages on the Suicide Prevention Resource Center Web site for the contact and organizations working to prevent suicide in your State. They may be able to assist you in identifying expert consultants for postvention support.

National Suicide Prevention Lifeline Crisis Center Locator: Through this locator, you can find your local crisis center, which may be able to provide postvention support for schools.

Tool 3.A.3: Guidelines for Working with the Family

(USE WITH TOOL 3.A)

It is important to work with the family of a student who died by suicide. They will often appreciate the support of the school community, and their cooperation can be valuable for effective postvention. The principal or a representative of the school should request to visit the family in their home. It may be useful for a pair of representatives to visit together so that they can support one another during the visit. It is important to respect the cultural and religious traditions of the family related to suicide, death, grieving, and funeral ceremonies.

The school representative(s) should:

- Offer the condolences of the school.
- Inquire about funeral arrangements. Ask if the funeral will be private or if the family will allow students to attend.
- Ask if the parents know of any of their child's friends who may be especially upset.
- Provide the parents with information about grief counseling.
- Ask the family if they would like their child's personal belongings returned. These could include belongings found in the student's locker and desk as well as papers and projects they may want to keep.
- Briefly explain to the parents what the school is doing to respond to the death.

Tool 3.A.4: Guidelines for Notifying Staff

(USE WITH TOOL 3.A)

These preparations should be made by the individual responsible for notifying faculty and staff about a suicide so that a system will be in place in the event of a death.

- Create two telephone trees:
  (1) To notify the Suicide Response Team
  (2) To notify all staff members of a suicide that occurs during non-school hours
- Hold a staff meeting before school opens to review the postvention process. Provide staff with any information they may need to address the situation when the students arrive.
- Identify which Suicide Response Team members will be responsible for notifying staff if news of a suicide arrives while school is in session. These people should be provided with completed copies of a suicide death announcement (samples of which can be found in Tool 3.A.5).
- Announcements should always be made in classrooms. They should never be made over the school's public address system or in assemblies. In classrooms, school staff familiar to the students can make the announcements and then assess students' reactions, respond to students' concerns, provide support, and identify those who may need additional help. This will help students cope with intense emotions they may experience.

Tool 3.A.5: Sample Announcements

(USE WITH TOOL 3.A)

Sample Announcements for Use with Students after a (Possible) Suicide

1. After the school's Suicide Response Team has been mobilized, it is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.

2. The Suicide Response Team should either visit all classrooms to give the announcement to staff or present the announcement at a meeting of all staff called by the building administrator as soon as possible following the death. If a meeting is held, the building administrator and a member of the Suicide Response Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their homerooms (or other small group) so that students get the same information at the same time from someone they know.

3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in primary or middle schools. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

Day 1

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.

Sample Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available; students may attend with parental permission.

Sample Announcement, End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

Today has been a sad day for all of us. We encourage you to talk about _____ _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.

Day 2

Sample Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday morning at 10:00 a.m. at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend. We also encourage you to ask your parents to go with you to the funeral home.

[Reprinted from Underwood, M., & Dunne-Maxim, K. (1997). Managing sudden traumatic loss in the schools. Piscataway, N.J.: University of Medicine and Dentistry of New Jersey.]

Tool 3.A.6: Sample Letter to Families

(USE WITH TOOL 3.A)

Dear Parents,

I am writing this letter with great sadness to inform you that one of our sophomore students took his life last evening. Our thoughts and sympathies go out to his family and friends.

All of the students were given the news of the death by their teacher in homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the next days and weeks to help them cope with the death of their peer.

Information about funeral services will be given to the students once it has been made available to us. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your teen. I am also including a list of school and community resources should you feel your child is in need of additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Please do not hesitate to call me or one of the counselors if you have questions or concerns.

Sincerely,

(Principal)

Tool 3.A.7: Talking Points for Students and Staff after a Suicide

(USE WITH TOOL 3.A)

Talking Points	What to Say
Give accurate information about suicide. Suicide is a complicated behavior. Help students understand the complexities.	"Suicide is not caused by a single event such as fighting with parents, or a bad grade, or the breakup of a relationship." "In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of." "There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never an answer."
Address blaming and scapegoating. It is common to try to answer the question "why" by blaming others for the suicide.	"Blaming others for the suicide is wrong, and it's not fair. Doing that can hurt another person deeply."
Do not talk about the method. Talking about the method can create images that are upsetting, and it may increase the risk of imitative behavior by vulnerable youth.	"Let's focus on talking about the feelings we are left with after _____'s death and figure out the best way to manage them."
Address anger. Accept expressions of anger at the deceased. Help students know these feelings are normal.	"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about_____. You can be angry at someone's behavior and still care deeply about that person."
Address feelings of responsibility. Help students understand that the only person responsible for the suicide is the deceased. Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or seen the signs.	"This death is not your fault. We cannot always see the signs because a suicidal person may hide them well." "We cannot always predict someone's behavior."
Encourage help-seeking. Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.	"We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?"

Tool 3.A.8: Guidelines for Memorialization

(USE WITH TOOL 3.A)

Memorializing a student who has died by suicide can be a difficult process. Faculty, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis. The following guidelines will help you prepare to face these challenges:

1. Establish a policy on memorialization for all deaths (including suicide). This policy should address the issues below. The family should be consulted in each case.

    - **Flags:** Flags should not be flown at half-staff. Only the President or a governor has the authority to order flags to be flown at half-staff.
    - **Memorials:** Spontaneous memorials (such as collections of objects and notes) should not be encouraged and should be respectfully removed within a very short time. A memorial can be an upsetting reminder of a suicide and/or romanticize the deceased in a way that increases risk for suicide imitation or contagion.
    - **Assemblies:** Large memorial assemblies should not be convened as the emotions generated at such a gathering can be difficult to control.
    - **Graduations:** Acknowledge a death at graduation but do not glamorize the death or let the acknowledgement overwhelm the event. Acknowledge a death toward the beginning of an event and then move on.
    - **Funerals:** Do not hold funerals at the school. This can forever associate the room in which services are held with the death.

2. Consult with the family about memorials. The person designated as the liaison with the family needs to be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.

3. Solicit ideas to memorialize the deceased in positive ways that do not put other students at risk or contribute to the emotional crisis that occurs after a death. Consult with the family before implementing any of the following ideas:

    - Invite students to write personal and lasting remembrances in a memory book located in the guidance office, which will ultimately be given to the family.
    - Encourage students to engage in service projects, such as organizing a community service day, sponsoring behavioral health awareness programs, or becoming involved in a peer counseling program.
    - Invite students to make donations to the library or to a scholarship fund in memory of the deceased.

4. Be prepared to address the unique aspects of a suicide death:
    - Use the opportunity to educate students, families, and the community about suicide.
    - Monitor social media sites for signs of risk to other students.

SOURCES:

Adapted from AFSP. *After a suicide: A toolkit for schools*. Newton, MA: Education Development Center, Inc.

Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). *Postvention standards manual: A guide for a school's response in the aftermath of sudden death* (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.

Underwood, M., Fell, F. T., & Spinazzola, N. A. (2010). *Lifelines postvention: Responding to suicide and other traumatic death*. Center City, MN: Hazelden Publishing.

Tool 3.A.9: Guidelines for Working with the Media

(USE WITH TOOL 3.A)

The staff person responsible for working with the media should prepare a written statement for release to those media representatives who request it. The statement should include the following:

- A very brief statement acknowledging the death of the student that does not include details about the death
- An expression of the school's sympathy to the survivors of the deceased
- Information about the school's postvention policy and program

All other staff (including school board members) should:

- Refrain from making any comments to or responding to requests from the media
- Refer all requests from the media to the person responsible for working with the media

Media representatives should:

- ***Not*** be permitted to conduct interviews on the school grounds
- ***Not*** be allowed to attend parent and student group meetings in order to protect information shared by parents who are concerned about their children
- Be provided with a copy of SPRC's information sheet "At-a-Glance: Safe Reporting on Suicide,"

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

Tool 3.B: Long-Term Response Protocol

Steps to Take in Long-Term Aftermath	Staff Responsible	Relevant Contacts	Resources
1. Coordinate implementation of long-term response protocol	Lead: Backup:		
2. Monitor and assist vulnerable students	Lead: Backup:	Community mental health professionals:	
3. Prepare for anniversaries of the death	Lead: Backup:		Tool 3.B.1: Guidelines for Anniversaries of a Death
4. Prepare for long-term memorials	Lead: Backup:		
5. Prepare to provide support to siblings of the deceased who may be enrolling in the high school	Lead: Backup:		

Tool 3.B.1: Guidelines for Anniversaries of a Death

(USE WITH TOOL 3.B)

A revisiting of grief feelings can resurface on or near the anniversary date of a tragic loss. In some cultures there is a memorial ceremony held about one year after a death. Faculty and staff, if reminded of the anniversary, can be prepared to monitor and support students at that time. Adults are not immune to this, and so staff members may also revisit the loss. The postvention team may consider a follow-up program on the anniversary date. The school should be prepared for grief and emotions associated with the death that may also occur on other occasions, such as:

- The birthday of the person who died
- Holidays
- Athletic or other events in which the deceased would have participated
- The start of a school year
- Proms
- Graduation

The following actions can help a school prepare for such an anniversary:

- Remind staff to be aware that students may experience emotional reactions
- Educate staff about the warning signs of suicide and how to recognize and respond to students who may be at risk or experience severe emotions
- Remind staff that they may also experience an emotional reaction on this date
- Have grief counselors or mental health professionals on call

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

CHAPTER 4

Staff Education and Training

STAFF EDUCATION AND TRAINING

The steps in Chapter 4 will answer these questions:

- Who needs to be involved in developing the plan to educate and train staff?
- What suicide-related information do all staff need to know?
- What is "gatekeeper training," and who needs it?
- What type of suicide assessment training is recommended and should the staff receive it?

WHY IS IT IMPORTANT THAT SCHOOL STAFF RECEIVE EDUCATION AND TRAINING?

Raising staff awareness about suicide and training staff to take steps that prevent it are important components of any school suicide prevention program:

- All staff should be made aware that suicide poses a risk to their students and that the school is taking steps to reduce this risk.
- All staff should be trained to recognize the warning signs of suicide in young people and to take appropriate action if they become aware of a student who displays these warning signs.
- Appropriate mental health professionals should be trained to assess the suicide risk of individual students.

STEPS FOR CHOOSING AND IMPLEMENTING SUICIDE PREVENTION EDUCATION AND TRAINING FOR STAFF

Step 1: Convene a group to assess your staff's education and training needs.

For additional resources, see Staff Education and Training in the "Resources" section at the end of the toolkit.

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Provide all staff with information and awareness about suicide and the school's role in suicide prevention.

All school staff should understand that suicide poses a risk to students and that the school is taking steps to reduce this risk. The staff should be made aware that the school's mission includes providing a safe environment in which education can take place and that the mental health of students affects their academic performance.

You may want to combine suicide awareness education with information about your school's suicide prevention activities (i.e., the activities described in Chapters 2–7 of this toolkit). It may be less intimidating for staff to learn about the risk that suicide poses to students if, at the same time, they hear that the school is taking steps to reduce this risk. And, understanding the risk that suicide poses to their students will motivate the staff to support the school's suicide prevention activities.

Tool 1.A: Suicide Prevention: Facts for Schools (see Chapter 1) includes an overview of the problem of adolescent suicide and the role schools can play in preventing suicide.

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets (see Chapter 1) describes the factors that increase the risk of adolescent suicide as well as those that protect against it. The factsheets also detail warning signs that a young person may be at immediate risk.

The Getting Started part of the "Resources" section contains a number of publications and factsheets that may be used to educate staff about suicide and suicide prevention.

Step 3. Train staff to identify suicide risk factors and warning signs among students and to take appropriate action.

Training all school staff—faculty; administrators; office staff; staff in the athletic facilities, cafeteria, and transportation departments; and classroom volunteers from the community—to recognize and respond appropriately to students who may be at risk of suicide can save lives because:

- Staff see students on a daily basis and thus are in a position to recognize changes in personality, appearance, and performance that may indicate a student is at risk for suicide
- Students may turn to a trusted staff member for help
- Students may confide in a trusted adult at school if they are worried about a friend or classmate

In addition to the type of suicide awareness education described under Step 2 (above), specialized training programs are available that teach staff to:

- Identify individuals who may be at risk for suicide (by recognizing warning signs and understanding risk factors)
- Verify this risk by talking with the individual

- Refer the individual to mental health services that will help reduce their risk

Many, but not all, of these programs describe themselves as "gatekeeper training."

Some gatekeeper trainings teach people additional skills, including how to do the following:

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

Schools that implement gatekeeper training programs may experience an increase in the number of students who seek help for behavioral health problems, including those related to suicide. Therefore, schools should put in place the components described in Chapters 1–3 in this toolkit ***before*** implementing gatekeeper training. These components include protocols to respond to students at risk and in crisis.

Select a gatekeeper training program.

There are a number of gatekeeper training programs available from commercial and nonprofit sources. These vary greatly in length and format and include:

- Brief online or video trainings
- Curricula for training that schools can implement themselves
- Single or multi-day workshops by certified trainers

Before selecting a gatekeeper training program, check whether your State has any requirements about training high school staff on suicide prevention. State policies on suicide prevention in schools are listed on the State Information pages of the Suicide Prevention Resource Center Web site.

The SPAN USA Web site has updates on all suicide-related State legislation.

The most effective gatekeeper training programs include opportunities for the participants to practice their skills during role-playing and other interactive activities. Training programs that do not provide these opportunities can still be useful to educate and raise the awareness of staff about suicide and suicide prevention (discussed in Step 1 above).

The training appropriate for your school will depend on a number of factors, including the cost and the time staff have to devote to a training, as well as the cultural groups represented in your student body.

The three sources below can help you choose the program(s) that is/are best for your needs:

1. *Tool 4.A: Matrix of Staff Education and Training Programs* lists the programs that are in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). The matrix contains basic information to help you determine which program(s) to choose.

2. The Staff Education and Training: Identifying Suicide Risk part of the "Resources" section in this toolkit provides additional information about these programs.

3. The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the staff education/training programs to American Indian and Alaska Native communities. See pages 76–83 of this guide.

Adapt gatekeeper training for your school.

How students display the warning signs of suicide can differ by culture, as can student attitudes about suicide and sharing personal information, speaking with adults, or seeking help. Staff attitudes towards suicide, their role in suicide prevention, and how trainings should be implemented can also vary by culture.

You may want to adapt a gatekeeper training program for the culture(s) of your students and staff. Note that any adaptation made for cultural reasons should take into account the diverse cultures of all students within the school or district and should not rely on stereotypes or overly broad generalizations about a culture. It is very important to avoid changing a training program in any way that would undermine its effectiveness. The developer of the gatekeeper program you choose may be able to:

- Tell you what aspects of the program may be changed without damaging program effectiveness
- Identify schools or organizations that have successfully adapted their training for schools with a student population similar to that of your school

If you think a training program might need to be adapted for your school, you should explore this issue of adaptation before finalizing your choice. You should contact the developer of the training program to discuss the adaptation.

Cultural Competency and Gatekeeper Training

It can be invaluable to involve knowledgeable representatives from local cultural groups to help your staff understand how young people from their communities think about suicide, mental illness, and help-seeking and then adapt your training to be effective with these groups.

The Maine Youth Suicide Prevention Program is modifying its gatekeeper training program so that it is more appropriate for identifying suicide risk among tribal youth and adults. Program staff are being advised by members of the Penobscot Nation Prevention Coalition on how to adapt the program to be appropriate to their cultures. The team has been advised to add information to the training on specific culturally relevant risk factors, such as hopelessness caused by generational trauma and racism, the difficulty of transitioning from a middle school on a reservation to an off-reservation high school, and prescription drug abuse. Similarly, tribal leaders emphasized the importance of protective factors, such as cultural practices and connections to community-based service providers, families, and elders. The trainers were advised to add opening and closing ceremonies and small talking circles that would allow participants to discuss information they received at the end of the training day. Program staff noted that is important to make cultural adaptation an iterative process that responds to the needs of specific cultural groups as these needs become evident during training activities.

The QPR Institute, working with the National Organization of People of Color Against Suicide and the Aberdeen Area Indian Health Service, developed culturally relevant versions of the QPR gatekeeper training's introductory video for African Americans and Native Americans. A version of the QPR slides was also developed for Native Americans. QPR has certified instructors who can provide QPR training in Spanish and other languages and has created training materials in Spanish and other languages.

Step 4. Train selected mental health staff to assess suicide risk in individual students.

Students can exhibit a range of suicide-related behaviors, including ambiguous statements that may indicate risk. Although most gatekeeper programs, as well as many suicide awareness programs, teach people to recognize the warning signs indicating that a student may be at risk for suicide, they usually do not train staff to assess the level of risk beyond recognizing when a young person may be at immediate risk of suicide and should not be left alone. Only a mental health professional should be trained to assess student suicide risk. The availability of mental health staff who have been trained to assess suicide risk in individual students is an important component of a comprehensive suicide prevention program.

Increasing Participation in Staff Trainings

There are a number of strategies you can use to increase participation in staff trainings, including the following:

- Use professional development funds to pay for staff training.
- Make sure that suicide prevention training counts as professional development time.
- Find out if CEUs are available for suicide prevention staff trainings.

When staff at one school did not show up for trainings in suicide prevention during the summer after a suicide attempt by an incoming freshman, the school decided to hold the trainings during the day because that worked best for the staff, pay the staff to attend, and count the training as part of that year's professional development requirement. Another school provided suicide awareness training during the school's regularly scheduled professional learning group meetings.

Determine whether you have staff qualified to be trained to do suicide risk assessments.

Only professionals with some background in mental health assessments should be trained to assess suicide risk. You may have staff in your school with these qualifications, for example, a school psychologist, social worker, nurse, or counselor.

If your school staff does not include a mental health professional who can be trained to assess suicide risk, check if there is one at the school district level. If not, then contract with a mental health professional in the community to perform these assessments. However, not all mental health professionals have been trained to assess suicide risk. It is important to determine whether any of the mental health service providers available in the community have staff trained to assess suicide risk and, if not, whether they are willing to have their staff trained to conduct these assessments, using one of the training programs described in *Tool 4.A: Matrix of Staff Education and Training Programs* in the section on training programs to assess suicide risk.

Select a training program.

The two sources below can help you choose the program(s) that is/are best for your needs:

- *Tool 4.A: Matrix of Staff Education and Training Programs* lists programs that provide training in assessing suicide risk and are included in the Best Practices Registry (BPR).
- The Staff Education and Training: Assessing Suicide Risk part of the "Resources" section in this toolkit provides additional information about these programs.

CHAPTER 4: STAFF EDUCATION AND TRAINING TOOLS

Tool 4.A: Matrix of Staff Education and Training Programs

Tool 4.A: Matrix of Staff Education and Training Programs

This matrix lists all of the Staff Education and Training Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR), as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The first section of the matrix lists gatekeeper training programs, and the second section lists programs that train professional staff to assess suicide risk. Several of the gatekeeper trainings center on a student curriculum but contain other components to create a more comprehensive program. For those programs, the matrix lists the other components, each of which is discussed in a separate chapter in this toolkit.

STAFF EDUCATION AND TRAINING PROGRAMS

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Gatekeeper Training Programs						
Be A Link! Suicide Prevention Gatekeeper Training	BPR	No	One 2-hour session	Teachers who take a 2-day facilitator training or Yellow Ribbon representatives. Provided at Yellow Ribbon sites or local locations.		Often used with Yellow Ribbon's student program Ask 4 Help!
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	Yes	Different types of training ranging from 1 hour to 2 days	Facilitators must be trained by Gryphon Place. Delivered onsite.	Student Programs Parent Education	Mainly available in Michigan.
Lifelines	NREPP	Yes	One 45–60 minute presentation, but up to 1.5–2 hours with participant discussion	School Crisis Response Team member (social worker, psychologist, counselor, health teacher). Information on giving the training is in the training materials.	Protocols Student Programs Parent Education	A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.
Making Educators Partners in Youth Suicide Prevention	BPR	Yes	5 modules; total time 2 hours	None; self-directed online training. Fifth module allows users to e-mail questions to a panel of experts.		
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	BPR	Yes	2 hours	School staff.		Also suitable for parents and other adults who care for or work with youth.

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Question, Persuade, Refer (QPR) Gatekeeper Training	BPR	No	One session of 1–2 hours	None for online version. Certified QPR gatekeeper instructors teach the in-person training onsite and at other local locations. Training of trainers by QPR available onsite or online.		Online and in-person versions are adapted for Native Americans and African Americans. In-person versions available in Spanish and other languages.
Response: A Comprehensive High School-Based Suicide Awareness Program	BPR	Yes	One 2-hour session	School staff. Training for providing staff training is included in the school kit. RESPONSE staff will provide training if requested.	Protocols Student Programs Parent Education	
Suicide Alertness for Everyone (safeTALK)	BPR	No	One 3-hour session	Trainers who are trained and certified by LivingWorks. Training available onsite. 1-day and 2-day train-the-trainer sessions available for local facilitators.		
Training Programs to Assess Suicide Risk						
Applied Suicide Intervention Skills Training (ASIST)	BPR	No	2 days	Trainers must be trained and certified by LivingWorks. Training available onsite. 5-day train-the-trainer sessions available for local facilitators.		

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Assessing and Managing Suicide Risk (AMSR)	BPR	No	1 day	Training must be given by the program's developer. Onsite and other local locations available.		
QPRT Suicide Risk Assessment and Risk Management Training Program	BPR	No	8 hours in classroom or 10 hours online	Training must be given by trainers certified and licensed to teach this program. Onsite and other local locations available.		Online and in-person versions are adapted for Native Americans.
Recognizing and Responding to Suicide Risk (RRSR)	BPR	No	2 days	Training must be given by the program's developer. Onsite and other local locations available.		
School Suicide Prevention Accreditation Program	BPR	Yes	Online, self-paced	None; self-directed online training.		

For additional resources, see Staff Education and Training in the "Resources" section at the end of the toolkit.

CHAPTER 5

Parent/Guardian Education and Outreach

PARENT/GUARDIAN EDUCATION AND OUTREACH

The steps in Chapter 5 will answer these questions:

- Who should plan and implement your school's parent outreach program?
- What kinds of parent outreach programs are available, and how do you decide which to use?
- How can you engage parents in suicide prevention?
- Can suicide prevention be integrated into other programs for parents?

IMPORTANT: Schools that implement programs to educate parents about suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, ***before*** implementing parent programs. These components include:

- Protocols to respond to students at risk and in crisis
- Suicide prevention education and training for all school staff

This chapter discusses parent education and outreach activities—that is, activities designed to educate parents about suicide and related mental health issues. Several of the other chapters describe how parents and guardians should be involved in other aspects of a school's suicide prevention efforts.

The word "parents" will be used in this toolkit as a shorthand term for parents; legal guardians, including Tribal Court appointed guardians; and other primary caretakers of students.

WHY IS IT IMPORTANT TO PROVIDE SUICIDE PREVENTION EDUCATION TO PARENTS AND GUARDIANS?

Providing parents with specific suicide prevention education is important for the following reasons:

- The information may help parents identify and get help for children who may be at risk (Smith, T., Smith, V., Lazear, Roggenbaum, & Doan, 2003).
- Suicide prevention education for students is more effective when it is reinforced by the same information and messages at home (Smith et al., 2003).
- Involving parents is an important way to ensure that your efforts appropriately target the needs of your community and enhance the cultural competency of your efforts.

What Parents Need to Know

Although parents may be aware that children die by suicide, they often do not think it could happen to their child or in their community (Schwartz, Pyle, Dows, & Sheehan, 2010). Parents need information about:

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

STEPS FOR DEVELOPING SUICIDE PREVENTION EDUCATION AND OUTREACH FOR PARENTS

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

Use Tool 1.B: Chart of School Staff Responsibilities and Tool 1.C: Chart of Community Partners (see Chapter 1) to help you identify and record the names of staff, individuals, and organizations that can help with your outreach activities.

Your community may have a suicide prevention coalition or group that can help develop and implement outreach activities. Community partners—including parent groups and representatives of the faiths, cultures, and tribes of your students—can be important to the success of outreach activities.

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

Select or develop parent education and outreach programs that are appropriate for your community and parents' needs, concerns, and cultures. Remember to consider practical issues such as cost, time, and staff availability.

You may want to use the parent education and outreach component of a packaged program, especially if your school is already using other parts of the program. Several programs in the Best Practices Registry (BPR) and the National Registry of Evidence-Based Prevention Programs and Practices (NREPP) include materials for parents. The matrix in *Tool 5.A: Matrix of Parent/Guardian Education and Outreach Programs* includes some information about these materials. Additional information is available under Parent/Guardian Education and Outreach in the "Resources" section of this toolkit.

Some things that schools should consider when designing and implementing parent outreach and education activities include the following:

- **Engage parents in a variety of ways,** for example, at freshman orientation, health and safety events at the school, senior transition activities, and other regularly scheduled events for parents. Do not limit your efforts to a one-time event.
- **Select appropriate formats for outreach,** such as written materials (e.g., newsletters, cards, emails, posters) or presentations (by school staff, a professional from the community, or a national expert). Outreach should occur in formats that are easily understandable, including for families of English Language Learners.
- **Use existing factsheets or resources to communicate your messages.** *Tool 5.B: Suicide Prevention and Schools: Facts for Parents* may be used in your parent outreach efforts. Additional materials are described under Parent/Guardian Education and Outreach in the "Resources" section of this toolkit.
- **Get input from people who are not a part of your planning group,** but who may have insight into reaching parents, such as bus drivers, lunch staff, or school administrators.

Two Successful Parent Events

- A high school held a parent forum that integrated suicide prevention education with information about the problems 12th graders face as they transition from high school to the next stage of their lives. The forum described the behavioral health issues students might experience during this transition, such as anxiety, depression, and risk of suicide. There were also college counselors at the forum to offer insight to parents about services and supports for students going away to school. The publicity for the event did not mention suicide prevention but emphasized a focus on "supporting your children with the transition from 12th grade." The outreach was a collaborative effort between the school and its parent organization, relying upon the parents to recruit their friends and peers for what proved to be a well-attended and successful event.
- Another high school held a two-hour event for parents of high school students called "Parent to Parent Courageous Conversation: If your child is approaching overload—What you can do about it!" The event featured three speakers: (1) a doctor who talked about community-based treatment programs for anxiety, depression, and suicidal behavior; (2) a representative of a school-based suicide prevention program; and (3) a parent advocate whose son had struggled with behavioral health issues when he attended the high school. The presentations were followed by a one-hour question and discussion session.

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

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

- **Give parents what they need:** Find out what the parents in your community need to help a teen who may be at risk of suicide. For example, if parents do not know where to get professional help for their child, provide them with information on community resources.
- **Accommodate language, culture, religion, and economic status:** Consider whether the parent outreach materials and events need to be translated into languages other than English. It may be helpful to use a cultural mediator—a respected community member who is bilingual and bicultural. He or she can help you design culturally appropriate materials and events, as well as help parents understand why their participation is important to their family.
- **Do not use the word "suicide" in the title of the event:** Parents may not attend events if they are framed as "suicide prevention." They may be frightened by the

idea that their child may be at risk. Or they may come from a culture in which suicide is never addressed directly. Schools have had greater parental support and turnout at events when they were publicized not as suicide prevention activities, but as efforts to:

  - » Promote behavioral health and wellness
  - » Support your child with the transition from 8th grade or 12th grade
  - » Learn how to keep your teenager safe

- **Go to parents. Don't expect parents to come to you:** If accommodating parents' needs does not increase the turnout at your events, you may need to reach parents in other places, such as churches, pediatricians' offices, their children's sporting events, and continuing education classes. Ask the pastor, pediatrician, and sports coach to collaborate with your school to educate parents about suicide prevention.
- **Clarify privacy issues:** Parents may be reluctant to participate because of a fear that their private family matters will become public. You may need to explain that schools are required to protect student and family privacy unless it conflicts with protecting the safety of a child.

Engaging Diverse Communities

A school in a predominantly Native American and Latino community successfully engaged parents in their outreach activities by considering cultural issues while developing outreach events. The outreach coordinator was a well-respected, long-time Latina resident who knew many people in the community. She engaged students in presenting at the outreach events. Because the students were excited about giving the presentation and conveyed that to their parents, their parents were inspired to come to the event.

Other students greeted participants as they arrived and handed out flyers. Siblings of all ages were invited to attend. Food and door prizes were provided so that the event had the feeling of a celebration.

Step 4: Integrate parent education into existing programs.

Parent education and outreach can complement other suicide prevention activities at your school and in your community. Educating parents about suicide may be integrated into existing programs and activities, such as freshman orientation, parent events, and community education programs.

Including Suicide Prevention in Other Efforts to Reach Parents

Schools have integrated suicide prevention outreach into other activities by:

- Holding a parents' night about student safety that included suicide prevention
- Sponsoring events for the parents of 8th graders or 12th graders that focused on their children's upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide
- Sending material—sometimes in the form of a card that fits into a wallet or purse or can be put on the family bulletin board—to the parents of every middle and high school student with information about how to help a child in crisis
- Including suicide awareness as part of freshman orientation, safety days, or other health events at the school that involve parents
- Including suicide prevention in parenting classes
- Presenting suicide prevention education at a PTO meeting

CHAPTER 5: PARENT/GUARDIAN EDUCATION AND OUTREACH TOOLS

Tool 5.A: Matrix of Parent/Guardian Education and Outreach Programs

Tool 5.B: Suicide Prevention and Schools: Facts for Parents

Tool 5.A: Parent/Guardian Education and Outreach Programs

The matrix on the next page lists all of the Parent/Guardian Education and Outreach Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR), as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

In this matrix, all of the listings are secondary components to a student curriculum except the video "Not My Kid." The primary component of the program is the one around which the program is built. Secondary components are included to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

PARENT/GUARDIAN EDUCATION AND OUTREACH PROGRAMS

Program	Registry	Number & Length of Sessions	Leader	Other Components	Notes
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	1.5-hour workshop	Facilitators must be trained by Gryphon Place. Delivered onsite.	- Staff Training - Student Program	Mainly provided just in Michigan.
Lifelines	NREPP	One 45–60 minute presentation, but up to 1–1.5 hours with participant discussion	School Crisis Response Team members (social worker, psychologist, counseling staff, health teacher). Information on giving the training is in the training materials.	- Protocols - Staff Training - Student Program	A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.
Not My Kid	BPR	17-minute video online	None		
Response: A Comprehensive High School-Based Suicide Awareness Program	BPR	1-hour workshop	School staff. Training for providing parent education is included in the school kit. RESPONSE staff will provide training if requested.	- Staff Training - Student Program	Parent training is separate from the main school kit.

For additional resources, see Parent/Guardian Education and Outreach in the "Resources" section at the end of the toolkit.

Tool 5.B: Suicide Prevention and Schools: Facts for Parents

This factsheet is designed to educate and gain the support of parents for implementing suicide prevention initiatives in high schools. It includes an overview of the problem of adolescent suicide, explains why it is important to address suicide risk among students, and discusses the roles that parents and schools can play in prevention.

This factsheet can also be found in the "Handouts" section of this Toolkit, which begins on page 209.

SUICIDE PREVENTION: FACTS FOR PARENTS

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Parents can help protect their children from suicide risk by:

- Maintaining a supportive and involved relationship with their sons and daughters
- Understanding the warning signs and risk factors for suicide
- Knowing where to turn for help

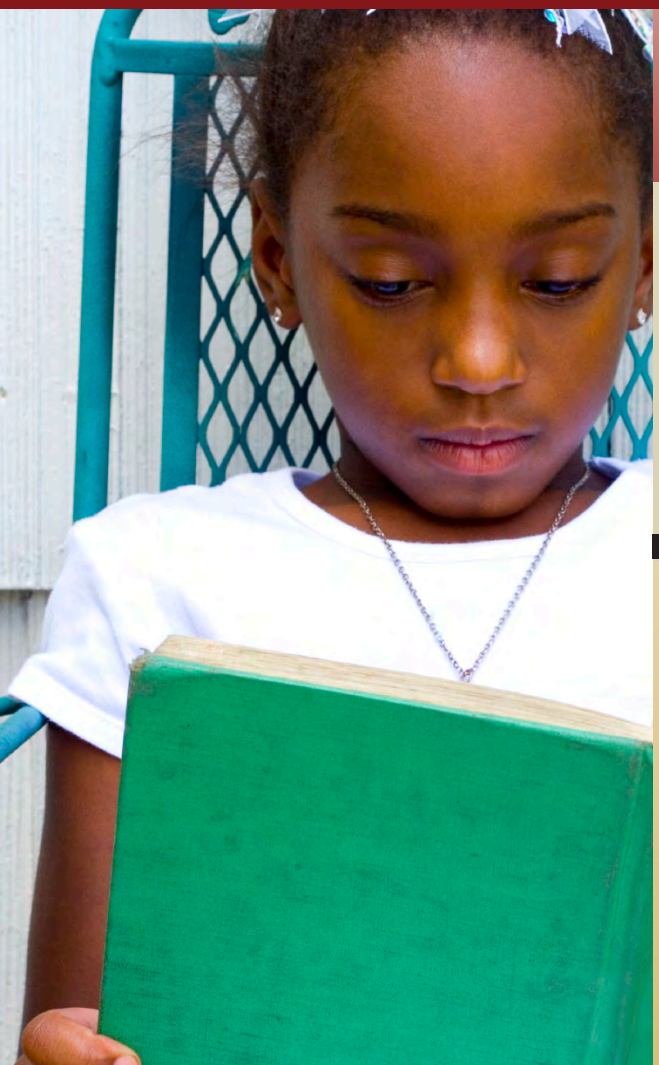
HOW SCHOOLS CAN HELP PREVENT SUICIDE

Experts recommend that schools use an approach to suicide prevention that includes the following:

- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

CHAPTER 6



Student Programs

STUDENT PROGRAMS

The steps in Chapter 6 will answer these questions:

- Who should be involved in developing or selecting suicide prevention programs for your students?
- What are the differences among the types of suicide prevention programs: education, skill-building, and peer leader?
- What specific programs are available, and how can you decide which are right for your school?
- How can you make programs culturally appropriate for your student body?
- How can you include suicide prevention activities in existing programs?

IMPORTANT: Schools implementing student programs that address suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, ***before*** implementing student programs. These components include:

- Protocols to respond to students at risk and in crisis
- Suicide prevention education and training for all school staff

WHY ARE STUDENT PROGRAMS THAT ADDRESS SUICIDE IMPORTANT?

Research indicates that most youth who are suicidal talk with peers about their concerns rather than with adults, yet as few as 25 percent of peer confidants tell an adult about their suicidal peer (Kalafat, 2003).

Student programs that address suicide can play a significant role in reducing risk for suicide when they are used in conjunction with other strategies, such as protocols and staff training. There are three types of student programs, each with different objectives. They are as follows:

- Curricula for all students
  - » Provide information about suicide prevention
  - » Promote positive attitudes
  - » Increase students' ability to recognize if they or their peers are at risk for suicide
  - » Encourage students to seek help for themselves or their peers
- Skill-building programs for at-risk students
  - » Help protect at-risk students from suicide by building their coping, problem-solving, and cognitive skills
  - » Address problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use
- Peer leader programs
  - » Teach selected students skills needed to help students at risk
  - » Empower selected students so that they can take action to improve the school environment

STEPS TO DEVELOP OR SELECT STUDENT PROGRAMS

Step 1: Convene a group to plan and implement student programs.

Determine which individuals will take the lead in developing and implementing student programs. Use *Tool 1.B: Chart of School Staff Responsibilities* (see Chapter 1) to help you identify and record the names of the individuals who should be a part of this group.

Step 2: Determine which type(s) of student program(s) will fit the needs of your school.

The types of student education programs that you may want to implement will depend upon the needs of your students as well as the resources available in your school. Some schools may have the need and the resources to implement all three types of programs. Other schools may find it more appropriate and possible to only implement programs representing one or two of the program types.

Tool 6.A: Types of Student Programs Information Sheet will help you decide which types of programs are appropriate for your school based on their objectives, content, format, and target audience, and whether they address health education standards.

Step 3: Choose or develop the specific program(s) you want to implement at your school.

Choose the specific program(s) that meet the needs of your students and school and that fit with the resources you have available. Be sure to take into consideration the cultural

backgrounds of your students. Keep in mind that every suicide prevention strategy or program has its own strengths and limitations. The sources below can help you choose the program(s) that is/are best for your needs.

Tool 6.B: Matrix of Student Programs lists the programs that are in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). The matrix contains basic information to help you determine which program(s) to choose.

The Student Education and Skill-Building part of the "Resources" section in this toolkit provides additional information about these programs.

The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the student programs to American Indian and Alaska Native communities. See pages 76–87 of the guide.

You should consider using the Health Curriculum Analysis Tool (HECAT) to help you decide which program to use. The HECAT provides guidance in using evidence-based health education standards and population-specific information (e.g., was the curriculum deemed effective for a population similar to your population?) to determine which curriculum is the most appropriate. Suicide is included in the violence prevention section. For more information on HECAT,

One of the goals of any student program is to increase the likelihood that a student will identify a peer who may be at risk of suicide and refer him or her to an appropriate adult. Therefore, when implementing any of these programs, staff should let students know that they should turn to a trusted adult with a concern. They can also let students know that the school has a designated suicide risk response coordinator and procedures for making referrals, as described in Chapter 2.

Examples of Peer Leader Programs

Although there is only one peer leader program in the Best Practices Registry (Sources of Strength), some organizations and schools have developed or adapted other peer leader programs, including those listed below, as part of their suicide prevention efforts. These programs provide examples of other innovative approaches, but none of them have applied to the BPR. More information on these programs can be found in the Student Education and Skill-Building part of the "Resources" section in this toolkit.

Students for Students: A Youth-Centered Suicide Prevention Program: Students are recruited to apply for this program. Once selected, the peer leaders are trained to work directly with clinicians to identify and assist other students with getting services, support, or clinical help. Peer leaders also increase awareness of behavioral health issues and improve the school environment by talking with students, teaching classes, and organizing events.

Natural Helpers: Students selected by other students are trained to help their peers with a wide variety of youth issues by listening to them and assisting them in getting help from adults. They also help improve the school environment and increase the connections between students and staff. Although Natural Helpers is not focused on suicide prevention, some schools have given their peer leaders in this program specific training on suicide prevention and included this program in their suicide prevention efforts.

Native H.O.P.E. (Helping Our People Endure): Focused on suicide prevention, this program is specifically designed for Native American youth by incorporating Native American culture, traditions, spirituality, ceremonies, and humor. The youth develop and carry out a strategic action plan to implement prevention activities related to suicide, depression, trauma, violence, and substance abuse. They also provide support to their peers and assist them with getting help for behavioral health issues.

Curricula for Transition Grades

A small number of curricula are available that integrate suicide prevention with preparing students for the transition into or out of high school. Typically for 8th and 12th graders, these lessons cover the specific issues surrounding their transition and address suicide prevention in that context. A few schools have developed their own lessons, and the SOS (Signs of Suicide) program has developed a lesson for 11th and 12th graders.

Step 4: Adapt student programs for your school community.

Student programs sometimes need to be adapted for a school's students. There may be cultural differences in how students display the warning signs of suicide and in their attitudes about suicide, as well as in how they feel about sharing personal information,

speaking with adults, or seeking help. Note that any adaptation made for cultural reasons should take into account the diverse cultures of all students within the school or district and should not rely on stereotypes or overly broad generalizations about a culture. Knowledgeable representatives from cultural groups and organizations serving LGBT youth and youth with disabilities in your community can help you understand how young people from your community think about mental health, help-seeking, and suicide.

A major concern with adapting an evidence-based program is maintaining its integrity so that the positive outcomes will still be attained. If you think a program might need to be adapted for your school, you should explore the issue of adaptation *before* choosing a program.

The developer of a program may be able to:

- Tell you what aspects of the program may be changed without impacting effectiveness
- Identify schools or organizations that have successfully adapted the program for a student population similar to yours

Adding to SOS to Make It More Relevant for Native American Youth

The Gallup, New Mexico, schools wanted to make the SOS (Signs of Suicide) program relevant for their Native American students while still maintaining fidelity in the implementation of the program. Peer leaders from the school's Natural Helpers program created 2–3-minute video vignettes based on the content of the SOS video but using Native American youth, reservation language, and issues familiar to the youth in that community. These vignettes were shown in class after the SOS video. The changes made a difference. According to Norma Vazquez, the State of New Mexico Youth Suicide Prevention Coordinator, "When students saw a reflection of themselves and their experience in the videos, it increased the power of the message for them."

The Natural Helpers students also created laminated business cards and flyers listing local, culturally appropriate sources of help for mental health issues.

Video for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth

To address the issue of suicide among LGBTQ youth, the OUTLoud Project of the Youth Suicide Prevention Program in Washington State produced the video "You Are Not Alone: LGBTQ Youth and Suicide," featuring three LGBTQ youth speaking from their personal experiences with depression, self-harm, and being suicidal. The video also educates youth about the risk and protective factors for suicide that are specific to LGBTQ youth and how to intervene when they think a friend is contemplating suicide. The video was written and produced by LGBTQ youth working with an adult advisor. It can be used as part of a suicide prevention program for all students.

To view the video, go to
http://www.youtube.com/watch?v=b3OLfTjOxYs&feature=play er_embedded

A Program Tailored for Latina Adolescents

Comunilife, a nonprofit organization in New York City providing health, behavioral health, and social services to a largely Latino population, created an innovative mental health and youth development program that serves the needs of Latina adolescents in a culturally appropriate way. Its purpose is to decrease suicide risk in girls who are currently receiving clinical services. From their experience working with this population and through convening a focus group of teens and their families, the staff of Comunilife learned that Latina girls and their families often find traditional mental health services intrusive, not responsive to their needs, and not effective. In addition, girls often do not talk with their parents about their problems because they are afraid everyone in their family will find out.

Comunilife's Life is Precious program is designed to respond to the girls' desire to have a place to go where they can be themselves, be involved in activities, have fun, and have someone available to talk with if they want to talk. The girls can go to the program every day after school until 7:30 p.m. and for several hours on Saturday. They can have a snack, get help with homework, use the Internet, participate in creative art therapy groups, and/or talk with the adult staff or a counselor at any time. Parents can also drop by if they want to talk about their problems. On Saturdays, there are group discussions where the girls and their parents discuss together cultural, school, and parenting issues to help them understand each other better and strengthen the parent/child relationships.

This program works because it takes into account the girls' culture and needs. It provides an informal setting that is available almost every day for the girls to visit without the time limit of a set appointment or requirement to talk with a provider. The girls can obtain help when they feel the need for it. In its two years of operation, Life is Precious participants and their families have reported decreases in suicidal ideations, improvement in academic performance, and better relationships and communication with family and peers.

Step 5: Integrate suicide prevention programs into other initiatives to improve behavioral health.

There are a variety of ways to integrate suicide prevention into other initiatives for students. Suicide prevention is often incorporated into a health class or other health programs, such as a health and safety day. Skill-building programs for students at risk usually address suicide in the context of other issues, such as depression, anger, substance abuse, and violence prevention.

Some schools offer a peer leadership program that includes training for the peer leaders about suicide prevention, behavioral health, and other related issues such as dating violence. Some schools also use activities that build a culture in which students look out for each other and learn how to help a peer in distress.

Adding Suicide Prevention to Existing Programs

Two districts addressed suicide as part of their Federal Safe Schools/Healthy Students grant, which focuses on violence prevention (bullying) and mental health awareness and promotion. Another school planned a study hall with freshman on technology and cyberbullying. At one school, the SADD group emphasized that "friends help friends," which was a theme connected to the suicide prevention classroom curricula used by the school.

Using Social Media for Suicide Prevention in a School-Based Program

Here are some examples of how students in the peer leader program Sources of Strength use social media for suicide prevention:

- Suicide prevention materials are given to students to post on their Facebook pages.
- Students are building a team to make videos and create stories of sources of strength that they will put out through their social networks on Facebook and the Web.
- When peer leaders read suicide-related comments in text messages or on Facebook, they pass them on to their trusted adults or the adult advisors in the program so that the adults can intervene and help the suicidal youth.
- When peer leaders read harassing text in text messages or online, they interrupt it with a simple comment such as "not cool" and/or provide support to the individual being harassed.

Connecting Students to a Suicide Prevention Web Site that Uses Social Media

Reach Out is a Web site (http://us.reachout.com/) for high school students to find information about suicide prevention and other behavioral health issues, share their stories, discuss issues of concern, ask questions, support peers, and connect with support services. It is part of the WeCanHelpUs Campaign. The content, which is researched and written by young people, is delivered through blogs, MySpace, video games, Short Message Service (SMS), Podcasts, digital storytelling, and moderated discussions via online communities.

Schools can encourage students to use Reach Out by displaying posters and Web site banners with information about the Web site.

CHAPTER 6: STUDENT PROGRAMS TOOLS

Tool 6.A: Types of Student Programs Information Sheet

Tool 6.B: Matrix of Student Programs

Tool 6.A: Types of Student Programs Information Sheet

CURRICULA FOR ALL STUDENTS

Purpose: These curricula:

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

Content: Typical content includes:

- Basic information about depression and suicide
- Warning signs that indicate a student may be in imminent danger of suicide
- Underlying factors that place a student at higher risk of suicide
- Appropriate responses when someone is depressed or suicidal
- Help-seeking skills and resources

Participants: These curricula are usually offered to all students in a class or a grade. Some programs, schools, districts, and funders require consent from parents for their child to participate. The children of parents who do not give consent are provided with an alternative activity.

Format: These curricula are typically given in one to four class periods of 45–60 minutes each. They are often given as part of a class, such as a health, family life, or life skills class, which addresses related topics (e.g., mental health issues, substance abuse, bullying, and other violence). This enables the connections between the issues to be highlighted. Sometimes they are implemented during other classes, such as English.

Heath education standards: Almost all of the curricula address at least some, if not most, of the National Health Education Standards. Some states have their own standards. State standards are typically aligned with the national standards.

SKILL-BUILDING PROGRAMS FOR STUDENTS AT RISK OF SUICIDE

Purpose: These programs help protect at-risk students from suicide by:

- Building their coping, problem-solving, and cognitive skills
- Addressing related problems such as depression and other mental health issues, anger, and substance abuse

Content: Typical content includes exercises and activities to:

- Increase problem-solving and coping skills
- Improve resilience and interpersonal relationships
- Prevent or reduce self-destructive behavior

Format: These programs fit into regular class periods and are given as a separate class. They typically last from 12 weeks to a semester.

PEER LEADER PROGRAMS

Purpose: Peer leader programs teach selected students skills to identify and help peers who may be at risk. Some programs teach peer leaders to build connectedness among students and also between students and staff, which improves the school environment.

Format: These programs are usually held outside of class time.

Peer leader roles: Roles vary greatly by program and may include:

- Listening to and supporting peers, educating them about mental health problems, and encouraging them to seek help, as well as talking with adults about students possibly at risk for suicide and other mental health problems
- Presenting lessons to their peers in high school classes, to middle school students, and/or to youth in the community
- Developing and promoting messages to change the school environment through public service announcements, posters, videos, Web sites, and text messaging

Peer leader training: The training varies according to the roles taken on by the peer leaders. Basic components of these trainings include:

- Teaching about the risk factors and warning signs of suicide
- Dispelling myths about suicide
- Destigmatizing mental illness and seeking help
- Learning about other health and behavioral health problems, as well as other common issues teenagers face

Tool 6.B: Matrix of Student Programs

This matrix lists all of the Student Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR) as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

All of the programs in this matrix are the primary or sole component of the program. The primary component of the program is the one around which the program is built. Secondary components are included in some of the programs to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

STUDENT PROGRAMS

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Programs in NREPP						
American Indian Life Skills Development/ Zuni Life Skills Development	Curriculum for all students	9–12	28–56 lesson plans delivered over 30 weeks.	Teachers, with input from community members for cultural relevance. Teachers must have a 3-day training that may be delivered onsite.		Culturally tailored to American Indian youth.
CAST (Coping and Support Training)	Skill-building for at-risk students	9–12	Twelve 55-minute group sessions.	Teacher, counselor, nurse, or other mental health staff person experienced with high-risk youth. Training is given by developer and may be delivered onsite.		Similar to Reconnecting Youth but fewer sessions over fewer weeks with a group of 6–8 students.
Lifelines	Curriculum for all students	8–10	Four 45-minute lessons.	Teachers. Information on teaching the curriculum is included with the curriculum materials, and a 1-day, onsite training is also available through Hazelden Publishing.	- Protocols - Staff Training - Parent Education	All the other components must be implemented before the student lessons. A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Reconnecting Youth	Skill-building for at-risk students	9–12	75 classes delivered in one semester.	Teacher, counselor, nurse, or other mental health staff person experienced with at-risk youth. Training is given by developer and may be delivered onsite.		Similar to CAST but more sessions over more weeks with a group of 10–12 students.
SOS (Signs of Suicide)	Curriculum for all students	8–12	Three lessons; often only the first is given, and it includes a short student screening.	Teachers. Training for teachers is included in curriculum materials. Technical assistance is also available.	- Screening - Staff Training - Parent Education	Schools can decide if they want to provide the student screening along with the lesson(s). Also included is a version of the screening tool for parents to complete about their child.
Programs in BPR						
Ask 4 Help! Suicide Prevention for Youth	Curriculum for all students	9–12	1 hour.	Teachers or Yellow Ribbon representatives. Requires a 2-day training for facilitators provided by Yellow Ribbon, either at the school or local locations.		Usually used with Yellow Ribbon's adult gatekeeper program Be A Link!

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Gatekeeper Suicide Prevention Program: A High School Curriculum	Curriculum for all students	7 and 9	Three 50–60 minute lessons for 7th grade and four for 9th grade.	Facilitators must be trained by Gryphon Place. Training is delivered onsite.	- Staff Training - Parent Education	Mainly provided just in Michigan.
Healthy Education for Life Program (HELP)	Curriculum for all students	9–12+	One 45–55 minute session.	Facilitators must be volunteers trained by HELP. Training is delivered onsite.		Only available in Oklahoma.
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum	Curriculum for all students	9–11	Four 45-minute lessons.	Teachers must be trained by developer. Teacher training may be delivered onsite or by phone.		
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	Curriculum for all students	9–12	Three 1-hour sessions.	Teachers. Training for teachers is included in curriculum materials. Technical assistance also available.	- Protocols	Includes the planning tool School-Based Crisis Management Recommen-dations on Suicide.
Response: A Compre-hensive High School-Based Suicide Awareness Program	Curriculum for all students	9–12	Four 1-hour sessions.	Teachers. Training for teachers is included in the school kit. RESPONSE staff will provide training if requested.	- Protocols - Staff Training - Parent Education	

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Sources of Strength	Peer leader program	6–12	3–6-month program; advisors contribute 40 hours and peer leaders 15–50 hours. Advisors receive a 3–6 hour orientation; peer leaders receive a 4-hour training.	Team of 2–5 adult advisors (from school, community, or families) and 10–50 peer leaders. Training by Sources of Strength trainers required. Will come to the school. Technical assistance is also available.		Peer leaders recruit students to develop and deliver a campaign. Initially implemented in rural/tribal areas, now expanded to all high school students.

For additional resources, see the Student Programs in the "Resources" section at the end of the toolkit.

CHAPTER 7

Screening

The steps in Chapter 7 will answer these questions:

- Who should be involved in planning and implementing a screening program in your school?
- How can you enlist the support of school administrators and staff?
- How do you prepare for the increased need for mental health referrals?
- What types of screening programs are available, and how do you decide which to use?
- How do you involve families?

IMPORTANT: Schools that implement screening programs may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, ***before*** implementing screening. These components include:

- Protocols to respond to students at risk and in crisis
- Suicide prevention training for all school staff

WHY IS SCREENING IMPORTANT?

The purpose of screening is to identify students at risk for suicide, suicidal behaviors, and suicidal ideation. Parents and teachers may not be able to tell that youth are suicidal (Smith et al., 2003; Scott, et al., 2009), and youth may not step forward on their own to get help. The results from a screening indicate which students may need evaluation so that the school and their parents can help them receive evaluation and treatment, if needed. Treatment can prevent suicide as well as improve the student's behavioral health, school performance, social development, and future productivity (Center for Mental Health in Schools at UCLA, 2007).

Schools can screen individual students who are thought to be at risk for suicide and/or other behavioral health problems or implement screening programs to screen large numbers of students. This chapter will focus on screening programs.

Are Screening Programs Cost-Effective?

Screening programs in schools are cost-effective because they reach a large number of students quickly and at less cost than through community screening programs (Center for Mental Health in Schools at UCLA, 2007). Screening can catch problems early and avoid the intensive treatment that might be needed if students' problems are not identified until they become more severe.

BASIC INFORMATION ABOUT SCREENING PROGRAMS

Format: Typically, a brief questionnaire is given to each student. If the screening is given in a group setting, pay special attention to ensuring that the questionnaires the students fill out are kept completely confidential. Those who screen positive are given a confidential interview as soon as possible by a mental health provider to assess whether they need a referral for more in-depth evaluation or treatment. Students who need help are referred to appropriate services.

Support of parents: Parents should be informed about the screening program, its purpose, and its value in order to gain their support, since schools often need a parent's consent before screening their child. In addition, parents need to be involved if a referral is indicated. Parent support can make a major difference in whether a child receives treatment. In tribal communities it may also be important to gain the support of tribal leaders and programs.

Support of school administrators and staff: School administrators and staff may resist screening programs because of the cost and logistics as well as a concern that the school will not be able to handle the number of students identified as at risk. They need to be made aware that screening programs can have significant benefits for students who are at risk, and for the school environment.

Screening Programs: Positive Experiences

Signs of Suicide (SOS): In Chemung County High Schools, New York

Chemung County in New York, which includes the city of Elmira and surrounding rural areas, has found the SOS high school student education and screening program to be a valuable tool in identifying students at risk of suicide. Three suicide deaths by high school students in the 2004–2005 school year motivated school staff to implement a broad array of suicide prevention initiatives, including the SOS program.

Nearly 1,800 students were screened the first year, and over 3 percent were referred for mental health care who were not already receiving it. According to Pat Breux, program coordinator, "We're convinced the screening found students who otherwise would not have received help. The response in our school has been very positive. The guidance counselors told me that the screening helped them connect with students who they did not know were struggling. Student evaluations of SOS indicated our young people found the screening process to be very valuable, and they now have a better idea of how to help a friend, a family member, or themselves."

Signs of Suicide (SOS): From a School Mental Health Clinician, Washington, DC

"I have identified four students already, all of them Latinos, two boys and two girls (and I have only done three groups of SOS). One of the boys identified, who seemed to be a tough boy, gave the test back and I saw that he answered 'yes' to one of the questions. I sat down with him and reviewed all the questions thinking he may have not understood the question well, but he did. I was sort-of shocked because I would have never thought of this boy having suicidal ideation. One of the girls identified was basically screaming for help. She could have easily been badly poisoned if she had not participated in SOS and I was not able to stop the plan she had."

TeenScreen: At Moultonborough Academy, New Hampshire

Moultonborough Academy, a very small public high school in central New Hampshire, decided to implement TeenScreen without having had a suicide attempt or death simply because they thought mental health screening was important.

During the four years the program has been conducted, about 150 students have been screened. Of these, about 10 students have screened positive—students whom the staff would not have otherwise identified. In addition, they give every student who participates a directory of local mental health services and encourage them to use it if they or their friends ever need help. According to Peter Whelley, the district school psychologist, "This program has been successful because the health teachers, counselors, and other teachers have worked well together and received support from the school administrators."

TeenScreen: From Project Coordinator, STOP Suicide Program, Washington, DC

Sheryce, a 17-year-old African-American female, participated in a screening at her school but did not score positive. However, during the standard debriefing with the screener, Sheryce requested a clinical interview. During the clinical interview, Sheryce disclosed that she was feeling hopeless about her situation: as a single mother living temporarily with a friend and involved in a bad relationship, she felt she might have to place her baby in foster care. She admitted to having thought about suicide at times.

The STOP Suicide Program staff referred Sheryce to a comprehensive set of mental health and social services. Three months after the screening, Sheryce had enrolled in the GED preparation program, was meeting with a counselor and case manager weekly, and had retained custody of her child.

STEPS TO PLAN AND IMPLEMENT A SCREENING PROGRAM

Step 1: Convene a group to plan and conduct a screening program.

Determine which individuals will take the lead in planning and conducting a screening program. Use *Tool 1.B: Chart of School Staff Responsibilities* (see Chapter 1) to help you identify individuals and record the names of the people that should be a part of this group.

Step 2: Secure support from administrators and staff for a screening program.

There are a number of ways to secure the support of administrators and staff for a screening program including:

- Provide administrators and staff with information that describes the value of screening programs in high schools and strategies for overcoming the challenges
- Connect administrators with peers who have implemented screening programs so that they can learn how the challenges were addressed and about the benefits of the program

Step 3: Determine which community mental health providers to use for referrals.

Screening is likely to increase the number of students your school identifies as needing to see mental health providers. Look at *Tool 1.C: Chart of Community Partners* (see Chapter 1) for a list of the local providers with whom you are partnering, and then:

- Decide which ones would be good referrals for students who are at risk for suicide
- Determine whether you need to expand your network of providers to ensure that high-risk students receive a follow-up evaluation and treatment as soon as possible

Step 4: Select a screening program to use for the students at your school.

It is important to base your selection of a screening program on information about how well programs may meet the needs of your students and school, including diversity in the students' cultural backgrounds. *Tool 7.A: Matrix of Screening Programs* provides key information on the two screening programs listed in the National Registry of Evidence-Based Programs and Practices (NREPP). Additional information on these programs is available under "Screening" in the "Resources" section at the end of the toolkit. An alternative approach to screening is described in the sidebar on the next page.

It can be very helpful to learn about other schools' experiences with implementing screening programs. To locate schools with this type of experience, contact the screening programs directly or ask your professional networks.

Alternative Approach to Identifying Students at Risk

The Miami-Dade County Public Schools in Florida developed the Student Intervention Profile to identify students who may be at risk for suicide. Classroom teachers and other school professionals rate all students on their performance in the following areas:

- Academic achievement
- Effort
- Conduct
- Attendance
- Negative report card comments
- Code of student violations
- Involvement with school police

Students who show difficulty in three or more of these areas are referred to a school counselor. The counselor meets with the student to assess specific needs and works with other school staff to help the student succeed in school and cope better with emotional and/or behavioral difficulties, including any suicidal behavior. (Zenere & Lazarus 2009, p.192)

Step 5: Engage parents in the screening program.

- It is essential to determine whether there are any State, school district, tribal, Bureau of Indian Education, or program funder requirements about obtaining parental consent in order for your school to conduct a screening program. *If there are, find out whether the consent must be active or may be passive.
- Obtaining parental consent can be challenging. Some parents do not want to consider the possibility that their child could have behavioral health problems or be suicidal. Some students may simply never give the consent form to their parents, and some parents simply may never get around to signing the form.

**Note that all high school programs funded through the Garrett Lee Smith Act are required to obtain active parental consent when using screening programs. In addition, local, State, and Federal laws may require parental consent. For example, the Protection of Pupil Rights amendment (PPRA), which stipulates parental consent requirements for surveys administered in schools, may be applicable to screening programs in schools.*

There are a number of methods that can help you gain parental consent, including the following:

- Inform parents about the screening program beforehand and provide them with information about the value of screening and the benefits of getting treatment when it is needed. In tribal communities, establish relationships with tribal leaders and programs to assist in informing families.
- Try strategies used in other schools. Talk with schools that have successfully implemented a screening program. For more details, see *Tool 7.B: Ideas to Maximize Parental Consent Response Rate*.

PARENTAL CONSENT

Active Consent

Definition: A student can participate only if the parent gives explicit permission. Usually written permission is required. In some cases, verbal permission is accepted.

Pros: Ensures parents are informed and their approval is obtained. This engagement increases the likelihood that parents will help their child obtain treatment, if it is needed.

Cons: Often difficult to get responses (whether "yes" or "no") from parents. It takes more staff time than passive consent. Fewer students are likely to be screened.

Passive Consent

Definition: Notice about the program must be sent or given to the parent. Communication back to the school is only necessary if the parent does not want the student to participate. Lack of response from the parent means the student has permission to participate.

Pros: Ensures parents are informed and gives them an opportunity to deny their child participation. School staff do not have to spend time trying to get responses. Usually more students are screened than with active consent.

Cons: Some parents might contact the school after the screening is done and say they never received notification about the screening program and object to it. If parental support is not obtained early, some parents might be less likely to consent to needed treatment for their child.

No Consent

Pros: No time or expense needs to be spent trying to get parent consent.

Cons: If parents are not notified about the screening program or they do not receive information that is sent home about it, some might object to it and be less likely to consent to needed treatment for their child.

CHAPTER 7: SCREENING TOOLS

Tool 7.A: Matrix of Screening Programs

Tool 7.B: Ideas for Maximizing Parental Response Rate

Tool 7.A: Matrix of Screening Programs

This matrix lists all of the Screening Programs that are in the National Registry of Evidence-Based Prevention Practices (NREPP), as of October 2010. There are currently no screening programs in the Best Practices Registry (BPR). The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The matrix also indicates the primary and secondary components of each program. The primary component of the program is the one around which the program is built. Secondary components are included to strengthen the primary component and/or to create a more comprehensive program. For each of the types of component listed there is a separate chapter in this toolkit.

SCREENING PROGRAMS

Program	Registry	Components	Grades	Number of Questions	Parental Consent
TeenScreen Schools and Communities	NREPP	***Screening is the sole component.*** It may take place during a class period or after school. Teens complete a short screening questionnaire. Those at risk meet with a mental health professional. Those not at risk have a debriefing interview that allows teens to ask questions.	6–12	Columbia Health Screen, a 14-item paper and pen questionnaire, or Diagnostic Predictive Scales, a 52-item computerized questionnaire.	Active required
SOS (Signs of Suicide)	NREPP	***A curriculum of 1–3 lessons is the primary component, and screening is the main secondary component.*** Screening is done in a class period, usually at the end of a lesson, and is scored by students or staff. Those at risk are given an assessment interview. The screening is not done as a stand-alone program without the curriculum. The other secondary components are sample presentations for a 1-hour staff in-service and a parent education night.	8–12	A 9-item paper and pen questionnaire. One version of screening tool is for parents to complete about their child. Both tools available in Spanish.	Choice of active, passive or none (depending on school district policy)*

For additional resources, see the Screening section in the "Resources" section of the toolkit.

**Note that all high school programs funded through the Garrett Lee Smith Act are required to obtain active parental consent when using screening programs.*

Tool 7.B: Ideas for Maximizing Parental Response Rate

These ideas can help maximize the return rate of parental consent forms, whether the response is "yes" or "no" (Rodgers, 2006, except where otherwise noted):

- Send the consent form home with students with a registration or "back to school" packet, other important forms, or a report card. Return rates improve if the form is sent with other materials that need to be signed by parents and returned to the school.
- Have parents sign the consent form at parent-teacher meetings or a school-based function, such as Back to School Night. Station school staff at a location where parents have to stop to complete forms.
- Provide incentives for returned forms (regardless of whether the response is "yes" or "no"):
  - Student incentives: Pencils, t-shirts, candy, movie cards, sports memorabilia (Brown & Grumet, 2009 for the last two), or a class party. Extra credit in health class or another class (Gutierrez & Osman, 2008).
  - Parent incentives: Gift cards for local stores or entries for prize drawings.
  - Teacher incentives: Gift cards when a specific number or percent of students return the form.
- Use a simple, easy-to-read, eye-catching, and culturally relevant letter and form printed on colored paper.
- Send a reminder notice with an additional form to parents who do not respond. Or call them.

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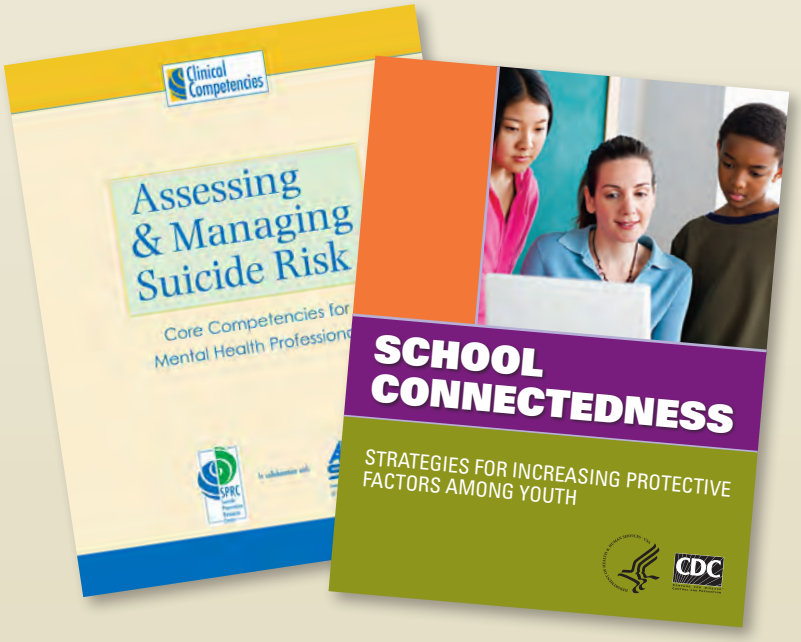
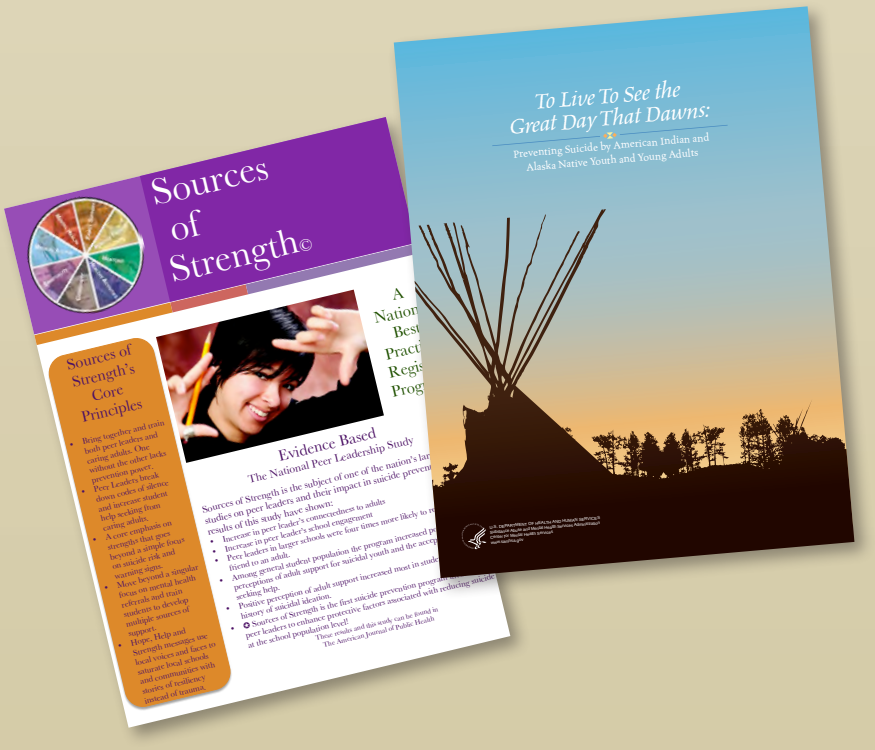


Resource Section



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Notes

- All costs listed are accurate as of this toolkit's publication date. If no cost is listed, the material is free.
- The category "Review" lists evaluations of the program, including acceptance in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). See *Tool 1.K: Suicide Prevention Registries Information Sheet* for details on these registries.
- This Resource Section includes a number of items that have not been evaluated. They are included for a few reasons, for example they are items schools find particularly useful but that are not typically evaluated (e.g., fact sheets, or guides), or they fill gaps in the existing materials.

GETTING STARTED

Guides

Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs

Author: National Indian Child Welfare Association
Date: 2009

Description: Although this toolkit is intended for tribal child welfare workers and care providers, it has sections that are relevant for staff working in schools. In addition to discussing general risk and protective factors and warning signs for suicide among youth and for LGBTQ youth as well as child welfare related risk factors, it also includes several articles that address issues particularly relevant to suicide prevention among tribal youth.

Garrett Lee Smith Suicide Prevention Toolkit (Also called Getting Started)

Author: Mental Health America of Wisconsin
Date: 2007

Description: This online resource collection contains a wide variety of materials useful for starting a youth suicide prevention program. They are listed under nine different topic sections, including making the case for developing a program, coalition building, youth screening programs and classroom curricula, gatekeeper training, crisis planning and postvention, evaluation tools, and information on obtaining funding.

Guidelines for School-Based Suicide Prevention Programs

Author: American Association of Suicidology, Prevention Division
Date: 1999

Description: This set of guidelines describes the conceptual basis for school-based suicide prevention programs; requirements for effective prevention programs, effective implementation, and effective retention of programs over time; and the key components of school-based suicide prevention programs. These guidelines are used as part of the criteria for inclusion of programs in the Best Practices Registry.

Research-Based Guidelines and Practices for School-Based Suicide Prevention

Author: Deborah Kimokeo, National Center on Child Fatality Review
Date: 2006

Description: This document summarizes Federal (and California) activity to prevent student suicide and provides research-based guidance for district – local – and site-level suicide prevention programming with comprehensive involvement of school personnel.

School Connectedness: Strategies for Increasing Protective Factors among Youth

Author: Centers for Disease Control and Prevention (CDC)
Date: 2009
Description: School connectedness is defined by the CDC in this guide as "the belief by students that adults and peers in the school care about their learning as well as about them as individuals." It is a strong protective factor against suicidal ideation and attempts. At a conference in 2003 sponsored by CDC's Division of Adolescent and School Health and the Johnson Foundation, six evidence-based strategies to increase students' sense of connectedness were identified. This publication outlines the roles and responsibilities of school administrators, teachers, support staff, and parents in implementing the six strategies, along with specific actions that can be taken to implement each strategy.

School Interventions to Prevent Youth Suicide (Technical Assistance Sampler)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Description: This packet of author-produced and other collected materials provides the following: an overview of the problem; a suicide risk assessment; information on planning school interventions and training staff; guidance on providing support and preventing contagion in the aftermath of a suicide; and sources for hotlines, consultants, and mental health services.

Schools and Suicide: Latest and Best School-based Strategies

Author: Madelyn S. Gould
Date: 2010
Description: This 56-slide PowerPoint presentation from a webinar starts by explaining why suicide prevention does belong in schools. It then describes the five types of school-based suicide prevention programs including their rationale, aims, beneficial and detrimental effects, and limitations, and gives examples of each.

Screening/Assessing Students: Indicators and Tools

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Description: This packet of author-produced and other collected materials includes overviews, outlines, checklists, instruments, and recommendations and guidelines from Federal agencies related to early identification through screening. It also examines the controversy related to the many false positives resulting from universal screening, as well as issues related to screening high-risk youth.

Suicide Prevention (Quick Training Aids)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Description: These quick training aids provide factsheets on suicide rates and methods to assess suicide risk and prevent suicide. Author-produced and other collected materials include several tools and handouts for use with presentations.

To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

Author: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Date: 2010
Description: This guide supports American Indian and Alaska Native (AI/AN) communities and those who serve them in developing effective, culturally appropriate suicide prevention plans for youth and young adults. Its intended users include tribal/village leaders, elders, healers, youth activists, suicide prevention program leaders, school administrators, and other community members. Although the guide's focus is on suicide prevention in the community as a whole, many of the programs described in Chapter 7, Promising Suicide Prevention Programs, are school based. The guide also includes information about risk and protective factors that are particularly relevant to AI/AN youth and issues in adapting programs for cultural differences.

Wisconsin Components of a School-Based Suicide Prevention, Intervention, and Postvention Model

Author: Mental Health America of Wisconsin
Date: 2007
Description: This guide is for schools to use in developing or improving their prevention programs, crisis plans, and response to suicides. It describes components of a comprehensive, school-based suicide prevention program and provides detailed guidelines and procedures for dealing with suicidal crises and postvention. The extensive appendices include handouts and tools on suicide prevention, intervention, and postvention geared toward multiple audiences.

Youth Suicide Prevention School-Based Guide

Author: Louis de la Parte Florida Mental Health Institute, University of South Florida
Date: 2003

Description: This tool provides a series of checklists for schools to assess their existing or proposed suicide prevention efforts and resources and information that school administrators can use to enhance or add to their existing programs. Topics covered include administrative issues, risk and protective factors, prevention guidelines, intervention and postvention strategies, family partnerships, school climate, and diverse populations.
Review: Best Practices Registry

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel

Author: Maine Youth Suicide Prevention Program
Date: 2009 (fourth edition)

Description: This document provides a description of the components of a comprehensive school-based suicide prevention program; an assessment form for schools to determine if they are ready to manage suicidal behavior; detailed guidelines for implementing suicide intervention and postvention in schools; and appendices with a variety of other related materials, including an outline for an awareness session for all school personnel and sample forms, letters, and handouts.
Review: Best Practices Registry

Information Sheets

Mentors—Coaches—Youth Leaders

Author: Needham Suicide Prevention Coalition
Date: 2007

Description: This section of the Needham Acts Web site contains information sheets for mentors, coaches, and youth leaders on how to identify whether a young person they are guiding, coaching, or supervising may be suicidal and what to do about it.

Response to the Myth that Talking about Suicide Will "Plant the Idea"

Author: John Kalafat
Date: 2001

Description: In this brief essay, John Kalafat, a well-known expert in suicide prevention, summarized evidence supporting the position that talking about suicide does not increase risk but serves to prevent it.

School Awareness Series: The Role of the School Board in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Description: This one-page factsheet helps school board members evaluate their districts' staff policies and awareness training for suicide prevention in at-risk students. It also helps board members to evaluate their district's preparedness and response.

School-Based Suicide Prevention: A Matter of Life and Death

Author: Jan Ulrich, Kentucky Cabinet for Health and Family Services
Date: 2009
To obtain a copy: Contact Jan Ulrich at jan.ulrich@ky.gov
Description: This 14-minute, two-part video is a helpful tool to use with school decision-makers regarding the need for school-based suicide prevention/postvention programs and crisis planning. School administrators and staff share their experiences of dealing with the suicides of their students. An overview is given of school-based suicide prevention programs and crisis planning to reduce suicide among middle and high school students, including potential suicide contagion. The video emphasizes the importance of educating staff using gatekeeper programs and educating and screening students with evidence-based programs.

School Health and Mental Health Providers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Description: This Web page, created for school health and mental health providers, contains information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to school health and mental health providers.

Suicide Prevention and Intervention

Author: Richard Lieberman, Scott Poland, and Katherine Cowan, National Association of School Psychologists
Date: 2006
Description: This article provides guidance to administrators on the problem of student suicide; warning signs; suicide prevention planning, including schoolwide approaches such as gatekeeper training, screening, and establishing a suicide prevention task force; and postvention. It also addresses legal considerations and responding to caregivers.

Teachers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005

Description: This Web page, created for teachers, provides information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to teachers.

Understand Suicide: Outlining Basic Characteristics

Author: Society for the Prevention of Teen Suicide
Date: 2009

Description: This information sheet provides a definition of suicide and discusses five key characteristics of suicide.

What Every Teacher Should Know

Author: Oregon Youth Suicide Prevention Program
Date: 2000

Description: This brochure discusses ways teachers can recognize warning signs in students, ways to access help for them, and how to engage families in accessing services. ***Also available in Spanish***.

CRISIS RESPONSE/POSTVENTION

Guides

After a Suicide: A Toolkit for Schools

Authors: American Foundation for Suicide Prevention and Suicide Prevention Resource Center
Date: 2011

Description: This online resource provides basic information for schools to use in developing and implementing responses to a suicide death of a student or staff person. It includes information about what to do in getting started, implementing crisis response actions, dealing with issues related to memorials, helping students cope, and working with social media and the community. It includes sample letters; talking points and suggested outlines for meetings with students, staff, and parents; and a list of links to other resource materials.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death

Authors: Maureen Underwood, Fred T. Fell, and Nicci A. Spinazzola of the Society for the Prevention of Teen Suicide
Date: 2010
Description: This manual provides guidance in the development of protocols for a school's response to suicide and other traumatic deaths. The manual is divided into chapters that focus on the roles of the different parts of a school community, including administrators, crisis team members, teachers and other school staff, students, parents, and the larger community. To make it easier to locate key content in a crisis situation, a Quick Reference Guide is included at the end of the manual. A CD-ROM included with the manual contains handouts, slide show presentations, and additional resource materials.
Cost: $99

Postvention Standards Manual: A Guide for a School's Response in the Aftermath of Sudden Death

Author: Mary Margaret Kerr, David A. Brent, Brian McKain, and Paula S. McCommons, STAR-Center
Date: 2003 (fourth edition)
Description: This manual is geared toward educators, social workers, school psychologists, counselors, and other professionals who work with children and adolescents in the aftermath of sudden deaths, including suicide. It provides guidance to schools and communities in developing their own postvention protocols that can be activated quickly and safely. Sample materials are included for use in response to a sudden death.

Responding to Crisis at a School

Author: Center for Mental Health in Schools at UCLA
Date: 2008
Description: This extensive resource aid provides guidance on crisis planning and response as well as violence and suicide prevention through whole school approaches involving crisis teams. It also summarizes evaluations on crisis team effectiveness. The collected handouts target staff, students, and parents.

Sudden Death-Suicide-Critical Incident: Crisis Response for Principals and Student Services Staff

Author: Madison Metropolitan School District
Date: Revised 2005
Description: Geared primarily toward principals, this guide lists specific procedures for coordinating a school's response to a sudden death, suicide, or other critical incident. Annotated checklists for principals, supported by handouts for school staff, guide a school's actions to communicate information to various audiences, provide support and services if needed, and prevent contagion.

Suicide Postvention in the School Community

Author: Frank Zenere, Florida Suicide Prevention Coordinating Council
Date: 2009
Description: These 51 slides provide an overview of considerations for postvention that involve all school personnel. Topics covered include risk identification, memorialization, contagion, and dealing with the media.

Suicide Postvention is Prevention: A ProActive Planning Workbook

Author: Brenda Dafoe, Lynda Monk, BC Council for Families
Date: 2005
Description: This workbook guides community members in suicide prevention program planning and implementation after a suicide. Central to the work is the establishment of a strong network involving students and schools, services, and community agencies.
Cost: $22.50

When Death Impacts Your School: A Guide for School Administrators

Author: Dougy Center for Grieving Children
Date: 2000
Description: This guide for school officials faced with a death affecting their students, staff, or community includes suggestions for dealing directly with death, developing a school intervention plan after a death, and addressing special issues around suicide or violence.
Cost: $10

Information Sheets and Articles

Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams

Author: American School Counseling Association
Date: 2004
Description: This information sheet, using vignettes on suicide among minority students, discusses crisis response planning and culturally competent response.

Dealing With Death at School

Author: Scott Poland and Donna Poland, National Association of School Psychologists
Date: 2004
Description: This article discusses the appropriate ways in which school leadership should respond to a death in the school community, with particular emphasis on death by suicide.

Helping Students Cope with Suicide

Author: Robert Evans, National Association of Independent Schools
Date: 2004
Description: Short factsheet providing five guidelines on how to talk with students after a suicide in the school community.

Memorial Activities at School: A List of "Do's" and "Don'ts"

Author: National Association of School Psychologists
Date: 2002
Description: This one-page list identifies appropriate memorial responses after a suicide that can assist the school community in coping with the loss and prevent loss-related distress.

Suicide Clusters and Contagion

Author: Frank J. Zenere, National Association of Secondary School Principals
Date: 2009
Description: This article describes the problem of contagion and how administrators can prevent it by establishing a crisis team, recognizing and monitoring at-risk students, and mobilizing community-wide responses.

Understanding Student Reactions to the Anniversary Date of a Peer's Death

Author: Society for the Prevention of Teen Suicide
Date: 2009
Description: This factsheet discusses how developmental characteristics of teens can make them especially vulnerable on the anniversary of a peer's death and how adults can prepare for and respond to their needs and reactions.

STAFF EDUCATION AND TRAINING

The guide *To Live To See the Great Day That Dawn*s describes the applicability of some of the staff programs below to American Indian and Alaska Native communities. See pages 76–83 of the guide.

Identifying Suicide Risk (Training for school staff)

At-Risk for High School Educators: Identify and Refer Students in Mental Distress

Author: Kognito Interactive
Date: 2010
Description: This online, interactive gatekeeper training program uses virtual role-play to help high school teachers, staff, and administrators learn common signs of psychological distress, including depression, anxiety, and thoughts of suicide, and how to approach an at-risk student for referral to the school counselor. It is a 1-hour simulation in which users take on the role of a teacher, analyze profiles of three at-risk virtual students, and then engage in simulated conversations with them, including to encourage them to see the school counselor. Users practice and learn to use open-ended questions, reflective listening, and other communications techniques. This program is based on At-Risk for University Faculty, which is included in the SPRC Best Practices Registry for suicide prevention programs.
Cost: Available to schools, districts, and states. Price ranges from approximately $5 to $40 per user depending on the number of users. For pricing information, contact Kognito at info@kognito.com.

Be A Link! Suicide Prevention Gatekeeper Training

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Description: This is a 2-hour adult gatekeeper training program developed by Yellow Ribbon. The program may be implemented in a variety of settings, including schools, workplaces, and community groups. The training provides participants with knowledge to help them identify youth at risk for suicide and refer them to appropriate help resources. Training materials include a PowerPoint presentation (provided on a CD) and a trainer's manual. This program is often used in conjunction with the Yellow Ribbon student program Ask 4 Help! Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location.
Cost: $299.95, which also includes materials for Ask 4 Help! Training of trainers is $295, (which includes training and all materials for both Be a Link! and Ask 4 Help!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.

Dealing with Suicide-related Curriculum

Author: Society for the Prevention of Teen Suicide
Date: 2009
Description: This information sheet provides guidance on dealing with suicide themes in traditional coursework, such as the play "Romeo and Juliet," and how to manage the emotions of students who may have been personally affected by suicide.
Gatekeeper Suicide Prevention Program: A High School Curriculum
(See description in Student Education and Skill-Building section)

LGBTQ Suicide Prevention Training

Author: Washington Youth Suicide Prevention Program
Date: Workshop 2007, webinar 2009
Description: The OUTLoud program of the Washington Youth Suicide Prevention Program offers a workshop for staff and teachers and a webinar focusing on suicide prevention in gay, lesbian, bisexual, transgender, and questioning (LGBTQ) youth. The workshop Safe and Accepted - LGBTQ Youth Suicide Prevention & Intervention covers warning signs, distinctions between suicide and self-harm, and how to access help. The webinar LGBTQ Youth: An Introduction to Risk & Protective Factors is geared toward all audiences and discusses risk factors, warning signs, protective factors, and resources for LGBTQ youth.
Cost: Webinar free. Workshops free within King County, WA, and negotiated outside. Contact Heather Carter at heather@yspp.org or 206-297-5922, ext.116.

Lifelines

(See description in Student Education and Skill-Building section)

Making Educators Partners in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Description: Geared toward educators and school staff, this online interactive training program consists of five modules (2 hours total) addressing the critical but limited responsibilities of educators in identifying and referring potentially suicidal youth. In addition to lecture, question and answer, and role-play formats, experts and survivors provide a rationale for school-based suicide prevention.

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel

Author: American Foundation for Suicide Prevention
Date: 2010
Description: Geared toward teachers and other school personnel, this 2-hour training program is built around two 25-minute DVDs and can be led by school staff. Also included are a 42-page instructional manual for program participants and slides for teacher trainers. The program is also suitable for parents and other adults who care for or work with youth.
Cost: $99.99

Online Staff Development Curriculum

Author: Jason Foundation
Date: 1998
Description: This curriculum has three multipart modules with a certificate of completion. The first module gives an overview of suicide and lists warning signs and risk factors. The second module provides further information on suicide prevention and includes excerpts from two professionals. The third module suggests ways to incorporate a protocol in a crisis situation. The modules are available in several formats: staff presented, interactive CD-ROM or DVD (to be used with a local school facilitator), and via Internet access or video conference.

QPR Gatekeeper Training

Author: Paul Quinnett
Date: 1999; Customized versions for different audiences are continually being developed.
Description: This training program uses the mnemonic QPR (Question, Persuade, Refer) to guide lay and professional gatekeeper responses in a mental health emergency, including suicide. It covers recognizing early warning signs, persuading the individual to accept help, and accessing needed services. The training is delivered in a standardized 1 – to 2-hour, multimedia format by certified QPR gatekeeper instructors. An online version is also available. African American and Native American versions of the 9 1/2-minute video shown at the beginning of the training are available for both in-person and online trainings. In-person trainings and handouts are available that are tailored for Native Americans and in other languages, including Spanish.
Cost: In-person cost varies. Online training, $29.95; enter QPRO at the prompt for an educational discount. Instructor training, $495. Recertification, $85.
Also, Reis, C., & Cornell, D. (2008). An evaluation of suicide gatekeeper training for school counselors and teachers. *Professional School Counseling, 11*(6), 386–394.

RESPONSE

(See description in Student Education and Skill-Building section)

safeTALK

Author: LivingWorks Education, Inc.
Date: 2006
Description: This 3-hour training program focuses on reducing the social barriers to discussing suicide that may prevent recognition of suicide risk and referral to treatment. Participants are shown video scenarios of a person in crisis and asked to demonstrate learned identification and intervention skills. In schools, it can be used with any staff, students ages 15+, and parents. It is recommended that it be used where there are providers trained in Applied Suicide Intervention Skills Training (ASIST) to whom students can be referred, but it can be used where providers have other equivalent suicide prevention training.
Cost: 3-hour training cost varies. Resource kit, $6.50 each. 2-day training of trainers, $675 per person.

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth

Author: Suicide Prevention Resource Center, Education Development Center, Inc.
Date: Winter 2011
Description: This toolkit contains all the materials needed to provide a training on suicide prevention among lesbian, gay, bisexual, and transgender youth for staff who work in either youth-serving agencies or suicide prevention programs. The workshop described is 4 hours long, but it can be adapted and/or shortened to fit the needs of the audience. It covers basic information about suicide prevention, including risk and protective factors and warning signs; LGBT cultural competence; and ways to address suicide prevention among LGBT youth. Along with a PowerPoint presentation, the training includes group discussions and participatory activities, and the workshop kit includes a leader's guide and handouts.

Assessing Suicide Risk (Training for health and mental health professionals)

Assessing and Managing Suicide Risk (AMSR)

Author: Suicide Prevention Resource Center and the American Association of Suicidology
Date: 2006
Description: This 1-day curriculum for mental health professionals is based on 24 competencies arrived at through a consensus process among leading clinician-researchers. The training combines lecture, video demonstrations, and exercises to effectively assess suicide risk, plan treatment, and manage ongoing care of the at-risk client. Trainings are sponsored by community groups and facilitated by AMSR's nationwide roster of expert faculty. Tailored formats for university and college counseling center staff or employee assistance professionals are available.
Cost: Varies depending on the trainer and the services provided. Typical costs to train 100 professionals in a locally sponsored workshop range from $65 to $85 per participant. This includes all trainer costs, training materials, and certificates of completion with continuing education credits.

ASIST (Applied Suicide Intervention Skills Training)

Author: R. Ramsay, W. Lang, B. Tanney, & R. Tierney. LivingWorks Education, Inc.
Date: Revised May 2003
Description: This 2-day training teaches suicide first aid to caregivers to identify people at risk, intervene through exploring reasons for dying and living, develop a "safe plan" to reduce the risk of suicide, perform follow-up as needed, and become involved with community networks of providers. Participants learn and practice skills in identifying and responding to people at immediate risk of suicide. In high schools, ASIST is most appropriate for mental health providers, guidance counselors, and school nurses.
Cost: Training cost varies, but $275 per participant is recommended. Training materials are $35. Training of trainers is $2,500 for 5-day training.

PREPaRE: School Crisis Prevention and Intervention Training Curriculum

Author: National Association of School Psychologists
Date: Revised 2009
Description: A curriculum providing training for school personnel on crisis preparation, prevention, intervention, response, and recovery procedures, with a special emphasis on the role of school-based mental health professionals. It is offered in two workshops: Workshop 1 is a 1-day, 8-hour workshop, recommended for school crisis teams, school mental health personnel, administrators, community liaisons, school resource officers, and any other staff who will be involved in crisis planning/preparation. Workshop 2 is a 2-day, 13-hour workshop, recommended for anyone who serves on a school crisis intervention team.
Cost: Workshop 1 materials fee is $25 per person. Workshop 2 materials fee is $35 per person. Training fees are $1,500/day plus expenses for the curriculum's authors. Local trainer's fees and expenses vary.

QPR Suicide Triage Training Program

Author: Faculty of QPR Institute
Date: Revised 2010
Description: QPR stands for Question/Persuade/Refer. This training builds on the basic QPR Gatekeeper training but goes into greater depth and adds skills in assessing immediate suicide risk and immediately enhancing protective factors. While it is used by a wide variety of professionals in the community, within a school setting it is recommended for counselors, nurses, and social workers. The program takes 8 hours of classroom time or 10 hours online. Both versions have been adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course. **Cost:** In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.

QPRT Suicide Risk Assessment and Risk Management Training Program

Author: Faculty of QPR Institute
Date: Revised 2008 and updated annually
Description: QPRT stands for Question/Persuade/Refer/Treat. Compared to the QPR Suicide Triage Training, this course adds treatment of people at risk for suicide. It is geared toward primary healthcare professionals, counselors, social workers, psychiatrists, psychologists, substance abuse treatment providers, and clinical pastoral counselors. In addition to suicide risk detection and assessment, the course covers suicide risk management by establishing a safety and intervention plan for the individual who is suicidal. It also provides guidance for avoiding claims of suicide malpractice. The program takes 8 hours of classroom time or 10 hours online. Both versions have beene adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course.
Cost: In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.

Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)

Author: American Association of Suicidology
Date: 2006
Description: This advanced 2-day interactive training for mental health clinicians is based on the same 24 core clinical competencies developed by expert consensus for the Assessing and Managing Suicide Risk (AMSR) 1-day training. These competencies comprehensively define the knowledge, skills, and attitudes required to effectively assess, manage, and treat individuals at risk for suicide. Instruction consists of an initial Web-based assessment, followed by a 2-day, face-to-face classroom workshop and an online post-workshop mentorship. Training is delivered by RRSR master trainers based throughout the United States.
Cost: Base fee for up to 40 participants is $4,600 plus trainer travel and lodging. Additional $65 required for each participant's program materials and online assessment. Continuing education credits are available for a $45 fee.

School Suicide Prevention Accreditation Program

Author: American Association of Suicidology
Date: 2008
Description: This program prepares school-based health and mental health professionals to implement schoolwide suicide prevention programs. Self-study materials are provided prior to a certification exam. Topics covered include recognizing risk, assessment, intervention, postvention, reintegration, contagion, and working with families.
Cost: School-based professional, $350. Graduate students, $250.

SuicideCare

Author: LivingWorks Education, Inc.
Date: 2006
Description: This 1-day, practice-oriented seminar introduces advanced clinical competencies to mental health clinicians and other helping professionals who work with a person at risk of suicide on a longer term basis. The Applied Suicide Intervention Skills Training (ASIST) is a prerequisite.
Cost: Seminar is $25 per participant. Trainer fees are $900–$1,000 for mentoring.

PARENT/GUARDIAN EDUCATION AND OUTREACH

Programs

Gatekeeper Suicide Prevention Program: A High School Curriculum

(See description in Student Education and Skill-Building section)

Lifelines

(See description in Student Education and Skill-Building section)

Not My Kid

Author: Society for the Prevention of Teen Suicide
Date: 2008
Description: This 17-minute Web-based video features eight parents from culturally diverse backgrounds asking two experts a variety of common questions about youth suicide. It poses and answers some questions that parents can ask to determine whether their child may be at risk for suicide. It also shows how to ask those questions until parents get the responses they need to understand if their child is at risk, and if so, how to deal with the risk.

RESPONSE

(See description in Student Education and Skill-Building section)
Information Sheets and Web Pages

Information for Parents and Guardians: Keeping Your Child Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Description: This section of the Needham Acts Web site contains information sheets that answer key questions parents ask when they are concerned that their child or someone else's child may be suicidal. It includes information on what to do in emergency situations and when a child is hospitalized.

Parent Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention, how to talk with one's own child, and how to cope after a suicide attempt or death.

Parent Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009
Description: This Web page contains stories of parents who have lost a child to suicide and provides information sheets with guidance for parents on how to talk to their teens about suicide, suicide contagion, or the death of a friend by suicide.

Parent Information Sheets

Author: Youth Suicide Prevention Program, Washington
Date: 2010
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention; how to help different groups of teens, including talking with one's own child; and how to cope after a suicide attempt or death.

Preventing Youth Suicide—Tips for Parents and Educators

Author: National Association of School Psychologists
Date: [n.d.]
Description: This Web page describes the risk and resiliency factors related to suicide, warning signs of suicide, ways in which to respond, and parent or caregiver notification.

How Parents Can LOOK LISTEN AND HELP: Youth Suicide Is Preventable (Cómo pueden los padres OSERVAR ESCUCHAR AYUDAR)

Author: Oregon Youth Suicide Prevention Program
Date: 2004
Description: This brochure for parents discusses their role in recognizing changes in their child's behavior that may indicate risk of depression or suicide and outlines how they can intervene to prevent a crisis and access help. A ***Spanish language version*** can be downloaded from the Web site, and an English language version can be ordered by email.

STUDENT EDUCATION AND SKILL-BUILDING

The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the student programs below to American Indian and Alaska Native communities.

Curricula for All Students

Note: A student curriculum is the primary component of all the programs in this section. Programs that have additional components, such as staff training or parent education, have bulleted subheads describing each of the components.

A Promise for Tomorrow

Author: Jason Foundation
Date: 1998
Description: This five-lesson curriculum, geared toward students in grades 7–12, teaches students to recognize warning signs in peers and to alert a responsible adult. Materials to train teachers to deliver the lessons are included. This curriculum is ***available in Spanish***.

American Indian Life Skills Development/Zuni Life Skills Development

Author: Teresa D. LaFromboise, Stanford University
Date: 1995
Description: This curriculum specifically targets Native American adolescents (high school and some middle school students) and focuses on building protective factors and life skills. In addition to increasing awareness of suicide, it covers building self-esteem, identifying and managing emotions and stress, increasing communication and problem-solving skills, and setting goals. It also teaches methods of helping at-risk peers move away from suicidal thinking and to seeking appropriate help. School staff participate in a 3-day training. They deliver the 28–56 lesson plans to students over 30 weeks. They also work with community resource leaders and social services agency staff to ensure that the lessons are culturally relevant.
Cost: Curriculum text is $29.95. Training for teachers and cultural adaptation varies.

Ask 4 Help! Suicide Prevention for Youth

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Description: This 1-hour, high school-based curriculum is designed to increase help-seeking among students and their peers. Students are instructed on how to use Ask 4 Help! wallet cards, which have information on how to seek help as well as a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). The unit also discusses local resources for help and warning signs. Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location. This program is usually used in conjunction with the Yellow Ribbon adult gatekeeper program Be A Link!
Cost: $299.95, which also includes training materials for Be A Link! Training of trainers costs $295 (which includes training and all materials for both Ask 4 Help! and Be a Link!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.

Gatekeeper Suicide Prevention Program: A High School Curriculum

Author: Gryphon Place
Date: Revised 2008
Description: All services and program consultation are provided by staff of Gryphon Place or volunteers they have trained, and are provided almost exclusively in Michigan.

- *Student Curriculum:* This curriculum comprises four lessons of 50 minutes to 1 hour each, which are usually taught 4 days in a row. It is usually given to 9th grade students during their health class. The lessons are taught by university students who are trained by Gryphon Place. Students learn to recognize risk behaviors associated with suicide or self-harm and, if recognized, to notify a trusted adult.
- *Staff Training:* Various types of gatekeeper training are available for all school staff and run in length from 1 hour to 2 days.
- *Parent Education:* A suicide awareness workshop, lasting 1 to 1½ hours, is available, along with a brochure containing facts about teen suicide, warning signs, and suggestions for what parents can do.

Cost: Varies depending on the components provided. Contact Guy Golomb at 269-381-1510 or ggolumb@gryphon.org.

Healthy Education for Life Program (HELP)

Author: Heartline Oklahoma
Date: Revised 2005
Description: This suicide awareness program is designed to be given in one 45–55-minute class by volunteers trained by Heartline Oklahoma and is only given in Oklahoma. It can be tailored for any of the following age groups: 10–14, 15–19, and 20–24. The program provides information on warning signs of depression and suicide, and empowers youth to seek help. A brief screening checklist is given at the end of the lesson. The checklist reinforces the information and helps identify students who are potentially at risk for suicide so that they can be referred to a school counselor for follow-up.

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

Author: Sue Eastgard, Washington State's Youth Suicide Prevention Program
Date: Revised 2009
Description: This pilot-tested and evaluated curriculum is most appropriate for 9th and 10th grades but may be used in 11th and 12th grades. It consists of four 45-minute lessons designed to be taught by a classroom teacher and can be easily incorporated into existing health classes. The program aims to build students' resiliency, increase their help-seeking behavior, and empower them to help other youth. Activities include discussion, problem-solving, and skill practice. The curriculum includes the DVD "A Cry for Help." Training to learn how to teach this curriculum is strongly recommended but not required.
Cost: In Washington State: materials are $100; training is free. Outside of Washington State: materials are $250; training is a negotiable fee.

LEADS: for Youth (Linking Education and Awareness of Depression and Suicide)

Author: Suicide Awareness Voices of Education
Date: Revised 2009

Description:

- *Student Curriculum:* This 3-hour curriculum is designed to be presented in three separate class sessions and is usually given during health classes. It is geared toward students in grades 9–12 and combines lecture and discussion. It covers signs and symptoms of depression, risk and protective factors and warning signs for suicide, and the barriers and benefits of seeking help. LEADS emphasizes connecting students and teachers to school and community resources and increases skills in how to seek help for oneself or a friend. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Protocols:* Also included is a guide to help implement a school suicide crisis management plan that covers prevention, intervention, and postvention.

Cost: $125

Lifelines

Authors: Maureen Underwood, John Kalafat, and the Maine Youth Suicide Prevention Program
Date: Revised 2009
Web link: http://www.hazelden.org/web/public/lifelines.page
Description: Before giving the student lessons, this comprehensive program requires that schools implement protocols, a referral network with local providers, a school readiness survey, staff training, and parent education. The trainings for students, staff, and parents all cover basic awareness about suicide prevention, identifying students at risk, and helping them get help. A 2-day, onsite training on how to implement all the program components is available.

- *Student Curriculum:* Four 45-minute lessons geared toward grades 8–10. Two videos model appropriate and inappropriate responses to a suicidal peer and an account of how students intervened after Lifelines training. A 1-day, onsite workshop to train teachers to teach the curriculum is available.
- *Staff Training:* Includes a presentation that runs 45–60 minutes followed by 45–60 minutes for questions and discussion
- *Parent Education:* Includes a presentation that runs 45–60 minutes followed by 15–45 minutes for questions and discussion
- *Protocols:* The program material contains information on conducting a school readiness survey; establishing protocols for responding to at-risk youth, suicide attempts, and completions; and implementing the program.

RESPONSE: A Comprehensive High School-Based Suicide Awareness Program

Author: Jill Hollingsworth of ColumbiaCare Services, Inc.'s Center for Suicide Prevention
Date: Revised 2010
Description: Before giving the student lessons, this comprehensive program recommends that schools establish a RESPONSE team of school-based leadership and local service providers, and develop referral networks. The program requires that schools perform a school readiness assessment and send two staff to an ASIST training before offering the student component or adopting or developing suicide prevention, intervention, and postvention guidelines. The trainings for students, staff, and parents all include a video and PowerPoint presentation that promote awareness about suicide prevention, heighten sensitivity to depression and suicidal ideation, expose attitudinal/behavioral barriers that interfere with assistance, and increase the identification and referral of students who may be suicidal. In addition to the primary version of RESPONSE that may be used by any State, there are versions available that are tailored to Oregon, Virginia, and South Dakota. RESPONSE can be customized for any State with certain limitations. The school kit includes information that will enable school staff to implement the trainings on their own. However, a training of trainers will be provided if requested.

- *Student Curriculum:* Four 50-minute lessons. In addition to learning basic information on suicide prevention, students practice skills to help a peer who may be depressed or suicidal.
- *Staff Training:* A 2-hour training workshop for staff. In addition to learning basic information on suicide prevention, the training helps staff understand how to facilitate referrals, including specific procedures for at-risk students.
- *Parent Education:* 1-hour parent workshop. In addition, parents of incoming freshman are mailed information regarding depression and suicide prevention and the student curriculum each year.
- *Protocols:* The implementation manual includes step-by-step instructions for setting up the whole program, including a RESPONSE team; guidelines for prevention, intervention, and postvention; and referral networks.

SOS: Signs of Suicide

Author: Screening for Mental Health, Inc.
Date: 2001
Description:

- *Student Curriculum:* Contains three 45-minute lessons for grades 8–12 that may be given during a health class or any other class. The first lesson, which can be given without the others, teaches students how to recognize symptoms of depression and suicide in themselves and others and how to get help. Students are taught to respond to others using the ACT mnemonic: Acknowledge, Care, and Tell. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Screening:* A brief scientifically validated screening tool for depression and other risk factors associated with suicidal behavior is included in this program and is usually given at the end of a lesson. The questionnaire has nine questions and takes about five minutes. It may be scored by the students themselves or by staff. Students who have a positive score are given an assessment interview to determine if they need further evaluation and treatment. The screening is not done as a stand-alone program without the curriculum. Schools can choose whether to use active, passive, or no parental consent depending on school district policy. Also included is a version of the screening tool for parents to complete about their child. Both the student and parent versions are available in Spanish.
- *Staff Training:* 1-hour awareness presentation
- *Parent Education:* 1-hour awareness presentation
- *Supplemental Student Programs:* (1) SOS Booster Program for juniors and seniors and (2) Signs of Self-Injury, which addresses non-suicidal self-harm in one lesson and includes a student self-assessment checklist

Skills-Building Programs for Individuals at Risk of Suicide

CAST (Coping and Support Training)

Author: Reconnecting Youth Inc.
Date: 2006
Description: Designed for at-risk youth in grades 9–12, this program delivers life-skills training and social support in groups of 6–8 referred students. It consists of 12 55-minute group sessions given over 6 weeks by trained facilitators. It helps students increase school performance, self-esteem, and personal and social protective factors; decrease anxiety, depression, hopelessness, anger, suicide risk, and drug use; and increase supportive connections with teachers and family. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can facilitate the group. CAST may also be used in middle schools, as a prevention program for youth in transition, or in a community or mental health agency. Training is provided by RY Inc. and can be delivered onsite. CAST's goals are similar to those of Reconnecting Youth, but it is delivered in a shorter timeframe with fewer sessions.
Cost: Curriculum, $699. Student notebook, $26.50 each. 4-day training for 8–9 staff members, $8,000.
Review: National Registry of Evidence-Based Programs and Practices

Reconnecting Youth

Author: Reconnecting Youth Inc.
Date: Revised 2004
Description: Designed for at-risk youth in grades 9–12, this program promotes school performance and decreases drug use, anger, depression, and suicidal behavior through small-group, life-skills training to enhance personal competencies, resiliency, and social support resources. Throughout the semester, classes of 10–12 referred students meet with trained facilitators every day for a 55-minute class and receive academic credit for participation. The five program modules are Getting Started, Self-Esteem Enhancement, Decision Making, Personal Control, and Interpersonal Communication. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can teach the class. Training is provided by Reconnecting Youth Inc. and can be delivered onsite.
Cost: Curriculum guide, $299.95. Student workbook, $24.95 each. 4-day training for 6–8 staff members, $8,000.

Peer Leader Programs

How Not to Keep a Secret

Editors: South Shore Hospital, South Weymouth, MA, and Children's Hospital Boston, Boston, MA
Date: 2010
To obtain the program materials: Contact Karin Farrell at karin_farrell@sshosp.org or 781-624-7849.
Description: This interactive peer leader program provides students from different high schools with a 1-day training focusing on depression awareness and suicide prevention. The goals of the program include building student knowledge and awareness, and teaching students how to reach out to a trained, connected, and trusted adult to prevent suicide and reduce the stigma of depression and seeking help. The peer leaders from each school then create a skit that portrays how mental health issues may impact teens and how to reach out to a trusted adult for help. These skits are performed before all present on the training day, and feedback is given. After the training, the peer leaders take their skit back to their own school and present it during awareness sessions in settings such as a freshman assembly; an advisory group; a health, psychology, or English class; or presentations for faculty or parents. The peer leaders may also talk individually with students to provide needed encouragement and assistance in seeking help.
Cost: Training manual, $50.

Native H.O.P.E. (Helping Our People Endure)

Authors: Clayton Small, Native P.R.I.D.E. and Ernest Bighorn, Jr., Indian Development & Educational Alliance
Date: Revised 2010
Description: This suicide prevention program is designed specifically for Native American youth and incorporates Native American culture, traditions, spirituality, ceremonies, and humor. It uses a strengths-based model as well as provides suicide awareness. All the students in the school or a grade must participate in a 3-day training. Then they are involved in developing and implementing a strategic action plan with activities related to suicide, depression, trauma, violence, and substance abuse. The activities include organizing a Native Youth Leadership Council, conducting educational presentations and other prevention activities, and establishing support groups and talking circles. The youth also provide support to their peers and assist them with getting help for mental health issues. The student activities are facilitated by teachers, counselors, social workers, spiritual leaders, and youth already experienced in helping their peers. All of these facilitators are given a 1 – to 2-day training.
Cost: Training is $1,000/day plus expenses. Student and trainer manuals are $40 each.
Review: A SAMHSA "promising cultural-based practice." Indian Health Service national award 2009 for successful suicide prevention program for Indian Country.

Natural Helpers

Author: Comprehensive Health Education Foundation
Date: Revised 1997
Description: In this program for students in grades 6–12, the peer leaders are selected by other students and are trained to help their peers with a variety of issues. They listen to their peers and assist them in getting help from adults. The program also helps improve the school environment through increasing the connections between students, school staff, and the community. The goals of the program are for the peer leaders to help their peers, take good care of themselves, and contribute to a safe and supportive school environment. Some schools use this program as part of their suicide prevention efforts and give the peer leaders specific training in suicide prevention along with other issues.
Cost: $595

Sources of Strength

Author: Mark LoMurray
Date: Revised 2010
Description: This comprehensive program promotes mental wellness using trained peer leaders and adult advisors to improve social norms in school, community, and faith-based environments with middle school, high school, and college level curricula. The peer leaders engage teens to deliver "Hope, Help, and Strength" messages, which emphasize eight protective factors or "Sources of Strength." They use personal conversations with trusted adults and friends, classroom presentations, audio announcements, posters, videos, the Internet, and text messaging. Randomized evaluation showed peer leaders increased: knowledge of protective factors among students, school engagement, and perceptions of adult support, especially among students with a history of suicide ideation. This program has been evaluated in underserved communities including rural and urban, and with Native American, Caucasian, African-American, and Latino students.
Cost: $3,500–$5,000 per school, which includes materials, staff training, peer training, and monthly technical assistance to implement the peer action phase.

Students for Students: A Youth-Centered Suicide Prevention Program

Author: Children's Hospital, Boston, MA
Date: Revised 2010
Description: This youth-driven suicide prevention program has the goal of building a culture of respect and support in the school and a safety net for students. The peer leaders, who are the core of the program, are trained to increase awareness of mental health issues affecting their peers and to talk with peers who may be at risk for depression, self-harm, or suicide about getting help. The peer leaders meet weekly with mental health clinicians to discuss students who are in distress and develop individual plans to enable each of those students to get help. Students who are at moderate risk are given four individual counseling sessions with a mental health clinician in the program to help them develop skills to cope with stress and prevent depression. The peer leaders also co-teach a class and organize a schoolwide event each year to increase awareness of mental health issues, stress, depression, and suicide prevention.
Cost: Contact Glenn Saxe at glenn.saxe@nyumc.org for information and to obtain a copy of the implementation manual.

Information Sheets and Web Pages

Teens (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Description: This Web page is designed to help teens understand why some of their peers may want to hurt themselves, how to recognize the warning signs of suicide, and what to do if a suicide attempt is suspected.

Information for Teens: Keeping Yourself Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Description: This section of the Needham Acts Web site contains information sheets for teens that respond to key questions teens might ask when they are concerned with whether they or someone they know may be suicidal. It includes information on the issue of confidentiality when a young person is suicidal and has a brief questionnaire to help determine if a young person has a drug or alcohol problem.

Reach Out

Author: Inspire USA Foundation
Date: 2010

Description: Although primarily geared toward preventing suicide and self-harm, Reach Out provides an online environment where a wide variety of youth behavioral health issues are addressed. Youth can find information, share their stories, discuss issues of concern, ask questions, support peers, and connect with support services. Content is delivered through a range of media platforms including blogs, MySpace, video games, SMS, Podcasts, digital storytelling, and moderated discussions via online communities. Information is based on research and written by young people to ensure that the messages are meaningful to and resonate with youth. Reach Out is part of the WeCanHelpUs Campaign. Schools can encourage students to use Reach Out by displaying posters and Web site banners with information about the Web site.

Teen Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006

Description: This is a series of Web pages containing basic information about suicide prevention and other related problems, and how to live a healthy lifestyle; stories from youth who have struggled with suicidal thoughts or behavior or a suicide death by someone close to them; a quiz on information about suicide; and information on how to get involved in youth suicide prevention.

Teen Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009

Description: This Web page validates feelings teens may be experiencing regarding suicide and encourages them to seek help and discuss these feelings with a trusted adult. It includes information on what to do when a friend is talking about suicide and when a friend dies by suicide.

SCREENING PROGRAM

TeenScreen School and Communities (formerly Columbia University TeenScreen Program)

Author: Columbia University
Date: 2005
Description: This is a voluntary mental health and suicide risk screening program for young people. It uses evidence-based mental health checkup questionnaires for teens ages 11–18. Schools can choose from one of the following two tests: (1) Columbia Health Screen (CHS), a 14-item paper and pen questionnaire and (2) Diagnostic Predictive Scales (DPS), a 52-item computerized questionnaire that screens for a wider variety of mental health disorders. Both questionnaires take approximately 10 minutes to complete. The screening may take place during a class period or after school. Teens who score positive are interviewed by an onsite mental health professional to determine if they need further evaluation and treatment. Those who score negative receive a debriefing interview with trained staff during which they can ask questions about the screening and request to talk with a clinician. Active parental permission is required for teens to participate.
Cost: Program materials, questionnaires, training, and technical assistance are free. There are costs involved in implementing TeenScreen, including staffing (screener, clinician, case manager) and supplies and equipment (computers, headphones, printers, photocopies). These costs vary by site.

SOS: Signs of Suicide

(See description in Student Education and Skill-Building section)

VIDEO LIST

AAS-Recommended Videos
Author: American Association of Suicidology
Date: Continuously updated
Description: This annotated list of videos on suicide prevention targets primarily teens, but some of the videos are appropriate for adults too. Reviews are conducted by a multidisciplinary committee of AAS members and are rated as “Recommended,” “Recommended with Minor Reservation,” and “Not Recommended.”
Cost: List is free; video costs vary.

NATIONAL ORGANIZATIONS AND FEDERAL AGENCIES WITH RESOURCES AND INFORMATION ON ADOLESCENT SUICIDE PREVENTION

American Association of Suicidology (AAS)

AAS promotes research, public awareness programs, public education, and training for professionals and volunteers, and serves as a national clearinghouse for information on suicide, publishing and disseminating statistics, and suicide prevention resources. AAS hosts national annual conferences for professionals and survivors and serves as an accrediting body for crisis intervention programs. Its School Suicide Accreditation Program prepares school psychologists, social workers, counselors, nurses, and other school professionals to select and implement evidence-based programs in their schools.

American Foundation for Suicide Prevention (AFSP)

AFSP funds research to advance understanding of suicide and suicide prevention and pilot programs to prevent suicide. It offers educational resources and materials such as *More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel*. With the Suicide Prevention Resource Center
(SPRC), AFSP co-produces the Suicide Prevention Best Practices Registry (BPR), which examines the effectiveness of suicide prevention programs, including school-based prevention programs. AFSP's network of local chapters can provide connections to local resources and services addressing suicide prevention as well as organizing awareness events such as "Out-of-the-Darkness" walks. AFSP's Public Policy Division, SPAN USA, keeps track of State legislation related to suicide prevention training for school personnel.

Indian Health Service (IHS)

IHS' Community Suicide Prevention Web site provides American Indian and Alaska Native communities with culturally appropriate information about best and promising practices, training opportunities, ongoing activities, potential partnerships, and other information regarding suicide prevention and intervention. This information can help communities and schools create or adapt suicide prevention programs that are tailored to their needs.

National Association of School Psychologists (NASP)

In addition to serving as the accrediting body for school psychologists and graduate education school psychology programs, NASP offers continuing education and has an extensive library of resources for school psychologists. A resource page for educators and school administrators includes helpful publications and links to organizations and products to promote mental wellness in students. NASP also has a National Emergency Assistance Team that provides consultation to schools and, in some cases, makes site visits.

National Institute of Mental Health (NIMH)

The NIMH Web site has a section on suicide prevention that includes information and resources useful for a variety of audiences, including researchers, healthcare professionals, and consumers. NIMH also conducts research on youth suicide and youth suicide prevention. Updates on the research can be found through News from the Field: Research Findings of NIMH-funded Investigators, from EurekAlert!

National Suicide Prevention Lifeline

The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. Call 1-800-273-TALK (8255). Callers are routed to the closest possible crisis center in their area. With a network of more than 140 crisis centers across the country, the Lifeline's mission is to provide immediate assistance to anyone seeking mental health services. The Lifeline Web site features the Lifeline Gallery where survivors and attempt survivors can tell their personal stories of recovery, emphasizing that suicide is preventable and help is available. Lifeline informational materials, such as brochures, wallet cards, posters, and booklets featuring the Lifeline number, can make help accessible to troubled teens in a moment of crisis and should be a part of any school-based prevention program.

Suicide Prevention Resource Center (SPRC)

This SAMHSA-funded center serves primarily State-level agencies and coalitions, as well as State, tribal, and campus grantees, working on suicide prevention. It provides technical assistance, training, and a variety of resource materials. Among the useful resources are State Pages, which can alert schools to current State-sponsored plans, programs, and legislation; the American Indian/Alaska Native Suicide Prevention pages; the *Weekly Spark*, a current awareness newsletter that summarizes significant research findings and local, State, national, and international news concerning suicide; and the SPRC Online Library, which includes collections of resources focused on youth.
Customized information pages outline roles of specific populations in preventing suicide and include teens, teachers, and school health providers. In partnership with the American Foundation for Suicide Prevention, SPRC also co-produces the Best Practices Registry for Suicide Prevention.

The Trevor Project

The Trevor Project is a national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. It provides a nationwide 24-hour, toll-free, crisis intervention telephone lifeline (1-866-488-7386); an online, social networking community for LGBTQ youth ages 13 through 24 and their friends and allies; age-appropriate educational programs for schools; and advocacy initiatives at the local, State and Federal levels. It also is a partner in the It Gets Better Project, which is a place where LGBT adults can share videos they make to help LGBT youth see how "happiness can be a reality in their future". All of the Trevor Project's programs aim to provide a safe, supportive, and positive environment for everyone.

U.S. Centers for Disease Control and Prevention (CDC)

The CDC Web site has a section on suicide prevention that includes information sheets, resources, and links to a number of statistical databases. Among the CDC databases are WISQARS (Web-based Injury Statistics Query and Reporting System), YRBSS (Youth Risk Behavior Surveillance System), National Violent Death Reporting System, and National Vital Statistics System. There is also a special section on the Web site focused on youth suicide prevention information and resources. The two CDC divisions that address youth suicide prevention are the Division of Adolescent and School Health and the Division of Violence Prevention.

U.S. Department of Education (ED)

ED serves as the grant-making agency for Federal education funding. Project SERV grants have been awarded to some school districts to restore the learning environment after student suicides. ED also collects and interprets data through its National Center for Education Statistics. Data products that include suicide are the annual Indicators of School Crime and Safety and the School-Associated Violent Deaths Surveillance Study (SAVD), an epidemiological study developed by the Centers for Disease Control and Prevention (CDC) in conjunction with ED and the U.S. Department of Justice. ED sponsors the ERIC database, a comprehensive collection of education literature that contains thousands of references to materials related to suicide and suicide prevention.

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA funds and supports the National Lifeline and SPRC, and manages the Garrett Lee Smith grant program which funds State, territorial, and tribal programs to prevent suicide among youth. It has developed the National Registry of Evidence-based Programs and Practices (NREPP), which reviews evidence of effectiveness for prevention programs on topics related to behavioral health, including suicide. There are at least six programs registered that are delivered in the school environment to prevent suicide. SAMHSA also sponsors several prevention campaigns. “The What a Difference a Friend Makes” campaign is geared toward young people and focuses on recovery from mental illness and reducing stigma. It emphasizes the role of friends in providing support and acceptance, a cornerstone of gatekeeper training. Another campaign called We Can Help Us, which was developed with input from teens, stresses that teens can become empowered to develop positive solutions and ways to get through tough times.

HANDOUTS

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2007).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

    - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs can also reduce suicide risk among students (Epstein & Spirito, 2009).
    - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
    - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and suicide attempts among LGB youth (Eisenberg & Resnick, 2006).
    - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

    - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.
    - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

    - Failure to notify parents if their child appears to be suicidal
    - Failure to get assistance for a student at risk of suicide
    - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

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RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)

- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:

- Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
- Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
- Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*.

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PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called “resilience.” Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one’s emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*.

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RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*.

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SUICIDE PREVENTION: FACTS FOR PARENTS

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Parents can help protect their children from suicide risk by:

- Maintaining a supportive and involved relationship with their sons and daughters
- Understanding the warning signs and risk factors for suicide
- Knowing where to turn for help

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Experts recommend that schools use an approach to suicide prevention that includes the following:

- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*.

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