

SPARC

SUICIDE PREVENTION AWARENESS RESOURCE COUNCIL
SPARCHOPE.ORG



YOUTH

**SUICIDE
PREVENTION
AWARENESS
TOOLKIT**

Prevention, Intervention & Postvention

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01 INTRODUCTION

Dear Community Partner,

The Suicide Prevention Awareness & Resource Council (SPARC) is a group of concerned citizens, professionals, and partner agencies. We convene with a common goal of reducing the number of suicides in the Region Ten Community Services Board catchment area of the City of Charlottesville and Counties of Albemarle, Louisa, Nelson, Fluvanna, and Greene.

Given local information and national and statewide data, we recognize that suicide has been a growing concern for our youth for more than a decade. In the U.S. in 2020, suicide was the second leading cause of death for children ages 10-14 and the third leading cause of death for those ages 15-24 (<https://wisqars.cdc.gov/data/lcd/home>). While suicide rates have been on the rise for more than a decade, there is a growing concern about the impact on our young people within the past three years with increased stressors including the COVID-19 pandemic. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association released a Declaration of a National Emergency in Child and Adolescent Mental Health in October 2021, which highlighted the increasing rates of depression, anxiety, trauma, and suicidality in children and adolescents.

The U.S. Surgeon General issued an Advisory on Protecting Youth Mental Health in December 2021. As noted in the Advisory, "During the pandemic, young people also experienced other challenges that may have affected their mental and emotional wellbeing: the national reckoning over the deaths of Black Americans at the hands of police officers, including the murder of George Floyd; COVID-related violence against Asian Americans; gun violence; an increasingly polarized political dialogue; growing concerns about climate change; and emotionally-charged misinformation."

While youth mental health concerns are multi-faceted and complex, SPARC recognizes that everyone in our community plays an important role in supporting our young people and each other. Given our focus on suicide prevention, SPARC has compiled this toolkit with vetted and evidence-based resources and information about suicide prevention, intervention, postvention, and local resources. We hope that this toolkit will be useful for your organization or group as you work with our local youth.

We highlight local opportunities and resources for further training and information throughout the toolkit. If you have any need for further information, consultation, or resources, please reach out to us at www.sparchope.org or sparchope@gmail.com.

SPARC thanks you for all of the incredible work you do and the unending support you give our young people daily. We look forward to partnering with you in the future!

Sincerely,

Suicide Prevention Awareness & Resource Council





AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

That is why the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA) are joining together to declare a National State of Emergency in Children’s Mental Health. The challenges facing children and adolescents are so widespread that we call on policymakers at all levels of government and advocates for children and adolescents to join us in this declaration and advocate for the following:

- Increase federal funding dedicated to ensuring all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under-resourced populations.
- Address regulatory challenges and improve access to technology to assure continued availability of telemedicine to provide mental health care to all populations.
- Increase implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment.
- Accelerate adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.
- Strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention programs in schools, primary care, and community settings.
- Address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding by expanding access to step-down programs from inpatient units, short-stay stabilization units, and community-based response teams.
- Fully fund comprehensive, community-based systems of care that connect families in need of behavioral health services and supports for their child with evidence-based interventions in their home, community or school.
- Promote and pay for trauma-informed care services that support relational health and family resilience.
- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.

The background features a large, faint, circular seal of the U.S. Surgeon General. The seal contains the text "U.S. SURGEON GENERAL" around the top and "1798" at the bottom. In the center of the seal is an eagle with wings spread, holding a shield on its chest. The seal is rendered in a light teal color against a dark teal background.

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021

This section contains excerpts and highlights of the Surgeon General report and does not contain the entire document.

For the full resource, visit:

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

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INTRODUCTION FROM THE SURGEON GENERAL



Every child's path to adulthood—reaching developmental and emotional milestones, learning healthy social skills, and dealing with problems—is different and difficult. Many face added challenges along the way, often beyond their control. There's no map, and the road is never straight.

But the challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating.

Recent national surveys of young people have shown alarming increases in the prevalence of certain mental health challenges—in 2019, one in three high school students and half of female students [reported](#) persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009. We know that mental health is shaped by many factors, from our genes and brain chemistry to our relationships with family and friends, neighborhood conditions, and larger social forces and policies. We also know that, too often, young people are bombarded with messages through the media and popular culture that erode their sense of self-worth—telling them they are not good looking enough, popular enough, smart enough, or rich enough. That comes as progress on legitimate, and distressing, issues like climate change, income inequality, racial injustice, the opioid epidemic, and gun violence feels too slow.

And while technology platforms have improved our lives in important ways, increasing our ability to build new communities, deliver resources, and access information, we know that, for many people, they can also have adverse effects. When not deployed responsibly and safely, these tools can pit us against each other, reinforce negative behaviors like bullying and exclusion, and undermine the safe and supportive environments young people need and deserve.

All of that was true even before the COVID-19 pandemic dramatically altered young peoples' experiences at home, at school, and in the community. The pandemic era's unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced.

It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place. That's why I am issuing this Surgeon General's Advisory. Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable. This Advisory shows us how.

To be sure, this isn't an issue we can fix overnight or with a single prescription. Ensuring healthy children and families will take an all-of-society effort, including policy, institutional, and individual changes in how we view and prioritize mental health. This Advisory provides actionable recommendations for young people and their families, schools and health care systems, technology and media companies, employers, community organizations, and governments alike.

Our obligation to act is not just medical—it's moral. I believe that, coming out of the COVID-19 pandemic, we have an unprecedented opportunity as a country to rebuild in a way that refocuses our identity and common values, puts people first, and strengthens our connections to each other.

If we seize this moment, step up for our children and their families in their moment of need, and lead with inclusion, kindness, and respect, we can lay the foundation for a healthier, more resilient, and more fulfilled nation.



Vivek H. Murthy, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
Surgeon General of the United States

WHAT EDUCATORS, SCHOOL STAFF, AND SCHOOL DISTRICTS CAN DO

The experiences children and young people have at school have a major impact on their mental health. At school, children can learn new knowledge and skills, develop close relationships with peers and supportive adults, and find a sense of purpose, fulfillment, and belonging. They can also find help to manage mental health challenges. On the other hand, children can also have highly negative experiences at school, such as being bullied, facing academic stress, or missing out on educational opportunities (for example, due to under-resourced schools). Mental health challenges can reveal themselves in a variety of ways at school, such as in a student having trouble concentrating in class, being withdrawn, acting out, or struggling to make friends. In light of these factors, below are recommendations for how schools, educators, and staff can support the mental health of all students:

- **Create positive, safe, and affirming school environments.** This could include developing and enforcing anti-bullying policies, training students and staff on how to prevent harm (e.g., implementing bystander interventions for staff and students), being proactive about talking to students and families about mental health, and using inclusive language and behaviors.^{140, 141} Where feasible, school districts should also consider structural changes, such as a later start to the school day, that support students' wellbeing.^{142, 143}
- **Expand social and emotional learning programs and other evidence-based approaches that promote healthy development.** Examples of social, emotional, and behavioral learning programs include Sources of Strength, The Good Behavior Game, Life Skills Training, Check-In/Check-Out, and PATHS.^{144, 145, 146, 147} Examples of other approaches include positive behavioral interventions and supports and digital media literacy education.
- **Learn how to recognize signs of changes in mental and physical health among students, including trauma and behavior changes. Take appropriate action when needed.**¹⁴⁸ Educators are often the first to notice if a student is struggling or behaving differently than usual (for example, withdrawing from normal activities or acting out). And educators are well-positioned to connect students to school counselors, nurses, or administrators who can further support students, including by providing or connecting students with services.¹⁴⁹
- **Provide a continuum of supports to meet student mental health needs, including evidence-based prevention practices and trauma-informed mental health care.** Tiered supports should include coordination mechanisms to get students the right care at the right time.¹⁵⁰ For example, the Project AWARE (Advancing Wellness and Resilience in Education) program provides funds for state, local, and tribal governments to build school-provider partnerships and coordinate resources to support prevention, screening, early intervention, and mental health treatment for youth in school-based settings.¹⁵¹ School districts could also improve the sharing of knowledge and best practices.

For example, districts could dedicate staff at the district level to implementing evidence-based programs across multiple schools). Districts could also implement mental health literacy training for school personnel (e.g., [Mental Health Awareness Training](#), [QPR Training](#)).

- **Expand the school-based mental health workforce.**¹⁵² This includes using federal, state, and local resources to hire and train additional staff, such as school counselors, nurses, social workers, and school psychologists, including dedicated staff to support students with disabilities. For example, a lack of school counselors makes it harder to support children experiencing mental health challenges. The American School Counselor Association (ASCA) recommends 1 counselor for every 250 students, compared to a national average of 1 counselor for every 424 students (with significant variation by state).¹⁵³ The American Rescue Plan's Elementary and Secondary School Emergency Relief funds can be used for this purpose and for other strategies outlined in this document.¹⁵⁴
- **Support the mental health of all school personnel.** Opportunities include establishing realistic workloads and student-to-staff ratios, providing competitive wages and benefits (including health insurance with affordable mental health coverage), regularly assessing staff wellbeing, and integrating wellness into professional development.¹⁵⁵ In addition to directly benefitting school staff, these measures will also help school personnel maintain their own empathy, compassion, and ability to create positive environments for students.¹⁵⁶
- **Promote enrolling and retaining eligible children in Medicaid, CHIP, or a Marketplace plan, so that children have health coverage that includes behavioral health services.** The Connecting Kids to Coverage National Campaign also has [outreach resources](#) for schools, providers, and community-based organizations to use to encourage parents and caregivers to enroll in Medicaid and CHIP to access important mental health benefits. Families can be directed to [HealthCare.gov](#) or [InsureKidsNow.gov](#). Schools can use Medicaid funds to support enrollment activities and mental health services.¹⁵⁷
- **Protect and prioritize students with higher needs and those at higher risk of mental health challenges,** such as students with disabilities, personal or family mental health challenges, or other risk factors (e.g., adverse childhood experiences, trauma, poverty).¹⁵⁸

RESOURCES FOR EDUCATORS, SCHOOL STAFF, AND SCHOOL DISTRICTS

[Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#) (Dept. of Education): Guidance for schools, school districts, and education departments

[National Center for School Mental Health:](#) Resources to promote a positive school climate

[StopBullying.gov](#) : Learn about what bullying is, who is at risk, and how you can help

[Turnaround for Children Toolbox](#) : Tools to drive change towards a more equitable, whole-child approach to school

[Design Principles for Schools](#) : Framework for redesigning schools with a focus on supporting students' learning and social and emotional development

[Safe Schools Fit Toolkit](#) (National Center for Healthy Safe Children): Resources and guides to build safe and healthy schools

[Mental Health Technology Transfer Center Network](#): School mental health resources



02

PREVENTION AND INTERVENTION

Suicide has impacted the majority of people in our community in a variety of different ways. In the Region Ten area of Charlottesville City and the Counties of Albemarle, Fluvanna, Louisa, Nelson, and Greene, there were 176 reported suicides (including all ages) from 2016 to 2020 (OCME). Each of these deaths is a tragic loss that impacts everyone who knew and loved the individual who died.

Research indicates there are five to 25 times more unreported suicides and 40 to 100 times more people who demonstrate suicide behaviors. It is estimated that in any given year in the U.S., 5% of the population experience thoughts of suicide. In our area, that would equal roughly 9,500 people who have had thoughts of suicide in 2022.

As noted by the Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention (<https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf>), "Although suicide is a complex behavior that can be influenced by many different factors, suicide is preventable. Suicide prevention requires a comprehensive approach that combines multiple strategies to reduce risk and strengthen protective factors at the individual, relationship, community, and societal levels."

While there are many ways a community or individuals can work to prevent suicide, **we have chosen to highlight a few key youth suicide prevention trainings and programs with locally available resources.**

For those interested in learning about the many other youth suicide prevention programs and practices, we highlight the Suicide Prevention Resource Center's Resources and Programs page located at <https://www.sprc.org/resources-programs>

Gatekeeper and Community-Based Trainings

To create a suicide-safer community, we encourage everyone in our community to learn more about suicide, as there are many myths that contribute to the ongoing stigma surrounding suicide. It is also critical that as many people in our community as possible learn the warning signs and symptoms that someone may be experiencing thoughts of suicide and ask directly about suicide. Gatekeeper trainings are trainings for the general population that provide factual information and education about suicide, how to recognize the warning signs, and how to support someone experiencing thoughts of suicide.

In the greater Charlottesville area, there are currently two types of gatekeeper trainings provided by Region Ten CSB available to our community:

- **safeTALK:** This 3.5-hour face-to-face training is appropriate for anyone ages 15 and older. It includes a presentation, videos, and skills practice to learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support.

For more information, visit <https://www.livingworks.net/safetalk>

- **Youth Mental Health First Aid:** This 7-hour training is primarily designed for adults who regularly interact with young people. It teaches how to help an adolescent (ages 12-18) who is experiencing a mental health or substance use challenge or is in crisis. This training can be provided both in person and virtually.

For more information, visit

<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

Recognizing that youth often turn to their peers when they need support, Region Ten has also become an implementation site for **teenMHFA** (Teen Mental Health First Aid), which can be implemented in local schools or youth-serving organizations. TeenMHFA is a training program for teens in grades 10-12, or ages 15-18, to teach teens how to identify, understand, and respond to signs of mental health and substance use challenges in their friends and peers. For more information, visit: <https://www.mentalhealthfirstaid.org/population-focused-modules/teens/>

Another program that focuses on a further upstream prevention approach is **Sources of Strength**. Sources of Strength is a youth suicide prevention program designed to harness the power of peer social networks to change unhealthy norms and culture and strengthen protective factors. One of our SPARC partners, the ConnerStrong Foundation, supports this program in the greater Charlottesville area, Harrisonburg, and Northern Virginia. For more information, visit <https://sourcesofstrength.org/> or contact Tom Worosz with the ConnerStrong Foundation: (434) 326-3538 tomworoszjr@connerstrongfoundation.org

If your school is interested in learning more about implementing the Sources of Strength program, please contact the ConnerStrong Foundation at <https://connerstrongfoundation.org/>

Intervention Trainings

Suicide intervention refers to the support and first aid that can be offered to individuals who are actively experiencing thoughts of suicide and need help to stay safe for now. While there is an overlap between prevention and intervention, we highlight the two trainings below that go into more depth about suicide intervention that would be appropriate for mental health professionals or those in our community who will serve in the role of helper.

- **ASIST (Applied Suicide Intervention Skills Training)**: This two-day face-to-face workshop features a presentation, videos, discussion, and simulation to learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone safe for now.

For more information, visit <https://www.livingworks.net/asist>

- **CALM (Counseling on Access to Lethal Means)**: This free, online course focuses on how to reduce access to methods people use to kill themselves. It covers how to identify people who could benefit from lethal means counseling, ask about their access to lethal methods, and work with them—and their families—to reduce access.

To access this course, visit

<https://zerosuicidetraining.edc.org/enrol/index.php?id=20>

Lethal Means Safety

If someone is experiencing thoughts of suicide, it is critical to reduce access to the method or means that could be used to die by suicide. The more **time and space** we can put between the thoughts of suicide and the means to act on those thoughts, the more opportunity we create for the person to reach out for help and prevent death.

Firearms are the most frequently used means in the state of Virginia, followed by hanging and substance overdose. Recognizing the importance of locking up firearms and medications, SPARC supports the efforts of Region Ten CSB and Lock and Talk Virginia to provide FREE lethal means safety devices to our community including trigger locks, cable locks, and lock boxes.

To access these for your organization, please email prevention@regionten.org or sparchope@gmail.com.

- **Lock and Talk Virginia** is part of a statewide comprehensive approach to suicide prevention. It is intended to prevent suicide by limiting access to firearms, medications, and other potentially dangerous items during a mental health crisis, and educate the community about how to recognize and respond to warning signs of suicide: Lock Meds. Lock Guns. Talk Safety.

For more information, visit: <https://lockandtalk.org/>

If interested in any of these trainings or lethal means safety devices, please contact Region Ten Prevention at prevention@regionten.org or by calling (434) 972-1800.

safeTALK: suicide alertness for everyone

safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. Participants don't need any formal preparation to attend the training—anyone age 15 or older who wants to make a difference can learn the safeTALK steps.

FOCUS: Suicide alertness training for the community

DURATION: 3 hours–4 hours (half a day)

LANGUAGES: English and French

PARTICIPANTS: Anyone 15 or older

TRAINERS: One trainer and one community resource person per 15–30 participants

How safeTALK works

Most people with thoughts of suicide don't want to die—instead, they are looking for a way to work through the pain in their lives. Through their words and actions, they usually invite others to help them in making a choice for life. safeTALK teaches participants to recognize these invitations, engage with the person with thoughts of suicide, and connect them with resources to help them be safer from suicide. These resources could include health care professionals, first responders, or crisis line workers—among many others who have suicide intervention training.

Training process

safeTALK features both presentations and interactive elements. Trainers will facilitate participants' involvement through:

- Trainer presentations
- Diverse selection of audiovisuals
- Interactive discussion and questions
- TALK steps practice
- TALK wallet card
- “You can TALK to Me” stickers

Goals and objectives

safeTALK helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. Over the course of their training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and
- Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

“As a taxi driver, I speak to a surprising number of people who have thoughts of suicide. **safeTALK has given me and other drivers in Kilkenny a way to help them stay safe.**”

—Derek Devoy, Taxi Driver, Kilkenny, Ireland

Who should take safeTALK?

safeTALK is designed for anyone age 15 or older, including many in more formal helping roles. The steps learned in safeTALK have helped participants from all walks of life be alert to situations where suicide thoughts may be present.

Who provides safeTALK?

safeTALK is a training developed by LivingWorks Education, a leading world provider of suicide intervention training. Each safeTALK is facilitated by a trainer who has completed the two-day safeTALK *Training for Trainers (T4T)* course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

A listing of registered trainers can be found at www.livingworks.net under **Find a Trainer**. In order to maintain registered status, trainers must deliver the workshop at least three times a year and submit quality control reports to LivingWorks.

safeTALK and ASIST

safeTALK is designed to complement *ASIST (Applied Suicide Intervention Skills Training)*, LivingWorks' two-day suicide intervention skills workshop. safeTALK is consistent with LivingWorks' view that the training needs of a suicide-safer community require a comprehensive approach. Both safeTALK and ASIST participants have an important role to play in helping to achieve this goal.

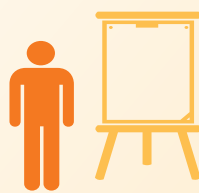
safeTALK training focuses on using the *TALK* steps—*Tell, Ask, Listen, KeepSafe*—to engage persons with thoughts of suicide and help to connect them with life-affirming resources, while using ASIST skills helps these resources provide safety from suicide for now. In effect, safeTALK and ASIST-trained helpers work together with individuals to help them keep safe from suicide.

ASIST's intervention model involves establishing a collaborative relationship to work through suicide to a place of safety. Many training participants include safeTALK and ASIST in their suicide prevention toolkit.



11

countries have onsite Trainers



3,100+

safeTALK Trainers worldwide



490,000+

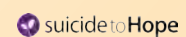
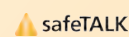
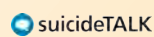
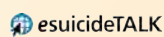
safeTALK participants trained since 2006

*Statistics current as of March, 2018

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.



LivingWorks





Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

YOUTH MENTAL HEALTH FIRST AID

WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

10.2%

of youth will be diagnosed with a substance use disorder in their lifetime.

Source: Youth Mental Health First Aid**

1 IN 5

teens and young adults lives with a mental health condition.

Source: National Alliance for Mental Illness*

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry***

WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

THREE WAYS TO LEARN

- **In-person** – Learners will receive their training as an 8-hour, Instructor-led, in-person course.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
 - » A video conference.
 - » An in-person class.

Learn how to respond with the Mental Health First Aid Action Plan (**ALGEE**):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

Sources

* National Alliance on Mental Illness. (n.d.). Kids. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids>

** Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

*** Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593

To find a course or contact a Mental Health First Aid Instructor in your area, visit MHFA.org or email Hello@MentalHealthFirstAid.org.



Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING



teen MENTAL HEALTH FIRST AID

WHY teen MENTAL HEALTH FIRST AID?

teen Mental Health First Aid (tMHFA) teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges in their friends and peers.

49.5%

of adolescents ages 13-18 live with a mental disorder.

More than 1 in 5 (22.2%) of them experience a severe impairment.

Source: National Institute of Mental Health

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry***

Suicide is the second-leading cause of death for youth age

15-19.

Source: National Center for Health Statistics

WHAT IT COVERS

- Common signs and symptoms of mental health and substance use challenges.
- Common signs and symptoms of a mental health crisis, particularly suicide.
- The impact of school violence and bullying on mental health.
- How to open the conversation about mental illnesses and substance use with friends.
- How to seek the help of a responsible and trusted adult.

WHO TAKES OR TEACHES tMHFA?

- Teens in grades 10, 11 and 12 or ages 15-18.
- High schools, organizations partnering with a high school and youth-serving organizations are eligible to teach tMHFA.

THREE WAYS TO TEACH AND LEARN

- **In-person** – Lessons are conducted in person in six 45-minute sessions or three 90-minute sessions.
- **Blended** – Teens complete a self-paced online lesson, then participate in six live, Instructor-led sessions. These Instructor-led sessions can be:
 - » Video conferences.
 - » In-person classes.

Sources:

National Institute of Mental Health. (n.d.) *Statistics: mental illness.*
<https://www.nimh.nih.gov/health/statistics/mental-illness>

Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry.* 62(6); 593-602. doi: 10.1001/archpsyc.62.6.593

National Center for Health Statistics. (n.d.) *Adolescent health.*
<https://www.cdc.gov/nchs/fastats/adolescent-health.htm>

To bring tMHFA to your community, visit MHFA.org/teens.



SOURCES
OF STRENGTH

STRENGTH-BASED

Sources of Strength employs a radically strength-based approach to suicide prevention. Turning the traditional practice of identifying risk factors and warning signs on its head, Sources of Strength focuses on developing protective factors, using a model that is innovative, interactive, and radically strength-based. Using an active learning model, incorporating art, storytelling, small group sharing and games, Sources of Strength explores the eight protective factors, depicted in the wheel of strength, to develop resilient individuals and communities.



INNOVATIVE

Sources of Strength has been responsive to the needs of a variety of populations, cultures, and communities. This program has been implemented not only in rural, urban, and suburban middle and high schools, but also in universities and community colleges, juvenile justice facilities, LGBTQ+ drop-in centers, cultural centers, native/tribal groups, and more.

"Sources of Strength is the first suicide prevention program involving peer leaders to enhance protective factors associated with reducing suicide at the school population level."

American Journal of Public Health



**CONNECTED
ADVISORS**



**DIVERSE PEER
LEADERS**



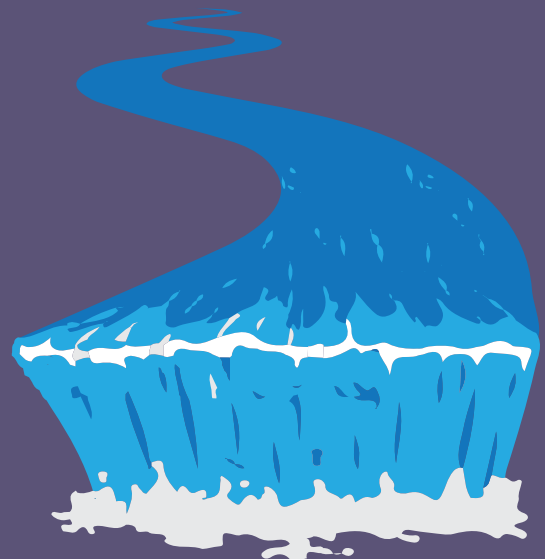
**STRATEGIC
MESSAGING**



**POSITIVE
CULTURE CHANGE**

UPSTREAM

Most prevention work is actually crisis-driven intervention. Our primary mission is to move upstream in the prevention cycle. We work to build resilience, increase connection, change unhealthy norms around help-seeking, break down codes of secrecy and silence, and teach healthy coping strategies to ultimately prevent the very onset of suicidality. With a comprehensive model of upstream prevention, we can impact a wide variety of issues beyond suicide alone, including substance abuse, bullying, dating violence, and truancy. We are not just committed to keeping people alive, but to helping them live healthy and full lives.



EVIDENCE-BASED

Sources of Strength is one of the most rigorously evaluated upstream prevention programs in the world. Peer Leader teams are active across the United States, Canada, Australia, and many American Indian/Alaska Native and First Nations communities. We are training new teams, in new communities, every year! While we expand, we are committed to our research partnerships that have qualified us on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) since 2012.

Program outcomes have shown: ¹

- Increase in connectedness to adults
- Increase in school engagement
- Increase in likelihood to refer a suicidal friend to an adult
- Increase in positive perceptions of adult support
- Increased acceptability of seeking help
- Largest increases amongst students with a history of suicidal ideation

¹ Wyman, P. et al. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health*, Vol. 100: 1653-1661.

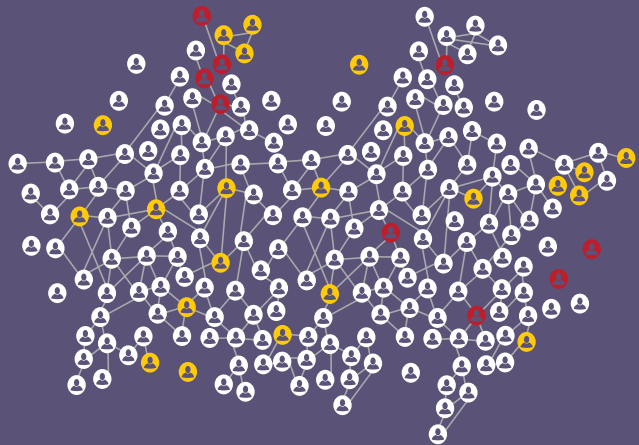
Research Partnerships include:

- University of Rochester
- Stanford University
- Johns Hopkins University
- University of Manitoba
- Australian National University
- Black Dog Institute
- National Institute of Mental Health
- Centers for Disease Control



PEER-LED

In the same way that a cold spreads through a classroom, attitudes, behaviors, and beliefs spread through a social network. Sources of Strength utilizes the power of peer social networks to spread messages of Hope, Help and Strength throughout entire communities. Sources of Strength is peer led, but we don't train Peer Leaders to be "junior psychologists" or peer counselors; we empower them to leverage their social influence as an agent of change in their school. Ultimately, a Peer Leader serves as the "patient zero" of an epidemic of health, a contagion of strength, throughout their school, campus, or community.



CONNECT WITH US

sourcesofstrength.org

contact@sourcesofstrength.org

facebook.com/sourcesofstrength

[@sourcesstrength](https://twitter.com/sourcesstrength)

[@sourcesofstrength](https://twitter.com/sourcesofstrength)

Applied Suicide Intervention Skills Training (ASIST)

ASIST is a two-day interactive workshop in suicide first-aid. ASIST teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—ASIST can be learned and used by anyone.

ASIST makes a difference

As the world's leading suicide intervention workshop, LivingWorks' ASIST program is supported by numerous evaluations including independent and peer-reviewed studies. Results demonstrate that ASIST helps participants become more willing, ready, and able to intervene with someone at risk of suicide.

ASIST is also proven to reduce suicidality for those at risk. A 2013 study that monitored over 1,500 suicidal callers to crisis lines found that callers who spoke with ASIST-trained counselors were 74% less likely to be suicidal after the call, compared to callers who spoke with counselors trained in methods other than ASIST. Callers were also less overwhelmed, less depressed, and more hopeful after speaking with ASIST-trained counselors.

FOCUS: Suicide intervention training

DURATION: Two days (15 hours)

PARTICIPANTS: Anyone 16 or older

TRAINERS: Two registered trainers per 15–30 participants

LANGUAGES: English, French, Spanish, Inuktitut, and Norwegian; Large print and Braille also available

Goals and objectives

In the course of the two-day workshop, ASIST participants learn to:

- Understand the ways personal and societal attitudes affect views on suicide and interventions
- Provide guidance and suicide first-aid to a person at risk in ways that meet their individual safety needs
- Identify the key elements of an effective suicide safety plan and the actions required to implement it
- Appreciate the value of improving and integrating suicide prevention resources in the community at large
- Recognize other important aspects of suicide prevention including life-promotion and self-care

ASIST trainers

ASIST workshops are facilitated by a minimum of two registered trainers who have completed a five-day *Training for Trainers (T4T)* course. ASIST trainers come from diverse backgrounds, but they must all deliver regular workshops and participate in a rigorous quality control program to remain registered. For information about trainers in your area, email info@livingworks.net. A listing of upcoming workshops is available at www.livingworks.net under "Find a Training."

ASIST participants

ASIST is a resource for the whole community. It helps people apply suicide first-aid in many settings: with family, friends, co-workers, and teammates, as well as formal caregiving roles. Many organizations have incorporated ASIST into professional development for their employees. Its widespread use in various communities creates a common language to understand suicide safety issues and communicate across different organizational backgrounds.



info@livingworks.net www.livingworks.net TOLL FREE N.A. 1.888.733.5484 © 03/2018 LivingWorks Education Inc.

Workshop Process

ASIST is based on adult learning principles. Valuing participants' contributions and experiences, it encourages them to take an active role in the learning process. ASIST's key features include:

Small-group learning	To facilitate involvement, participants spend over half the workshop in a small group with one of the trainers.
Audiovisual aid	High-quality slides, diagrams, and videos help participants understand and memorize concepts.
Training focus	Some participants may have previous personal or professional experience with suicide or intervention. ASIST builds on these experiences to contribute to the overall learning goal—providing suicide first-aid.
Reliable, proven model	Workshop activities are structured around the ASIST intervention model and provide applicable, hands-on skills practice.
Emphasis on individual needs	Participants learn to adapt to the specific circumstances of a person at risk and work collaboratively to help them stay safe.
Perspective matters	Participants are encouraged to reflect on and share their own attitudes about suicide and suicide intervention. This helps them understand how their perspectives may affect their role in providing help to a person at risk.
Direct approach	By encouraging honest, open, and direct talk about suicide, ASIST helps prepare to discuss the topic with a person at risk.
Adaptable components	ASIST trainers can tailor certain features of the program, such as role-playing activities, to meet participants' professional or cultural needs.



11
Updated editions since 1983 for continued growth and improvement



6,300+ ASIST trainers offer workshops in over 30 countries

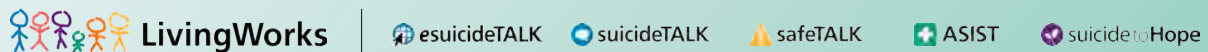
1,430,000+ people have taken ASIST worldwide

I use ASIST in virtually every crisis situation, volunteer and work... Thank you for this *life-changing program.*

—ASIST participant

*Statistics current as of March, 2018

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.

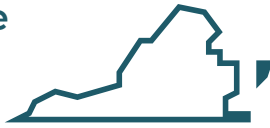


info@livingworks.net www.livingworks.net TOLL FREE N.A. 1.888.733.5484 © 03/2018 LivingWorks Education Inc.

WHAT IS LOCK AND TALK?



Lock and Talk is part of a statewide comprehensive approach to suicide prevention.



WE PROVIDE:

- Low or no cost suicide awareness and prevention trainings
- Safety devices including locking medication boxes and gun locks
- Support material for gun retailers and ranges
- Lethal means safety guidelines
- Educational brochures and informational posters
- Consulting services to schools, workplaces, and organizations to support creating comprehensive suicide prevention policies

IT IS INTENDED TO:



Prevent suicides by limiting access to firearms, medications and other potentially dangerous items during a mental health crisis.



Educate the community about how to recognize and respond to warning signs of suicide.

If you're concerned that someone you care about may be having thoughts of suicide, there are steps you can take to help keep them safe.



If you or someone you know needs support now, **call or text 988 or chat 988lifeline.org** to reach the 988 Suicide & Crisis Lifeline.

[LOCKANDTALK.ORG](https://lockandtalk.org)



03 POSTVENTION

A death by suicide is a tragic event with profound impacts on the deceased's family, friends, and community. Broader connections due to advances in social media and communications can expand the impacts beyond those local and closest to the deceased. Those grieving the loss might be faced with complicated grief, adjustment issues, increased stress, depression, and even an increase in their own thoughts of suicide and actions. A death by suicide can increase the risk of thoughts of suicide and actions among those close to, or even aware of, the person who died. Best practices for how to respond to a suicide – practices that are collectively termed “postvention” – may help to reduce that risk.

If your organization, club, house of worship, workplace, or any other type of community loses a loved one to suicide, this toolkit can help you find the resources and best practices to guide your response.

What is Postvention?

Postvention is a planned response after a suicide to help with healing and reduce the risk of further suicide incidents. How a suicide is handled affects the risk factors for others, especially vulnerable individuals, such as teens.

Effective postvention includes four key components:

1. Communicate the loss with attention to following best practices to promote safety and access to resources and supports.
2. Provide support for those most impacted by the death and help connect them to resources.
3. Commemorate the deceased with attention to following best practices to promote safety and maintain consistent messaging.
4. Maintain a consistent message throughout that mental health issues are treatable and resources and supports are available.

Key Components of Postvention

01. Communicating the Loss

The way a suicide death is communicated can influence the way those close to the deceased respond and can contribute to either increased or reduced risk of additional suicides. The National Action Alliance for Suicide Prevention developed a Framework for Successful Messaging that emphasizes messages that are strategic, safe, and positive, and make use of relevant guidelines and best practices. The following resources provide tips and guidelines for sharing information about the loss:

- Guidelines for Suicide Messaging, from the National Action Alliance for Suicide Prevention (<https://suicidepreventionmessaging.org/>)
- Talking to Children About Suicide, from North Dakota State University (<https://www.ag.ndsu.edu/publications/kids-family/talking-to-children-about-suicide>)
- Recommendations for Reporting on Suicide, by the American Foundation for Suicide Prevention and others (<https://reportingonsuicide.org/>)
- After a Suicide: A Toolkit for Schools (<https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools-2022Update.pdf>). **Available in Appendix A**
- Be You Suicide Postvention Resources: Complete Toolkit, pages 47-51 for sample scripts for communicating with parents and staff (<https://beyou.edu.au/resources/suicide-prevention-and-response>). **See excerpt in Appendix B**

Many of the resources below also include templates and messaging guidance. Be sure that your communications respect the family's wishes regarding privacy, contacting them, and other concerns.

02. Obtaining Resources and Support

Individuals can be impacted by suicide in many ways, and it is important to help connect them to supportive resources to help them cope. Many of the postvention resources below include population-specific resources and examples of ways to connect people. Important resources available in our community include:

- Help is at Hand, from the ConnerStrong Foundation: <https://connerstrongfoundation.org/wp-content/uploads/2020/10/help-is-at-hand-rev-connerstrong.pdf>
- Comfort Zone Camp: <https://comfortzonecamp.org/>
- Supporting Children and Teens After a Suicide: <https://www.dougy.org/assets/uploads/Supporting-Children-Teens-After-a-Suicide.pdf>
- Suicide Loss Support Groups:
 - Survivors of Suicide: Community support group that meets the first and third Thursday of the month from 7-8:30 p.m. The first week meets in-

person at Church of the Incarnation and the third-week meeting is via Zoom. For location information and how to join, contact Margie Howell at mashRN@aol.com.

- The Compassionate Friends: Community support group that is affiliated with the national group which offers lots of resources for those who have lost a child of any age, for any reason. The group meets at 7 p.m. on the 4th Tuesday of the month at the Church of our Saviour on Rio Road & Huntington Dr. For more information on this support group and how to join, please contact either Colleen Baber at cobaber@aol.com or Margie Howell at mashRN@aol.com
- Region Ten Community Services Board for ongoing grief therapy both for the youth and family (434) 972-1800

Knowing and understanding these resources before a suicide loss increases the chance the resource will be shared in a time of crisis.

03. Events and Activities in Memory of Loved Ones

After a suicide loss, many communities struggle to know how to best honor the person who died. The ultimate goal of a memorial service is to foster an atmosphere that will help survivors understand, heal, and move forward in as healthy of a manner as possible.

Follow the recommendations in After a Suicide:

- Recommendations for Religious Services & Other Public Memorial Observances, from the Suicide Prevention Resource Center, can facilitate a community's healing in the aftermath of a suicide and, at the same time, reduce the risk of imitative suicides. (<https://www.sprc.org/sites/default/files/migrate/library/aftersuicide.pdf>)

04. Consistent Messaging on Suicide

It is important to include within any communication following a suicide, the strong and clear message that mental health issues are treatable and suicide is preventable. Consider adding that exact phrase at the end of every communication and include the 988 Suicide and Crisis Lifeline or local hotline.

- 988 Suicide & Crisis Lifeline (formerly National Suicide Prevention Lifeline- 800-273-TALK)
 - Call or text 988 for 24/7 trained crisis counselors
 - Chat: 988lifeline.org
- Region Ten Emergency Services (434) 972-1800
- Regional Crisis Call Center (434) 230-9704



04 RESOURCES

The research and resources available for suicide prevention are ongoing and ever-changing; we anticipate new and updated resources will become available as time moves forward. We offer the following resources in their most updated form as of September 2022, but as local offerings are often changing, we encourage you to check the websites noted for the latest versions and most up-to-date information.

The SPARC resource card includes many important local and national helplines to keep at hand or share with others. It includes crisis resources that are available 24/7, including 988, the Regional Crisis Call Center, and Region Ten Emergency Services.

We also recognize that there are a variety of contributing factors that can lead to suicide, so we also want to highlight the Street Sheet, which is the most comprehensive list of local resources and is updated regularly: <https://tinyurl.com/covidresourceguideville>

STREET SHEET TABLE OF CONTENTS

1. PUBLIC MEALS
2. EMERGENCY OVERNIGHT SHELTER
3. DEPARTMENTS OF SOCIAL SERVICE
4. EMERGENCY FOOD
5. SUBSTANCE USE SUPPORT
6. MENTAL HEALTH SUPPORT & TREATMENT
7. LITERACY / GED
8. WOMEN'S HEALTH
9. PHYSICAL HEALTH SUPPORT & TREATMENT
10. OTHER EMERGENCY NEEDS
11. SEXUAL ASSAULT ADVOCACY & SERVICES
12. VETERANS SUPPORT SERVICES
13. DISCRIMINATION SERVICES
14. EMPLOYMENT SERVICES
15. CLOTHING
16. TRANSPORTATION
17. COVID-19 Testing Sites and Resources

For reputable and up-to-date information and suicide prevention resources, we encourage you to check out the websites for the [Suicide Prevention Resource Center \(SPRC\)](#), the [American Foundation of Suicide Prevention \(AFSP\)](#), and the [Centers for Disease Control and Prevention \(CDC\)](#).

LOCAL HELPLINES

*for Albemarle, Charlottesville,
Fluvanna, Greene, Nelson, and Louisa*

Crisis

Emergency:	911
988 Suicide & Crisis Lifeline:	988 or 1-800-273-8255
Regional Crisis Call Center:	(434) 230-9704
Region Ten CSB Emergency Services:	(434) 972-1800
24/7 Teen Counseling Hotline:	(434) 972-7233
Veteran's Crisis Line:	988, press 1
Crisis Lifeline Text:	741-741
Veteran's Text Line:	838-255
Poison Control:	1-800-222-1222
Sexual Assault Resource Agency (SARA):	(434) 977-7273
Shelter for Help in Emergency:	(434) 293-8509
The Trevor Project (LGBTQ):	1-866-488-7386
988 Lifeline Chat	988lifeline.org

Non-Crisis

On Our Own (Peer Support):	(434) 979-2440
Alcoholics Anonymous:	(434) 293-6565
Narcotics Anonymous:	1-800-777-1515
Side By Side (LGBTQ+ Youth):	1-888-644-4390



ONLINE RESOURCES

SPARC (Suicide Prevention Awareness Resource Council)

www.SPARChope.org

Lock and Talk Virginia

www.lockandtalk.org

Region Ten Community Services Board

www.regionten.org

Help Happens Here

www.HelpHappensHere.org

988 Suicide & Crisis Lifeline

www.988lifeline.org

Crisis Text Line

www.crisistextline.org

Trevor Project (LGBTQ support)

www.theTrevorProject.org

NAMI (National Alliance on Mental Illness)

www.NAMI.org

Veterans and Families

www.VeteransCrisisline.net

AFSP (American Foundation for Suicide Prevention)

www.afsp.org

Alcoholics Anonymous/Narcotics Anonymous

piedmontvana.org

aheartofva.org

05

APPENDICES



Appendix A

For the full
resource, visit:

<https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkit-forSchools-2022Update.pdf>

After a Suicide: A Toolkit for Schools

Second Edition



Endorsements from Other Organizations

National Association of School Psychologists (NASP)

When a suicide occurs, it can disrupt the foundation of the school and larger community to the core. How school leaders respond can help minimize negative effects and reinforce resilience. In fact, effective postvention efforts serve as the first line for prevention of potential suicide contagion among vulnerable members of the school community. *After a Suicide: A Toolkit for Schools* provides step-by-step guidance, templates, and resources all in one place. It is a vital resource to help school administrators and crisis teams plan for and implement appropriate postvention strategies to facilitate communications, support grieving students and staff, identify at-risk individuals, and more.

National Association of Secondary School Principals (NASSP)

The tragedy of suicide affects many schools each year, and it is essential for principals and other school leaders to have the resources they need to help them cope personally and professionally in the event of a student death. During the high-stress period after a suicide, these professionals must provide effective postvention (activities that reduce risk and promote healing after a suicide death) and facilitate an orderly return to the daily operation of the school. That's why the National Association of Secondary School Principals (NASSP) collaborates with organizations like the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. Toolkits like *After a Suicide: A Toolkit for Schools* provide our members with tools and resources designed to help them work with faculty, staff, students, and others to restore the health of the school community. Resources like these are integral in helping principals and other school leaders carry out their mission to serve all students.

American School Counselor Association (ASCA)

A student suicide has a tremendous impact on the entire school as well as the broader community. School administrators, faculty, and staff are called on to provide leadership and strength to students and their families, even though they themselves may be shaken emotionally and unsure of the proper actions to take. They will be grappling with issues such as immediate crisis response, helping students and parents cope, and communicating with the school and wider community, as well as the media. *After a Suicide: A Toolkit for Schools*, developed by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, is a valuable guide to help school personnel prepare for the tumultuous and stressful aftermath of a student suicide and to help prevent future tragedies.

This second edition of *After a Suicide: A Toolkit for Schools* was written in 2018 by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), Education Development Center (EDC).

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For additional first edition acknowledgments, see [Appendix C: Additional Reviewers of the First Edition](#).

After a Suicide: A Toolkit for Schools addresses Objective 10.1 of the *National Strategy for Suicide Prevention* (2012): Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.

This document was funded by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC). SPRC at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), (Grant No. 5U79SM062297). The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

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Additional copies of this publication can be downloaded from <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>.

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy. AFSP's mission is to save lives and bring hope to those affected by suicide. [afsp.org](https://www.afsp.org)

The Suicide Prevention Resource Center (SPRC) is the nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*. It enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. [sprc.org](https://www.sprc.org)

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Introduction

Introduction

The suicide of a student can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. In this situation, schools need reliable information, practical tools, and pragmatic guidance to help them protect their students, to communicate with the public, and to return to their primary mission of educating students.

In 2011, the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) produced *After a Suicide: A Toolkit for Schools* to assist schools in the aftermath of a suicide in the school community. This second edition includes updated information and new material.

This toolkit reflects consensus recommendations developed in consultation with national experts, including school-based administrators and staff, clinicians, researchers, and crisis response professionals. It provides guidance and tools for *postvention*, a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma that could lead to further suicidal behavior and deaths, especially among people who are vulnerable.

This resource was developed primarily for administrators and staff in middle and high schools, but it can also be useful for parents and communities. Although some of the guidance can be used by schools serving other age groups, the developmental differences between students in elementary, middle, and high school, and college must be taken into account when using the toolkit to respond to a death in a school.

After a Suicide focuses on how to respond in the immediate aftermath of a suicide death of a student. Ideally, schools should have a crisis response and postvention plan in place before a suicide occurs. That will enable staff to respond in an organized and effective manner. But whether or not a school has such a plan, this toolkit contains information schools can use to initiate a coordinated response. For information on developing protocols for responding to a suicide, see Chapter 3 in [Preventing Suicide: A Toolkit for High Schools](#).¹

The following principles have guided the development of the toolkit:

- Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased student's family and close friends.
- Adolescents are vulnerable to the risk of suicide contagion, that is, when a struggling student experiences the loss of another student to suicide and becomes at greater risk. Therefore, it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Adolescents are also resilient. With the proper information, guidance, and support from school staff, students can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.
- Suicide has multiple causes. However, a student who dies by suicide was likely struggling with significant concerns, such as a mental health condition that caused substantial psychological pain even if that pain was not apparent to others. But it is also important to understand that most people with mental health conditions do not attempt suicide.

¹ There are some differences in terminology and roles between *Preventing Suicide: A Toolkit for High Schools* and this toolkit. We provide additional explanation in this toolkit's section "Crisis Response."

- Help should be available for any student who may be struggling with mental health issues or suicidal feelings.
- Postvention efforts need to consider the cultural diversity of those affected by a suicide.

After a Suicide: A Toolkit for Schools was designed to help schools respond immediately in the minutes, hours, and days after a suicide as well as in the weeks and months it takes the school community to heal and move forward. Since significant numbers of high school-aged youth die by suicide across the United States every year, every school needs to be prepared to respond to such an event.

Brief Descriptions of the Toolkit Sections

Crisis Response – Steps that should be taken immediately when the school learns that a student has died by suicide

Helping Students Cope – Ways that the school can help reduce the emotional trauma of an unexpected death for all students and reduce suicide risk among vulnerable students

Working with the Community – Approaches to sharing information and coordinating activities with organizations and groups outside the school, including the police department, local government, faith community, and mental health providers

Working with the Media – Helping journalists ensure that the public gets the information it needs without causing undue emotional stress, increasing the risk of contagion to other students, or violating the privacy of the deceased and his or her family

Memorialization – Appropriately remembering and honoring a student who died without contributing to additional emotional trauma or suicide risk among other students

Social Media – How to appropriately use social media to inform the community while working to limit the spread of rumors and social media content that can raise the risk of vulnerable students

Suicide Contagion – Helping vulnerable students who may be in emotional or suicidal crisis as a result of the death of another student, member of the school community, or a celebrity with whom they identify, in order to avoid additional suicidal behavior and deaths

Bringing in Outside Help – Identifying and working with postvention experts from outside the school

Going Forward – Moving past the immediate crisis and implementing a comprehensive suicide prevention plan (if the school does not already have one)

Appendix A: Tools and Templates – Sample guidelines, letters, and procedures to be used in the aftermath of a suicide

Appendix B: Additional Resources – Sources of more information and guidance on preparing for and responding to a suicide in the school community, listed by the section of the toolkit to which they are most relevant

Crisis Response

Crisis Response

When a school receives the news that one of its students has died by suicide, the first step is to make sure this news is true. In this age of social media and smartphones, it is easy for rumors to spread.

- School staff should immediately confirm the death of a student.
- Upon confirmation, the school should immediately implement a coordinated crisis response to achieve the following:
 - o Effectively manage the situation
 - o Provide opportunities for grief support
 - o Maintain an environment focused on normal educational activities
 - o Help students cope with their feelings
 - o Minimize the risk of suicide contagion

Mobilize a Crisis Response Team

It is most effective for schools to have an identified Crisis Response Team set up and ready to respond to a crisis before one occurs. This team is responsible for implementing the elements of your school's crisis response plan.

Before a crisis occurs, find out whether your school district has a Crisis Response Team that can provide additional support to your school if needed. Many districts have a Crisis Response Team to handle larger crisis events, with each school having its own Crisis Response Team. This allows schools to pull from the district-wide team if they require additional support staff to meet the needs of their staff and students in the aftermath of a suicide. A district team is also beneficial if the school's Crisis Response Team is emotionally impacted in a way that makes it difficult for team members to engage in postvention activities effectively, or if they need extra support.

Depending on the size of the school or district, the school Crisis Response Team should have at least 5 or 6 people (but no more than 15), chosen for their skills, credentials, and ability to work compassionately and effectively under pressure with all members of the school community. Ideally the team will be a combination of administrators, counselors, social workers, psychologists, nurses, and school resource officers. It can also be useful to include a member of the school's information technology staff to help with social media. The team should have the ability to work with all of the cultures represented by the students and their families.

If You Have Used *Preventing Suicide: A Toolkit for High Schools*

Note: *Preventing Suicide: A Toolkit for High Schools* uses the term "Suicide Response Team." In this toolkit on postvention, we use "Crisis Response Team" instead because this term is now more widely known, accepted, and used in school safety plans. Some schools have a Suicide Response Team that is part of a larger Crisis Response Team. Even if you have a Suicide Response Team, consider mobilizing the entire Crisis Response Team after a suicide, since effective postvention requires the expertise, roles, and knowledge of the entire team.

The Crisis Response Team coordinator is usually the principal. The team coordinator:

- Has overall responsibility throughout the crisis
- Is the central point of contact
- Monitors overall postvention activities throughout the school
- Handles communications with the different groups of people within the school (e.g., administration, staff, students, and parents) and the media

Depending on the needs of the school and its Crisis Response Team, the team coordinator may find it helpful to designate a member of the mental health staff to serve as an assistant coordinator for the team. This person assists the coordinator in the following activities:

- Coordinate communication among the staff, students, and community
- Share updates with Crisis Response Team members
- Work with the mental health team to organize safe rooms for students and staff in need of assistance
- Facilitate communication with parents when concerns arise about particular students

If an assistant coordinator is designated, that person can also fill in for the coordinator if he or she is not available. If an assistant coordinator is not designated, a back-up coordinator should be assigned by the coordinator for times when the coordinator is not available.

Comparison of Roles in This Toolkit and *Preventing Suicide: A Toolkit for High Schools*

This toolkit updates the roles listed in *Preventing Suicide: A Toolkit for High Schools*.

<i>After a Suicide: A Toolkit for Schools</i>	<i>Preventing Suicide: A Toolkit for High Schools</i>
Crisis Response Team coordinator	Suicide Response Team coordinator
Assistant coordinator (optional)	N/A
Back-up coordinator if no assistant coordinator	Back-up coordinator

Get the Facts

A postvention plan should emphasize a single point of contact for information if the school learns of a student death. For example, the school principal would likely be the first person notified when anyone in the school learns of a student death.

Although it may not always be possible to immediately determine all of the details about a death, confirming as much factual information as possible before communicating with students is important. Speculation and rumors can exacerbate the emotional upheaval within the school. Time is also of the essence in confirming factual information

since social media and other forms of communication may be occurring simultaneously, and it is possible that others, including students, may already have some information about the death.

It can be challenging for a school to determine how to proceed if the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed. The school's principal or the superintendent should first check with the family, the coroner, and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death.

If the Cause of Death Is Unconfirmed

If there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there may be rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person and his or her family and friends.

Given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social media), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..." For a more complete example of how to talk with students about this, see [Sample Death Notification Statement for Students: Option 2 – When the Cause of Death Is Unconfirmed](#).

The school attorney may wish to first research the applicable state law regarding discussing the cause of death before the school issues a statement. In addition, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

If the Family Does Not Want the Cause of Death Disclosed

Although the fact that a student has died may be disclosed immediately, official information about the cause of death should not be disclosed to students until the family has been consulted. The need to share information should be carefully balanced with honoring the family's request. Therefore, the school may choose to initially release a more general, factual statement without using the student's name if the family does not give permission (e.g., "We have learned that a ninth-grade student died over the weekend.").

There may be cases where the death has been declared a suicide, but the family does not want this communicated, perhaps due to prejudice, privacy concerns, or fear of risking contagion or because they simply do not (yet) believe or accept that it was suicide. If this situation occurs, someone from the administration or mental health staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death among themselves, and that having adults in the school community talk with students about suicide and its causes can help keep students safe.

Schools have a responsibility to balance the need to be truthful with the school community with the need to be sensitive to the family. If the family refuses to permit disclosure, schools can state, "The family has requested that information about the cause of death not be shared at this time." But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example:

We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal.

Share the News with the School Community

The principal or Crisis Response Team coordinator should use care in sharing the information about the death with staff and parents in the school community. This communication should be done separately from communications with students. Also, what is said publicly may be limited to some degree by the family's wishes, and it is important to distinguish what might be said in a public meeting (e.g., with parents) versus a meeting of necessary school staff (e.g., teachers who taught the deceased student).

In any communication about suicide, it is important to follow guidelines on safe messaging about suicide. It is particularly important to avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner. Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the student's struggles are not mentioned, it may cause confusion as well as give the impression that suicide is an effective way of addressing one's distress—especially among the other students.

For more suggestions on how to talk about suicide, see the tool [Tips for Talking about Suicide](#).

Address Cultural Diversity

Postvention efforts need to take into consideration the cultural diversity of everyone affected by a suicide, including the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability. Culture may significantly affect the way people view and respond to suicide and death.

Key points involving cultural differences include the following:

- Be aware that the extent to which people are able to talk about suicide varies greatly, and in some cultures suicide is still seen as a moral failing.
- Be sensitive to the beliefs and customs regarding the family and community, including rituals, funerals, the appropriate person to contact, etc.
- Be sensitive to how the family or community may need to respond to the death before individuals outside of the family or community intervene to provide support.
- Engage a “cultural broker” to act as a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the person who died by suicide.
- Bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for parents.

Activities for Responding to a Crisis

Crisis Response Team Coordinator's Tasks

- Inform the principal (if not already notified or designated as team coordinator) and school superintendent of the death.
- Contact the deceased's family to:
 - Offer condolences
 - Inquire as to what the school can do to assist
 - Ask them to identify the student's friends who may need assistance

- o Discuss what students should be told
- o Inquire about funeral arrangements

Note: Schools may establish a better rapport with the family if they make this contact in person.

- Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- Establish a plan to immediately notify school staff of the death via the school’s crisis alert system. If possible, this should be an in-person notification, especially for those who worked directly with the deceased student.
- Schedule an initial all-staff meeting as soon as possible—ideally before school starts in the morning (see the tool [Sample Guidelines for Initial All-Staff Meeting](#)).
- Arrange for students to be notified of the death in small groups, such as in homerooms. Do *not* notify students by PA (public address) system or in a large assembly.
- Disseminate a death notification statement for students to homeroom teachers (see the tool [Sample Death Notification Statement for Students](#)). It is suggested that in the homeroom of the deceased student, it might be helpful to have a mental health professional (e.g., school psychologist, counselor, social worker) present as well as the teacher.
- Identify social media accounts that may need attention or monitoring, and designate a member of the crisis team to monitor them (for more information, see the [Social Media](#) section).
- Draft and disseminate a written death notification statement to parents (see the tool [Sample Death Notification Statement for Parents](#)).
- Disseminate the handouts [Facts about Suicide in Adolescents](#), [Tips for Talking about Suicide](#), and [Youth Warning Signs and What to Do in a Crisis](#) to teachers and other relevant school staff to give them more information about suicide and how to help their students.
- Speak with the school superintendent and Crisis Response Team assistant coordinator throughout the day.
- Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.

Team Assistant Coordinator’s Tasks

The following tasks may be delegated as appropriate to specific staff by the team coordinator if an assistant coordinator is not designated:

- Conduct an initial all-staff meeting.
- Conduct periodic meetings for the Crisis Response Team members.
- Monitor activities throughout the school, making sure teachers, staff, and Crisis Response Team members have adequate support and resources.
- Plan a parents’ meeting, if necessary (see the tool [Sample Agenda for Parent Meeting](#)).
- Assign roles and responsibilities to Crisis Response Team members in the areas of safety, support for staff and students, community liaisons, funeral, media relations, and social media.

Other Key Activities

These activities can be implemented by the team coordinator, assistant coordinator, and/or other designated staff, depending on the activity and the specific situation:

Safety

- Keep to regular school hours.
- Ensure that students follow established dismissal procedures.
- Call on school resource officers or facilities managers to assist parents and others who may show up at the school with inquiries and to keep media off school grounds.
- Pay attention to students who are having particular difficulty, including those who are either withdrawing from others or congregating in hallways and bathrooms. Encourage them to talk with counselors or other appropriate school staff.

Support for Staff and Students

- Assign a staff member to follow the deceased student's schedule to monitor peer reactions and answer questions. It is also important to monitor staff reactions to the death.
- If possible, arrange for several substitute teachers or "floaters" from other schools within the district (or outside consultants) to be on hand in the building in case teachers need to take time out of their classrooms.
- If possible, identify an easily accessible mechanism for students to request support (e.g., be able to request a pass to meet with a counselor or others) throughout the day.
- Arrange for crisis counseling rooms for staff and students.
- Provide tissues and water throughout the building and arrange for food for teachers and crisis counselors who may be giving up lunch periods to respond to students.
- Work with the administration, teachers, and school mental health professionals to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality.
- Work with school-based mental health professionals to develop plans to provide counseling and referrals to those who need it.
- Prepare to track and respond to student and/or family requests for [memorialization](#).

Community Liaisons

- Several team members will be needed, each serving as the primary contact for working with community partners of various types, including:
 - o Coroner/medical examiner – To ensure accuracy of information disseminated to school community
 - o Police – As necessary, particularly if an investigation about the death occurs, and the police wish to speak with school staff
 - o Mayor's office and local government – To facilitate a community-wide response to the suicide death

- o Mental health and medical communities and grief support organizations – To plan for student, staff, and community needs
- Arrange for outside trauma responders, if necessary, and brief them as they arrive on scene.

Funeral

- Communicate with the funeral director about logistics for students and staff attending the services, including the need for crisis counselors and/or security to be present at the funeral.
- Encourage the family to hold the funeral off of school grounds and outside of school hours if at all possible.
- Be sensitive to the needs and wishes of different religious, ethnic, and racial groups that may be involved in the funeral.
- When possible, discuss with the family the importance of communicating with clergy/religious leaders, or whoever will be conducting the funeral, to ask if they are comfortable mentioning something about the struggles the student was having. When appropriate, include mental health concerns. While ultimately this is the family and religious leader's decision, an informed discussion should occur where the family and religious leader are made aware of the benefits of providing this information as a way to promote understanding about suicide as well as to reduce possible contagion.
- Depending on the family's wishes, help disseminate information about the funeral to students, parents, and staff, including:
 - o Location
 - o Time of the funeral (keep school open if the funeral is during school hours)
 - o What to expect (e.g., whether there will be an open casket)
 - o Guidance regarding how to express condolences to the family
 - o Policy for releasing students during school hours to attend (i.e., students will be released only with permission of parent, guardian, or designated adult)
 - o Procedures for staff who want to attend (i.e., excused time away, getting substitute teachers)
- Work with school mental health professionals and community mental health professionals to arrange for counselors to attend the funeral.
- Encourage parents to accompany their child to the funeral.

Media Relations

- Designate a media spokesperson to field media inquiries using the tool [Key Messages for Media Spokesperson](#).
- Prepare a media statement.
- Advise staff that only the media spokesperson is authorized to speak to the media.
- Advise students to avoid interviews with the media.
- Refer media outlets to [Recommendations for Reporting on Suicide](#).

Social Media

- Oversee the school's use of social media as part of the crisis response.
- See the [Social Media](#) section for details on monitoring social media.

Tools for Crisis Response

These tools are in [Appendix A: Tools and Templates](#):

- [Sample Guidelines for Initial All-Staff Meeting](#)
- [Sample Death Notification Statement for Students](#)
- [Sample Death Notification Statement for Parents](#)
- [Sample Agenda for Parent Meeting](#)
- [Tips for Talking about Suicide](#)
- [Facts about Suicide in Adolescents](#)
- [Youth Warning Signs and What to Do in a Crisis](#)

For more resources on crisis response, see [Appendix B: Additional Resources](#).

Helping Students Cope

Helping Students Cope

In the aftermath of a suicide, students and others in the school community may feel emotionally overwhelmed. This can make it difficult for the school to return to its primary function of educating students and can also increase the risk of prolonged stress responses and even suicide contagion. A school's approach to supporting students after a suicide loss is most effective when it provides different levels of support depending on the students' needs. It is critical that an opportunity to meet in smaller groups be given to students in need of more in-depth support, augmenting the support given to all students.

Key Considerations

Adolescence is a time of increased risk for difficulties with emotional regulation given the intensification of responses that come with puberty and the structural changes in the brain that occur during this developmental period. Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged in the face of a suicide. Young people may not yet have learned how to recognize complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia.

It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as in group and individual counseling sessions. Schools can also help students balance the timing and intensity of their emotional expression. Staff can use the information in the tool [Tips for Talking about Suicide](#) to help students understand and manage their emotions.

If there are concerns about a student's emotional or mental health, the parent(s) or guardian(s) should be notified, and a referral should be made to a mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available in addition to school-based mental health professionals (e.g., school psychologists, counselors, social workers) include community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals. In addition, it may be useful for school staff to identify and reach out to families of students who are not coming to school.

When implementing these strategies, leadership will most likely be provided by the school psychologist, counselor, social worker, school nurse, and/or possibly a community mental health partner, all of whom may be members of the school's Crisis Response Team and likely trained in culturally competent counseling strategies. However, all adults in the school community can help by modeling calm, caring, and thoughtful behavior.

Schedule Meetings with Students in Small Groups

Schools will likely need to adjust the regular academic schedule to allow time for helping students address their emotional needs. It is preferable to reach out to students in a deliberate and timely way, rather than allow the emotional environment to escalate, and to do so in homerooms and small group meetings.

All students should be provided with the opportunity to go to a small group meeting where they can express their feelings about the death of their classmate and obtain support. This type of group would be optional for students and should take place outside their classroom in private offices within the school. Ideally, these groups would be facilitated by a school mental health professional or another person experienced in postvention. However, if that is not possible, it is important that the staff who meet with students are comfortable with students' grief and know the school's

procedure for addressing a student who is in distress and the importance of referring the student for help. Such small groups also provide a chance for adults to identify youth who appear in need of additional support.

These group meetings can either have a structured agenda and keep to a time limit or be open-ended and focus more on addressing the students' specific needs. It is important to provide each student with an opportunity to speak. The groups should focus on helping students identify and express their feelings and discuss practical coping strategies (including appropriate ways to memorialize the loss) so that they can return their focus to their regular routines and activities.

In addition to the small groups, it might be helpful to have mental health professionals visit classrooms to:

- Give all students accurate information about suicide
- Prepare students for the kinds of reactions that can be expected after hearing about a peer's suicide death
- Provide them with safe coping strategies they can use to help them in the coming days and weeks
- Answer questions students may have and dispel any rumors

If the deceased student participated in sports, clubs, or other school activities, the first practice, game, rehearsal, or meeting after the death may be difficult for the other students. These events can provide further opportunities for the adults in the school community to help the students appropriately acknowledge the loss.

Help Students Identify and Express Their Emotions

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. How they express their emotions may also be influenced by their cultural background. Acknowledge the diversity of experiences and the wide range of feelings and reactions to a crisis that students may have, and emphasize the importance of being respectful of others.

Some students may need help identifying emotions beyond simply sad, angry, or happy, and they may need reassurance that a wide range of feelings and experiences are to be expected. They may also need to be reminded that emotions may be experienced as physical symptoms, including butterflies in the stomach, shortness of breath, insomnia, fatigue, or irritability. To facilitate this discussion, ask students questions, such as:

- What is your biggest concern about the immediate future?
- What would help you feel safer right now?

It may help establish rapport to open a conversation by asking students what their favorite memories are of the student.

Practical Coping Strategies

Encourage students to think about specific things they can do when intense emotions, such as worry or sadness, begin to well up, for example:

- Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place
- Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie

- Exercise
- Think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now
- Write a list of people they can turn to for support
- Write a list of things they are looking forward to
- Focus on personal goals, such as returning to a shared class or spending time with mutual friends

Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.

Encourage students to think about how they want to remember their friend. Ideas may include writing a personal note to the family, attending the memorial service, creating a memory book, or doing something kind for another person in honor of their friend. Be sure to educate students about the school's guidelines regarding memorialization. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

Schools, in partnership with community mental health resources, might also consider creating drop-in centers that provide a safe and comfortable place for youth to be together after school hours. These can be staffed by volunteer counselors and clinicians from the community who can provide grief counseling, as well as identify and refer youth who may need additional mental health or substance abuse services. These centers can also be used during times of particularly heightened emotion, such as graduation or the anniversary of a student's death.

Reach Out to Parents

Parents may need guidance on how to talk about suicide with their children and how best to support them at this difficult time. They may also need reliable information such as that found in [Facts about Suicide in Adolescents](#), [Youth Warning Signs and What to Do in a Crisis](#), and [Tips for Talking about Suicide](#). Encourage parents to contact school mental health staff if they are concerned about their children or other students.

Anniversary of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death.

For more resources on helping students cope, see [Appendix B: Additional Resources](#).

Working with the Community

Working with the Community

Because schools exist within the context of a larger community, it is very important that before a suicide or other death occurs they establish and maintain open lines of communication and working relationships with community partners, such as the coroner/medical examiner, police department, local government office, funeral director, clergy, mental health and health care professionals, and community-based agencies. In many communities, schools and community partners may have established a memorandum of understanding (MOU) to clarify requirements and responsibilities. With these relationships already set up, schools and community partners will be ready to work together in the event of a crisis. If these relationships and MOUs are not in place, reach out to the partners described in this section as soon as possible after a suicide occurs to help clarify roles.

Key Considerations

The school is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family of the deceased student. Even in those realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. For example, a school may be able to offer relevant information (such as input on the likely turnout at the funeral) and anticipate problems (such as the possibility that students may gather late at night at the place where the deceased died). A coordinated approach can be especially critical when the suicide death receives a great deal of media coverage, and the entire community becomes involved.

Coroner/Medical Examiner

As noted in [Get the Facts](#) (in the Crisis Response section), the coroner or medical examiner is the best starting point for confirming that a death has been declared a suicide. So to help make accurate information available and to avoid or stop the spread of rumors as quickly as possible, it is important for the school to maintain a positive working relationship with the local coroner or medical examiner.

Police Department

The police are also likely to be an important source of information about the death, particularly if there is an ongoing investigation (e.g., if it has not yet been determined whether the death was a suicide or homicide). The school needs to be in close communication with the police to determine (a) what they can and cannot say to the school community so as not to interfere with the investigation, and (b) whether there are certain students or staff who must be interviewed by the police before the school can debrief or counsel them in any way. If school staff are to be interviewed, the school may want to consult its legal counsel prior to the interview(s).

There may also be situations in which the school has information that is relevant to the ability of the police to keep students safe. For example, the school may become aware that students have established a memorial off-campus and may even be engaging in dangerous behavior (such as gathering in large groups at the site of the death at night or holding vigils at which alcohol is being consumed) and may need to enlist the cooperation of the police to keep the students safe. The school may also be in a unique position to brief the police (and even the family of the deceased student) about what to expect at the funeral or memorial service in terms of turnout and other safety concerns.

Local Government

A student suicide death may reveal an underlying community-wide problem, such as drug or alcohol use, bullying, gang violence, or a possible suicide cluster. Because schools function within—not separate from—the surrounding community, local government entities, such as the mayor's office, can be helpful partners in promoting dialogue and presenting a united front in the interest of protecting the community's young people.

Funeral Director

The school and funeral home are complementary sources of information for the community.

Schools are often in an excellent position to:

- Give the funeral director a heads-up about what to expect at the funeral in terms of the number and types of students likely to attend and the possible need to have additional staff and/or security present
- Provide information about local counseling and other resources to the funeral directors, with the request that the information be made available to attendees at the funeral

Schools can also ask the funeral director to:

- Provide (or recommend) materials that the school could give to students to help them prepare for the funeral
- Talk to the family about the importance of scheduling the service outside of school hours, encouraging students' parents to attend, and providing counselors to meet with distraught students after the service (and the need for a quiet area in which to do so)

A guide for funeral directors is available [here](#).

Faith Community Leaders

The school can play an important role by encouraging a dialogue with the family and the faith community leaders (or whoever will be officiating at the service) to help them all understand the risk of [suicide contagion](#). For example, the school could explain the importance of not inadvertently romanticizing either the student or the death in the eulogy, and emphasize the connection between suicide and underlying mental health issues. It may be helpful to refer faith community leaders to the publication [After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances](#).

If the school has a religious affiliation, it is important to include clergy who are on staff in any communications and outreach efforts to support the student body and encourage them to be familiar with their faith's current understanding of the relationship between mental illness and suicide.

Faith communities may also be helpful in supporting community postvention efforts. Vignette A provides an example.

Vignette A: Faith Leaders Educating Community Members

A high school whose staff had been trained in postvention lost a student to suicide. The principal invited the family minister, whose youth group the student had been involved in, to the school's early morning crisis response meeting. The minister learned about the many risk factors that can lead to suicide. He and his wife both became leaders in the community's postvention response. They hosted an evening gathering at the church to educate all community members about suicide as a public health issue and inform them of the warning signs and resources for help.

This collaborative approach with key community stakeholders helped to give people permission to grieve the loss and learn how to hold onto hope and resilience.

Mental Health and Health Care

Most schools have mental health professionals on staff, and it is important that these individuals are linked to other mental health professionals in the community. If there are concerns that a student needs additional supports, school staff should notify the parent(s) or guardian(s) and make a referral to an appropriate mental health professional for assessment, diagnosis, and possible treatment.

Schools should also establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of a suicide death, schools will want to notify the center to ensure seamless referrals if students show signs of distress. Schools will also want to publicize crisis hotline numbers, including the [National Suicide Prevention Lifeline](#): 800-273-TALK (8255). In addition, schools can encourage the local health care community, including primary care doctors and pediatricians, to screen affected youth they see for depression, substance abuse, and other relevant disorders and refer them to a mental health professional as needed.

Schools can also help students, staff, and families find local bereavement support groups through community mental health and health care centers. Another way to find suicide bereavement support groups is through [AFSP's listing](#) of suicide loss survivor groups across the country.

Outside Postvention Specialists

Working with students in the aftermath of a suicide death can easily exhaust a school's crisis team members, which can interfere with their ability to effectively assist the students. Bringing in postvention specialists or trauma responders from other school districts or local mental health or crisis centers to work alongside the school's crisis team members—and to provide care for the caregivers—can be quite helpful. See the section [Bringing in Outside Help](#) for more information.

Building a Community Coalition

If a community does not already have a coalition focused on suicide prevention, it may be helpful to create one.

Schools can be an active partner in this process. The coalition should include senior representation from the school, together with representatives from as many of the following as possible:

- Law enforcement
- Government (e.g., the mayor's office, medical examiner's office, and public health department)
- Parents who have demonstrated community leadership in addressing drug and alcohol abuse, bullying, or other related issues
- Mental health community (e.g., community mental health centers, psychiatric screening centers, private practitioners, and substance abuse treatment centers)
- Social service agencies
- Faith community leaders
- Funeral directors
- First responders and hospital emergency department personnel
- Media (as coalition members, not to cover it as a news event)
- Students
- Suicide bereavement support group facilitators
- Primary health care providers and clinics

The coalition's initial goals should include the following tasks:

- Identify a leader or lead agency.
- Identify any particular risk factors within the community, such as widespread drug and alcohol use, bullying, or easy access to means of suicide.
- Mobilize existing mental health and primary care resources to identify and help young people who may be at high risk.
- Mobilize parents to assist in monitoring youth who come to their homes and neighborhoods.
- Reach out to other groups and businesses in the community where youth gather, such as recreation centers, religious organizations, sports leagues, movie theaters, and diners.

The coalition should also identify the gaps in existing resources and how to fill those gaps, such as by:

- Appointing a suicide prevention resource coordinator
- Hiring or contracting for additional counseling staff as needed
- Hiring staff to provide screening programs throughout the school district
- Developing alcohol and drug programs for youth
- Developing teen centers where youth can come together and engage in social and recreational activities with caring adults

- Creating a public awareness campaign or website to:
 - o Educate the community about mental health disorders, substance abuse, and other high-risk behaviors
 - o Decrease negative associations with mental health disorders and help-seeking
 - o Increase help-seeking
- Note: See [Framework for Successful Messaging](#) for examples of safe messaging.
- Creating public service campaigns to educate the community about suicide risk factors, warning signs, and local resources for those at risk
 - Identifying ways to reach at-risk youth who are not in the education system, such as recent graduates, dropouts, or those in the juvenile justice system
 - Identifying and implementing ways to reduce access to lethal means
 - Exploring eligibility for additional sources of funding, such as a U.S. Department of Education School Emergency Response to Violence (SERV) grant, awarded to school districts that have experienced a traumatic event and need additional resources to respond

Vignette B is an example of how community partners in a regional network may work together when a suicide occurs.

Vignette B: Networking throughout a State

In one state, a system of regional public health networks supports good communication among health care providers, first responders, and behavioral health services. Many providers who are active members in this network received training in postvention that included protocols and strategic planning.

When a young man died by suicide shortly after graduating from high school, staff in the network's member organizations drew on the protocols they had learned. One of the trainers had ties to the young man's family and helped them connect immediately with loss survivor support services. As a result, within days, family members were receiving individual support, and later in the month, several family members were attending loss survivor support groups. School personnel who knew he had a girlfriend in another school district contacted the school counselor there to extend resources and supports.

Throughout the week and into the weekend, members of the network circulated an e-mail loop with resources and protocols, identifying who was available as a contact for resources and/or support. They also alerted first responders and the regional mental health emergency services team to the possibility of related incidents and had a spokesperson available for media inquiries. Postvention guidelines and sample notices, as well as resources for loss survivors, were sent to the counselors in the young man's high school and athletic groups. One of the counselors used the information to make changes in a program that would have memorialized the student in an unsafe way. Another counselor worked with youth to organize a fundraiser to support suicide prevention efforts in their region.

Even without a formal network, such as the one described here, organizations and schools can develop collaborative relationships and receive training so that they are prepared if a suicide occurs.

For more resources on working with the community, see [Appendix B: Additional Resources](#).

Working with the Media

Working with the Media

A death by suicide of a school-age student can attract a lot of media attention. And when multiple suicide deaths have occurred, media interest can be particularly intense. It is important for a school to develop safe messages in order to avoid contagion. The school should appoint a media spokesperson to ensure that news is released to the media in a deliberate and consistent manner and to disseminate the document [Recommendations for Reporting on Suicide](#) to the media.

The risk of contagion is related to the amount, duration, prominence, and content of media coverage. Therefore, it is extremely important that schools strongly encourage the media to adhere to the recommendations for safe reporting, which were developed by the nation's leading suicide prevention organizations.

These recommendations include the following:

- Do not glamorize or romanticize the victim or the suicide.
- Do not oversimplify the causes of suicide.
- Do not describe the details of the method.
- Do not include photographs of the death scene or of devastated mourners, which can draw in vulnerable youth who may be desperate for attention and recognition.
- Use preferred language, such as “died by suicide” or “killed himself or herself” rather than a “successful” suicide.
- Include messages of hope and recovery.
- Consult suicide prevention experts.
- Include a list of [warning signs](#), since most (but not all) people who die by suicide show warning signs.
- List the [National Suicide Prevention Lifeline](#) number (800-273-8255) and include information on local mental health resources in each article.
- Include up-to-date local and national resources.

Tools for Working with the Media

The following tools are in [Appendix A: Tools and Templates](#):

- [Sample Media Statement](#)
- [Key Messages for Media Spokesperson](#)

For more resources on working with the media, see [Appendix B: Additional Resources](#).

Memorialization

Memorialization

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

Key Considerations

It is very important that schools develop a policy on memorialization before a suicide death occurs and ensure that the policy is in the school's suicide prevention procedures. Schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces prejudice associated with suicide and may be deeply painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of [suicide contagion](#), it is equally important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Focus on how the student lived, rather than how he or she died. If the student had underlying mental health problems, seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Make sure to be sensitive to the cultural needs of the students and the family.

This section includes several creative suggestions for memorializing students who have died by suicide and a tool to assist with [making decisions about school-related memorials](#).

Funerals and Memorial Services

It is strongly advised not to hold funeral and memorial services on school grounds. The school should instead focus on maintaining its regular schedule, structure, and routine. Using a room or an area of the school for a funeral service can inextricably connect that space to the death, making it difficult for students to return there for regular classes or activities.

It is also strongly advised that the service be held outside of school hours. If the family does hold the service during school hours, it is recommended that the school remain open and that school buses not be used to transport students to and from the service. Students should be permitted to leave school to attend the service only with appropriate parental permission. Regular school protocols should be followed for dismissing students over the age of majority.

If possible, the school should coordinate with the family and [funeral director](#) to arrange for mental health professionals to attend the service. In all cases, the principal or another senior administrator should attend the funeral.

Schools should strongly encourage parents whose children express an interest in attending the funeral to attend with them. This provides not only emotional support but also an opportunity for parents to monitor their children's response, to open a discussion with their children, and to remind them that help is available if they or a friend are in need.

Spontaneous Memorials

It is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as his or her locker or classroom seat, or at the site where the student died. Students may even come to school wearing T-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk.

A combination of time limits and straightforward communication regarding the memorials can help to restore equilibrium. Although it may be necessary in some cases to set limits for students, it is important to do so with compassion and sensitivity, offering creative suggestions whenever possible. For example, schools may wish to make poster boards and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be avoided by those who don't wish to participate (i.e., not in the cafeteria or at the front entrance) and have them monitored by school staff.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

Vignette C: Adapting a Memorial for Dia de Los Muertos

A large comprehensive high school was trying to find a way to honor the cultural heritage of its Latino students on Dia de Los Muertos (Day of the Dead).^{*} The students requested that they be allowed to memorialize their loved ones who had died (including some who had died by suicide) by setting up an altar with images of their friends on a public section of campus. The school psychologist (who is also Latina) struggled with how to follow the known guidelines regarding memorialization, while also respecting the students' wishes, so she consulted with experts in suicide prevention.

The school decided to have a couple of adult advisors meet with the students and hear their points of view in order to connect with what their underlying motivations were: to celebrate their cultural heritage in the face of tragedy. It was proposed that an altar be set up with favorite foods and imagery (sports, activities, music, other hobbies), rather than using pictures of their deceased loved ones. The altar was permitted for three days, October 31 to November 2, which coincided with the Mexican holiday. According to their feedback, the students felt validated and respected, and they also felt connected to the larger campus community.

^{*} The celebration of the Day of the Dead is an integral part of embracing death that is particular to Mexican national identity but is also celebrated by other Latino cultures in the United States. During this event, the popular belief is that the deceased have divine permission to visit friends and relatives on earth and to again enjoy the pleasures of life.

It is recommended that schools discourage requests to create and distribute images of the deceased, such as on T-shirts or buttons. Although these items may be comforting to some students, they may be quite upsetting to others. Repeatedly bringing images of the deceased student into the school can also be disruptive and inadvertently glamorize suicide. The school should prioritize protecting students who might be vulnerable to contagion over what might comfort students who want to remember the deceased student. If students come to school wearing such items, it is recommended that they be allowed to wear the items only for that day, and that staff explain to students the rationale for the school's policy. Some schools have found a middle ground with students, for example, by allowing them to wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum. Students may be involved in planning how to respectfully move or remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

When a spontaneous memorial occurs off school grounds, the school's ability to exert influence is limited. It can, nevertheless, encourage a responsible approach among the students by explaining that it is recommended that memorials be time-limited (again, approximately five days, or until after the funeral), at which point the memorial would be disassembled, and the items offered to the family. The school may also suggest that students participate in a (supervised) ceremony to disassemble the memorial, during which music could be played, and students permitted to take part of the memorial home. The rest of the items would then be offered to the family.

Schools should discourage gatherings that are large and unsupervised. When necessary, administrators may consider enlisting the cooperation of local police to monitor off-campus sites for safety. Counselors can also be enlisted to attend these gatherings to offer support, guidance, and supervision.

It is not recommended that flags be flown at half-staff (a decision generally made by local government authorities rather than the school administration, in any event).

Online Memorial Pages

Posting on online memorial pages and messaging sites has become common practice in the aftermath of a death. Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. It is vital that memorial pages use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time-limited. For more information on what's involved in safe messaging, see the [Framework for Successful Messaging](#).

It is recommended that online memorial pages remain active only for up to 30 to 60 days after the death of the student. At that time, they should be taken down and replaced with a statement acknowledging the caring and supportive messages that had been posted and encouraging students who wish to further honor their friend to consider other [creative suggestions](#).

Schools should keep a copy of the memorial page after it has been taken down. This could be a print-out of the Facebook page or a series of screenshots, etc. The archive of the memorial page can serve as a reference later if there are concerns about the safety of students who left messages.

If the student's friends create a memorial page of their own, school staff should communicate with the students to ensure the page includes safe messaging and accurate information. School staff should join any student-initiated memorial pages so that they can monitor and respond as appropriate.

School Newspapers

Coverage of the student's death in the school newspaper may be seen as a kind of memorial. Articles may also be used to educate students about suicide warning signs and available resources. Having some focus on healthy coping, resilience, and recovery is also helpful. Any such coverage should be reviewed by an adult to ensure it conforms to the standards set forth in [Recommendations for Reporting on Suicide](#).

Events

The student's classmates may wish to dedicate an event, such as a dance performance, poetry reading, or sporting event, to the memory of their friend. End-of-the-year activities may raise questions of whether to award a posthumous degree or prize or to include a video tribute to the deceased student during graduation. The guiding principle is that all deaths should be treated the same way. Schools may also wish to encourage the student's friends to consider [creative suggestions](#), as noted below, such as organizing a suicide prevention awareness or fundraising event.

Vignette D: A Creative Solution for a Difficult Event

A 17-year-old senior who was playing the lead in a high school musical died by suicide 10 days before opening night. The Drama Department struggled with whether to stage the show as scheduled. The plot of the show featured a possible suicide attempt by one of the main characters. Some cast members felt unable to continue with rehearsals, although most felt that "the show must go on." The director did not want to unwittingly highlight the real-life tragedy by cancelling the show and also wanted to find a way to increase awareness about mental health issues, encourage help-seeking, and decrease prejudice. The school leadership consulted with suicide prevention experts and also met with the family of the student who died.

The solution was to have the students propose ideas to the director for how to decrease risks if the show were to go on. They made a brief video that was sent out to the school community (parents and students) to describe their reasons for carrying on with the show as scheduled. Intentional messages of hope, help-seeking, and strength in times of difficulty were included in the video, as well as communicated before each show in introductory comments made by the director and in the show's program, which also included a list of mental health resources. The script was edited to remove most of the direct references to suicide. According to student, parent, and staff reflections, all of the shows were successful, and there were no negative incidents related to this show.

Often, the parents of the deceased student express an interest in holding an assembly or other event to address the student body and describe the intense pain the suicide death has caused to their family in hopes that this will dissuade other students from taking their own lives.

While it is understandable that bereaved parents would wish to prevent another suicide death, schools are strongly advised to explain that both presenting this content and holding assemblies or other large events for students is not an effective approach to suicide prevention and may actually be risky. Students suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended, and they may be even more likely to act on their suicidal thoughts. In addition, students are very reluctant to speak in an assembly and may be more trusting in a small group or classroom. A more helpful option is to encourage parents to work with the school to bring an appropriate educational program to the school, such as [More Than Sad: Teen Depression](#), a DVD that educates teens about the signs and symptoms of depression, or others listed on the websites of [SPRC](#) and [AFSP](#).

Yearbooks

If there is a history of dedicating the yearbook (or a page of the yearbook) to students who have died by other causes, that policy is equally applicable to a student who has died by suicide. Final editorial decisions should be made by an adult to ensure that it conforms to the standards in [Recommendations for Reporting on Suicide](#). The staff member in charge of the yearbook should work with the principal and school mental health professionals on these decisions.

The focus should be on mental health and/or suicide prevention. Underneath the student's picture it might say, "In your memory, we will work to erase the prejudice surrounding mental health problems and suicide." The page might also include pictures of classmates engaging in a suicide prevention event, such as an AFSP [Out of the Darkness Walk](#).

Graduation

If there is a tradition of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. Schools may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by the principal and appropriate staff.

Permanent Memorials and Scholarships

Some communities wish to establish a permanent memorial: sometimes physical, such as planting a tree or installing a bench or plaque, and sometimes commemorative, such as a scholarship.

While there is no research to suggest that permanent memorials create a risk of contagion, they can be upsetting reminders to bereaved students. Whenever possible, it is recommended they be established off school grounds. The school should bear in mind that once it plants a tree, puts up a plaque, installs a park bench, or establishes a named scholarship for one deceased student, it should be prepared to do so for others, which can become quite difficult to sustain over time.

Creative Suggestions

Simply prohibiting any and all memorialization is problematic in its own right. It is deeply hurtful to the student's family and friends and can generate intense negative reactions.

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the impact that the proposed activity will likely have on students, particularly on those who might be vulnerable to contagion.

Schools may proactively suggest a meeting with the student's close friends to talk about the type and timing of any memorialization. This can provide an important opportunity for the students to be heard and for the school to sensitively explain its rationale for permitting certain kinds of activities and not others. Schools may even wish to establish a standing committee composed of students, school administrators, and family members that can be convened on an as-needed basis.

Schools may also suggest specific types of safe memorialization for students, such as the following:

- Hold a day of community service or create a school-based community service program in honor of the deceased.
- Put together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., an AFSP [Out of the Darkness Walk](#)) or hold a fundraising event to support a local crisis hotline or other suicide prevention program.
- Sponsor a mental health awareness day.
- Purchase books on mental health for the school or local library.
- Work with the administration to develop and implement a curriculum focused on enhancing social and emotional development and help-seeking behaviors.
- Volunteer at a community crisis hotline.
- Raise funds to help the family defray their funeral expenses.
- Make a book or notecards available in the school office for several weeks, in which students can write messages to the family, share memories of the deceased, or offer condolences. The book or notecards can then be presented to the family on behalf of the school community.

Tool for Making Decisions about Memorials

The following tool is in [Appendix A: Tools and Templates](#):

- [Making Decisions about School-Related Memorials](#)

For more resources on memorialization, see [Appendix B: Additional Resources](#).

Social Media

Social Media

In the emotionally charged atmosphere that often follows a suicide death, schools may be inclined to try to control or stifle students' use of social tools such as texting, Facebook, Twitter, YouTube, Instagram, and Snapchat—a task that is virtually impossible. However, by working in partnership with key students to identify and monitor the relevant social networking sites, schools can strategically use social media to disseminate information, share prevention-oriented messaging, offer support to students who may be struggling, and identify and respond to students who could be at risk.

Key Considerations

Following a suicide death, students may immediately turn to social media for a variety of purposes, including:

- Getting and sharing news about the death (both accurate and rumored)
- Expressing their feelings about what has happened
- Giving and receiving emotional support
- Calling for impromptu gatherings (both safe and unsafe)
- Creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased

The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate important and accurate information to the school community
- Identify students who may be in need of additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages that emphasize suicide prevention
- Minimize the risk of suicide contagion that could occur through glorifying suicide or describing details of the means used

Schools will be able to use social media most effectively and efficiently if they have set up policies and protocols and developed a presence on social media sites before a crisis takes place. Policies can include guidelines about how social media should be used (e.g., for broadcast, interaction, linkage). Protocols can include platform-specific templates that can be filled in and deployed rapidly in a crisis. Schools should determine which social media tools to use based on the culture and needs of their school community. Schools may also want to have a designated staff person serve as a social media manager to assist the school district's public information officer.

Involve Students

Students themselves are in the best position to assist in the school's efforts. They can:

- Help identify the particular media favored by the student body
- Engage their peers in honoring their friend's life appropriately and safely
- Inform school or other trusted adults about online communications that may be worrisome or inappropriate

It will enhance the credibility and effectiveness of social media efforts to have a designated member of the Crisis Response Team who is familiar with social media work in partnership with student leaders.

Students recruited to help should be reassured that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication. They should also be made aware that staff are available to provide support if they see a social media post that indicates someone may be at risk of suicide.

Disseminate Information

Schools may already have a website and/or an online presence on one or more social media sites. These can be used to share information with students, teachers, and parents, for example:

- The funeral or memorial service (schools should check with the student's family before sharing information about the funeral)
- Where students can go for help or to meet with counselors
- Facts related to mental illness and the warning signs of suicide
- Local mental health resources
- The National Suicide Prevention Lifeline: 800-273-TALK (8255) or www.suicidepreventionlifeline.org for live chat
- Other national suicide prevention organizations, such as [AFSP](#) and [SPRC](#)
- Schools should emphasize help-seeking and suicide prevention. Students can also be enlisted to post this information on their own social media outlets. More specific guidance for safe message content is in the [Framework for Successful Messaging](#).

Vignette E: Using Social Media to Help Native American Youth

A Native American community on a reservation experienced multiple suicide deaths among its high school youth. The youth shared with each other on social media that they were depressed and that the future seemed hopeless. They expressed sentiments such as, "Because of [name of the person who died by suicide], maybe I should kill myself, too." These emotions were not showing up in school or elsewhere in public. The students felt comfortable expressing these feelings on social media, where they experienced a sense of community and anonymity.

Because Facebook profiles remained online after individuals died and were used as memorials, there was concern about the potential for students to inadvertently glamorize the suicide deaths on these sites. However, the suicide prevention staff and school counselors used the sites in a positive way to address the contagion. They posted messages encouraging the youth to talk with a supportive adult. A key message was:

With help, loss of life can be prevented. The best way to honor [name of the person who died] is to seek help if you or someone you know is struggling. If you're feeling lost, desperate, or alone, please visit the National Suicide Prevention Lifeline, call 1-800-273-TALK, or text TALK to 741741. The call or text is free and confidential, and crisis workers are there 24/7 to assist you.

They used the word *honor* in the message because in this Native American culture, honoring a person and life is highly valued.

Soon after the positive messages were posted, youth in the community began reaching out more. They expressed their distress more openly on their social media profiles to their friends and peer helpers who then informed trusted adults. The program staff proactively monitored the social media profiles for expressions of distress and depression and initiated contact when warranted. In addition, the staff provided more gatekeeper training to adults to increase the number of adults able to help the youth.

The program and school staff also worked with local faith leaders. One pastor who was trusted by the youth strongly encouraged them to talk with an adult and reinforced the positive messages that were posted on social media.

These efforts created a turning point, and there were no more suicides during that period of time.

Online Memorial Pages

For information on online memorial pages and message boards, see the [Memorialization](#) section.

Monitor and Respond

Social media sites, including the deceased's wall or personal profile pages, should be monitored to whatever extent possible for the following:

- Rumors
- Information about upcoming or impromptu gatherings
- Derogatory messages about the deceased
- Messages that bully or victimize current students
- Comments indicating students who may themselves be at risk

Responses should emphasize safe messaging and dispel rumors, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, it may be appropriate to go beyond replying online, for example, to notify parents and local law enforcement about the need for security at late-night student gatherings.

It may also be necessary in some cases to take action against so-called "trolls," who seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most services (e.g., Facebook, Twitter, Instagram) have a report mechanism or comparable feature that enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site.

On occasion, schools may become aware of posted messages indicating that another student may be at risk of suicide. Messages of greatest concern are those suggesting hopelessness or referring to plans to join the deceased student. In these instances, it may be necessary to alert the student's family, refer the student for immediate mental health services, and/or contact the National Suicide Prevention Lifeline to request that a crisis center follow up with the student.

For more resources on social media, see [Appendix B: Additional Resources](#).

Suicide Contagion

Suicide Contagion

Key Considerations

Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.

If there appears to be contagion, schools should consider taking additional steps beyond the basic crisis response outlined in this toolkit to avoid suicidal behavior and deaths. It is advisable for schools to increase efforts to identify other students who may be at heightened risk of suicide, actively collaborate with community partners in a coordinated suicide prevention effort, and possibly bring in outside experts.

Identifying Other Students at Possible Risk for Suicide

In the face of potential contagion, it is important for schools to use mental health professionals and others who have been trained to identify students who may be at heightened risk for suicide due to underlying mental disorders or behavioral problems (e.g., depression, anxiety, conduct disorder, and/or substance abuse) or who have been exposed to the prior suicide either directly (by witnessing the suicide or by close identification or relationship with the deceased) or indirectly (by extensive media coverage).

Of special concern are those students who:

- Have a history of suicide attempts
- Have a history of depression, trauma, or loss
- Are dealing with stressful life events, such as a death or divorce in the family
- Were eyewitnesses to the death
- Are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, significant others, and acquaintances of the deceased)
- Received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- Had a last very negative interaction with the deceased
- May have fought with or bullied the deceased

Schools can also seek to identify those in the general student body who may be at heightened risk by using a mental health screening tool. It is advised that schools consult with mental health professionals on appropriate strategies for screening and assessment.

Connecting with Local Mental Health Resources

Schools should work with local primary care and mental health resources (including pediatricians, community mental health centers, and local private practice mental health clinicians) to develop plans to refer at-risk youth. Once these plans are established, they should be reviewed with all the school-based mental health professionals so that any student who is identified as being at high risk can be referred to a local mental health screening center or private practitioner for further evaluation.

Suicide Clusters

The possibility of contagion resulting in multiple suicides in a community (also known as a suicide cluster) is rare. But if a potential cluster is suspected, at a minimum, school-based mental health professionals and/or trained outside professionals should be available to meet with distraught students for grief counseling and help them connect with other resources in the community.

Schools need to collaborate with community partners to effectively manage all aspects of reacting to possible contagion and preventing its spread. Many communities may already have a coalition focused on suicide prevention. It is often helpful for school officials and other designated persons to join these coalitions, particularly if contagion occurs. If a coalition does not exist at the local level, it is strongly recommended that the community [build a community coalition](#) as described in the section [Working with the Community](#), or at least convene a coordinating committee that meets on a regular basis to work on these efforts.

Bringing in outside help can also be particularly valuable when contagion occurs or is suspected. See the next section for more detailed information.

If multiple suicides do occur, media coverage will likely be more extensive, and journalists may try to interview students, school administrators, and staff. A designated school spokesperson should proactively reach out to media outlets to ensure that [media recommendations](#) are followed.

For more resources on suicide contagion, see [Appendix B: Additional Resources](#).

Bringing in Outside Help

Bringing in Outside Help

School crisis team members should remain mindful of their own limitations and consider bringing in crisis team members from other parts of their school district (if there are any), trained trauma responders from other school districts, and/or staff from local mental health centers to help them as needed. Often, crisis team members are also impacted by a suicide death, and it is important that they respond in a way that protects the school community while not diminishing or ignoring their own reactions to the death.

In especially complicated situations, schools may even consider bringing in local or national experts in school suicide postvention for consultation and assistance (provided that sufficient funding is available). Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references and clearances checked.

Following is a list of national organizations that provide crisis response, postvention consultation, and training, and/or that can put schools in touch with appropriate experts:

- The National Association of School Psychologists' [School Safety and Crisis Response Committee](#) provides phone, e-mail, and onsite consultation.
- [The National Institute for Trauma and Loss in Children \(TLC\)](#) provides schools, agencies, and parents with names of TLC-certified trauma practitioners in their area who are available for consultation and referrals. TLC also has certified trauma trainers who can come to a school, organization, or community to provide training on suicide crisis response and postvention as well as other trauma-related topics. Call 877-306-5256 or e-mail info@starr.org.
- [The Dougy Center: National Center for Grieving Children & Families](#) provides phone and onsite consultation and onsite training.
- Many states also have resources available. SPRC's website provides suicide prevention contacts in every state who can assist you in identifying local experts (www.sprc.org/states). You can also check with your state's office of education.

Going Forward

Going Forward

After a school has addressed the needs arising directly from a suicide, it should consider implementing a comprehensive suicide prevention program, if it does not already have one. This is also a good time to develop or review policies and procedures for dealing with all deaths, including deaths by suicide.

There are no specific guidelines regarding how long a school should wait after a death to implement such a program. However, a school should not use a prevention program as a substitute for responding to how students and others in the school community have been impacted by the death. Students and staff will likely be more ready to receive prevention information after grief needs have been appropriately addressed. Some experts suggest waiting several months or a semester before providing prevention education to students, teachers, and other school staff.

A useful resource for developing a school-based suicide prevention plan is [Preventing Suicide: A Toolkit for High Schools](#). It offers guidance on implementing key components of a comprehensive plan, including creating protocols on identifying and responding to students at risk of suicide; educating staff, students, and parents; and establishing postvention policies and programs. Another useful tool is [Model School Policy on Suicide Prevention](#), which provides model language, explanations, and resources to help schools develop a suicide prevention policy.

The [Resources and Programs](#) section of SPRC's website has information on and links to suicide prevention programs, many of which are designed for schools. Programs with evidence of effectiveness are flagged.

Some schools may also wish to take collective action to address the problem of suicide, such as participating in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center. AFSP has [chapters in all 50 states](#) that can help connect individuals to volunteer suicide prevention opportunities in their communities. For more information on national opportunities, see [AFSP's website](#).

Appendices

Appendix A:

Tools and Templates

This appendix contains tools and templates to help carry out different parts of the postvention process.

Sample Guidelines for Initial All-Staff Meeting

The first meeting with school staff is typically conducted by the Crisis Response Team coordinator and should be held as soon as possible, ideally before school starts in the morning.

However, depending on when the death occurs, there may not be enough time to hold the meeting before students begin to hear the news through word of mouth, social media, or other means. If this happens, the Crisis Response Team coordinator should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. Information about the cause of death should be withheld until the family has been consulted.

Goals of Initial Meeting

Allow at least one hour to do the following:

- Introduce the Crisis Response Team members.
- Share accurate factual information about the death, honoring the family's request for privacy.
- Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional support and refer them to appropriate resources.
- Have substitute teachers available to replace any teachers who are too upset to teach (a task for the principal).
- Remind staff of the school's policy or response following a student death and any considerations specifically for a suicide death.
- Provide appropriate staff (e.g., homeroom teachers or advisors) with a scripted [Sample Death Notification Statement for Students](#), and arrange coverage for any staff person who is unable to manage reading the statement.
- Prepare for student reactions and questions by providing staff with the handouts [Tips for Talking about Suicide](#) and [Facts about Suicide in Adolescents](#).
- Share with staff how to handle parent inquiries and plans for communicating with parents, including who parents should contact for further information and resources.
- Explain plans for the day, including locations of crisis counseling rooms or other supports.
- Remind all staff of the following:
 - o How they respond to the crisis can have a strong impact on their students. They need to project that they are in control and are concerned about their students' mental health.
 - o They can play an important role in identifying changes in students' behavior. Discuss a plan for handling students who are having difficulty.

- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Let staff know about any outside crisis responders or others who will be assisting.
- Remind staff of student and staff dismissal protocols for the funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson, and instruct staff to refer all media inquiries to him or her.

End of the First Day

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

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

Sample Death Notification Statement for Students

Share this death notification statement with students in small groups, such as homerooms or advisories, **not** in assemblies or over loudspeakers. These statements are examples that can be modified by the principal or Crisis Response Team as needed.

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. The cause of death has not yet been determined.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Option 3 – When the Family Has Requested the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Sample Death Notification Statement for Parents

This death notification statement is to be sent by the most efficient and effective method(s) for the school, including e-mail, text, printed copy sent home with students, or regular mail. It can also be posted on the school's website and social media accounts. If there is a resource about talking to students and children about suicide, it should be shared. It should be translated for parents who may know little or no English. See AFSP's [Children, Teens and Suicide Loss](#) for information about how to talk to students about suicide.

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

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

The cause of death was suicide. Suicide is a very complicated act. Although we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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

The school will be hosting a meeting for parents and others in the community at **[DATE/TIME/LOCATION]**. Members of our Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

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

The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumors may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. We will do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

Option 3 – When the Family Has Requested That the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends.

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

The family has requested that information about the cause of death not be shared at this time. We are aware there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you or your child is not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the death of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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

If you have any questions or concerns, please do not hesitate to contact me or the school mental health professionals. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

Sample Agenda for Parent Meeting

Meetings with parents can provide a helpful forum for disseminating information and answering questions. The Crisis Response Team coordinator and all other Crisis Response Team members, the superintendent, and the school principal should attend parent meetings. Representatives from community resources, such as mental health providers, county crisis services, and clergy, may also be invited to be present and provide information. This is a good time to acknowledge that suicide can be a difficult subject to talk about and to distribute the handout [Tips for Talking about Suicide](#).

Be sure to consider the racial, ethnic, and religious backgrounds of students and parents:

- Address the language needs of parents who speak little or no English.
- Determine if there is any content or format that would feel uncomfortable or inappropriate for those who might attend the meeting. For example, if parents of the deceased are in attendance, how might discussing this in a group setting impact their experience?

Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming.

The meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counselors for questions and discussion.

The following is a sample meeting agenda.

Part 1 – General Information (45–60 minutes)

Crisis Response Team coordinator, school superintendent, or principal:

- Welcomes all and expresses sympathy
- Introduces the school administration and members of the Crisis Response Team
- Expresses confidence in the staff's ability to assist the students
- Encourages parent and school collaboration during this difficult time
- Reassures attendees that there will be an opportunity for questions and discussion
- States school's goal of treating this death as it would any other death, regardless of the cause, while remaining aware that adolescents can be vulnerable to the risk of imitative suicidal behavior
- States the importance of balancing the need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide

Principal or Crisis Response Team coordinator:

- Outlines the purpose and structure of the meeting
- Verifies the death (see [Sample Death Notification Statement for Parents](#))
- Discourages the spread of rumors
- Informs parents about the school's response activities, including to media requests
- Informs parents about the student release policy for funerals

Crisis Response Team coordinator, assistant coordinator, or other designated crisis team member:

- Discusses how the school will help students cope
- Mentions that more information about bereavement after suicide is available on AFSP's website
- Shares the handouts [Facts about Suicide in Adolescents](#), [Youth Warning Signs and What to Do in a Crisis](#), and [Tips for Talking about Suicide](#)
- Explains risk factors and warning signs
- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal thoughts or behaviors
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at the school and in the community, such as:
 - o School mental health professionals
 - o Community mental health agencies
 - o Emergency psychiatric screening centers
 - o Children's mobile response programs
 - o National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Part 2 – Small Group Meetings (1 hour)

- Ideally, each small group should have no more than 8 to 10 parents.
- Each group should be facilitated by at least two trained mental health professionals.
- Support staff should be available to direct parents to meeting rooms, distribute handouts, and make water and tissues available.
- If possible, additional mental health professionals should be available to meet with parents individually as needed.

Some Additional Considerations

- Since some parents may arrive with young children, provide onsite childcare.
- Some students may accompany their parents so provide separate discussion groups for them.
- Media should not be permitted access to the small groups. Arrange for the media spokesperson to meet with any media at a separate location away from parents and children.
- In some cases (e.g., if the death has received a great deal of sensationalized media attention), security may be necessary to assist with traffic flow and media and crowd control.

Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

<p>Give accurate information about suicide.</p> <p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people’s minds.</p>	<p>By saying...</p> <p>“The cause of [NAME]’s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness.”</p> <p>“There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts.”</p> <p>“Mental health problems are not something to be ashamed of. They are a type of health issue.”</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try to answer the question “why?” after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>By saying...</p> <p>“Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply.”</p>
<p>Do not focus on the method.</p> <p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>By saying...</p> <p>“Let’s talk about how [NAME]’s death has affected you and ways you can handle it.”</p> <p>“How can you deal with your loss and grief?”</p>
<p>Address anger.</p> <p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>By saying...</p> <p>“It is okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about [NAME]. You can be angry at someone’s behavior and still care deeply about that person.”</p>

Address feelings of responsibility.	By saying...
<p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."</p> <p>"We cannot always predict someone else's behavior."</p>

Promote help-seeking.	By saying...
<p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.</p>	<p>"Seeking help is a sign of strength, not weakness."</p> <p>"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 or depressed or had thoughts of suicide?"</p> <p>"If you are concerned about yourself or a friend, talk with a trusted adult."</p>

Sample Media Statement

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

School staff were informed that a **[AGE]**-year-old student at **[SCHOOL NAME]** has died. The cause of death was suicide. Our thoughts and support go out to **[his/her]** family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at **[DATE/TIME/LOCATION]**. Members of the school's Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide, how adults can help youth cope, the emotional needs of adolescents, and the risk factors and warning signs for suicide. They will also address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at **[PHONE NUMBER, EXTENSION]** or **[E-MAIL ADDRESS]** for more information.

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

Following is a list of warning signs and steps to take that were developed specifically for youth.

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none">• Talking about or making plans for suicide• Expressing hopelessness about the future• Displaying severe/overwhelming emotional pain or distress	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none">1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.2. Make sure the student is escorted to the school's mental health professional.3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.
<ul style="list-style-type: none">• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none">○ Withdrawal from or change in social connections or situations○ Changes in sleep (increased or decreased)○ Anger or hostility that seems out of character or out of context○ Recent increased agitation or irritability	<h3>What to Do</h3> <ol style="list-style-type: none">1. Ask if the student is okay or if he or she is having thoughts of suicide.2. Express your concern about what you are observing in his or her behavior.3. Listen attentively and nonjudgmentally.4. Reflect what the student shares and let the student know he or she has been heard.5. Tell the student that he or she is not alone.6. Let the student know there are treatments available that can help.7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Resources

Note: The items in brackets are to be added by each school.

Local Community Mental Health Resource(s)

[NAME(S)]

National Suicide Prevention Lifeline

800-273-TALK (8255) or www.suicidepreventionlifeline.org for live chat

Local Hotline Number(s)

[NAME(S)]

Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth. Media are strongly encouraged to refer to the document [Recommendations for Reporting on Suicide](#).

Local Media Contact

[NAME]

[TITLE]

[SCHOOL]

[PHONE]

[E-MAIL ADDRESS]

Key Messages for Media Spokesperson

This information is for use by the person designated by the school to speak with the media.

School's Messages

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to **[HIS/HER]** family and friends and the entire community.
- We will be offering grief counseling for students and staff starting on **[DATE]** and lasting through **[DATE]** or as long as needed.
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on **[DATE/TIME/LOCATION]**. Experts will be on hand to answer questions.
- No TV cameras or reporters will be allowed in the school or on school grounds.

School's Response to the Media

- The media are strongly encouraged to refer to the document [Recommendations for Reporting on Suicide](#).
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.
- Media should also avoid oversimplifying the cause of a suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a complicated issue.
- Remind the public that in a majority of suicide deaths, mental health issues play an important role, underscoring the need to address mental health concerns proactively.
- Media should include links to or information about helpful resources, such as local crisis hotlines and the [National Suicide Prevention Lifeline](#) (800-273-TALK (8255)).

Information on Suicide

- Suicide is complicated and involves multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition, the most common of which is depression.
- Mental health conditions and substance abuse problems are treatable.
- The best way to prevent suicide is through early detection, diagnosis, and treatment of depression and other mental health conditions, including substance abuse problems.

Making Decisions about School-Related Memorials

This tool poses questions to consider about both planned and spontaneous memorials associated with a school, although not necessarily sponsored by the school. Examples include a school event, student-created memorial, and a page in a yearbook.

- Does the school or school district have a policy (or standard procedure) on memorialization for the death of a student (or school staff person), regardless of the cause?
 - o If yes, how would implementing what is usually done for other types of deaths be done for a death by suicide? How might those procedures be interpreted with a suicide? For example:
 - o If a memorial page in the yearbook is a standard procedure, are there other deaths (from other causes) during the school year that would also have pages or be on the same page? Could a memorial page also have a message to promote help-seeking among students or a similar supportive message?
 - o If no, look at districtwide practices or consult with other schools.
- Has the family expressed a desire for or opposition to any public acknowledgment of the death as a suicide?
- How might a memorial on school grounds help facilitate (or impede) grieving of the loss by students and school staff?
- How will the school deal with a spontaneous memorial initiated by students?
- Could a memorial be something other than a physical object, such as a suicide prevention program?
- What other ways are there for students to acknowledge and express their grief following a suicide?
- When would be a good time to memorialize a student's death?
 - o Does the plan for memorialization coincide with other student events (e.g., graduation)?
- How might the memorial procedure affect vulnerable students? Teachers and other staff?
 - o Is there a way to memorialize so that a life-affirming message is the focus?
- If the school puts up a *physical* memorial, what will the students and staff who were not at the school during the year of the death be told about the memorial?

Facts about Suicide in Adolescents

Suicide is complicated and involves the interplay of multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition. In teens, the behavioral health conditions most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, eating disorders, and substance abuse problems. Although in some cases these conditions may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “trigger.”

Other key risk factors for suicide include the following:

- Personality characteristics, such as hopelessness, low self-esteem, impulsivity, risk-taking, and poor problem-solving or coping skills
- Family characteristics, such as family history of suicidal behavior or mental health problems, death of a close family member, and problems in the parent-child relationship
- Childhood abuse, neglect, or trauma
- Stressful life circumstances, such as physical, sexual, and/or psychological abuse; breaking up of a romantic relationship; school problems; bullying by peers; trouble with the law; and suicide of a peer
- Access to lethal means, especially in the home

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. But in some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental health condition, which can increase suicide risk. Conversely, existing mental health conditions may also lead to stressful life experiences, which may then exacerbate the underlying illness and in turn increase suicide risk.

Help Is Available

If there are concerns about a student’s emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include the following:

- School-based mental health professionals
- Community mental health providers and clinics
- Emergency psychiatric screening centers
- Children’s mobile response programs

Pediatricians and primary care providers can also be a source of mental health referrals. Many of them are also well-versed in recognizing and treating certain mental health conditions like depression.

Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA’s National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.

Crisis Lines

A crisis line is a service that provides free, confidential support and resources for people in emotional distress. The service is provided by a trained crisis counselor on the phone and in some cases by text and/or chat. You can call or text for help with someone you're worried about or for yourself. In addition to the resources listed below, some states have their own crisis lines with phone, text, and/or chat services.

National Suicide Prevention Lifeline

Call 800-273-TALK (8255)

Chat service and other information: Go to www.suicidepreventionlifeline.org

Crisis Text Line

Text HOME to 741741

Other information: Go to www.crisistextline.org

Trevor Project

Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13–24

Trevor Lifeline: Call 1-866-488-7386

TrevorText: Text TREVOR to 1-202-304-1200

TrevorChat and other information and resources: Go to www.trevorproject.org

Youth Warning Signs and What to Do in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See www.youthsuicidewarningsigns.org.

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none">• Talking about or making plans for suicide• Expressing hopelessness about the future• Displaying severe/overwhelming emotional pain or distress	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none">1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.2. Make sure the student is escorted to the school's mental health professional.3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.
<ul style="list-style-type: none">• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none">○ Withdrawal from or change in social connections or situations○ Changes in sleep (increased or decreased)○ Anger or hostility that seems out of character or out of context○ Recent increased agitation or irritability	<p>What to Do</p> <ol style="list-style-type: none">1. Ask if the student is okay or if he or she is having thoughts of suicide.2. Express your concern about what you are observing in his or her behavior.3. Listen attentively and nonjudgmentally.4. Reflect what the student shares and let the student know he or she has been heard.5. Tell the student that he or she is not alone.6. Let the student know there are treatments available that can help.7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Appendix B:

Additional Resources

Appendix B contains links to materials that provide additional information on the topics covered in the toolkit. Resources are organized by the section of the toolkit to which they are the most relevant.

Crisis Response

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Kerr M. M., Brent D. A., McKain B., & McCommons P. S. (2003). *Postvention standards manual: A guide for a school's response in the aftermath of sudden death* (4th edition). Retrieved from <https://www.starcenter.pitt.edu/Files/PDF/Manuals/Postvention.pdf>

Lieberman, R., Poland, S., & Kornfeld, C. (2014). *Best practices in suicide intervention*. In A. Thomas & P. Harrison (Eds.), *Best practices in school psychology*. Bethesda, MD: National Association of School Psychologists.

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

National Association of School Psychologists. (2004). *Culturally competent crisis response: Information for school psychologists and crisis teams*. Retrieved from https://schoolcounselor.org/asca/media/asca/Crisis/cc_crisis.pdf

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. Retrieved from <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Suicide Prevention Resource Center. (2016). Provide for immediate and long-term postvention. Retrieved from <http://www.sprc.org/comprehensive-approach/postvention>

Suicide Prevention Resource Center. (2012). *The role of school mental health providers in preventing suicide*. Retrieved from <http://www.sprc.org/sites/default/files/resource-program/SchoolMentalHealth.pdf>

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <http://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>

Underwood, M., Fell, F. T., & Spinazzola, N. A. (2010). *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=54103

Helping Students Cope

Dougy Center, The National Center for Grieving Children & Families, & American Foundation for Suicide Prevention. (n.d.). *Children, teens and suicide loss*. Retrieved from <https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/children-teens-suicide-loss/>

To purchase this resource: <https://stores.kotisdesign.com/afspexternal/resources/children-teens-and-suicide-loss/40691>

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Evans, R., & National Association of Independent Schools. (2004). Helping students cope with suicide. (2004). Retrieved from <http://www.nais.org/Articles/Pages/Helping-Students-Cope-with-Suicide-145734.aspx>

Lieberman, R. (2010). Save a friend: Tips for teens to prevent suicide. In A. Canter, L. Paige, M. Roth, I., Romero, & S. A. Carroll (Eds.), *Helping children at home and school III: Handouts for families and educators*. Bethesda, MD: National Association of School Psychologists.

Lieberman R., & Poland, S. (2017). After a suicide: Postvention for schools: Answering student questions and providing support. *Communiqué: Newspaper of the National Association of School Psychologists*, 45(7), 8–12. Retrieved from <http://www.nova.edu/suicideprevention/forms/after-a-suicide-postvention.pdf>

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <https://www.sprc.org/sites/default/files/migrate/library/RespondingAfterSuicideNationalGuidelines.pdf>

Underwood, M. Fell, F. T., & Spinazzola, N. A. (2010) *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: http://www.hazelden.org/OA_HTML/ibeCCptlMDispRte.jsp?item=54103

Working with the Community

Berkowitz, L., McCauley, J., & Mirick, R. [n.d.]. Riverside Trauma Center postvention guidelines. Retrieved from <http://traumacenter.wpengine.com/wp-content/uploads/2015/03/Postventionguidelines.pdf>

Connect. [n.d.]. Suicide postvention training. Trainings of different lengths and tailored for different audiences. Retrieved from <http://www.theconnectprogram.org/training/reduce-suicide-risk-and-promote-healing-suicide-postvention-training>

Substance Abuse and Mental Health Services Administration. (2008). *Supporting survivors of suicide loss: A guide for funeral directors*. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4375/SMA09-4375.pdf>

Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Retrieved from <http://www.sprc.org/resources-programs/after-suicide-recommendations-religious-services-and-other-public-memorial>

Working with the Media

Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>

National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging.* Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

Memorialization

Centre for Suicide Prevention (Calgary). (2004). *School memorials after suicide: Helpful or harmful?* Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/Alert54.pdf>

Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9), 1269–1284.

Jellinek, M., Bostic, J. Q., & Schlozman, S. C. (2007). When a student dies. *Educational Leadership*, 65(3), 78–82.

Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>

Social Media

Entertainment Industries Council's TEAM Up. (2014). *Social media guidelines for mental health promotion and suicide prevention.* Retrieved from <http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>

Know the Signs. [n.d.]. *How to use social media for suicide prevention user guide.* Retrieved from http://eiconline.org/teamup/wp-content/files/13-CALM-0106-Socialmedia_Guide_FNL.pdf

National Suicide Prevention Lifeline. (2010). *Lifeline online postvention manual.* Retrieved from <http://www.sprc.org/resources-programs/lifeline-online-postvention-manual>

Riverside Trauma Center. [n.d.] Trauma center resources: Social media and suicide. Retrieved from <http://riversidetraumacenter.org/trauma-center-resources/>

Suicide Contagion

Insel, B. J., & Gould, M. (2008). Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America*, 31(2), 293–316.

Lake, A. M., & Gould, M. S. (2013). Suicide clusters and suicide contagion. In S. Koslow, C. Nemeroff, & P. Ruiz (Eds.), *A concise guide to understanding suicide: Epidemiology, pathophysiology and prevention.* Cambridge, UK: Cambridge University Press.

National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging.* Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>

Zenere, F. J. [n.d.]. *Suicide postvention in the school community*. Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/SchoolPostvention.pdf>

Zenere, F. J. (2009, October). Suicide clusters and contagion: Recognizing and addressing suicide contagion are essential to successful suicide postvention efforts. *Principal Leadership*, 12–16. Retrieved from http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide_Clusters_NASSP_Sept_%2009.pdf

Appendix C: Additional Reviewers of the First Edition

The following individuals also reviewed the first edition of *After a Suicide: A Toolkit for Schools*, along with the primary reviewers listed at the beginning of the toolkit. The job titles listed were the ones when the first edition was reviewed.

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Appendix B

Suicide Postvention Resources: *Complete Toolkit*

The following pages are an excerpt of the complete toolkit. Please look at the Table of Contents on the next page to see if any topics will be of help to you. For the full resource, visit:

[https://beyou.edu.au/
resources/suicide-prevention-and-response](https://beyou.edu.au/resources/suicide-prevention-and-response)



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Introduction

When a suicide occurs, the effect on families, young people and communities is immediate and traumatic.

The impact on a school community is equally profound and staff often feel unprepared and uncertain about how to respond. To mitigate the serious implications for their community, it's vital that schools respond with considerable care.

This Toolkit offers evidence-based and practice-informed guidelines to inform decision-making and actions during this challenging time.

Why is the school's response critical?

When a young person ends their life, it can increase the risk of suicide for other vulnerable young people.

International research has identified a phenomenon known as suicide contagion, where a person's knowledge of or exposure to a suicide may increase the likelihood of them attempting or dying by suicide. Young people can be particularly susceptible to suicide contagion because of their developmental stage and social structures.

It's therefore crucial that schools respond to a death by suicide with care and planning.

Why do schools need a dedicated response to suicide?

While grief is the normal and expected response to loss, the impact of suicide on learning communities and the associated grief is particularly complex. This is related to the suddenness and shock experienced, perceptions of preventability and the difficulty in understanding why the young person ended their life. Grieving can be complicated by guilt, anger, resentment or feelings of rejection.

Given this complexity, and the risk of suicide contagion, it's crucial for schools to develop a response tailored specifically to this circumstance.

Who dies by suicide?

Suicide is the leading cause of death for young people in Australia.

Data released by the Australian Bureau of Statistics (ABS) in 2018 identifies suicide as the leading cause of death for children and young people aged between five and 17 years, with many more young people considering or attempting suicide.

A higher percent of males in this age group die by suicide, as compared to females.

In 2018:

- the suicide rate in this age group was 2.5 deaths per 100,000 children.
- there were 100 recorded child suicide deaths.
- more than three-quarters of these deaths were of young people between the ages of 15 and 17 (78.0%).
- the rate among males was 3.0 per 100,000 and for females was 2.0 per 100,000.

Suicide is complex

The reasons why people suicide can be very complex.

It's unlikely to be the result of a single problem or event, but more likely a combination of stressors that result in a person feeling overwhelmed and unable to cope.

Many people who die by suicide are experiencing mental health conditions such as depression at the time of their death. Mental health conditions can make people feel hopeless, and increase their vulnerability.

What is a postvention plan?

When a suicide occurs in a school community, it's best practice to have a coordinated and planned response known as a 'postvention plan'. This outlines the tasks, roles and responsibilities of the Emergency Response Team (ERT) following a death by suicide.

Where possible, developing a postvention plan — even if your school has never experienced a suicide — helps to minimise the effects of such an event, if and when it does occur. A postvention plan enables students, staff and the wider school community to return to regular routine as soon as possible. It also helps staff to know what's expected of them after a death by suicide.

The postvention plan may be used to complement your school's existing emergency response management policy or plan and your relevant education department guidelines. However, a response that specifically considers and responds to the complexity of suicide is critical.

Why use this Toolkit?

This Toolkit helps schools respond to suicide.

This response is known as 'suicide postvention'. The Toolkit offers guidance on managing practical tasks after a suicide, working to mitigate the risk of suicide contagion, and managing the devastating impact on a school community.

On top of this, it provides a helpful checklist, listing required tasks and considerations in acknowledgement of the fact that responding to a suicide is difficult. Having all the information your school requires in one resource will help you during a stressful and demanding time. Indeed, feedback from schools is that this Toolkit is an essential resource.

This Toolkit is divided into sections for easy reference, including an index of terminology, and both a checklist and an expanded section on how to respond to a suicide.

These sections cover the tasks that need to be attended to:

- immediately
- short term
- longer term.

How to use this Toolkit

Consider these guidelines in the context of your school community's specific needs, strengths and vulnerabilities.

Some actions may not be appropriate for your school or your specific situation.

This Toolkit is intended to be used alongside your school's relevant policies and procedures. In addition, it's recommended that you consult with your relevant education authority, local mental health services and Be You Consultant to ensure a coordinated and comprehensive response.

Also note that this Toolkit interchangeably refers to 'you' and 'a nominated member of the ERT'. Although this Toolkit may be helpful for all staff, decisions and actions it refers to should be undertaken by — or with discussion and agreement from — the ERT.

Access support to use this Toolkit

Be You offers a range of services to schools. Your Be You Consultant can help you to determine the support and assistance your school requires, informed by your school's particular needs and the local services available to you.

Be You Consultants work directly with secondary school staff (typically the ERT) offering best practice guidance and support. They offer immediate and ongoing clinical and educational support to schools to reduce the impact of suicide in school communities. You can access a variety of services when preparing for, responding to or recovering from a suicide impacting on your school community, including:

- support developing a postvention plan
- education and training related to suicide for staff and families
- information fact sheets
- secondary and tertiary consultation during the response and recovery phases.

All suicides impacting on your school community should be responded to in a way that's appropriate for the school. While this Toolkit refers to student suicide, many of the same principles apply to other suicides, such as former students, staff, family members of students and staff, and other individuals who may be closely connected with the school community. Your response will depend upon the level of impact on the school community. If you're unsure how to respond, contact Be You.

Contact details for each state and territory team can be found [here](#).

You can also contact your Be You team to arrange a postvention planning workshop or if you'd like any further information.



We hope this Toolkit helps to restore the emotional wellbeing of your school community and we wish you the very best during this challenging time.

A note on suicide attempts

This Toolkit focuses on responding to a suicide death.

Responding to suicide attempts requires different considerations. These aren't covered in this Toolkit.

All suicide attempts should be taken seriously. They have serious implications for the safety of the young person involved, their peers and other vulnerable people.

Action Checklist

The list below outlines the key actions that schools can undertake to respond to and recover from a death by suicide. Further detail about these actions is provided throughout the toolkit.

Section A: Immediate Response

- Contact relevant mental health services for support.
- If the incident happened at school, ensure the immediate safety of staff and young people — for example, provide first aid and call an ambulance and the police. Ensure the scene is secure and any witnesses are moved to an area for support.
- If the incident happened away from school, find out as many of the facts as possible. Investigate rumours immediately. Confirm facts with the family or police.
- Ensure those affected — young people, family and staff — are not left alone. Contact the families of young people and staff.
- Inform the relevant representative at your state or territory education department or equivalent body.
- Contact your Be You Consultant for support and guidance as required.
- Contact the bereaved family. Ask how to refer to the death when informing the school community. If the family agree, use the term 'suicide'.
- Convene the Emergency Response Team (ERT). Refer to your postvention plan or department guidelines, and modify the plan as required for the circumstances.
- Identify any ERT staff who are impacted and need to change responsibilities or opt out of managing the response.
- Inform staff — in person if possible. Contact staff who aren't on site. Don't talk about or describe the method of suicide.
- Identify and plan support for young people at increased risk of suicide.
- Set up a support room for young people.
- Inform students in small groups via a script. Don't describe the method of suicide. Note any absent students or any students who are very distressed.
- Inform families. Include information relating to help services. Don't describe the method of suicide.

- Inform the wider community as appropriate – for example, other schools or sporting clubs.
- Nominate a media liaison ERT member. Contact the media liaison adviser in the central office of your relevant education authority. Plan a response to any media enquiries.
- Plan a response for social media.
- Ensure staff have support within the school, and access to external professional advice where required.

Section B: Short Term

- Restore the school to its regular routine.
- Plan the school's involvement in the funeral.
- Continue to identify, monitor, support and assess young people at risk. Develop support plans for impacted and high-risk young people. If necessary, refer them for further mental health support.
- Monitor any memorial sites and communicate with young people about any required changes to processes or activities. For offsite memorials, liaise with the police if you have concerns.
- Organise regular staff meetings. Communicate updated information and provide a space for concerns or questions.
- Ensure staff have support within the school, and access to external professional advice where required.
- Keep families informed about supports offered at school, changes in routines or activities and supportive resources.
- Collect all the belongings of the deceased student for the police and family.
- Continue to monitor staff and young people's wellbeing, and review your list of at-risk students.
- Consider the impact of the suicide on the planning for school events like yearbook photographs, award nights, graduation and reports.
- Conduct a critical incident review.
- Consider facilitating an information session for families.
- Continue to document all the school's postvention activities and actions.

Section C: Longer Term

- Continue to support and monitor young people.
- Continue to support and monitor staff.
- Keep families, staff and young people informed about the school's ongoing response and recovery.
- Plan for important events and anniversaries.
- Implement recommendations from the critical incident review.
- Include the postvention plan in staff inductions.
- Continue to document all the school's postvention activities and actions.

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