

FULTON COUNTY SCHOOLS OFFICE OF STUDENT SUPPORTS

SUICIDE
PREVENTION
& AWARENESS

ALABAMA

School Personnel Training on Suicide

EMPOWERING EDUCATORS: SAVING LIVES

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Empowering Educators: Saving Lives

Prepared by:  ALABAMA SCHOOL
BULLYING & SUICIDE
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Required Under the Law HB 366

Jamari Terrell Williams Student Bullying Prevention Act

Ala. Code § 16-28B-1

- Local education agencies (LEA) shall adopt a policy on student suicide prevention.
- All certificated public school personnel shall receive annual training in suicide awareness and prevention.
- Alabama State Department of Education (ALSDE) shall make referral, crisis intervention and other related information available to students, parents and school personnel.
- The ALSDE shall educate students in recognizing signs of ideation and other warning signs related to suicidal behavior.
- The ALSDE shall promote cooperative efforts between school personnel and community suicide prevention programs.
- The ALSDE shall develop a plan to assist survivors of attempted suicide, completed suicide, the death of a student and develop healing processes.

Did you know?

Suicide is the 2nd leading cause of death among youth aged 10-24 in the U.S. and Alabama.

During 2024-25 In Alabama Schools:

12 suicides	53 suicide attempts	288 self-harm	3,298 suicidal ideations
It is vital to promote emotional well-being and connectedness among all students.	Depression impacts mental health significantly.	Students face many life challenges that can impact their well-being and decision-making.	Encouraging others to seek mental health support and reducing stigma are important.

Source: ALSDE LEA Crisis Report Results Summary

Did you know? Cont.

In 2023, Alabama...

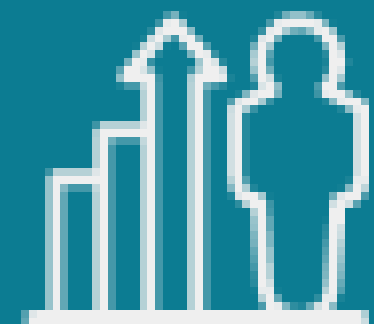
2 out of every 10 high school students reported that they seriously considered attempting suicide that year.



Had over two times as many people died by suicide than in alcohol related motor vehicle accidents.



Reported that 39.7% of high school students had persistent feelings of sadness or hopelessness.



Suicide Rate Video for Alabama



What leads to suicide?

There's no single cause for suicide.

Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

Why is Suicide Prevention Training Important?

IMPACT OF EDUCATOR TRAINING ON SUICIDE PREVENTION

Creating a safe and supportive school environment is crucial.

WHY EDUCATORS NEED SUICIDE PREVENTION TRAINING

Equip educators with the tools to save lives.

SIGNS AND SYMPTOMS OF SUICIDE RISK

Understanding warning signs and behaviors in students.

KEY TRAINING COMPONENTS FOR EDUCATORS

Learning to identify, support, and refer at-risk students.

Three Levels of Engagement

1. Prevention

While the causes of suicide are complex, the goals of suicide prevention are simple:

- Reduce factors that heighten risk
- Strengthen factors that promote resilience or coping

2. Intervention

A direct effort to stop a person from attempting suicide.

3. Postvention

Activities that facilitate recovery after a suicide attempt or loss, and prevent adverse outcomes at home and school.

Key Terms & Definitions

Suicidal behavior:

A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and deaths by suicide. Also includes preparatory behavior such as obtaining the means, researching methods for suicide, giving away prized possessions, saying goodbye, etc.

Suicidal ideation:

Any self-reported thoughts or fantasies about engaging in suicide-related behavior.

Suicide:

Death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Key Terms & Definitions Cont.

Suicide attempt:

A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicide contagion:

Suicide risk associated with the knowledge of another person's suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called "copycat suicides." Contagion can contribute to a suicide cluster. Community and media education is vitally important to reduce this risk.



Risk Factors & Protective Factors



By educating yourself, you can learn what puts kids at greatest risk for suicide and what protects them most strongly.



Recognizing Risk Factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take his or her life.



Individual Risk Factors

**History of Traumatic
Events or
Perpetration of
Violence**

**History of
Depression and
Other Mental
Illness**

**Criminal/Legal
Problems**

**Serious Illness,
including
Chronic Pain**

**Adverse Childhood
Experiences**

Substance Use

**Impulsive or
Aggressive
Tendencies**

**"The 3-H's":
Sense of
Hopelessness,
Helplessness, &
Haplessness**



Relationship Risk Factors

Bullying

Family History of Suicide

Loss of Relationships

High Conflict or Violent Relationships

Social Isolation



Societal Risk Factors

Stigma Associated with Seeking Help for Mental Illness

Easy Access to Lethal Means

Unsafe Media Portrayals of Suicide



Protective Factors

Protective factors are characteristics or conditions that can help reduce the likelihood of a student having suicidal thoughts or behaviors. They can be personal attributes, environmental conditions, or community connections that provide support and help build resilience.

Protective Factors enhance resilience and help to counterbalance risk factors for students.



Individual Protective Factors

Effective coping and problem – solving skills

Reasons for living such as family, friends, pets, etc.

Strong sense of cultural Identity



Relationship Protective Factors

SUPPORT FROM:

Family



Friends



Teachers



School Staff



Feeling connected to others



Societal Protective Factors

Limited access to lethal means by people at risk

Cultural, religious, or moral objections to suicide



Community Protective Factors

Feeling connected to school, community, and other social institutions

An educator is very often a student's best protective factor from suicide.

Availability of consistent, high-quality physical and mental healthcare

Warning SIGNS



Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors.

This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.



Warning TALK

If a person talks about:

Killing him or herself

Feeling hopeless

Having no reason to live

Being a burden to others

Feeling trapped

Unbearable pain



Warning BEHAVIORS

Behaviors that may signal risk, especially if related to a painful event, loss, or change:



Increased use of alcohol or drugs



Searching online for ways to end their lives



Isolating from family and friends



Withdrawing from activities



Sleeping too much or too little



Visiting or calling people to say goodbye



Giving away prized possessions



Aggression & Fatigue



Warning BEHAVIORS Cont.

While all educators want to prevent students from dying by suicide, sometimes there is no warning behaviors.

Some people are good at masking their thoughts, feelings, and intentions.



Warning MOODS

People who are considering suicide often display one or more of the following moods:

Depression

Anxiety

Loss of interest

Irritability

Humiliation/ Shame

Agitation/ Anger

Relief/ Sudden Improvement



**What do you know about
suicide?**

MYTH or FACT?

MYTH or FACT?

Asking someone if they are thinking of suicide will give them the idea.

MYTH

Directly asking someone if they are thinking about suicide gives them a sense of relief and support as it opens the door to allow them to discuss their thoughts.

A suicide attempt is done to seek attention.

MYTH

A suicide attempt is an individual trying to cope with an intense amount of pain who sees no other option.

MYTH or FACT? Cont.

Anyone can intervene and help support someone who is suicidal.

FACT

You do not have to be a mental health professional to help someone who has suicidal thoughts. You need to listen and pay attention to the risk factors and warning signs.

Individuals who attempt suicide have no plans for the future.

MYTH

Many do have goals and plans for the future. Their desire is not to die but to alleviate pain that seems endless and incurable.

MYTH or FACT? **Cont. more**

**Suicide is a character defect;
it's cowardly or selfish.**

MYTH

Having suicidal thoughts is not a character defect. Those experiencing them may see suicide as the only answer to their pain. Suicide is multifactorial, involving biology, neuro-chemistry, mood, illness, and more. It is a psychiatric emergency, not a moral failing.

A suicidal person is easy to spot based on their appearance; they are usually from a low income household.

MYTH

People can appear sad or happy before attempting suicide. Socio-economic status does not matter; people from all income levels die by suicide.

MYTH or FACT?

Failing to ask a student if he or she needs help when you have concerns puts him or her at greater risk.

FACT

Disregarding a comment or overlooking changes in behavior may reinforce the thoughts that “no one cares and help is not available.”

Only people with a mental illness will attempt suicide.

MYTH

A mental illness does increase one's risk; however, many people have attempted and died by suicide who did not have a mental illness or diagnosis.

What to do

When a staff member determines that a student is at risk for suicide or is in crisis, notify the school administration and follow the school/district crisis plan.

School administrators should provide all faculty and staff with a contact resource list for crisis situations. Know and follow your school's pathway of reporting.

For additional guidelines, refer to the Alabama Department of Education's Procedural Guide for Suicide Prevention, Intervention, and Postvention.

Have a student that needs help?

- Never leave the student unattended.
- School staff should contact the principal or his/ her designee, school counselor, and school nurse for assistance. If applicable, the principal or his/ her designee, school counselor, or nurse should contact the school resource officer.
- The principal or his/ her designee should contact the central office designee, the Mental Health Coordinator.

SUICIDE PREVENTION LIFELINE

988

This number is available 24/7 for those who are struggling with suicidal thoughts, need help after a suicide-related event, or need suicide-related support of any kind. When someone is in crisis, call **9-8-8** for immediate assistance.



Sources

- Centers for Disease Control and Prevention
- American Foundation for Suicide Prevention
- Alabama State Department of Education
- ALSDE Procedural Guidelines for Suicide Prevention, Intervention, and Postvention

Always Remember...



Encourage and model help-seeking behaviors



Promote life skills: assertiveness, problem-solving, patience, healthy coping, etc.



Be a mentor or “touchpoint” person by having a purposeful and meaningful relationship



Become knowledgeable of and facilitate your school’s referral process

“Every child must know that there is someone at their school who knows him or her, who has their ear, who communicates that the child matters!”

- Dr. Tamala R. Maddox



**Thank You for completing this
training and reminding each of your
students...**

You are not alone.

You are seen.

I am with you.

YOU ARE NOT ALONE.

-Shonda Rhimes

