



Suicide Prevention, Intervention, Reintegration and Postvention

A TOOLKIT FOR KANSAS SCHOOLS



This page is blank for printing purposes.



988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress. This support is available 24 hours a day, 7 days a week, across the United States. The 988 Suicide & Crisis Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.

You can call or text 9-8-8 anytime for any reason.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Vibrant Emotional Health launched the National Suicide Prevention Lifeline (NSPL) on January 1, 2005. On July 16, 2022, the NSPL became the 988 Suicide & Crisis Lifeline.

WHEN TO CALL OR TEXT 988

- When you or someone you know is experiencing suicidal thoughts and/or suicidal actions
- In the event of a mental health or personal crisis
- For assistance getting connected to any level of crisis care
- If you have needs related to accessing resources or supports
- For any substance use or related concerns
- If you just need someone to talk to

HeadQuarters Kansas

HeadQuarters Kansas provides vital services in moments of need to support safety, reduce suicide, and build resilience across Kansas. Their vision is for all Kansans to feel connected and live healthy, hopeful lives. HeadQuarters Kansas is the primary 988 Suicide & Crisis Lifeline contact center for 103 out of 105 counties in Kansas – answering calls, texts, and chats. In addition to providing 24/7 crisis and suicide intervention services, HeadQuarters Kansas serves as the leading expert in suicide for our state, providing a wide array of training and technical assistance related to suicide prevention, intervention, postvention, and crisis counseling. To learn more, visit their website:

<https://hqkansas.org/>

More information is available through these resources:

FCC unanimously approves 988 requiring all phone carriers to update by July 16, 2022

<https://www.usatoday.com/story/news/health/2020/07/16/988-fcc-approves-3-digit-number-new-suicide-prevention-hotline/5451284002/>

National Suicide Hotline Designation Act (988) signed into law, October 19, 2022

<https://www.npr.org/sections/health-shots/2020/10/19/925447354/new-law-creates-988-hotline-for-mental-health-emergencies>

Kansas HB 2281 established 988 as a crisis receiving and stabilization service in the 2022 session renaming it Sub HB 2281

http://www.kslegislature.org/li_2022/b2021_22/measures/documents/hb2281_01_0000.pdf

This page is blank for printing purposes.



June 2023

District Leaders,

Death by suicide impacts communities of every size and demographic across the State of Kansas. Suicide deaths for youth aged 18 and younger have more than doubled between the years of 2005-2015. On March 12, 2019, the Kansas State Board of Education unanimously voted to adopt recommendations from the Kansas School Mental Health Advisory Council to strengthen supports to schools for providing suicide awareness and prevention education. As a result, I am pleased to provide district leaders with the updated Suicide Prevention, Intervention, and Postvention Toolkit. This comprehensive document and fillable forms, developed by subcommittee members of the School Mental Health Advisory Council (SMHAC) and their partnering members, provides districts with a step-by-step process to ensure all Kansas educators are appropriately equipped to address the immediate need of a student in crisis. Providing care and guidance to a student in crisis is the responsibility of all educational staff.

In this document, leaders are provided tools to develop and implement a system-wide comprehensive approach that fully addresses requirements of the Jason Flatt Act and assists school personnel in support Kansas' most vulnerable students.

The core of a strong school culture is providing for the safety and wellness of the students. Thank you for giving your time and consideration to this critical matter. I hope you will find this document useful in your efforts to meet the needs of all students.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Watson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Dr. Randy Watson
Kansas Commissioner of Education

This page is blank for printing purposes.

Acknowledgments

The first version of this Toolkit was compiled by the KSDE TASN School Mental Health team in 2017. The 2023 updated toolkit was revised in part using content provided in whole or adapted from HeadQuarters Kansas.¹ Special thanks are given to the individuals who worked on the subcommittee from the Kansas School Mental Health Advisory Council and to the Columbia Lighthouse Project for their generosity in allowing widespread adoption and adaptation of their Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool.

This resource is intended for educational purposes only. The information contained herein isn't intended to take the place of licensed clinical mental health diagnoses, advice, or recommendations.

Appreciation is extended to the Kansas State Department of Education employees and partners for making this resource for Kansas schools possible.

SPECIAL RECOGNITION

Special acknowledgment is given to the Kansas School Mental Health Advisory Council for recommending an update to the Suicide Prevention, Intervention, and Postvention Toolkit for Kansas schools.

PEER REVIEWERS

The following individuals were a part of the Kansas School Mental Health Advisory Council that developed this updated Toolkit:

- **Bert Moore**, Director, Special Education & Title Services
- **Kerry Haag**, Assistant Director, Special Education & Title Services
- **Erica Molde**, LSCSW, Zero Suicide Program Coordinator, HeadQuarters Kansas
- **Kent Reed**, KSDE School Counseling Program Manager, Career Standards & Assessment Services
- **Trish Backman**, KSDE School Mental Health Coordinator, Special Education & Title Services
- **Jose Cornejo**, LMSW, School Social Worker, Lawrence Public Schools
- **Melanie Scott**, Doctoral Student in Counselor Education & Supervision, Kansas State University; KSDE School Counselor Leader Coordinator
- **Dr. Holly Yager**, Psychological Services Program Specialist, Wichita Public Schools
- **Gail Tripp**, KSDE Senior Administrative Specialist, Career Standards & Assessments
- **Meg Hasselman**, LMSW, Suicide Prevention Programs Coordinator, HeadQuarters Kansas
- **Dr. Jessica Lane**, Associate Professor, Kansas State University
- **Tracie Chauvin**, LSCSW, Director of Student Support Programs, KCK Public Schools

Contents

ACKNOWLEDGMENTS	v
INTRODUCTION	1
SECTION 1:	5
TRAINING, EDUCATION, AND PROGRAMMING FOR SUICIDE PREVENTION IN SCHOOLS	5
Staff Education	6
Student Education	6
Parent or Caregiver Education & Outreach	7
Determining Training and Education for Staff Members, Students, and Caregivers	9
School Mental Health Team (SMHT)	12
Documentation and Privacy	15
General Information for Teachers and Staff	15
SECTION 2:	27
IDENTIFYING AND RESPONDING TO SUICIDE RISK IN SCHOOLS (INTERVENTION)	27
Key Principles to Remember in Any Crisis	29
The Importance of Screening	30
Getting Started	31
Risk-Identification Response Protocol	32
Suicide Intervention Protocol	32
School Suicide Attempt Response Protocol	35
SECTION 3:	53
FACILITATING A STUDENT’S RETURN TO SCHOOL (REINTEGRATION)	53
Guidelines for Facilitating a Student’s Return to School	54
SECTION 4:	60
RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)	60
Postvention Response Checklist	64
SECTION 4.1:	73
POSTVENTION FOR STAFF OR STUDENT LOSS (NON-SUICIDE / NOT PERMITTED TO DISCLOSE)	73
SECTION 4.2:	89
POSTVENTION FOR STAFF OR STUDENT SUICIDE-LOSS (PERMITTED TO DISCLOSE)	89
HELPFUL TERMINOLOGY	106
RESOURCES	108
REFERENCES	112

Introduction

The death of a student by suicide 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, communicate with the public, and return to their primary mission of educating students.

Having a suicide prevention, intervention, and postvention plan in place before suicide occurs enables districts and schools to respond in an organized and effective manner. This Toolkit contains information that schools can use to coordinate the development of a plan that fits the needs of their specific school community. Each staff member takes responsibility for the part they can plan in keeping students safe by becoming familiar with aspects of this Toolkit that are a pertinent role in student safety.

Current documents as well as websites are intended for educational staff and districts to use as guidance to build their local plans for training. They are found at the end of this document and are also available at the KSDE website listed on this page. All districts are required to develop a local plan and have it approved by their local board of education and their district general council. It is also required for schools to identify and post local school mental health teams to their school website. This allows parents and community members to have clear information of local crisis resources available at each school. This updated team may also be emailed to the KSDE School Mental Health Coordinator annually.

<https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training/Prevention-and-Responsive-Culture/Suicide-Awareness-and-Prevention/Kansas-Suicide-Prevention-Response-and-Postvention-Toolkit>

A Call to Action

With the prevalence of suicide on the rise, many states and organizations have acted and are trying to address the alarming rate of suicide among teens and adolescents. One organization in particular, The Jason Foundation, has become well known for providing educational information to parents, youth, and educators, as well as helping to support legislation across the United States mandating youth suicide awareness and prevention.

As described by [The Jason Foundation](#),²

“In 2007, The Jason Flatt Act was first passed in Tennessee and became the nation’s most inclusive and mandatory youth suicide awareness and prevention legislation pertaining to teacher’s in-service training. It required all educators in the state to complete two hours of youth suicide awareness and prevention training each year in order to be able to be licensed to teach in Tennessee.”

2021 KANSAS STATUTES

72-6284. Jason Flatt Act.

(A) This section shall be known and may be cited as the Jason Flatt act.

(B) The board of education of each school district shall provide suicide awareness and prevention programming to all school staff and shall notify the parents or legal guardians of students enrolled in such school district that the training materials provided under such programming are available to such parents or legal guardians. Such programming shall include, at a minimum:

1. At least one hour of training each calendar year based on programs approved by the state board of education. Such training may be satisfied through independent self-review of suicide prevention training materials; and
2. A building crisis plan must be developed for each school building. Such plan shall include:
 - a. Steps for recognizing suicide ideation;
 - b. appropriate methods of interventions; and
 - c. a crisis recovery plan. (examples in Section 4 of this toolkit)

(C) No cause of action may be brought for any loss or damage caused by any act or omission resulting from the implementation of the provisions of this section, or resulting from any training, or lack of training, required by this section. Nothing in this section shall be construed to impose any specific duty of care.

(D) On or before January 1, 2017, the state board of education shall adopt rules and regulations necessary to implement the provisions of this section.

History: L. 2016, ch. 83, § 1; May 19.

This toolkit provides guidance to districts to develop each of these requirements locally.

The Jason Foundation provides information that districts can reference in providing local guidance to all staff. KSDE encourages districts to develop partnerships with HeadQuarters Kansas, Mental Health First Aide training, and KSDE school mental health providers. **Infinitec training materials repository**³ also provides additional training. Partnerships with local and regional community-based behavioral and mental health centers as well as educational service centers may also provide evidenced based training materials and technical assistance in developing crisis plans that meet these statutory requirements. Schools are encouraged to draw up memorandums of understandings for these partnerships. This is also true for districts who plan on utilizing evidence-based “independent self-review of suicide materials” that is intended to satisfy the requirements of the statute. The chosen process and curriculum must be explicit in the local document. An example of this is the curriculum available through the Jason Flatt Foundation located at **Professional Development Series | The Jason Foundation**²

Districts are also reminded that suicide ideation is tier 3 on a school-based mental health continuum. It is recommended that part of the training addresses tier 1 and tier 2 issues that may lead to tier 3 suicide ideation. Training resources on all three tiers are found here:⁵ <https://www.ksdetasn.org/smhi/school-mental-health-a-resource-for-kansas-school-communities>

Asking questions to a student who is presenting to educational staff that they are in crisis is a proactive and preventative intervention measure. The asking of questions guides staff in seeking assistance from certified professionals trained in crisis intervention outside the school. Not asking students questions when they come to you in a time of crisis presents a liability concern to the school employee and district. To read more on these legal protections visit **Legal and Liability Issues in Suicide Care 5.27.16 PPT Transcript**.⁶

This page is blank for printing purposes.

Section 1:

Training, Education, and Programming for Suicide Prevention in Schools

STAFF EDUCATION

Adapted from the HEARD Alliance *K-12 Toolkit for Mental Health Promotion and Suicide Prevention*.⁷

Training all faculty and staff members in recognizing depressive symptoms, warning signs, risk, and protective factors for suicide, along with procedures for referring students to the appropriate personnel, are key steps in supporting student well-being in schools. These trainings are required annually.

Training should be provided at the beginning of each school year, along with intermittent training throughout the year. During the school year, there are seasons and times when students may be at greater risk for feelings of vulnerability and isolation. For example, holiday breaks, homecoming, prom, academic testing times (SAT, ACT, district, and statewide tests) and summer break.

Use this QR Code to access fillable forms that will be covered in this Toolkit:



Schools can establish prevention measures by continuing to provide education to both staff and students throughout the school year regarding suicide awareness and prevention. Each school year, the school district's referral process for students at risk should be reviewed by district personnel and retaught to all district staff as part of the district's suicide prevention plan. Training and support should also be provided to newly hired staff members.

STUDENT EDUCATION

Adapted from the HEARD Alliance *K-12 Toolkit for Mental Health Promotion and Suicide Prevention*.⁷

A comprehensive approach to suicide prevention also includes educating students, as they are likely to become aware of suicidal or depressive symptoms in peers. When provided tools and knowledge, students themselves are in a key position to prevent suicide by supporting and encouraging their peers to seek help. See resources at the end of this Toolkit for additional information.

How do I respond if my friend is struggling?

- Check on them right away
- Notify a safe adult
- Be specific about your concerns
- Ask them directly about suicide →
- Validate their feelings
- Listen, listen, listen
- Call 988

“Are you thinking about suicide?”

or

“Are you thinking about killing yourself?”

PARENT OR CAREGIVER EDUCATION & OUTREACH

Adapted from SAMHSA *Preventing Suicide: A Toolkit for High Schools*.⁸

School districts that implement programs to educate caregivers about suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. The following components should be in place before caregiver programs are implemented:

- Protocols to respond to students at risk of suicide and/or experiencing a mental health crisis.
- Education and training for all staff members regarding suicide prevention.

Providing caregivers with specific suicide prevention education is important because:

- The information may help caregivers identify and get help for their children who may be at risk of suicide.
- Suicide prevention education for students is more effective when it is reinforced by the same information and messages at home.
- Involving caregivers is an important way to ensure that efforts appropriately target the needs of the community and enhance the cultural competency of these efforts.

Although caregivers may be aware that children die by suicide, they often don't think it could happen to their children or in their community. In order to build this understanding, caregivers should be provided with information on the following topics:

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

It can be a challenge to recruit caregivers for suicide prevention events. They may be reluctant or unable to attend these events. Effective caregiver education programs should target caregivers' needs, concerns, and cultures. Some ways to increase participation include the following:

- **Give caregivers what they need.** Find out what caregivers in the community need to help a student who may be at risk of suicide. For example, if caregivers don't know where to get professional help for their child, information on community resources could be provided.
- **Accommodate language, culture, religion, and economic status.** Consider whether caregiver outreach materials and events need to be translated into various languages. It may be helpful to use a cultural mediator – a respected member of the community who is bilingual or bicultural. They can help design culturally appropriate materials and events, as well as help parents understand why their participation is important for their families.

SECTION 1: TRAINING, EDUCATION, AND PROGRAMMING FOR SUICIDE PREVENTION IN SCHOOLS

- **Do not use the word “suicide” in the title of the event.** Caregivers may not attend events if they are framed as a “suicide prevention” event. They may be frightened by the idea that their child could be at risk, or they may come from a culture in which suicide is never addressed directly. Schools have had greater caregiver support and turnout at events when they were publicized as efforts to:
 - Promote behavioral health and wellness;
 - support children and youth during transition years (ex: elementary to middle school or middle school to high school); or
 - learn how to keep children and youth safe.
- **Go to caregivers. Don’t expect caregivers to come to you.** If accommodating caregivers’ needs doesn’t increase the turnout at events, it may be helpful to reach caregivers in other places, such as churches, pediatricians’ offices, sporting events, and continuing education classes. Ask the pastor, pediatrician, and sports coach to collaborate with the school to educate caregivers about suicide prevention.
- **Clarify privacy issues.** Caregivers may be reluctant to participate because of a fear that their private family matters will become public. It may be helpful to explain the schools are required to protect student and family privacy unless it conflicts with protecting the safety of a child.
- **Integrate caregiver education into existing programs.** Caregiver education and outreach can complement other suicide prevention activities within schools and communities. Educating caregivers about suicide prevention may be integrated into existing programs and activities, such as back-to-school orientation, caregiver events and community education programs. Schools have integrated suicide prevention outreach into other activities by:
 - Holding a caregiver night about student safety that included suicide prevention.
 - Sponsoring events for the caregivers of students preparing for major transitions (e.g., to middle school, high school, or postsecondary plans) that focus on their student’s upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide.
 - Sending materials – sometimes in the form of a card that fits in a wallet or purse or that can be placed in a central location inside the home – to the caregivers of every student with information about how to help a child in crisis. See the resources section for links to caregiver tips and information.
 - Including suicide awareness and prevention as part of orientation or other health events at the school that include caregivers.
 - Including suicide prevention in caregiver classes.
 - Presenting suicide prevention education in a PTA/PTO meeting.

DETERMINING TRAINING AND EDUCATION FOR STAFF MEMBERS, STUDENTS, AND CAREGIVERS

To determine and establish suicide prevention, intervention, and postvention training and education, school districts should complete the Annual Staff Professional Development and Student Education Planning Tool. Districts should spend time identifying individuals and resources that currently support student mental health and well-being. The completed example below can be used to guide efforts, with the District creating their own table using *Attachment 1.01* on adding additional rows as needed.

Districts may consider the following options for training as well:

- **HeadQuarters Kansas**
<https://hqkansas.org/>
- **Kansas Train**
<https://ks.train.org/ks/login>
- **Mental Health First Aid**
<https://www.mentalhealthfirstaid.org/>
- **Zero Suicide** <https://zerosuicide.edc.org/>
- **Kansas Prevention Collaborative**
<https://kansaspreventioncollaborative.org/suicide-prevention2/>
- **Suicide Prevention Resource Center**
<https://sprc.org/>
- **KSDE annual staff required Suicide Prevention and Awareness Training**
<https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training>

ATTACHMENT 1.01

ANNUAL STAFF PROFESSIONAL DEVELOPMENT AND STUDENT EDUCATION PLANNING TOOL

The following table serves to provide districts and/or co-ops with an example of professional development and student education planning. This does not indicate requirements from KSDE. Utilize the blank copy of this tool on the next page to create your own plan.

STAFF EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES
School District	<input type="checkbox"/> Suicide Awareness and Prevention	See KSDE requirements	See KSDE requirements	All administrators and staff
School Mental Health Team (SMHT)	<input type="checkbox"/> District suicide awareness and prevention policies <input type="checkbox"/> Suicide Prevention, Intervention, Re-Integration, and Postvention: A Toolkit for Kansas Schools	Prior to the start of the school year during professional development	SMHT Coordinator or building-level principal	All building-level staff members
School Mental Health Team (SMHT)	<input type="checkbox"/> Risk and protective factors for youth suicide	1-2 weeks prior to winter break	SMHT member	All building-level staff members

STUDENT EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES
School Mental Health Team (SMHT)	<input type="checkbox"/> Available mental health supports within the school <input type="checkbox"/> Seeking help for self or peer	Beginning of the school year	SMHT member	All grades *Adjust content appropriately by grade-level
School Mental Health Team (SMHT)	<input type="checkbox"/> Risk factors <input type="checkbox"/> Warning signs	First quarter	SMHT member	All grades *Adjust content appropriately by grade-level

CAREGIVER EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES
School Mental Health Team (SMHT)	<input type="checkbox"/> Student safety event	Beginning of the school year	SMHT member	All caregivers

STAFF EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES

STUDENT EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES

CAREGIVER EDUCATION

RESPONSIBLE PARTY	TRAINING	TIMELINE	CONTACT INFORMATION	ATTENDEES

SCHOOL MENTAL HEALTH TEAM (SMHT)

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.⁷

In crises involving suicidal thoughts or behaviors, interventions to assist students are critical in both district and school responses. Protocols aid school personnel in intervening effectively with students experiencing suicidal thoughts or behaviors. School administrators play a crucial role in establishing a school climate that requires key school personnel to be familiar with and responsive to a suicidal crisis to help prevent youth suicide. School mental health professionals may receive referrals for students at risk of suicide by staff members, parents, or through student self-referral. Each district must identify the staff filling these roles annually and have this plan documented locally.

SMHT ROLES AND RESPONSIBILITIES

The SMHT is comprised of a diverse group of individuals within the school who have an administrative role and/or experience in addressing the mental health needs of students.

Building-level SMHT members may include:

- SMHT Coordinator
- SMHT Assistant Coordinator
- Principal
- Assistant Principals
- School Counselor
- School Psychologist
- School Social Worker
- School Nurse
- School Resource Officer

SMHT COORDINATOR

The building principal is typically designated as the SMHT Coordinator. The SMHT Coordinator has overall responsibility throughout the crisis and is the central point of contact for other administrators and staff. During a crisis, the SMHT Coordinator will monitor all postvention activities throughout the school, such as hosting a staff meeting and interacting with the family and potential media sources. Examples of who could fill this role include but are not limited to the following:

- Superintendent
- Principal
- School Social Worker
- School Psychologist
- School Counselor

SMHT ASSISTANT COORDINATOR

A SMHT Assistant Coordinator or Backup Coordinator must be designated in case the SMHT Coordinator is unavailable. Examples of who can fill this role include but are not limited to the following:

- Administrative Staff
- Principal
- Assistant Principal
- School Nurse
- Librarian
- Custodian
- Kitchen Staff

SCHOOL MENTAL HEALTH PROFESSIONALS

Schools are encouraged to partner with their local resources such as their community-based behavioral and/or mental health organizations. When appropriate, schools may draw up Memorandums of Understanding (MOUs) defining those partnerships. These should be guided by the school general counsel and house locally in both the District Office and the partnering agency.

Examples of School Mental Health Professionals include but are not limited to the following:

- School Social Worker
- School Psychologist
- School Counselor

LICENSED MENTAL HEALTH PARTNERS

- Community behavioral and/or mental health professionals that are licensed in social work, psychology, professional counseling, or marriage and family therapy.
- Mental Health Initiative Team (MHIT)

ATTACHMENT 1.02

SCHOOL MENTAL HEALTH TEAM (SMHT) IDENTIFICATION TOOL

The following table serves as a tool to help districts identify who their SMHT will consist of and to clarify the roles of certain members.

This team must be posted to your local website and communicated with parents and/or caregivers.

ROLE	RESPONSIBILITIES	PERSONNEL	CONTACT INFORMATION (PHONE & EMAIL)	TRAINED TO SCREEN FOR SUICIDE RISK?
SMHT Coordinator	<ul style="list-style-type: none"> <input type="checkbox"/> Coordinates annual training for the SMHT, school faculty, and staff members. <input type="checkbox"/> Mobilizes team members as needed. <input type="checkbox"/> Coordinates team member assignments. <input type="checkbox"/> Coordinates prevention education and resources for school staff members, students, and families. <input type="checkbox"/> Acts as the liaison between the school, family members, and community members. 			<input type="checkbox"/>
SMHT Assistant Coordinator	<ul style="list-style-type: none"> <input type="checkbox"/> Fulfills duties above when SMHT Coordinator is unavailable. <input type="checkbox"/> Coordinates communication among staff members, students, families, and community members. <input type="checkbox"/> Shares updates with SMHT. <input type="checkbox"/> Facilitates communication with caregivers/guardians when concerns arise. 			<input type="checkbox"/>
School Mental Health Professionals	<ul style="list-style-type: none"> <input type="checkbox"/> Conducts student interviews to identify potential suicide risk using a suicide screening tool. <input type="checkbox"/> Provides a safe and comfortable environment for students and families. <input type="checkbox"/> Connects students and families to community resources when appropriate. <input type="checkbox"/> Documents actions. 			<input type="checkbox"/>

DOCUMENTATION AND PRIVACY

Each building should maintain a separate file of students who may need added support during the school year and follow up with these students as needed.

These records are only accessible to those staff members who “need to know.” These are neither publicly accessible documents, nor are they subject to a public records request. All health conditions are protected by the **Family Educational Rights and Privacy Act FERPA**⁹ and **Health Insurance Portability and Accountability Act HIPAA**.¹⁰ Privacy laws include:

- Students who are exhibiting suicidal thoughts, behaviors, or risk factors.
- Students who have been hospitalized for mental health concerns.

Warm handoffs from school to parents or guardians or community professionals are critically important. This documentation is considered highly sensitive information and should be kept in a district-approved system (encrypted if possible) where only those who “need to know” have access. Do NOT store in the student’s cumulative file.

Once the school has determined that suicide risk is present, the qualified mental health professional should meet with the student and the caregiver/ guardian to assess specific needs and work with other mental health professionals to ensure that the student receives intervention and treatment.

GENERAL INFORMATION FOR TEACHERS AND STAFF

According to the 2021 Centers for Disease Control (CDC) Suicide Data and Statistics Report¹², death by suicide is one of the leading causes of death in the United States. The CDC uses the Web-Based Injury Statistics Query and Reporting Systems (WISQARS) to collect and analyze stakeholder information. WISQARS data is used to learn more about the public health and economic burden associated with unintentional and violence-related injuries in the United States.

2021 CDC SUICIDE DATA

- 48,183 people died by suicide. That is 1 death by suicide every 60 seconds.
- 12.3 million adults seriously considered suicide.
- 3.5 million adults seriously considered a suicide plan.
- 1.7 million adults attempted suicide.
- The suicide death rate among men was approximately four times higher than among females.
- Firearms are the most lethal method of suicide, causing approximately 50% of suicide deaths.
- Suicide rates have been increasing since 2021, after having two years of decreases during COVID-19.
- Kansas had 561 deaths by suicide and suicide was the 9th leading cause of death.

2023 KANSAS COMMUNITIES THAT CARE (KCTC) SURVEY DATA¹¹

There were 197 schools (private and public) that participated in the survey in 2023. The following data was obtained from the more than 30,000 students who replied:

- 35% experienced depression.
- 30% thought about suicide.
- 12% had plans to kill themselves.
- 11% attempted to kill themselves.
- 9% thought about suicide within the last month.
- 18% thought about suicide within the last year.
- 13% thought about suicide more than a year ago.
- 2% attempted suicide within the last month.
- 5% attempted suicide within the last year.
- 6% attempted suicide more than a year ago.

Suicidal feelings and depression are treatable. It is important for children and adolescents to have their feelings recognized and appropriately treated with a comprehensive treatment plan.

In summary, young children often reported impulsive suicide attempts. Teenage suicide attempts were identified with associations with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. Participants also identified adult engagement such as one positive, listening, and caring adult was stated as a protective factor for all ages of students.

DEC. 15, 2021 | BLUE RIBBON TASKFORCE ON BULLYING (KANSAS STATE BOARD OF EDUCATION)

Cultural Awareness – The Task Force committee on cultural awareness highlighted five identified student demographic disparities in bullying and/or victimization:

- Gender
- Race/Ethnicity (including migrant populations)
- LGBTQIA+
- Disability
- Socio-Economic Status

Other characteristics like religious beliefs may also be involved. Any bullying policy must address the differing needs of students and staff by sex, race, ethnicity, sexual orientation, gender identity, ability, religious faith, and socio-economic status. These groups are differently affected by bullying and must be considered in deriving local policies.

SUICIDE IS PREVENTABLE

Here are some things you can do to help students and colleagues stay safe:

- Talk to students about suicide. Don't be afraid, as this will not be "putting the idea into their heads." Asking for help is an important skill that will protect students. Help students identify and connect to caring adults who they feel comfortable talking to when they need guidance and support.
- Know the risk factors and warning signs of suicide.
- Remain calm. Becoming too excited or distressed can communicate that suicide isn't a topic that should be discussed.
- Listen without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expressions of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether such behavior is justified.
- Respond immediately. Escort the student to a member of the SMHT. If there is uncertainty as to who is on the SMHT, find the principal, assistant principal, or school mental health professional.

YOUTH SUICIDE RISK FACTORS

While there is no "profile" that predicts suicidal behavior, there are certain risk factors associated with increased risk. In isolation, these factors aren't signs of suicidal thinking. However, when present, they signal the need to be vigilant for the warning signs of suicide. Risk factors can include, but are not limited to, the following:

- History of depression, mental health diagnosis, or substance use disorders
- Isolation or lack of social support
- Situational crises
- Family history of suicide
- Hopelessness
- Impulsivity

A more comprehensive list of risk and protective factors can be found in *Attachment 1.03* of this Toolkit.

ATTACHMENT 1.03

RISK FACTORS FOR YOUTH SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

Risk factors for suicide refer to personal, social, physical, or cultural characteristics that are associated with suicide. Individuals affected by one or more of these risk factors may have a greater probability of suicidal behavior. There is no single, agreed-upon list of risk factors, but this page summarizes the risk factors identified by current research.

BEHAVIORAL HEALTH ISSUES/DISORDERS

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

PERSONAL CHARACTERISTICS

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation
- Experience of low belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk-taking or reckless behaviors
- Poor problem solving or coping skills
- Negative perception of self or self-image
- Capacity to self-injure
- Perception of being a burden (e.g., to family or friends)

ADVERSE/STRESSFUL LIFE CIRCUMSTANCES

- Interpersonal difficulties or losses (e.g., breaking up with partner)
- Disciplinary or legal problems
- Bullying, either as a victim or perpetrator
- School or work problems
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of a peer

RISK-TAKING BEHAVIORS

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior
- Reckless driving
- Putting self in dangerous situations on purpose

FAMILY CHARACTERISTICS

- Family history of suicide or suicidal behavior
- Parental or caregiver mental health problems
- Death of a caregiver or relative
- Caregiver divorce
- Problems in caregiver-child relationship (e.g., feelings of detachment, communication issues, interpersonal conflicts, financial struggles, violence or abuse, highly critical caregivers)

ENVIRONMENTAL FACTORS

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions with staff/students
- Lack of acceptance of differences
- Expressions and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly at home
- Exposure to other suicides
- Exposure to stigma and discrimination against students based on race, ethnicity, sex, ability, sexual orientation, gender identity, or physical appearance

ADDITIONAL POPULATIONS AT RISK OF SUICIDE

For certain populations of youth, suicide and suicide attempts can be more common.

- Male youths are more likely to die from suicide – at a rate of 81% to 91%.
- Female youths are more likely to attempt suicide.
- Racial and ethnic groups with the highest rate of deaths by suicide in 2021:
 - Non-Hispanic American Indian/Alaska Native – 21.8
 - Non-Hispanic White – 17.4
 - Non-Hispanic Native Hawaiian/Other Pacific Islander – 12.6
 - Non-Hispanic Multiracial – 9.7
 - Non-Hispanic Black – 8.7
 - Hispanic – 7.9
 - Non-Hispanic Asian – 6.8
- Hispanic youth were more likely to report attempting suicide than their Black and White, non-Hispanic peers.

As published in the *American Academy of Pediatrics*¹², of youth surveyed, those who identified as a transgender male had attempted suicide at a rate of 50.8% and transgender females at a rate of 29.9%

- These numbers were significantly higher than those surveyed youths who identified as female and male, 17.6% and 9.8%, respectively.

According to **The Trevor Project**¹³, recent data indicates the risks for students in the LGBTQIA+ communities are at disproportionately higher risk not because of their identity or orientation but because of stigmas that lead to mistreatment in society. Below are some significant data points that help paint a picture of what the risk looks like in the LGBTQIA+ community:

- Suicide is the second leading cause of death among young people aged 10-24 (Hedegaard, Curtin, & Warner, 2018) – and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth are at significantly increased risk.
- LGBTQ youth are **more than four times as likely** to attempt suicide than their straight, cisgender peers (Johns et al., 2019; Johns et al., 2020).
- The Trevor Project estimates that more than **1.8 million LGBTQ youth** (ages 13-24) seriously consider suicide each year in the U.S. – and at least one attempts suicide **every 45 seconds**.
- The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health found that **45% of LGBTQ youth** seriously considered attempting suicide in the past year, including **more than half of transgender and nonbinary youth**.

Below are some data points from The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health regarding protective factors:

- LGBTQ youth who felt high social support from their family reported attempting suicide at **less than half the rate** of those who felt low or moderate social support.
- LGBTQ youth who found their school to be LGBTQ-affirming reported **lower rates of attempting suicide**.
- LGBTQ youth who live in a community that is accepting of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.
- Access to culturally competent, LGBTQ-affirming mental health providers, both within schools and in the broader healthcare system, is essential to the well-being of LGBTQ teens.
- Transgender and nonbinary young people who reported that all of the people they live with **respect their pronouns** reported lower rates of attempting suicide.
- Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always **due to anti-LGBTQ policies and legislation**.

Additional resources for supporting LGBTQ+ youth can be found in the Resources section of this Toolkit.

RECOGNIZING AND RESPONDING TO WARNING SIGNS OF SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

Warning signs are observable behaviors (online and offline) that may signal the presence of suicidal thinking. They might be considered cries for help or invitations to intervene, and they may differ by age group, culture, and even by individual. Warning signs signal the need to ask directly about suicide. If suicidal thoughts are present, then suicide interventions will be required.

EXAMPLES OF WARNING SIGNS

- **Suicide Statements**

It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct and indirect statements need to be taken seriously. See examples below.

- *Direct:* "I want to kill myself."
- *Indirect:* "You won't have to worry about me for much longer."

- **Suicide Notes and Plans**

The presence of a suicide note is a very significant sign of danger. The more in-depth plan a youth has, the greater the risk of suicidal behavior.

- **Prior Suicidal Behavior**

Prior suicide behavior is a powerful indicator of future suicide behavior. Thus, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior. Examples of suicide behavior include the following:

- **Suicide Attempt:** Any action a youth takes with at least some intent or desire to die as a result. Suicide attempts don't always result in injury or harm.
- **Interrupted Attempt:** A youth starts to take steps to end their own life but something or someone stops them.
- **Aborted Attempt:** A youth starts to take steps to end their own life but stops themselves before lethal action is taken.
- **Preparatory Acts or Behaviors:** Any action a youth takes with the intention to die later, beyond saying something about suicide (including suicide rehearsals).
- **Non-Suicidal Self Injury (NSSI):** Engaging in self-injurious behavior purely, 100% for reasons other than dying, usually to affect the youth's internal state or external state.
 - While NSSI (aka self-harm) is NOT suicidal behavior, it does increase a youth's risk of suicide and can be seen as a warning sign, especially if the behavior is new or the severity of the behavior is worsening.

- **Making Final Arrangements**

Making funeral arrangements, writing a will, and/or giving away prized possessions may be warning signs of impending suicidal behavior.

- **Preoccupation with Death**

Excessive talking, posting, drawing, reading, and/or writing about death may suggest suicidal thinking.

- **Changes in Behavior, Appearance, Thoughts, and/or Feelings**

Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions or responsibilities, and reduced interest in previously important activities are just some examples.

In general, warning signs of suicide look like signs of suffering or signs of struggle. They are most often associated with experiences of pain and loss. Not everyone who exhibits warning signs will inevitably experience suicidal thoughts or behaviors.

The most important thing is that all warning signs of suicide, when observed, are not ignored, and are taken seriously.

PROTECTIVE FACTORS AGAINST YOUTH SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

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

There is no single, agreed-upon list of protective factors. They are different for everyone, depending on age, culture, and interests. The list on this page summarizes the protective factors identified by the most recent research.

INDIVIDUAL CHARACTERISTICS AND BEHAVIORS

- Psychological or emotional well-being
- *Emotional intelligence*: The ability to perceive, integrate into thoughts, understand, and manage one's emotions.
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent body movement or participation in sports/activities
- Cultural and religious beliefs that affirm life
- Ongoing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Positive body image, care, and protection

FAMILY AND OTHER SOCIAL SUPPORT

- Family support and connectedness to family
- Closeness to or strong relationship with caregivers; caregiver involvement
- Close friends or caring adults
- Caregivers promote pro-social norms

SCHOOL-BASED EXPERIENCES AND CHARACTERISTICS

- Positive school experiences
- Part of a close school community
- Safe school environment (especially for youths who identify within the LGBTQIA+ community or are otherwise minoritized)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

MENTAL HEALTH AND HEALTH CARE PROVIDERS AND CAREGIVERS

- Access to effective care for mental health, physical health, and substance use disorders
- Easy access to care and support through ongoing medical and mental health relationships
- Caregiver support/endorsement of youth accessing these services

ACCESS TO LETHAL MEANS

Reducing access to lethal means is the most protective thing we can do to prevent suicide.

• Firearms:

- Lock up all firearms, preferably unloaded
- Store/lock ammunition separately from the firearm
- During a suicide crisis, storing firearms *outside* of the home is the safest option.

• Medication:

- Get rid of unused or unnecessary medications
- Keep small quantities of OTC and prescription medications on hand; lock up the rest

• Other considerations:

- Install safety barriers for bridges, buildings, and other jumping sites
- Lock up alcohol since there is an increased risk of suicidal behavior when drinking

ATTACHMENT 1.04

SCHOOL AND COMMUNITY RESOURCE TEMPLATE

Each district should determine staff information they want to publish widely on their plan. Any districts with standing MOUs may also choose to list contact information for partnering resources and make that available to school staff, parents, and students. **KSDE recommends posting these resources on your school website.**

SCHOOL RESOURCES

SMHT Coordinator

(000) 000-0000

SMHT Assistant Coordinator:

(000) 000-0000

School Mental Health Professional

(000) 000-0000

COMMUNITY RESOURCES

Community Mental Health Center

(000) 000-0000

Address

HeadQuarters Kansas (formerly Kansas Suicide Prevention HQ)

Available 24/7, free and confidential

*2110 Delaware Street
Lawrence KS 66046*

(785) 841-2345

988 Suicide & Crisis Lifeline

Available 24/7, free and confidential

Call or text the number 9-8-8

Crisis Text Line

Text KANSAS to 741-741

Section 2:

Identifying and Responding to Suicide Risk in Schools (Intervention)

SECTION INTRODUCTION

During a crisis involving suicidal thoughts or behaviors, intervention protocols to assist students are a critical component of both district and school responses. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicidal crises.

Administrators should always be included on a School Mental Health Team (SMHT), and the SMHT Coordinator should facilitate planning sessions with the Team before the school year starts to review protocols that will aid school personnel in intervening effectively with students exhibiting suicidal behavior.

SPECIAL ACKNOWLEDGEMENTS

This section of the Toolkit was adapted from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸ Additionally, it includes an adapted version of the *Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool*¹⁴ and an adapted version of the *Stanley-Brown Safety Planning template*.¹⁵

KEY PRINCIPLES TO REMEMBER IN ANY CRISIS

- 1. Ensure that the student in crisis is safe.** Remain with the student until a SMHT member arrives.
- 2. Send someone for help.** While remaining with the student, send someone to retrieve the nearest available SMHT member.
- 3. Listen to the student.** Acknowledge their feelings, allow them to express their feelings, avoid giving advice or opinions, and listen for warning signs.
- 4. Be direct.** Ask openly and directly about suicide. The Asking about suicide is a no-harm question; it does not put the idea into the student's mind.
- 5. Be honest.** Offer hope, but don't condescend or offer unrealistic assurances.
- 6. Know your own limits.** Staff members should only involve themselves to the level that they feel comfortable. If a staff member is uncomfortable or feels that the situation is beyond their capacity to assist with, the student should be connected to someone who can help. It is best to escort the student to the next helper, especially if it is believed that the student is in immediate danger.
- 7. Inform the student.** At each stage, be sure the student knows what is going on. Don't keep information about what will happen next from the student.
- 8. Inform caregivers/guardians (when appropriate) that their child is experiencing a crisis.** Reassure them that their student is currently safe. Inform them of school and community supports available to them during and after the crisis. Work with the caregivers/guardians to develop a plan of action for getting their child help.
- 9. Keep other students in a safe area.** Allow students to express their fears, concerns, and feelings without enabling judgements or gossip. Let students know that the student in crisis is receiving help. Maintain confidentiality and keep details of the crisis to a minimum. Let students know where they can get support.
- 10. Monitor friend(s) of the student and others who are potentially at risk of suicide.** Check-in with these students during/after a crisis occurs.
- 11. Debrief.** All faculty and staff members involved in the crisis should be offered support and given the opportunity to discuss their reactions to the crisis. Allow them to express feelings, worries, concerns, and suggestions about what was done well and what could have gone better.

SECTION 2: IDENTIFYING AND RESPONDING TO SUICIDE RISK IN SCHOOLS (INTERVENTION)

THE IMPORTANCE OF SCREENING

Schools should feel empowered to confidently conduct suicide risk screens. Schools are responsible for responding to all statements and warning signs of suicide, and the best way to do that is to start with suicide risk screening.

To be clear, suicide screeners are NOT clinical assessments, and they **do not predict** future suicide attempts or deaths. The purpose of a suicide screener is to detect potential suicide risk and inform intervention and safety planning next steps. It is recommended that all school districts use a validated screening instrument and that this validated instrument is used consistently throughout the district.

Furthermore, the school should identify which specific staff members will facilitate these screenings, and those staff members should receive adequate annual training and ongoing supervision/consultation on the tool that is chosen.

Suicide Risk Screening vs. Suicide Risk Assessment

There are critical distinctions between screening and assessment of suicide risk. The primary difference is that **anyone** can conduct suicide screenings whereas only qualified mental health professionals can conduct risk assessments. Again, the purpose of a suicide screener is to detect the potential presence of suicide risk. The purpose of a suicide assessment is to paint a full, clinical picture of a person's suicide risk that will inform treatment.

Suicide screeners are intended to be brief and straightforward, while suicide assessments are much more thorough and rely heavily on clinical judgment to inform next steps. Often, the outcome of a suicide risk screening may indicate the need for further clinical assessment.

Columbia-Suicide Severity Rating Scale¹⁴

The Columbia-Suicide Severity Rating Scale (C-SSRS) is widely regarded as the gold standard in screening risk amongst both licensed behavioral health and mental health professionals. KSDE recommends this tool to provide consistency of care between school mental health teams and community partners.

Below is some information about why this is our recommendation:

- The C-SSRS is brief – between 3 and 6 questions.
- It asks about suicide ideation **and** suicide behavior.
- It offers guidance for next steps based on how the questions are answered.
- It is suitable for all ages and cognitive abilities.

School districts may choose to use a different validated screening tool if they wish, but this Toolkit focuses on the C-SSRS throughout. *Attachment 2.02* includes the C-SSRS with adapted language for very young children and cognitively impaired students, as well as a recommended response protocol with the various potential outcomes of the screener.

GETTING STARTED

Prior to the school year, clearly designate at least one individual and one alternate who will serve as the main point of contact for anyone in the building who is concerned that a student may be at risk of suicide. These designees will be referred to as the School Mental Health Team (SMHT) Coordinator and the School Mental Health Team (SMHT) Assistant Coordinator.

SMHT Coordinator:

[Name]

SMHT Assistant Coordinator:

[Name]

The two individuals above will be responsible for coordinating intervention efforts.

RISK-IDENTIFICATION RESPONSE PROTOCOL

This protocol describes the process that should occur when someone in the school community (staff, students, parents, etc.) is worried about a student.

- The concerned party should take immediate action to inform a school administrator.
- The school administrator will locate the SMHT Coordinator or Assistant Coordinator.
- Meanwhile, at least one staff member should stay with the student at-risk until the SMHT Coordinator or Assistant Coordinator arrives.
- The SMHT Coordinator or Assistant Coordinator will initiate the Suicide Intervention Protocol.

SUICIDE INTERVENTION PROTOCOL

Action 1: Attempt to Notify Student Caregivers & Request Permission to Screen the Student

Any time a suicide risk screening needs to be conducted, the school must make a reasonable attempt to notify the student's parent/guardian immediately. While these conversations are often difficult, having a specific school protocol for instances like these can help.

Utilize *Attachment 2.01* to review guidelines for notifying caregivers and requesting permission to screen.

Be sure to document all attempts made to notify parents/guardians as well as any contact that was made and the outcome of that contact.

Action 2: Conduct Suicide Risk Screen

Meet with the at-risk student to conduct the suicide risk screen. Utilize *Attachment 2.02* for the C-SSRS screening tool and the recommended response protocol.

Be sure to document the student's responses to each question on the screener.

Action 3: Engage Family, Make Recommendations, and Safety Plan

After completing the suicide screen, you may need to request parents/guardians to arrive at the school. *Attachment 2.03* serves as a guide for how to have these conversations and includes a sample flowchart.

Complete a Parent Contact Acknowledgement Form when meeting with the family. An example of this form can be found in *Attachment 2.04*.

The school will work with the at-risk student and their caregivers to identify next steps. Sometimes this means connecting families to community resources. Guidelines for releasing information can be found in *Attachment 2.05* and a sample Release of Information (ROI) is shown in *Attachment 2.06*.

If it is determined that a collaborative safety plan is needed, the **Stanley-Brown Safety Planning template**¹⁵ is recommended and is in *Attachment 2.07*. Districts may choose a different safety plan.

Additionally, guidelines for facilitating a student's return to school (re-integration) are outlined in *Section 3* of this Toolkit.

Be sure to document the conversation requesting the family to come to the school and the outcome of that conversation. Also document any collateral contacts that were made while helping the family connect with community resources. Additionally, include the completed Parent Contact Acknowledgment Form, the completed safety plan, and any signed releases of information in your documentation.

Action 4: Ensure All Documentation is Completed

Complete thorough documentation in a timely manner. Best practice is to document as you go so that you can accurately record the intervention. *Attachment 2.08* is a sample Student Suicide Intervention Documentation Form.

This documentation is considered highly sensitive information and should be kept in a district-approved system (encrypted if possible) where only those who "need to know" have access. Do NOT store in the student's cumulative file.

SCHOOL SUICIDE INTERVENTION PROTOCOL CHECKLIST

ACTIONS	STAFF RESPONSIBLE	EXTERNAL CONTACTS	TASK COMPLETED
<p>1. Attempt to notify student’s parent/guardian prior to screening.</p> <p><i>Attachment 2.01</i></p>	<p>Who notifies parents/guardians?</p>	<p>Caregiver contact information:</p>	<p>Initials: Date/Time:</p>
<p>2. Conduct suicide risk screening.</p> <p><i>Attachment 2.02</i></p>	<p>Who conducts the screening?</p>		<p>Initials: Date/Time:</p>
<p>3. Engage family, make recommendations, and safety plan.</p> <p><i>Attachment 2.03</i> <i>Attachment 2.04</i> <i>Attachment 2.05</i> <i>Attachment 2.06</i> <i>Attachment 2.07</i></p>	<p>Who facilitates?</p>	<p>Community resources provided:</p>	<p>Initials: Date/Time:</p>
<p>4. Ensure all documentation is complete.</p> <p><i>Attachment 2.08</i></p>			<p>Initials: Date/Time:</p>

NOTES:

SCHOOL SUICIDE ATTEMPT RESPONSE PROTOCOL

If a student is threatening to attempt, is currently attempting, or has just attempted suicide at school or at a school-related event, the following steps should be taken.

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student.
Never leave the student alone.
2. Call 9-1-1 or the local emergency service provider.
3. Contact the appropriate school administrator(s).

The Administrator should:

1. Contact the School Mental Health Team (SMHT) Coordinator.
2. Contact additional personnel as necessary. These may include community crisis service providers, law enforcement, the school superintendent and other administrators, the school nurse, school counselor, school social worker, school psychologist, and other staff.
3. Follow the school's incident protocol for parent/guardian notification.
4. After the immediate crisis, schedule a supportive debrief with any staff who witnessed the suicidal incident.

The SMHT Coordinator should:

1. Contact the student's parents/guardians to tell them what has occurred with their child. Make arrangements to meet at the appropriate location; for example, the school social worker's office or the emergency room of the local hospital.
2. After the immediate crisis, make a plan to follow up with the parents/guardians and the student regarding arrangements for medical and/or mental health services.
3. Coordinate check-ins and supportive debriefing with any students who witnessed the suicidal incident.

After the immediate emergency is handled, the school will begin coordinating the student's return to school or postvention plan.

- *Section 3* of this Toolkit outlines guidelines for facilitating a student's return to school and includes a sample Student Return to School and Follow-Up Care Plan form.
- *Section 4* of this Toolkit covers the development, coordination, and facilitation of a Suicide Postvention Plan.

ATTACHMENT 2.01

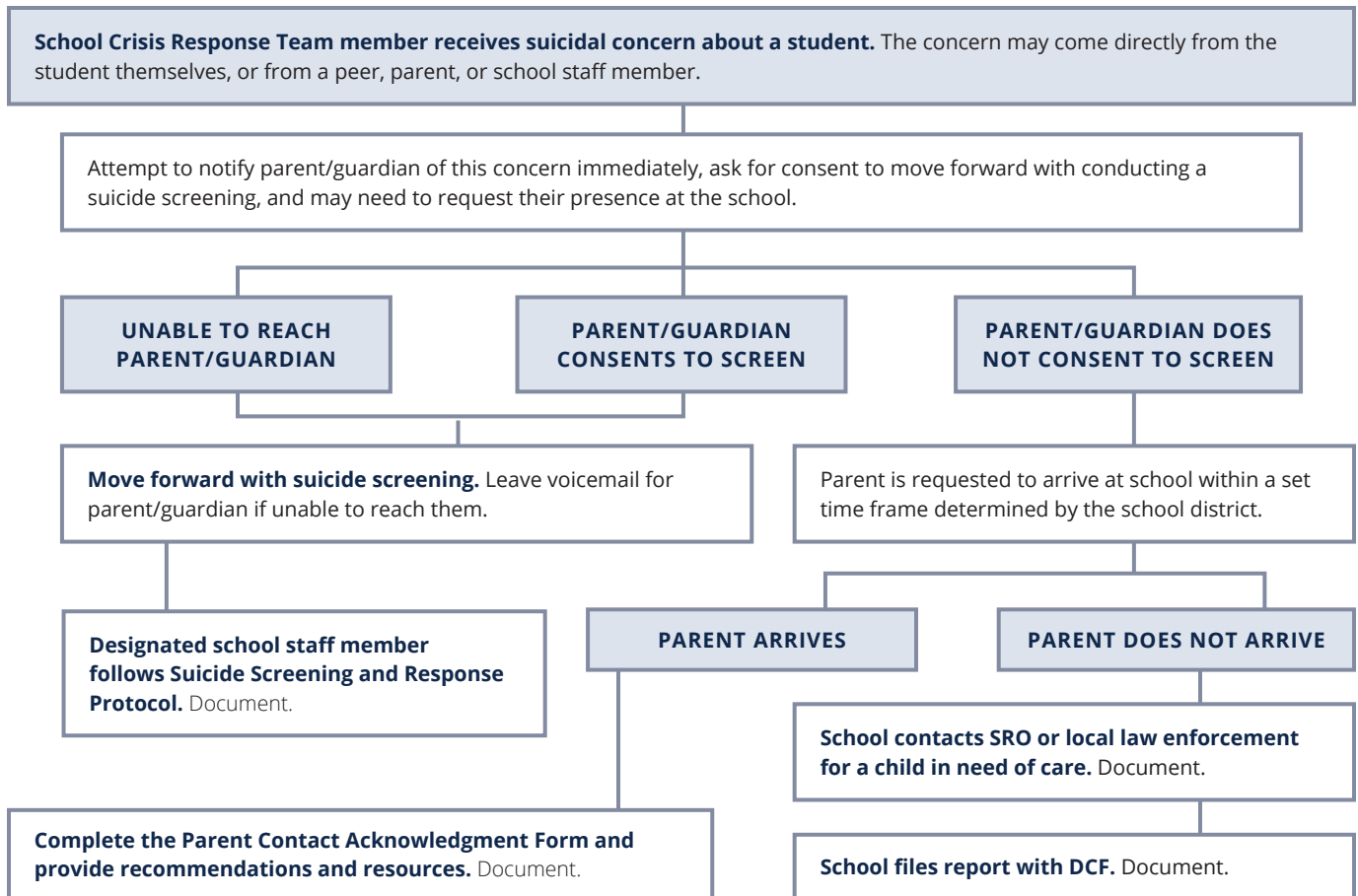
PARENT/GUARDIAN NOTIFICATION

Parents and/or guardians should be contacted immediately when a student has been identified as possibly being at risk of suicide. The person who contacts the family is typically the principal, school mental health staff, or a staff member with a close connection to the student or family.

Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking. It is also critical that the school takes steps to address language/cultural barriers and ensure proper and adequate communication with parents/guardians.

SAMPLE SCRIPT

"We received a concern that your child may be thinking about suicide. Your student is currently safe and is not in trouble with the school. This can feel scary, and we want to support you and your student, so we'd like your permission to check in with [student name] directly to ask some questions related to suicidal thoughts. Then we can talk about safety and support from there. Do we have your permission to screen and support your child? We will update you immediately."



ATTACHMENT 2.02

SUICIDE SCREENING & RESPONSE PROTOCOL

Before screening a student, the school must attempt to notify parents/guardians and get permission to screen. Make sure that a SMHT member stays with the student until parent-contact has been attempted.

The Columbia-Suicide Severity Rating Scale (C-SSRS) is the recommended screening tool to be used by schools in Kansas. A modified version of the C-SSRS starts on the next page. It includes adapted language to meet the needs of elementary-age and/or cognitively impaired students.

Be sure to document the student's responses as you go so that you can accurately record and communicate the results of the screener.

Once the screening is complete, consult the table entitled **Suicide Screening Response Protocol** to determine the appropriate next steps for the student's safety. Keep in mind that the recommendations in the Suicide Screening Response Protocol are not requirements; they are merely suggested responses. School districts can modify the chart to fit their specific needs.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

*Includes adapted language for elementary-age and/or cognitively impaired students.

Ask questions 1 and 2.	Past Month	
	YES	NO
<p>1. Have you wished you were dead or wished you could go to sleep and not wake up?</p> <p>If yes, describe:</p> <p>*Adapted language: Have you thought about being dead or what it would be like to be dead? Have you wished you were dead or wished you could go to sleep and never wake up? Do you wish you weren't alive anymore?</p> <p>If yes, describe:</p>		
<p>2. Have you had any actual thoughts of killing yourself?</p> <p>If yes, describe:</p> <p>*Adapted language: Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself?</p> <p>If yes, describe:</p>		
If YES to question 2, ask question 3; If NO to question 2, go directly to question 6.	Past Month	
<p>3. Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it... and I would never go through with it."</p> <p>If yes, describe:</p> <p>*Adapted language: Have you thought about how you would do that? OR Have you thought about how you would make yourself not alive anymore (kill yourself)? AND What did you think about?</p> <p>If yes, describe:</p>		

If YES to question 3, ask question 4; If NO to question 3, go directly to question 6.	Past Month	
	YES	NO
<p>4. Have you had these thoughts and had some intention of acting on them? ...as opposed to “I have the thoughts but I definitely will not do anything about them.”</p> <p>If yes, describe:</p> <p>*Adapted language: When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from having these thoughts but knowing you wouldn’t do anything about them.</p> <p>If yes, describe:</p>		
If YES to question 4, ask question 5; If NO to question 4, go directly to question 6.	Past Month	
	YES	NO
<p>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p> <p>If yes, describe:</p> <p>*Adapted language: Have you decided how or when you would make yourself not alive anymore (kill yourself)? Have you planned out how you would do it? What was your plan? When you made this plan, was any part of you thinking about actually doing it?</p> <p>If yes, describe:</p>		

ALWAYS ASK QUESTION 6.

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Examples: collected pills, obtained a gun, gave away valuables, wrote a will or a suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: **Was this within the past 3 months?**

If yes, describe behaviors:

***Adapted language:**

Did you do anything to try to kill yourself or make yourself not alive anymore?

What did you do?

Did you hurt yourself on purpose? Why did you do that?

- **Did you _____ as a way to end your life?**
- **Did you want to die (even a little) when you _____?**
- **Were you trying to make yourself not alive anymore when you _____?**
- **Did you think it was possible you could have died from _____?**

If yes, describe behaviors and intentions:

Lifetime	
YES	NO
Past 3 Months	
YES	NO

Remember to consult the **Suicide Screening Response Protocol** on the next page to determine the appropriate next steps to keep the student safe.

STUDENT SCREENING RESPONSE PROTOCOL	
Student Response to Screener	School Response to Student/Caregivers
<p style="text-align: center;">Student answers no to questions #1, #2, and #6</p> <p><input type="checkbox"/> No wish to die or thoughts of suicide.</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> No suicidal behavior in their lifetime.</p>	<p style="text-align: center;">Notify Parents of Initial Concern</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p> <p><input type="checkbox"/> Student cannot leave school/school activity until parents/guardians have been notified.</p>
<p style="text-align: center;">Student answers yes to question(s) #1 and/or #2</p> <p><input type="checkbox"/> Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior.</p>	<p style="text-align: center;">Recommend Ongoing Community Services</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p style="text-align: center;">Student answers yes to question #3</p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent, or behavior.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Student answers yes to question #6 re: lifetime</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;">Create Collaborative Safety Plan</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Create collaborative safety plan with the student for home and school</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Encourage further clinical assessment.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p style="text-align: center;">Student answers yes to question #4 or #5</p> <p><input type="checkbox"/> Suicidal ideation with intent or with plan.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Student answers yes to question #6 re: past 3 months</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;">Create Collaborative Safety Plan</p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Explain need for immediate further assessment.</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide local options (crisis center, mental health center, or ER).</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>

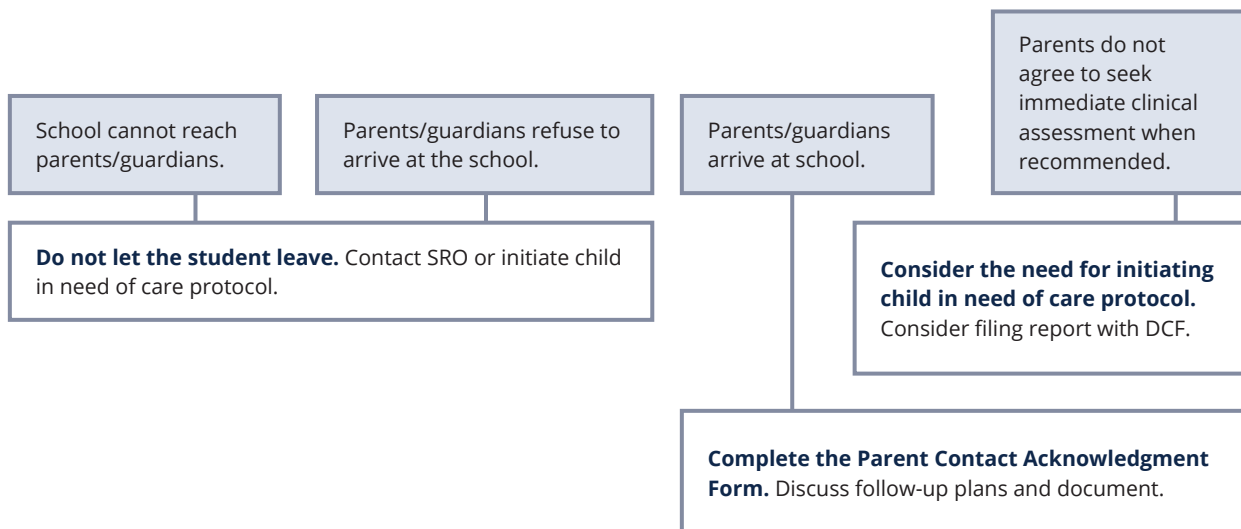
ATTACHMENT 2.03

COLLABORATING WITH FAMILIES AFTER A SCREENING

The following steps should be taken to engage parents/guardians after you screen their student.

1. When the parents arrive at the school, explain again why you screened the student for suicidality and the outcome of that screening.
2. Inform parents of the school's recommendations based on the outcome of the screener.
3. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's potential risk and received recommendations for next steps.
4. Discuss available options for further clinical assessment and/or outpatient mental health services. Provide the parents with contact information for mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
6. Release the student to the parents.
7. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted the mental health provider and/or taken the recommended steps to ensure their child's safety:
 - a. Stress the importance of getting the child help.
 - b. Discuss barriers to taking the recommended steps and offer to assist with the process (facilitate warm handoffs, etc.).
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm and/or suicide, you may need to notify child protective services that the child is being neglected. Document.
9. Document **all** contacts with the parents/guardians and the student.

Utilize the Post-Screening Intervention Flowchart to help you navigate parent/guardian involvement.



GENERAL TIPS FOR WORKING WITH PARENTS/GUARDIANS

This page highlights some tips and points of information for collaborating with parents/guardians during a suicide-related crisis. Guidance was provided by the licensed professionals at [Headquarters Kansas](#)¹. Some of the best work we can do with families is provide psychoeducation and validation.

Family Support is Critical

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, the school should provide supportive check-ins with the family for the following two reasons:

1. The family may be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help if they don't know where to turn.
2. Informed parents/guardians are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, prior suicidal behavior is the strongest indicator of a future suicide attempt.

The goal of extending support to the parents is to help them get to a place where they can intervene appropriately to prevent their student from attempting suicide. Education and information are vitally important to family members.

The following tips can help support and engage parents:

- Invite the parents' perspective. State your concern, what you've observed, and the results of the screener, and ask how that fits with what they've observed at home.
- Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
- Validate how scary this can be and how it impacts the life of everyone who cares about this young person.
- Acknowledge that no one can do this alone – appreciate their presence.
- Listen for myths of suicide that may be blocking the parent from taking actions to keep their child safe. Review the suicide facts below to can help address the common barriers.
- Explore reluctance to accept mental health recommendations, address those issues, explain what they can expect, and try to facilitate warm handoffs if possible.
- Align yourself with the parent if possible – without in any way minimizing the student's feelings or behavior.

SECTION 2: IDENTIFYING AND RESPONDING TO SUICIDE RISK IN SCHOOLS (INTERVENTION)

SUICIDE FACTS FOR PARENTS

Talking about suicide is safe and protective. We often hear that people are hesitant to ask directly about suicide because they fear that doing so will put the idea into the person's head. However, research shows that asking directly about suicide is actually one of the safest and most protective things we can do.¹⁶ If someone wasn't already thinking about suicide, they are much more likely to be honest about that if they are asked directly and without judgement. The best ways to ask about suicide are:

"Are you thinking about suicide?" **OR**

"Are you thinking about killing yourself?"

People who are talking, writing, posting, or joking about suicide should be taken seriously. It is common for us to hear that people who are behaving in these ways are "just looking for attention." And it can feel frustrating especially if the person has said or done things like this before. The thing is, people who are seeking attention are doing so because they need attention (connection). This is important because connection and support are key protective factors for those struggling with suicide. Even when it feels frustrating, take all statements and signs of suicide seriously, no matter what.

If people get the support they need, they are likely to stay alive. Research shows that 90% of people who survive a suicide attempt don't go on to die by suicide. This doesn't mean they will never feel suicidal again. They might. It is very possible for people to live with chronic suicidal ideation, and some people may attempt suicide multiple times in their life. However, we know that if people get connected to the help they need, they are very likely to stay alive because they have more tools to rely on when they need to cope with any future crises. Suicide is not inevitable. Suicide is preventable.

Most people exhibit some warning sign(s) of suicide during the week preceding their suicide attempt. It is true that most people communicate in some way that they are suffering in the week preceding their suicide attempt/death, which is why it's so important to know the warning signs and get comfortable asking directly if someone is thinking about suicide. Warning signs for suicide often look like expressions of pain, avoidance of pain, and experiences of loss or change.

The most effective way to prevent suicide is by safely storing lethal means, especially firearms. If someone doesn't have access to the things they need to carry out their suicide plan, they are significantly more likely to stay safe and get the help they need. There are so many ways to make your home suicide safe. Evidence shows that practicing safe storage of firearms and medications is the best thing we can do.

TIPS FOR SAFELY STORING LETHAL MEANS

- Firearms:
 - During a suicide crisis, storing all firearms **outside** of the home is the safest option.
 - Lock up all firearms inside the home, preferably unloaded.
 - Store and lock ammunition separately from the firearm(s).
 - Utilize cable locks or trigger locks on firearms, and/or remove components of the firearm as additional measures of safety.
 - Reach out to your local law enforcement offices for free gun locks (not guaranteed).
- Medication:
 - Opioids should not exist in the home unless it is absolutely necessary to manage pain.
 - If opioids and/or other addictive medications must be kept in the home, ensure that they are locked up and inaccessible except for in very limited quantities.
 - Safely dispose of unused, expired, or unnecessary medications.
 - Keep small quantities of over-the-counter and other prescription medications on hand; lock up the rest.
 - Ask your pharmacist to utilize blister packs instead of pill bottles.
 - Discuss options with your prescriber for limiting quantities per prescription (temporarily) and/or prescribing medications/medication combinations that are less lethal.
- Other considerations:
 - Install safety barriers for bridges, buildings, and other jumping sites.
 - Lock up alcohol since there is a significantly increased risk of suicidal behavior when intoxicated.
 - Lock up and/or monitor access to sharps (razors, kitchen knives, art supplies, etc.) at least temporarily until the suicidal crisis passes.
 - In some cases, limiting the time a suicidal person spends alone is the best approach to safety.

ATTACHMENT 2.04

PARENT CONTACT ACKNOWLEDGMENT FORM (SAMPLE)

Parent/Guardian/Caregiver(s) Contact Acknowledgement and Plan of Action Form

Student Name/ID#: _____ **Date:** _____

School: _____ **Grade:** _____

DISCLOSURE: This School District is not responsible for costs associated with any medical or mental health services that may be recommended.

This form is to verify that I have spoken with a school staff member on _____ [date] _____, concerning my child's potential suicide risk.

I understand that:

My child was screened by a qualified school staff member for possible risk of suicide; **AND**

The school recommends that I (check all that apply):

- Consider mental health resources in the community.
- Contact my child's current mental health professional (therapist, case manager, psychiatrist, etc.).
- Provide a signed Release of Information to the school authorizing communication with my child's mental health team.
- Take steps to reduce my child's access to lethal means at home.
- Take my child for further clinical assessment immediately.
- Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.
- Other: _____

I further understand that:

I am responsible for taking the actions necessary to ensure my child's continued safety; **AND**

I agree to (check all that apply):

- Consider mental health resources in the community.
- Contact my child's current mental health professional (therapist, case manager, psychiatrist, etc.).
- Provide a signed Release of Information to the school authorizing communication with my child's mental health team.
- Take steps to reduce my child's access to lethal means at home.
- Take my child for further clinical assessment immediately.
- Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.
- Other: _____

I understand that a school staff member will follow up with me and my child no later than _____ [date] _____.

Parent/Guardian Signature: _____ **Date:** _____

Staff Member Signature: _____ **Date:** _____

ATTACHMENT 2.05

GUIDELINES FOR RELEASING INFORMATION

The best-case scenario is for the school to help the family navigate establishing connections to community resources. That may look like explaining what options are available to the family, facilitating warm handoffs, and/or coordinating care with established providers.

A signed Release of Information is required to share any information about the student with outside agencies (with the exceptions of calling 9-1-1 or having a Child in Need of Care).

Be sure that the Release of Information form meets the requirements of FERPA as follows:

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

Schools should be prepared to give the following information to providers:

1. Basic student information (age, grade, race, ethnicity, etc.)
2. Parent/guardian information (names, addresses, phone numbers, etc.)
3. Explain the school's concern, including the student's responses to the suicide screener.
4. Agencies that are currently involved in the student's care (names and information).

DISCLAIMER: The school district and/or staff is not responsible for any costs associate with the care that the student receives in the community.

A sample release of information can be found in *Attachment 2.06*. Schools may utilize the sample ROI or adapt it as necessary.

ATTACHMENT 2.06

RELEASE OF INFORMATION / ROI (SAMPLE)

USD 000 Release of Information

Student's Legal Name: _____ **Date of Birth:** _____

I hereby authorize USD ____, its employees, agents, and assigns (collectively the "District") to use and/or disclose the protected health information identified below, for the purpose of educational evaluation, program planning, and health assessment/ planning for this student, to ensure safe healthcare services in the school setting.

I authorize the following information to be disclosed (check all that apply):

- Diagnosis(es)
- Risk information
- Current medication(s)
- Treatment plan
- Safety plan
- Prognosis
- Other (please specify): _____

I authorize the following entities to disclose the information identified to the District.

_____ Name of Authorized Entity	_____ Phone / Fax / Email
_____ Name of Authorized Entity	_____ Phone / Fax / Email
_____ Name of Authorized Entity	_____ Phone / Fax / Email
_____ Name of Authorized Entity	_____ Phone / Fax / Email

In signing this release of information, I understand and acknowledge the following:

- This authorization is voluntary, and I may refuse to sign it.
- I may revoke this authorization at any time by notifying the District in writing of my intent to do so, except to the extent that action has been taken in reliance on this authorization. Any notice of termination must be sent to: _____
- Health records, once received by the District, will become education records protected by the Family Educational Rights and Privacy Act.
- The authorization will expire one year from the date listed by the student / legal representative signature below.

I, the undersigned, do hereby swear that I am the above-mentioned student or a legal representative of the above-mentioned student. I have read and understand the above information.

_____ Signature of Student / Legal Representative	_____ Date
_____ Printed Name of Student / Legal Representative	_____ Relationship to Student

ATTACHMENT 2.07

STANLEY-BROWN SAFETY PLAN (ADAPTED)

STEP 1. Thoughts, feelings, situations, or behaviors that indicate a crisis may be developing:	
School:	Home:
STEP 2. Activities that soothe me or provide distraction that I can do alone:	
School:	Home:
STEP 3. People and social settings that provide distraction (include contact information):	
School:	Home:
STEP 4. People whom I can ask for help (include contact information):	
School:	Home:
STEP 5. Professionals or agencies I can contact during a crisis (include contact information):	
<ul style="list-style-type: none"> • Suicide & Crisis Lifeline: 9-8-8 (call or text) • Local Mental Health Center: 	<ul style="list-style-type: none"> • Mental Health Provider(s): • Primary Care Physician:
STEP 6. Ways to make my environment safe and calm:	
School:	Home:

The one thing that is most important to me and worth living for is: _____

ATTACHMENT 2.08

STUDENT SUICIDE INTERVENTION DOCUMENTATION FORM (SAMPLE)

This form is intended to document the overall intervention process. Please note that documentation should never be kept in the student’s cumulative file. The school district will decide how to store documentation appropriately.

STUDENT INFORMATION

Date student was identified as possibly at risk of suicide: _____

Name of student: _____

Name of school: _____

Date of birth: _____

Grade level: _____

Name of parent/guardian: _____

Parent/guardian contact information: _____

IDENTIFICATION OF RISK

Who identified the student as being at risk?

- Student (Self)
- Parent/Guardian
- Teacher
- Other Staff
- Student (Peer)
- Other: _____

Reason for concern: _____

Continue to next page.

SUICIDE RISK SCREENING

Action taken by the school to *screen* for suicide risk:

School staff conducted screening.

Name of staff person: _____

Date of screening: _____

Type of screening conducted: **Columbia-Suicide Severity Rating Scale (C-SSRS) screener**

Results of the screening: **see completed screener (attached)**

NOTIFICATION OF PARENT/GUARDIAN

School staff who notified parent/guardian: _____

Date parent/guardian was notified: _____

Parent Contact Acknowledgment Form signed? YES NO If no, reason: _____

RESOURCES GIVEN

School personnel: _____

Outside provider: _____

Hospital: _____

Other: _____

Warm handoff facilitated? YES | Date: _____

NO | Reason: _____

FACILITATING A STUDENT'S RETURN TO SCHOOL

Re-integration meeting scheduled? YES | Date: _____

NO | Reason: _____

DOCUMENTATION

Name of staff completing this form: _____

Date form was completed: _____

This page is blank for printing purposes.

Section 3:

Facilitating a Student's Return to School (Reintegration)

SECTION 3: FACILITATING A STUDENT'S RETURN TO SCHOOL (REINTEGRATION)

GUIDELINES FOR FACILITATING A STUDENT'S RETURN TO SCHOOL

The school should require a re-integration meeting prior to the student's return to school. The purpose of this meeting is to discuss what supports and safety measures may be needed to facilitate a successful return. Utilize *Attachment 3.01* to document the support plan during the meeting.

The school will identify who will be a part of each student's re-integration support team, which **should** include the following:

- Student
- Student's Parent(s)/Guardian(s)
- Administrator(s)
- School Nurse
- School Mental Health Professional(s):
 - School Counselor
 - School Social Worker
 - School Psychologist

The re-integration team should designate one staff member to be the primary contact for facilitating the student's return to school beyond the initial re-integration meeting.

1. In addition to meeting regularly with the student, the primary contact should do the following:
 - Become familiar with the basic information about the student, including:
 - The student's responses to the suicide screener.
 - Precipitative circumstances or events that lead to the student's mental health crisis or suicide attempt.
 - Medication(s) the student is taking.

2. With the family's agreement, serve as the school's primary link to the parents/guardians and maintain regular contact with the family:
 - Set up a communication plan with the student and the family.
 - Offer community resources to the student and their family as needed.
 - Facilitate warm handoffs, if possible.
 - Communicate with community providers with permission.
3. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:
 - Deliver classwork assignments to be completed in the hospital or at home, as appropriate.
 - Allow a representative from the school to visit the student in the hospital or at home with the permission of the family.
 - Attend treatment planning meetings and the hospital discharge conference with the permission of the family.
4. Establish a plan for periodic contact with the student while they are away from school.
5. If the student is unable to attend school for an extended period, determine how to help them complete course requirements.

Be sure to complete all the steps in the Re-Integration Checklist on the next page and document the process thoroughly.

REINTEGRATION CHECKLIST

ACTIONS	STAFF RESPONSIBLE	EXTERNAL CONTACTS	TASK COMPLETED
<p>1. Identify student’s return date.</p>	<p>Lead:</p> <p>Backup:</p>	<p>Caregiver contact information:</p> <p>Hospital contact information:</p>	<p>Initials:</p> <p>Date/Time:</p>
<p>2. Develop a safety and support plan with student/caregivers and disseminate to appropriate staff on a need-to-know basis.</p>	<p>Lead:</p> <p>Backup:</p>	<p>Re-integration meeting attendees:</p> <p>Teachers who need to be informed:</p>	<p>Initials:</p> <p>Date/Time:</p>
<p>3. Identify staff supports and a check-in / check-out plan.</p>	<p>Lead:</p> <p>Backup:</p>	<p>Support staff:</p>	<p>Initials:</p> <p>Date/Time:</p>
<p>4. File the reintegration / student support plan with the school office and/or building administrator and/or the SMHT Coordinator.</p>	<p>Lead:</p> <p>Backup:</p>	<p>Who was the plan filed with?</p>	<p>Initials:</p> <p>Date/Time:</p>

ATTACHMENT 3.01

STUDENT SUPPORT PLAN FOR RETURNING TO SCHOOL (SAMPLE)

Student Support and Follow-Up Care Plan Form

Student Name/ID#: _____ **Date:** _____

School: _____ **Grade:** _____

Please list the names of key people involved in collaboratively creating this plan.

- Student
- Parents/Guardians
- School Administrator(s)
- School Mental Health Professional(s)
- Outpatient Therapist or Mental Health Worker
- Classroom Teacher(s)
- School Nurse
- Others as appropriate: _____

Please make sure that all parent/guardian contact information and emergency contact information for the student is current and easily accessible.

DISCLOSURE: This plan is intended to be fluid and therefore can be modified as the student, family, and school support team deem necessary.

STUDENT SUPPORT PLAN:

The student will check in with _____ [staff member] at the following times:

Week 1	Week 2	Week 3	Week 4

The method for checking in will be: _____

Continue to next page.

SECTION 3: FACILITATING A STUDENT'S RETURN TO SCHOOL (REINTEGRATION)

The student's class schedule will be modified in the following ways:

Notes:

Off-campus considerations:

Notes:

Lunch-time considerations:

Notes:

Class transition considerations:

Notes:

Restroom access considerations:

Notes:

How will the student handle questions/attention from peers?

Notes:

Continue to next page.

SECTION 3: FACILITATING A STUDENT’S RETURN TO SCHOOL (REINTEGRATION)

- Considerations for extracurricular activities (clubs, sports, jobs, community involvement, etc.):

Notes:

- Other circumstances the student may be concerned about:

Notes:

Alerting Teachers & Support Staff (Need-To-Know Only)

- What information (if any) does the student want their teachers and support staff to know? Identify staff.

Notes:

Additional Safety Precautions to Consider:

- The student agrees to check in daily with a parent/guardian upon arrival home from school.
- The student understands that their teacher will immediately alert the school counselor or school administrator if there is an unexcused absence during the first week after the student returns to school.
- Parents/guardians agree to notify the school if the student will be late, absent, or leaving the school for any reason (including appointments).
- The student has created a full safety plan, including considerations for school and home, and this support team is aware of that plan **(attach the plan to this document)**.
- The family would like for the school to communicate with the student’s community mental health team **(attach appropriate releases of information to this document)**.

Those present for this meeting:

Signature

Title

This page is blank for printing purposes.

This page is blank for printing purposes.

Section 4:

Responding to a Staff or Student Loss in Schools (Postvention)

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

SECTION ACKNOWLEDGEMENTS

This section of the Toolkit was adapted from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

SECTION INTRODUCTION

When a student or staff member dies, it's so important that the school responds promptly and thoroughly. This response is called *Postvention*, and these efforts aim to support the folks who have been impacted by a death. Whether the death is a suicide death or a different kind of death, postvention is essential in keeping the school community safe and ensuring that they feel supported, because we know that suicide risk increases when students are exposed to loss (especially suicide-loss). When the school engages in a postvention response, they are effectively identifying students who may be at-risk of suicide, intervening, and preventing further losses from occurring. Every school in Kansas should have a Postvention Plan in place. This section will help schools outline one.

Section 4 of this Toolkit includes the following:

- The Immediate Response Checklist (always complete)
- Section 4.1 – Postvention for a Staff or Student Loss (Non-Suicide / Not Permitted to Disclose)
- Section 4.2 – Postvention for a Staff or Student Suicide-Loss (Permitted to Disclose)

The first part of this section includes a **Postvention Response Checklist**. The Postvention Response Checklist should be followed regardless of how the death occurred. Schools should try to follow the checklist in the order it is written in; however, some tasks may happen simultaneously with others or out of order entirely, and that's okay.

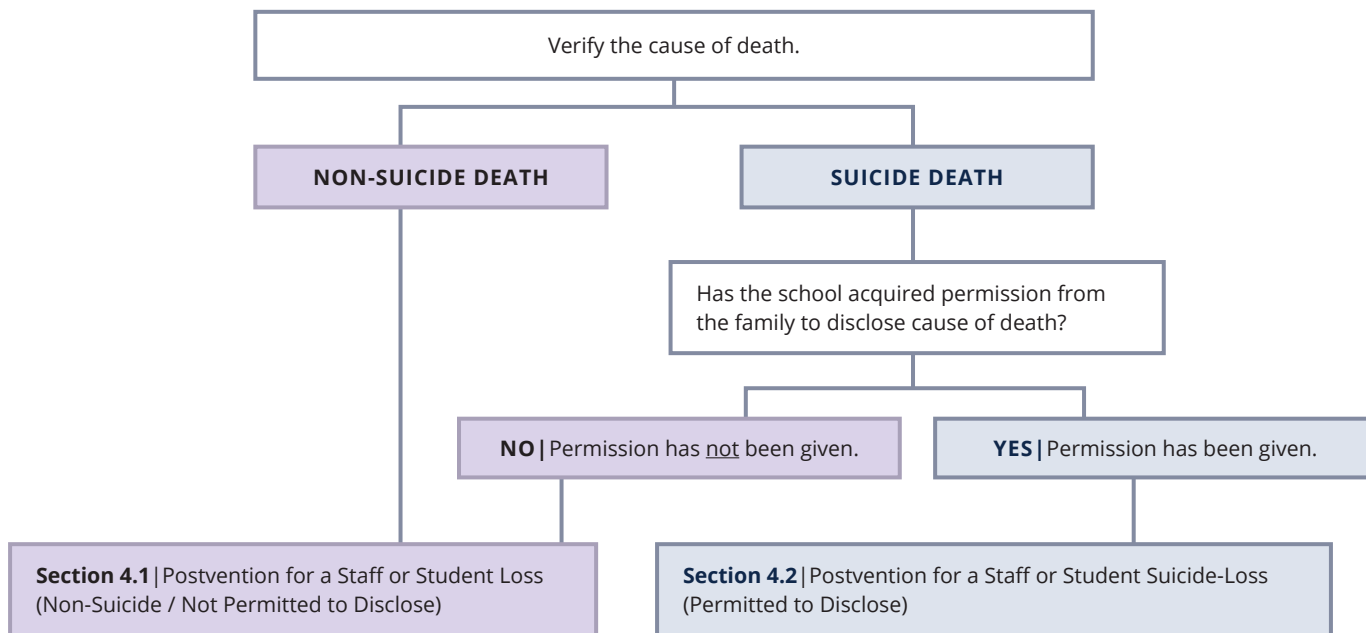
The school should utilize *Section 4.1* when responding to the following types of death:

- A death that is **not** a suicide.
- A suicide-death when the family has **not** given permission to disclose cause of death.

The school should utilize *Section 4.2* when responding to the following types of death:

- A suicide-death when the family **has** given permission to disclose cause of death.

School must follow the correct subsection so that the scripts that are provided throughout are accurately reflecting the situation the school is navigating. Utilize the flowchart below to determine which subsection is best for the current situation.



POSTVENTION RESPONSE CHECKLIST

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH	STAFF RESPONSIBLE	RELEVANT CONTACTS	TASK COMPLETED?
NOTIFY KEY INDIVIDUALS			
1. Notify Superintendent and Verify Death	Lead: Backup:	Superintendent: Parent/Guardian: Law Enforcement:	Initials: Date/Time:
2. Convene SMHT and identify roles/responsibilities of each member. Establish a “command center” location.	Lead: Backup:	SMHT Contacts:	Initials: Date/Time:
3. Notify schools attended by family members of the deceased.	Lead: Backup:	Relevant schools and contacts for each:	Initials: Date/Time:
4. Contact and coordinate as needed with external mental health professionals.	Lead: Backup:	HeadQuarters Kansas Admin: (785) 841-9900 Community Mental Health Center:	Initials: Date/Time:

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH	STAFF RESPONSIBLE	RELEVANT CONTACTS	TASK COMPLETED?
<p>5. Reach out to and work with the family of the deceased.</p> <p>Contact with the family will happen many times throughout the postvention process, but the school should try to make contact as soon as possible to offer condolences and find out what information is allowed to be shared.</p> <p><i>Attachment 4.01</i></p>	<p>Lead:</p> <p>Backup:</p>	<p>Parents/Guardians:</p>	<p>Initials:</p> <p>Date/Time:</p>
<p>6. Determine which subsection the school will be utilizing during this postvention response.</p> <p><input type="checkbox"/> Section 4.1</p> <p>OR</p> <p><input type="checkbox"/> Section 4.2</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>
<p>7. Ensure that office staff are aware of the Inquiry Response Protocol.</p> <p>Office staff must immediately remove the student from school lists that generate automatic calls for attendance and other correspondence.</p> <p><input type="checkbox"/> <i>Attachment 4.11</i></p> <p>OR</p> <p><input type="checkbox"/> <i>Attachment 4.21</i></p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH	STAFF RESPONSIBLE	RELEVANT CONTACTS	TASK COMPLETED?
NOTIFY SCHOOL COMMUNITY			
<p>8. Notify all faculty and staff. Advise staff not to mark the deceased student as absent if office staff cannot override this on the attendance system.</p> <p><input type="checkbox"/> Attachment 4.12 OR <input type="checkbox"/> Attachment 4.22</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>
<p>9. Prepare teachers to notify students and ensure they have tangible copies of the script and talking points to support students.</p> <p><input type="checkbox"/> Attachment 4.13 <input type="checkbox"/> Attachment 4.14 OR <input type="checkbox"/> Attachment 4.23 <input type="checkbox"/> Attachment 4.24</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>
<p>10. Communicate with students and their families about the death at the same time.</p> <p><input type="checkbox"/> Attachment 4.15 <input type="checkbox"/> Attachment 4.16 OR <input type="checkbox"/> Attachment 4.25 <input type="checkbox"/> Attachment 4.26</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH	STAFF RESPONSIBLE	RELEVANT CONTACTS	TASK COMPLETED?
SUPPORT STUDENTS AND STAFF			
<p>11. Provide periodic check-ins and continued support for staff.</p>	<p>Lead: Backup:</p>	<p>HeadQuarters Kansas Hotline: (785) 841-2345 Community Mental Health Center:</p>	<p>Initials: Date/Time:</p>
<p>12. Identify, monitor, and support students who may be at risk.</p>	<p>Lead: Backup:</p>		<p>Initials: Date/Time:</p>
<p>13. Implement steps to help students cope and regulate their emotions.</p> <p><i>Stanley Brown Safety Plan Attachment 2.07</i></p>	<p>Lead: Backup:</p>		<p>Initials: Date/Time:</p>
<p>14. Participate in and/or advise on appropriate memorialization in the immediate aftermath.</p> <p><i>Attachment 4.02</i></p>	<p>Lead: Backup:</p>		<p>Initials: Date/Time:</p>
<p>15. Work with press/media and monitor social media.</p> <p><input type="checkbox"/> <i>Attachment 4.17</i> <input type="checkbox"/> <i>Attachment 4.18</i> OR <input type="checkbox"/> <i>Attachment 4.27</i> <input type="checkbox"/> <i>Attachment 4.28</i></p>	<p>Lead: Backup:</p>	<p>Local media requests:</p>	<p>Initials: Date/Time:</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

STEPS TO TAKE IN THE LONG TERM AFTERMATH	STAFF RESPONSIBLE	RELEVANT CONTACTS	TASK COMPLETED?
<p>1. Coordinate implementation of long-term response protocol.</p> <p>Attachment 4.03</p>	<p>Lead:</p> <p>Backup:</p>	<p>HeadQuarters Kansas Hotline: (785) 841-2345</p> <p>Community Mental Health Center:</p>	<p>Initials:</p> <p>Date/Time:</p>
<p>2. Identify, monitor, and assist vulnerable students.</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>
<p>3. Prepare for anniversaries of the death.</p> <p>Attachment 4.04</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>
<p>4. Prepare to provide support to siblings of the deceased who may be enrolling in your school.</p>	<p>Lead:</p> <p>Backup:</p>		<p>Initials:</p> <p>Date/Time:</p>

ATTACHMENT 4.01

GUIDELINES FOR WORKING WITH THE FAMILY

Representatives from the school should follow the guidelines below when working with the family of the deceased student.

1. Appoint two representatives (administrator and designated school mental health professional) from the school to engage the family.
2. Representatives should reach out to the family via phone call to offer condolences and request an in-person visit (preferably in the family's home, if possible; certainly not at the school). Best practice is to meet as soon as the family is ready and available.
 - a. If the deceased student splits time between two or more households, coordinate to the best of your ability (the District Office might be a neutral ground for meeting jointly).

If the student died by suicide, the school must ask for permission from the family to share that information with students and staff during their initial phone call with the family. See the sample script below:

On behalf of the entire school district, we are so incredibly sorry for your loss. I can't imagine how painful and difficult this has been for you and your family. If there is anything the school can do to support you at this time, or to connect you to the folks who can support you, please let me know without hesitation. I'd like to speak with you about the school's response to [Student's Name] death. We've received guidance from HeadQuarters Kansas, who are the leading experts in suicide prevention for our state, on the best way to support our school community as we all grieve this loss. Many students are already talking about what happened and we are concerned that word is spreading. We know that when a student dies by suicide, the risk for the rest of the school population increases. Because of that, we have a responsibility to take actions that are most protective for our students AND that honor this loss in the most truthful way. We don't want people to engage in spreading

rumors that aren't true about [Student's Name] and we also want to ensure that our students have access to the resources and support they need to process and cope. Suicide prevention experts say that the most protective thing we can do at this time is alert students of the death, be transparent that it was a suicide, and provide ongoing support. I understand that this has been an incredibly painful time for your family, and we absolutely want to respect your privacy. For all these reasons, I am asking for your permission to disclose to the school community that [Student's Name] died by suicide.

During the physical visit with the family, the school representatives should:

- Offer condolences on behalf of the school.
- Inquire about memorial services. Ask if the services will be private or if the family will allow students to attend.
- Ask if the family knows of any students who may be especially impacted so the school can check-in.
- Ask the family if they would like their child's personal belongings returned (items found in student's locker, in-class projects, homework assignments, etc.).
- Give the option to take any school property with you at this time or let them know that you can follow up in a few weeks to return school property (iPad, books, etc.).
- Provide a point-of-contact to the family for any future questions, needs, or concerns.
- Provide resources to family.

IMPORTANT RESOURCES

- 988 Suicide & Crisis Lifeline
- Local mental health services
- Local support groups for suicide-loss
- Grief and loss brochures/materials.

ATTACHMENT 4.02

BEST PRACTICES FOR MEMORIALIZATION POLICIES

This page includes best practices for memorialization policies. This resource is intended to be used as guidance when developing your local memorialization policies for all deaths, including suicide deaths. **Schools should treat all deaths the same when it comes to memorialization policies.** Schools should be committed to discussing with the family of the deceased in each case.

Flags: Flags should not be flown at half-staff. Only the President of the United States or a governor has the authority to order flags to be flown at half-staff.

Memorial Displays: Spontaneous memorials (such as displays of objects and notes) are not encouraged and should be respectfully removed as soon as possible. A memorial display can be an upsetting reminder of a loss and can romanticize the deceased in a way that increases risk of suicide and suicide-imitation or contagion.

Assemblies: Large memorial assemblies are advised against, especially on school property, as the emotions generated at such a gathering can be difficult to control. Instead, students should have opportunities to process their emotions individually or in small groups with trained counselors.

Graduations: Students/staff who have died can be acknowledged and remembered at graduation ceremonies but should not be the focus of the event. Each school should follow their own local board policies on this topic. Physical memorials at graduation ceremonies are not recommended (saving a chair, etc.). Examples of appropriate acknowledgment of the deceased at graduation ceremonies include naming the deceased student/staff at the beginning of the ceremony or facilitating a moment of silence for those who have died.

Memorial Services: It is not recommended that memorial services be held on school grounds.

Long-Term Memorial Displays: Permanent or long-term memorial displays for a deceased student or staff are not recommended on school grounds.

GUIDELINES FOR REMEMBRANCE

- Involve the students in the decision-making process and solicit ideas from them to memorialize the deceased in positive ways that do not put other students at risk or contribute to the emotional crisis that occurs after a death.
- Memorials should be temporary, non-renewable, or “living” (e.g. monetary donation to charity or research, purchase of a suicide prevention program for students, etc.).
- Memorials should celebrate the deceased person’s life, not glorify their death.

EXAMPLES OF SAFE MEMORIALIZATIONS

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

ATTACHMENT 4.03

CONSIDERATIONS FOR LONG-TERM SUPPORT

After the first week of postvention response, students will still need a significant amount of support available to them. To be thorough, the long-term support timeline begins the day of the memorial services for the deceased. These suggestions are general and will require adaptation throughout the postvention process.

DAY OF MEMORIAL SERVICES

- Crisis counselors should be available at the school throughout the day of the memorial services for students who show up to school before/after services.
- It is recommended that school mental health staff be present at the memorial services to support students and staff who attend. They will identify students/staff that may require follow-up or additional monitoring throughout the weeks to come.

ADDRESSING PARENT/GUARDIAN NEEDS

- Hosting a parent/guardian/caregiver meeting at the school that includes crisis counselors can help the parents feel supported and can increase trust between parents and the school. This is an opportunity for caregivers to safely express feelings and concerns, ask important questions, support each other, and learn about resources that are available to them.
 - If possible, it is recommended not to include the family members of the deceased at this meeting.

ADDRESSING STAFF NEEDS

- At the end of the first and second weeks of postvention, invite all teachers and staff to an optional meeting after school where they can receive support from crisis counselors, ask questions, and debrief how things have been going in their classrooms.

- Check in with staff about whether they have noticed any students who they think might be struggling. This can provide staff with a sense of relief knowing that these students are being followed-up with and taken care of.
- Ensure that teachers and staff know that there is support available to them at any point throughout the school year and for any reason.

ADDRESSING STUDENT NEEDS

- Crisis counselors/school mental health staff should be available consistently for the first two weeks after the event.
- Inform students each time crisis counselors are present – provide as much notice as possible and provide reminders on the day of.
- Students should be able to meet with a support-person individually or in small groups as needed.
- Consult as needed with HeadQuarters Kansas or your local mental health center to respond to any unique needs that may arise.
- After the initial two weeks, the school mental health team will assess the current level of need and determine a plan for tapered support going forward.
- If the school brings in mental health support or other resources from the community, it's important that those entities inform school mental health staff of any concerns.

COMMUNICATE SUPPORT PLANS

- Ensure that students, staff, and parents are made aware of the plan for tapered support. Communicate any support plan updates accordingly. Setting expectations can bolster a sense of safety, security, and trust for the community.

ATTACHMENT 4.04

CONSIDERATIONS FOR ANNIVERSARIES OF CRISIS EVENTS

As part of the long-term postvention plan, it's important to consider and prepare for anniversaries and other activating occasions related to the death as these often bring up waves of grief and other big emotions for students and staff.

The SMHT will ensure that anniversary dates are represented on a private calendar so that adequate preparation can take place.

Consider preparing for the following:

- The birthday of the person who died
- The anniversary of the death
- Holidays and holiday breaks
- Athletic or other events in which the deceased would have participated
- The start and end of the school year
- Prom
- Graduation

Consider preparing in the following ways:

- Alert staff to the upcoming anniversary or event that may be associated with the deceased.
- Educate staff that students and staff may experience emotional responses and that is normal.
- Provide staff with *Attachment 4.14* and/or *Attachment 4.24* of this Toolkit.
- Encourage staff to review annual Suicide Prevention & Awareness (Jason Flatt) training materials regarding recognizing warning signs of suicide and responding appropriately to students who may be at risk or experience severe emotions.
- Provide additional resources that staff may find useful during this time.

Section 4.1:

Postvention for Staff or Student Loss (Non-Suicide / Not Permitted to Disclose)

This page is blank for printing purposes.

ATTACHMENT 4.11

INQUIRY RESPONSE PROTOCOL | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

Office staff should utilize this protocol to ensure they respond appropriately to phone calls and other inquiries received in the early stages of the crisis. In this case, “the crisis” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death.

Office staff should be sure to remove the deceased student from school lists that generate automatic correspondence with families and advise staff not to mark the deceased student absent.

Informational Script for Parents: This script is intended to be used by office staff when parents are calling to ask for clarification about whether the information that they have been given is true.

Today all students were informed that a student/staff member, [insert name of deceased], has died. This is the only verified information we have. Crisis counselors and school staff are working to support students individually and in groups. If you'd like to remove your child from school today, you are welcome to do so. We are encouraging students not to be alone right now to increase safety and support. If you haven't already, you will receive correspondence that includes resources and information about the school's plan to support students ongoing. If you need immediate assistance, please call or text the 988 Suicide & Crisis Lifeline. This resource can be used for any mental health crisis.

Follow the guidelines below to navigate inquiries from various people.

- **Calls unrelated to the crisis:** Take messages to keep short.
- **Police or other security professionals:** Refer to Principal or Assistant Principal.

- **Family members of the deceased:** Refer to Principal (interrupt anything; prioritize these calls).
- **Other school administrators:** Give out basic (permitted) information about the death and crisis response plan; Offer to transfer to Assistant Principal.
- **Parents regarding their child's immediate safety:** Read informational script above; Transfer to SMHT member if necessary.
- **Persons who call with information about students who are struggling:** Take down detailed information – social media posts, names of students, verbatim statements, etc. – and get it to a SMHT member immediately; Take a phone number where the person can be called back if more information is needed.
- **Media:** Release no information; Refer to District Office.
- **Where to send parents who arrive at the school unannounced:** Designate a space for parents to wait and get information. Provide those parents with tips for supporting their child and inform them of the school's plans to continue support. Any person removing a student from school must be approved by parent/guardian in your school's student information system. Records must be kept of who removed the student and when.
- **Parents generally wanting to know how to respond:** Read informational script, relay resources that parents can utilize; Take messages for SMHT members if parents want further information.

Resource list to include:

- 988 Suicide & Crisis Lifeline (call or text)
- Headquarters Kansas: (785) 841-2345
- *Attachment 4.24* of this Toolkit

ATTACHMENT 4.12

NOTIFYING ALL STAFF OF A DEATH | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

The following protocol should be used when notifying staff that a death occurred. In this case, “death” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death.

Each school will identify the notification process that is most appropriate for their staff. Consulting the best practices below may help.

BEST PRACTICES FOR NOTIFYING STAFF

- An Administrator should first notify and convene School Mental Health Team (SMHT).
- The SMHT should identify and make personal phone calls to any staff that had close connections to the deceased **before** any mass communication about the death is disseminated.
 - Do not leave voicemails. If they don't answer, text them to request a phone call ASAP.
- Schools may choose to use their automated system to notify all-staff, or they may choose to utilize a phone tree system. Either way, the following should be considered:
 - Administration should collaborate with mental health staff to write the specific notification script. The notification to all staff should include a request for an emergency staff meeting and should give a specific date/time/location.
 - **Example script:** *Teachers and staff, this message is to inform you that there is a mandatory emergency meeting [this morning/tomorrow morning] at [time] in [location]. It is imperative that you attend this meeting to adequately prepare for the difficult day ahead, as one of our students/staff has died. If you are unable to attend the meeting, please report to the office as soon as you arrive at school so you can be briefed and prepped before walking into your classroom. Thank you.*
- If at any time an Administrator or other SMHT member needs to tag out, ask another member of the SMHT to assist you in continuing the notification process.

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

EMERGENCY STAFF MEETING

The school should hold an emergency staff meeting before the next school day begins with the following goals:

1. Take attendance for the meeting and identify staff who are not present. Assign someone to follow up with those staff as soon as possible.
2. Inform the staff of the information the family permitted the school to disclose.
 - a. Address rumors and reiterate the specific information that the family has permitted be shared.
3. Acknowledge the staff's grief and loss, provide opportunities for them to process their feelings, and allow them to opt out of notifying/supporting students if they are too impacted in the moment.
4. Inform them of the school's postvention plan.
5. Prepare them to notify and support students using:
 - a. Student Notification Announcement Script
Attachment 4.13
 - b. Supporting Students Through Grief
Attachment 4.14
 - c. School and Community Resource List
Attachment 4.03

CONSIDERATIONS

The notification process can become messy and nuanced. There is no universal process that is going to meet the needs of every building or every scenario. The most important thing is that all staff, students, and families are notified of the death as soon as possible and are provided immediate and ongoing support.

If news of a death occurs during the school day, notifying staff can look different depending on the time of day, size of school, spread of (mis)information, etc. We still recommend notifying staff who had close connections with the deceased person first before notifying the rest of the staff.

ATTACHMENT 4.13

NOTIFYING ALL STUDENTS OF A DEATH | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

The following script is intended to be used when initially notifying students about a death. In this case, “death” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death.

Notification Announcement | Day 1

This announcement should always be made in classrooms, preferably by teachers or SMHT members. It should **never** be made over the school's PA system, over email, or in assemblies.

Today we learned the extremely sad news that [insert name of deceased] died [last night/this morning/yesterday]. This is the only information we have officially received or have permission to share. Information about memorial services will be provided when it becomes available, and students may attend with caregiver permission. We are saddened by [insert name of deceased]'s death and will keep [his/her/their] family and friends in our hearts.

I know this news is difficult to take in, and whatever you are feeling right now is valid and okay. Even if you didn't know [insert name of deceased] very well, any loss can trigger your own personal experiences. I'm here to support you, and there are crisis counselors available today in [location] for anyone who wants to talk. Please let me or your other teachers know if you'd like to speak to a crisis counselor at any point throughout the day.

AFTER THE ANNOUNCEMENT

Be sure to make space for students to take the news in and react to it. It's okay if lesson plans are thwarted and that this loss is discussed instead. It's not necessary to spend the entirety of the class period focusing on the loss unless the students are engaged in conversation about it. Offering coloring pages or other distractions instead of returning to lesson plans as scheduled can be a way to provide support without focusing on the loss directly. It is common for students not to be able to focus on schoolwork after learning about a death, even if they were not close with the person who died. Any death can bring up personal experiences of loss.

Utilize *Attachment 4.14* to help you navigate a discussion about loss. If you get to a point where you're unsure how to proceed, feel free to call an SMHT member into your classroom for assistance.

ATTACHMENT 4.14

SUPPORTING STUDENTS THROUGH GRIEF | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

TALKING POINTS	WHAT YOU CAN SAY
<p>Give accurate and specific information about the death (while remaining age-appropriate).</p> <p>When discussing death, avoid euphemisms. Youth can be very literal. Euphemisms like “went to sleep” or “went home” or “went to heaven” or “left us” or “passed away” can feel scary and confusing. Additionally, using euphemisms can impede the child’s development of emotional regulation and coping skills.</p> <p>It’s always okay to explain how the person died but avoid gory details of the death. The fewer words we say, the more likely youth are to understand.</p>	<p>“This person died.”</p> <p>“This person is dead.”</p> <p>“This person died from [cancer, car accident, etc.]”</p>
<p>Allow youth to ask questions.</p> <p>They are likely to have questions about what happened and/or what it means. Answer questions honestly and in age-appropriate ways, avoiding euphemisms.</p>	<p>“Do you have any questions about what I’m saying?”</p> <p>“Is there anything on your mind?”</p> <p>“I may not know the answers to all of your questions, but I’m here to listen and will answer anything I can.”</p>
<p>Encourage youth to express their feelings about the death and the person who died.</p> <p>Youth will benefit from hearing that it is okay to feel their feelings and by seeing examples of that modeled for them. If you are sad, tell them. If you cry, that’s okay – even healthy. Just reassure the youth that you are safe and label the emotion you are feeling.</p> <p>Let them know that they are safe and that you are there to support them.</p> <p>Provide age-appropriate opportunities for the youth to express their feelings. Talking isn’t always the easiest way to express emotions.</p>	<p>“I’m here to listen if you want to talk about it.”</p> <p>“It’s important that you don’t keep your thoughts and feelings inside. I’m here for you.”</p> <p>“It’s okay to talk about and remember the person who died even if it makes you feel sad.”</p> <p>“A person we really care about died and that makes me feel sad too.”</p> <p>“I am crying because I’m going to miss [person’s name]. This is very sad, but we will be okay.”</p> <p>“You can draw a picture about how this news makes you feel if you’d like.”</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

TALKING POINTS	WHAT YOU CAN SAY
<p>Normalize all feelings and responses.</p> <p>Everyone grieves differently, so you will see a variety of feelings and responses. Some youth may feel sad, guilty, angry, confused, shocked, etc.</p> <p>Explain to youth that every person grieves differently. Encourage them to accept their own emotions about the event and to accept the emotions of their peers without judgment.</p> <p>You may notice youth expressing their feelings in unexpected ways. Some behaviors you might see could include changes in eating or sleeping habits, new or increased clinginess, increased anxiety, or increased agitation. Younger children often primarily behave normally and only show signs of impact in spurts.</p> <p>Validate feelings and redirect aggressive or otherwise problematic behaviors.</p>	<p>“Whatever feelings you are having right now are okay.”</p> <p>“There is no ‘right way’ to feel about this. There is no ‘correct’ reaction. Grief is messy.”</p> <p>“It’s okay to cry.”</p> <p>“It’s okay not to cry.”</p> <p>“We often think our feelings and reactions should ‘make sense’ but the truth is that sometimes the feelings and reactions we have about a loss can feel surprising or unexpected, and that’s normal.</p> <p>“When something sad happens, it’s appropriate to feel sad. We all show our sadness in different ways.”</p> <p>“It’s okay for you to feel angry right now but it’s not okay for you to hit your classmate or throw your pencil.”</p>
<p>Encourage help-seeking.</p> <p>Encourage youth to seek help from a trusted adult if they or a friend are struggling or having thoughts of suicide.</p> <p>Promote the 988 Suicide & Crisis Lifeline.</p>	<p>“I am always here to help you through any problem, no matter what.”</p> <p>“Who are the people you would go to if you or a friend were feeling worried, depressed, anxious, or had thoughts of suicide?”</p> <p>“You can call or text the number 9-8-8 at any time for any reason. Counselors through 988 are available 24/7 to help with any mental health crisis. It’s free and confidential.”</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

TALKING POINTS	WHAT YOU CAN SAY
<p>Avoid discussion of religious or faith-based beliefs in the school setting.</p> <p>Every family has different beliefs about the afterlife, and it's important to allow them to discuss that with their children. Don't make assumptions about what families believe because that will ultimately confuse the youth.</p> <p>Encourage families to meld their faith with facts by incorporating their beliefs into how they talk about death while also clearly and concretely explaining what has happened/is happening/will happen.</p>	<p>Respond to questions from youth by asking them what they think. Don't confirm or deny any faith-based beliefs.</p> <p>"Where do you think they went when they died?"</p> <p>"Does it bring you comfort to think of them that way?"</p> <p>"I'm glad you feel comforted by that thought."</p> <p>Example for families: "They died and that means their body isn't alive anymore, but their spirit will always watch over us from heaven."</p>

ATTACHMENT 4.15

COMMUNICATING WITH STUDENTS | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

These scripts are intended to be used when communicating with students about a death beyond the initial notification. In this case, “death” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death. The recommended announcements after the initial notification are:

- Moment of Silence Announcement | End of Day 1
- Supportive Announcement | Beginning of Day 2
- Memorial Services Announcement | Anytime

Moment of Silence Announcement | End of Day 1

This announcement should be made by a school administrator at the end of Day 1, prior to dismissal. It is appropriate for this announcement to be made using the school’s PA system.

Today has been a sad and difficult day for all of us. We encourage you to talk about [insert name of deceased]’s death with your friends, your family, or whoever else gives you support. We will have mental health staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for [insert name of deceased].

[PAUSE FOR A MOMENT OF SILENCE]

Please know that you are not alone in navigating this. Stay connected to your support system and take care.

Supportive Announcement | Beginning of Day 2

This announcement should be made in classrooms, preferably by teachers or SMHT members.

We know that yesterday was difficult and emotional. Learning about a death can be confusing and painful, and we know those feelings don’t go away overnight. Trying to make sense of why this has happened is a common reaction, and not having closure is an especially hard part of grieving a loss. I’m sorry any of us has to experience this.

Today we begin the process of returning to a normal schedule in school. This may prove very difficult for some, and it may be a welcome relief for others. Like we said yesterday, there is no “right way” to feel. Please know that mental health staff are still available in school to help us deal with our feelings. If you want to speak to one of these staff, either alone or with a friend, please tell a teacher or another staff member.

Memorial Services Announcement

This announcement should be made in classrooms, preferably by teachers or SMHT members.

We have information about [insert name of deceased]’s memorial services. The services will be held on [insert date, time, and place]. You may be excused from school to attend these services with your caregiver’s permission. We also encourage you to ask your caregivers to go with you. School mental health staff will be available at the school and on-site during the memorial services for any students who need support.

ATTACHMENT 4.16

COMMUNICATING WITH FAMILIES | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

These scripts are intended to be used when communicating with families about a death. In this case, “death” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death. The recommended list of correspondence with families is:

- Notification of a Death (Voice Message) | Day 1
- Notification of a Death (Written Correspondence) | Day 1
- Support Plan Update (Voice Message) | End of Week 1
- Support Plan Update (Written Correspondence) | End of Week 1

Notification of a Death (Voice Message) | Day 1

This script should be read using the school's automated call system. Parents should be notified via voice message while students are being notified in their classrooms.

Hello. This is [insert name], Principal at [insert school].

I am delivering this message with great sadness to inform you that one of our students/staff [insert name, if permitted] died [insert timeline]. Our thoughts and sympathies go out to [his/her/their] loved ones.

All our students are being notified of this death by a staff member in [# hour]. I will be sending all parents and guardians a letter which includes the announcement that is being read to students along with valuable resources. This letter will be sent via email and all students will bring home paper copies after school today. If you don't receive this letter by the end of today, please call us so that we can ensure you have all the information we've been able to provide.

Members of our crisis team are available to meet with students individually and in groups today and will continue to be available over the next days and weeks to help students cope with the death of their peer/staff.

Because we understand that grief is complex, ongoing, and unique to each person, our school is consulting with mental health professionals to create a plan for ongoing support. Even if your student didn't know [insert student/staff name] very well, any loss can trigger their own personal experiences.

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

Please reach out with any questions or concerns you may have and know that we are doing everything we can to support your child today.

Thank you and take care.

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

Notification of a Death (Written Correspondence) | Day 1

This letter and essential resources should be sent home with students and sent out to parents/guardians via email/text.

Dear Parents/Guardians,

I am writing this letter with great sadness to inform you that one of our students/staff [insert name, if permitted] died [insert timeline]. Our thoughts and sympathies go out to [his/her/their] loved ones.

All our students were notified of this death by a staff member in [# hour]. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to students over the next days and weeks to help them cope with the death of their peer/staff. You will receive an update regarding our plans to continue supporting students as they are made.

Because we understand that grief is complex, ongoing, and unique to each person, our school is consulting with mental health professionals to create a plan for ongoing support. Even if your student didn't know [insert student/staff name] very well, any loss can trigger their own personal experiences.

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

I have attached a list of school and community resources as well as some tips for supporting your child through grief and loss. If you have any questions or need any other resources, please do not hesitate to reach out to me.

Take care,

[insert signature]

[include relevant attachments]

Support Plan Update (Voice Message) | End of Week 1

This script should be read using the school's automated call system.

Hello. This is [insert name], Principal at [insert school].

I want to acknowledge the immense difficulty of this week as our community continues to process and grieve the death of [insert name, if permitted]. In the face of adversity, we have witnessed our students, our teachers and staff, and our parents and guardians display profound strength, resilience, and support. For this, I am extremely grateful.

We honor that every person experiences grief differently, and we believe there is no "right way" to grieve any kind of loss. Because this loss was so recent, we feel it is important that all of our students have the option of receiving continued support.

It's important to us that we keep you informed on all the steps we are taking to support the safety and well-being of our students. We will continue to collaborate with mental health professionals and will communicate any support plans to you accordingly.

[If the school has specific plans for support outlined, insert those plans here. Include details like when, where, who, etc.]

Memorial services for [insert name of deceased] will take place on [insert date, time, and location]. We want to remind you that students will be released to attend services only with parental permission, and we strongly encourage you to accompany your child to any services they attend. Additionally, our crisis counselors will continue to be available to support any students in need.

I appreciate your care and concern as we navigate this loss together. Please know that resources are available for you and/or any of your loved ones who may be struggling at this time. Please check your emails for additional information and know that you can call or text the number 9-8-8 any time to be connected to a crisis counselor.

Thank you.

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

Support Plan Update (Written Correspondence) | End of Week 1

This letter and essential resources should be sent home with students and sent out to parents/guardians via email/text.

Hello Parents and Guardians,

We want to acknowledge the immense difficulty of this week as our community continues to process and grieve the death of [insert name, if permitted]. In the face of adversity, we have witnessed our students, our teachers and staff, and our parents and guardians display profound strength, resilience, and support. For this, we are extremely grateful.

We honor that every person experiences grief differently, and we believe there is no “right way” to grieve any kind of loss. Because this loss was so recent, we feel it is important that all of our students have the option of receiving continued support.

It’s important to us that we keep you informed on all the steps we are taking to support the safety and well-being of our students. We will continue to collaborate with mental health professionals and will communicate any support plans to you accordingly.

[If the school has specific plans for support outlined, insert those plans here. Include details like when, where, who, etc.]

Memorial services for [insert name of deceased] will take place on [insert date, time, and location]. We want to remind you that students will be released to attend services only with parental permission, and we strongly encourage you to accompany your child to any services they attend. Additionally, our crisis counselors will continue to be available to support any students in need.

We appreciate your care and concern as we navigate this loss together. Please know that resources are available for you and/or any of your loved ones who may be struggling at this time. We have attached additional information to this letter. Please remember that you can call or text 9-8-8 at any time for any reason to be connected to a crisis counselor.

Please reach out with any questions, needs, or concerns.

Kindly,

[insert signature]

[include relevant attachments]

ATTACHMENT 4.17

GUIDELINES FOR MEDIA INTERACTIONS | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

The following guidelines should be used when interacting with media about a death. In this case, “death” refers to a staff or student death that is **not** a suicide, or a staff or student suicide-death when the family has **not** given the school permission to disclose cause of death.

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

- A very brief statement acknowledging the death that does **not** include details about the death.
- An expression of the school’s sympathy to the survivors of the deceased.
- Information about the school’s postvention response plan.

SAMPLE STATEMENT

I am very sad to report that [insert school] is grieving the death of a student/staff. On behalf of the entire school district, I want to express our heartfelt condolences and sympathies to the student’s family and friends for this painful loss. Our school is working with mental health professionals to provide postvention services and support to students, staff, and families this week and in the weeks to come.

ADDITIONAL GUIDELINES

All other staff, including school board members, should:

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

MEDIA REPRESENTATIVES SHOULD:

- Not be permitted to conduct interviews on school grounds.
- Not be allowed to attend parents or student group meetings to protect information shared in those meetings.

ATTACHMENT 4.18

MONITORING SOCIAL MEDIA | NON-SUICIDE / NOT PERMITTED TO DISCLOSE

While we cannot control what other people say on social media, we can work in partnership with students to identify and monitor relevant social media sites. By doing so, schools can strategically 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.

GENERAL MONITORING GUIDANCE

- Monitor social media posts from students and staff members related to the death.
 - Look for warning signs of suicide.
 - Provide grief resources if you see a need for that unrelated to suicide-risk.

ENGAGING SCHOOL SOCIAL MEDIA ACCOUNTS

- Do **not** announce the death of a student or staff member on school social media accounts.
- Schools can acknowledge when the community is experiencing adversity, without sharing any details about specific events.
- Schools should regularly share information related to protective factors, hope, and resources for mental health support.

WHEN SOMEONE IS AT RISK OF SUICIDE

There may be an uptick in suicide risk after a loss. It's important to take all information about students being at-risk of suicide seriously, whether it is coming directly from a student asking for help, a student exhibiting warning signs, or a peer expressing concern for someone else. Be sure to alert the school mental health team so they can follow up.

Below is an example of how you might respond directly on social media:

Your safety and well-being are important to us. If you or someone you know is struggling, please reach out for support. You can call or text the Suicide & Crisis Lifeline at 9-8-8 or you can call HeadQuarters Kansas at (785) 841-2345. These hotlines are available 24/7 for free and they are confidential. You can call or text for any reason at any time.

Section 4.2:

Postvention for Staff or Student Suicide-Loss (Permitted to Disclose)

This page is blank for printing purposes.

ATTACHMENT 4.21

INQUIRY RESPONSE PROTOCOL | SUICIDE / PERMITTED TO DISCLOSE

Office staff should utilize this protocol to ensure they respond appropriately to phone calls and other inquiries received in the early stages of the crisis. In this case, “the crisis” refers to a staff or student suicide-death **and** the family has given the school permission to disclose cause of death.

Office staff should be sure to remove the deceased student from school lists that generate automatic correspondence with families and advise staff not to mark the deceased student absent.

Informational Script for Parents: This script is intended to be used by office staff when parents are calling to ask for clarification about whether the information that they have been given is true.

Today all students were informed that a student/staff member, [insert name of deceased], has died by suicide. This is the only verified information we have. Crisis counselors and school staff are working to support students individually and in groups. If you'd like to remove your child from school today, you are welcome to do so. We are encouraging students not to be alone right now to minimize risk and increase safety and support. If you haven't already, you will receive correspondence that includes resources and information about the school's plan to support students ongoing. If you need immediate assistance, please call or text the 988 Suicide & Crisis Lifeline. This resource can be utilized for any mental health crisis.

Follow the guidelines below to navigate inquiries from various people.

- **Calls unrelated to the crisis:** Take messages to keep short.
- **Police or other security professionals:** Refer to Principal or Assistant Principal.

- **Family members of the deceased:** Refer to Principal (interrupt anything; prioritize these calls).
- **Other school administrators:** Give out basic (permitted) information about the death and crisis response plan; Offer to transfer to Assistant Principal.
- **Parents regarding their child's immediate safety:** Read informational script above; Transfer to SMHT member if necessary.
- **Persons who call with information about students who are struggling:** Take down detailed information – social media posts, names of students, verbatim statements, etc. – and get it to a SMHT member immediately; Take a phone number where the person can be called back if more information is needed.
- **Media:** Release no information; Refer to District Office.
- **Where to send parents who arrive at the school unannounced:** Designate a space for parents to wait and get information. Provide those parents with tips for supporting their child and inform them of the school's plans to continue support. Any person removing a student from school must be approved by parent/guardian in your school's student information system. Records must be kept of who removed the student and when.
- **Parents generally wanting to know how to respond:** Read informational script, relay resources that parents can utilize; Take messages for SMHT members if parents want further information.

Resource list to include:

- 988 Suicide & Crisis Lifeline (call or text)
- HeadQuarters Kansas: (785) 841-2345
- *Attachment 4.24* of this Toolkit

ATTACHMENT 4.22

NOTIFYING ALL STAFF OF A DEATH | SUICIDE / PERMITTED TO DISCLOSE

The following protocol should be used when notifying staff that a death occurred. In this case, “death” refers to a staff or student suicide-death and the family has given the school permission to disclose cause of death.

Each school will identify the notification process that is most appropriate for their staff. Consulting the best practices below may help.

BEST PRACTICES FOR NOTIFYING STAFF

- An Administrator should first notify and convene the School Mental Health Team (SMHT).
- The SMHT should identify and make personal phone calls to any staff that had close connections to the deceased before any mass communication about the death is disseminated.
 - Do not leave voicemails. If they don't answer, text them to request a phone call asap.
- Schools may choose to use their automated system to notify all-staff, or they may choose to utilize a phone tree system. Either way, the following should be considered:
 - Administration should collaborate with mental health staff to write the specific notification script. The notification to all staff should include a request for an emergency staff meeting and should give a specific date/time/location.
 - **Example script:** *Teachers and staff, this message is to inform you that there is a mandatory emergency meeting [this morning/tomorrow morning] at [time] in [location]. It is imperative that you attend this meeting to adequately prepare for the difficult day ahead, as one of our students/staff has died by suicide. If you are unable to attend the meeting, please report to the office as soon as you arrive at school so you can be briefed and prepped before walking into your classroom. Thank you.*
- If at any time an Administrator or other SMHT member needs to tag out, ask another member of the SMHT to assist you in continuing the notification process.

EMERGENCY STAFF MEETING

The school should hold an emergency staff meeting before the next school day begins with the following goals:

1. Take attendance for the meeting and identify staff who are not present. Assign someone to follow up with those staff as soon as possible.
2. Inform the staff of the information the family permitted the school to disclose.
 - a. Address rumors and reiterate the specific information that the family has permitted be shared.
3. Acknowledge the staff's grief and loss, provide opportunities for them to process their feelings, and allow them to opt out of notifying/supporting students if they are too impacted in the moment.
4. Inform them of the school's postvention plan.
5. Prepare them to notify and support students using:
 - a. Student Notification Announcement Script
Attachment 4.23
 - b. Supporting Students: Suicide-Loss
Attachment 4.24
 - c. School and Community Resource List
Attachment 4.03

CONSIDERATIONS

The notification process can become messy and nuanced. There is no universal process that is going to meet the needs of every building or every scenario. The most important thing is that all staff, students, and families are notified of the death as soon as possible and are provided immediate and ongoing support.

If news of a death occurs during the school day, notifying staff can look different depending on the time of day, size of school, spread of (mis)information, etc. We still recommend notifying staff who had close connections with the deceased person first before notifying the rest of the staff.

ATTACHMENT 4.23

NOTIFYING STUDENTS OF A DEATH | SUICIDE / PERMITTED TO DISCLOSE

The following script is intended to be used when notifying students of a death. In this case, “death” refers to a staff or student suicide-death **and** the family has given the school permission to disclose cause of death.

Notification Announcement | Day 1

This announcement should always be made in classrooms, preferably by teachers or SMHT members. It should never be made over the school’s PA system, over email, or in assemblies.

Today we learned the extremely sad news that [insert name of deceased] died by suicide [last night/this morning/yesterday]. This is the only information we have officially received or have permission to share. Information about memorial services will be provided when it becomes available, and students may attend with caregiver permission. We are saddened by [insert name of deceased]’s death and will keep [his/her/their] family and friends in our hearts.

I know this news is difficult to take in, and whatever you are feeling right now is valid and okay. Even if you didn’t know [insert name of deceased] very well, any loss can trigger your own personal experiences. I’m here to support you, and there are crisis counselors available today in [location] for anyone who wants to talk. Please let me or your other teachers know if you’d like to speak to a crisis counselor at any point throughout the day. You can also call or text 9-8-8 anytime for any reason.

AFTER THE ANNOUNCEMENT

Be sure to make space for students to take the news in and react to it. It’s okay if lesson plans are thwarted and that this suicide-loss is discussed instead. It’s not necessary to spend the entirety of the class period focusing on the loss unless the students are engaged in conversation about it. Offering coloring pages or other distractions instead of returning to lesson plans as scheduled can be a way to provide support without focusing on the loss directly. It is common for students not to be able to focus on schoolwork after learning about a suicide death, even if they were not close with the person who died. Any death can bring up personal experiences of loss, and suicide deaths can be especially triggering to those who have lost a loved one to suicide or who have other lived experiences related to suicide.

Utilize *Attachment 4.24* to help you navigate a discussion about suicide and suicide-loss. If you get to a point where you’re unsure how to proceed, feel free to call an SMHT member into your classroom for assistance.

ATTACHMENT 4.24

SUPPORTING STUDENTS THROUGH SUICIDE-LOSS | SUICIDE / PERMITTED TO DISCLOSE

TALKING POINTS	WHAT YOU CAN SAY
<p>Give accurate information and use age-appropriate language about suicide.</p> <p>If the family of the deceased has permitted the school to disclose the cause of death, it is imperative that you do so. Saying the word “suicide” or the phrase “killed themselves” is essential.</p> <p>Avoid the following phrases as they are outdated:</p> <ul style="list-style-type: none"> • “committed suicide” • “successful suicide” • “completed suicide” <p>Suicide is a complicated behavior. Help students understand the complexities.</p>	<p>“This person died by suicide.”</p> <p>“This person killed themselves.”</p> <p>“Suicide is not caused by a single event such as fighting with parents, getting a bad grade, or experiencing a breakup.”</p> <p>“In most cases, suicide is caused by mental health struggles like depression or substance misuse. Mental health problems affect the way people feel and can prevent them from thinking clearly or rationally. Struggling with your mental health is nothing to be ashamed of.”</p> <p>“There are effective treatments to help people who struggle with their mental health. Suicide is preventable.”</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try to answer the question “why” by blaming others for the suicide.</p>	<p>“Blaming others for the suicide death is wrong, and it’s not fair. Doing that can hurt the other person deeply.”</p> <p>“Suicide is a very personal decision made in a moment of crisis. We cannot blame other people for this decision.”</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

TALKING POINTS	WHAT YOU CAN SAY
<p>Do not talk about the method.</p> <p>Talking about the method can create images that are upsetting or even traumatizing to individuals.</p> <p>It may also increase the risk of imitative behavior by vulnerable youth.</p>	<p>“Let’s focus on talking about the feelings we are left with now and figure out the best way to manage them.”</p> <p>“It is normal to have questions about the details of what happened. Sometimes it seems like having more information could help us make sense of why this happened. What we know is that discussing the details can be harmful to those around us and disrespectful of the person who died and their family.”</p> <p>“Let’s make sure we are not discussing details of what happened. If you need to talk about this, please reach out to one of our school mental health professionals.”</p>
<p>Address anger.</p> <p>Accept expressions of anger at the deceased. Help students know these feelings are normal.</p> <p>Encourage healthy expressions of anger while discouraging violent/aggressive behavior.</p>	<p>“It’s okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about _____. You can be angry at someone’s choices and still care deeply about that person.”</p> <p>“It’s important that we don’t lash out at anyone who is feeling angry. There is no ‘right way’ to feel right now.”</p>
<p>Normalize all feelings and responses.</p> <p>Everyone grieves differently, so you will see a variety of feelings and responses. Some students may feel sad, guilty, angry, confused, shocked, etc.</p> <p>Explain to students that every person grieves differently.</p> <p>Encourage them to accept their own emotions about the event and to accept the emotions of their peers without judgment.</p> <p>Look for warning signs of suicide and report any concerns to an SMHT member immediately.</p>	<p>“Whatever feelings you are having right now are okay.”</p> <p>“There is no ‘right way’ to feel about this. There is no ‘correct’ reaction. Grief is messy.”</p> <p>“We often think our feelings and reactions should ‘make sense’ but the truth is that we can’t make sense of a suicide-loss. We all grieve differently.”</p> <p>“Sometimes the feelings and reactions we have to this kind of loss can feel surprising or unexpected, and that’s normal.”</p> <p>“Even those who didn’t know _____ very well might have strong feelings about this. Suicide-losses can bring up our own personal experiences, so it’s important we don’t judge how other people are reacting.”</p>

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

TALKING POINTS	WHAT YOU CAN SAY
<p>Address feelings of responsibility.</p> <p>Help students understand that the only person responsible for the suicide is the deceased.</p> <p>Reassure those who have exaggerated feelings of responsibility, such as thinking they should have seen the signs or done something to save the deceased.</p>	<p>“This death is not your fault. We don’t always see the signs because we may not know them all or because the suicidal person may hide them very well.”</p> <p>“We cannot predict a person’s behavior.”</p> <p>“Suicide is a personal decision. The only person who knows why this happened is the person who died.”</p>
<p>Encourage help-seeking.</p> <p>Encourage students to seek help from a trusted adult if they or a friend are struggling with depression, anxiety, or having thoughts of suicide.</p> <p>Promote the 988 Suicide & Crisis Lifeline.</p>	<p>“I am always here to help you through any problem, no matter what.”</p> <p>“Who are the people you would go to if you or a friend were feeling worried or had thoughts of suicide?”</p> <p>“You can call or text the number 9-8-8 at any time for any reason. Counselors through 988 are available 24/7 to help with any mental health crisis. It’s free and confidential.”</p>

ATTACHMENT 4.25

COMMUNICATING WITH STUDENTS | SUICIDE / PERMITTED TO DISCLOSE

These scripts are intended to be used when communicating with students about a death beyond the initial notification. In this case, “death” refers to a staff or student suicide-death **and** the family has given the school permission to disclose cause of death. The recommended announcements after the initial notification are:

- Moment of Silence Announcement | End of Day 1
- Supportive Announcement | Beginning of Day 2
- Memorial Services Announcement | Anytime

Moment of Silence Announcement | End of Day 1

This announcement should be made by a school administrator at the end of Day 1, prior to dismissal. It is appropriate for this announcement to be made using the school’s PA system.

Today has been a sad and difficult day for all of us. We encourage you to talk about [insert name of deceased]’s death with your friends, your family, or whoever else gives you support. We will have mental health staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for [insert name of deceased].

[PAUSE FOR A MOMENT OF SILENCE]

Please know that you are not alone in navigating this. Stay connected to your support system and take care.

Supportive Announcement | Beginning of Day 2

This announcement should be made in classrooms, preferably by teachers or SMHT members.

We know that yesterday was difficult and emotional. Learning about a suicide death can be confusing and painful, and we know those feelings don’t go away overnight. Trying to make sense of why this has happened is a common reaction, and not having closure is an especially hard part of grieving a suicide loss. I’m sorry any of us has to experience this.

Today we begin the process of returning to a normal schedule in school. This may prove very difficult for some, and it may be a welcome relief for others. Like we said yesterday, there is no “right way” to feel. Please know that mental health staff are still available in school to help us deal with our feelings. If you want to speak to one of these staff, either alone or with a friend, please tell a teacher or another staff member.

Memorial Services Announcement

This announcement should be made in classrooms, preferably by teachers or SMHT members.

We have information about [insert name of deceased]’s memorial services. The services will be held on [insert date, time, and place]. You may be excused from school to attend these services with your caregiver’s permission. We also encourage you to ask your caregivers to go with you. School mental health staff will be available at the school and on-site during the memorial services for any students who need support.

ATTACHMENT 4.26

COMMUNICATING WITH FAMILIES | SUICIDE / PERMITTED TO DISCLOSE

These scripts are intended to be used when communicating with families about a death. In this case, “death” refers to a staff or student suicide-death **and** the family has given the school permission to disclose cause of death. The recommended list of correspondence with families is:

- Notification of a Death (Voice Message) | Day 1
- Notification of a Death (Written Correspondence) | Day 1
- Support Plan Update (Voice Message) | End of Week 1
- Support Plan Update (Written Correspondence) | End of Week 1

Notification of a Death (Voice Message) | Day 1

This script should be read using the school’s automated call system. Parents should be notified via voice message while students are being notified in their classrooms.

Hello. This is [insert name], Principal at [insert school].

I am delivering this message with great sadness to inform you that one of our students/staff [insert name, if permitted] died by suicide [insert timeline]. Our thoughts and sympathies go out to [his/her/their] loved ones.

All our students are being notified of this death by a staff member in [# hour]. I will be sending all parents and guardians a letter which includes the announcement that is being read to students along with valuable resources. This letter will be sent via email and all students will bring home paper copies after school today. If you don’t receive this letter by the end of today, please call us so that we can ensure you have all the information we’ve been able to provide.

Members of our crisis team are available to meet with students individually and in groups today and will continue to be available over the next days and weeks to help students cope with the death of their peer/staff. Because we understand that grief is complex, ongoing, and unique to each person, our school is consulting with mental health professionals to create a plan for ongoing support. Even if your student didn’t know [insert student/staff name] very well, any loss can trigger their own personal experiences. Suicide prevention experts suggest that talking openly about suicide is the safest and most protective thing we can do for our students. They also recommend that these conversations be ongoing, not time limited. Similarly, we have come to understand that providing lasting support to students after a suicide death is best practice.

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

If you are concerned about yourself or your child, please contact the 988 Suicide & Crisis Lifeline for immediate support. You can call or text the number 9-8-8 any time to be connected to a crisis counselor. And of course, please reach out to us with any questions or concerns. Thank you and take care.

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

Notification of a Death (Written Correspondence) | Day 1

This letter and essential resources should be sent home with students and sent out to parents/guardians via email/text.

Dear Parents/Guardians,

I am writing this letter with great sadness to inform you that one of our students/staff [insert name, if permitted] died by suicide [insert timeline]. Our thoughts and sympathies go out to [his/her/their] loved ones.

All our students were notified of this death by a staff member in [# hour]. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to students over the next days and weeks to help them cope with the death of their peer/staff. You will receive an update regarding our plans to continue supporting students as they are made.

Because we understand that grief is complex, ongoing, and unique to each person, our school is consulting with mental health professionals to create a plan for ongoing support. Even if your student didn't know [insert student/staff name] very well, any loss can trigger their own personal experiences. Suicide prevention experts suggest that talking openly about suicide is the safest and most protective thing we can do for our students. They also recommend that these conversations be ongoing, not time limited. Similarly, we have come to understand that providing lasting support to students after a suicide death is best practice.

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

I have included links and attachments in this email to help you navigate this difficult time with your child and to ensure you have access to supports available to you.

If you have any questions, concerns, or need any other resources, please do not hesitate to reach out to me.

Take care,

[insert signature]

[include relevant attachments]

Support Plan Update (Voice Message) | End of Week 1

This script should be read using the school's automated call system.

Hello. This is [insert name], Principal at [insert school].

I want to acknowledge the immense difficulty of this week as our community continues to process and grieve the suicide-death of [insert name, if permitted]. In the face of adversity, we have witnessed our students, our teachers and staff, and our parents and guardians display profound strength, resilience, and support. For this, I am extremely grateful.

We honor that every person experiences grief differently, and we believe there is no "right way" to grieve any kind of loss. Because this loss was so recent, we feel it is important that all of our students have the option of receiving continued support.

It's important to us that we keep you informed on all the steps we are taking to support the safety and well-being of our students. We will continue to collaborate with mental health professionals and will communicate any support plans to you accordingly.

[If the school has specific plans for support outlined, insert those plans here. Include details like when, where, who, etc.]

Memorial services for [insert name of deceased] will take place on [insert date, time, and location]. We want to remind you that students will be released to attend services only with parental permission, and we strongly encourage you to accompany your child to any services they attend. Additionally, our crisis counselors will continue to be available to support any students in need.

I appreciate your care and concern as we navigate this loss together. Please know that resources are available for you and/or any of your loved ones who may be struggling at this time. Please check your emails for additional information and know that you can call or text the number 9-8-8 any time to be connected to a crisis counselor.

Thank you.

SECTION 4: RESPONDING TO A STAFF OR STUDENT LOSS IN SCHOOLS (POSTVENTION)

Support Plan Update (Written Correspondence) | End of Week 1

This letter and essential resources should be sent home with students and sent out to parents/guardians via email/text.

Hello Parents and Guardians,

We want to acknowledge the immense difficulty of this week as our community continues to process and grieve the suicide-death of [insert name, if permitted]. In the face of adversity, we have witnessed our students, our teachers and staff, and our parents and guardians display profound strength, resilience, and support. For this, we are extremely grateful.

We honor that every person experiences grief differently, and we believe there is no “right way” to grieve any kind of loss. Because this loss was so recent, we feel it is important that all of our students have the option of receiving continued support.

It’s important to us that we keep you informed on all the steps we are taking to support the safety and well-being of our students. We will continue to collaborate with mental health professionals and will communicate any support plans to you accordingly.

[If the school has specific plans for support outlined, insert those plans here. Include details like when, where, who, etc.]

Memorial services for [insert name of deceased] will take place on [insert date, time, and location]. We want to remind you that students will be released to attend services only with parental permission, and we strongly encourage you to accompany your child to any services they attend. Additionally, our crisis counselors will continue to be available to support any students in need.

We appreciate your care and concern as we navigate this loss together. Please know that resources are available for you and/or any of your loved ones who may be struggling at this time. We have attached additional information to this letter. Please remember that you can call or text 9-8-8 at any time for any reason to be connected to a crisis counselor.

Please reach out with any questions, needs, or concerns.

Kindly,

[insert signature]

[include relevant attachments]

ATTACHMENT 4.27

GUIDELINES FOR MEDIA INTERACTIONS | SUICIDE / PERMITTED TO DISCLOSE

The following guidelines should be used when interacting with media about a death. In this case, “death” refers to a staff or student suicide-death **and** the family has given the school permission to disclose cause of death.

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

- A very brief statement acknowledging the death that does **not** include details about the death.
- An expression of the school’s sympathy to the survivors of the deceased.
- Information about the school’s postvention response plan.

SAMPLE STATEMENT

(Suicide | Permitted to Disclose)

I am very sad to report that [insert school] has lost a student/staff to suicide this week. On behalf of the entire school district, I want to express our heartfelt condolences and sympathies to the student’s family and friends for this painful loss. Our school is working with mental health professionals to provide suicide postvention services and support to students, staff, and families this week and in the weeks to come.

During this time, we would like to remind the community that help is available. If you or anyone you know is struggling with suicidal thoughts or feelings, please reach out for assistance. Trained counselors are available 24/7 by calling or texting the Suicide & Crisis Lifeline at 9-8-8. You can use this resource for any mental health related crisis, including suicide. You can call or text for any reason, at any time.

ADDITIONAL GUIDELINES

All other staff, including school board members, should:

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

MEDIA REPRESENTATIVES SHOULD:

- Not be permitted to conduct interviews on school grounds.
- Not be allowed to attend parents or student group meetings to protect information shared in those meetings.
- Be provided with a copy of the safe reporting guidelines outlined by the American Foundation for Suicide Prevention (AFSP) at <https://afsp.org/safereporting/>

ATTACHMENT 4.28

MONITORING SOCIAL MEDIA | SUICIDE / PERMITTED TO DISCLOSE

While we cannot control what other people say on social media, we can work in partnership with students to identify and monitor relevant social media sites. By doing so, schools can strategically 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.

GENERAL MONITORING GUIDANCE

- Monitor social media posts from students and staff members related to the death.
 - Look for warning signs of suicide.
 - Provide grief resources if you see a need for that unrelated to suicide-risk.

ENGAGING SCHOOL SOCIAL MEDIA ACCOUNTS

- Do **not** announce the death of a student or staff member on school social media accounts.
- Schools can acknowledge when the community is experiencing adversity, without sharing any details about specific events.
- Schools should regularly share information related to protective factors, hope, and resources for mental health support.

WHEN SOMEONE IS PLACING BLAME

It is common for people to place blame as a way of trying to make sense of why this happened. Keep in mind that people who are engaging in this behavior are in a lot of pain, which means it's important to respond with compassion and offer support.

Below is a general example of how you might respond:

We understand that this loss is incredibly painful, and that it feels like there should be an explanation for why this happened. However, we know that there is never just one cause of suicide and we want to make sure we are sharing accurate information about this topic. Please look at these resources for more information and remember that support is available to you at this time.

WHEN SOMEONE IS AT RISK OF SUICIDE

There may be an uptick in suicide risk after a suicide loss. It's important to take all information about students being at-risk of suicide seriously, whether it is coming directly from a student asking for help, a student exhibiting warning signs, or a peer expressing concern for someone else. Be sure to alert the school mental health team so they can follow up.

Below is an example of how you might respond directly on social media:

Your safety and well-being are important to us. If you or someone you know is struggling, please reach out for support. You can call or text the Suicide & Crisis Lifeline at 9-8-8 or you can call Headquarters Kansas at (785) 841-2345. These hotlines are available 24/7 for free and they are confidential. You can call or text for any reason at anytime.

For more guidance regarding monitoring social media after a suicide, please review pages 32–36 of *After a Suicide: A Toolkit for Schools*.¹⁹

Appendix

Helpful Terminology

CONTAGION

“A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person’s suicidal acts.”¹⁷

POSTVENTION

“Refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.”¹⁸

PROTECTIVE FACTORS

“Personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.”¹⁹

SELF-INJURY

“Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself without the intent to die.”²⁰

SUICIDAL BEHAVIOR

Any behavior resulting in an attempt or preparation for a suicide attempt; this may include practicing or rehearsing.

SUICIDAL IDEATION

Self-reported thoughts of ending one’s life.

SUICIDE

“Death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person’s death.”¹⁷

SUICIDE ATTEMPT (OR SUICIDAL ACT)

“A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that a person intended to kill himself or herself. A suicide attempt may or may not result in injuries.”¹⁷

SUICIDE SURVIVOR

“Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide.”¹⁷

Centers for Disease Control and Prevention (CDC)

CDC is the nation's leading science-based, data-driven, service organization that protects the public's health. For more than 70 years, we've put science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public's health.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule

Family Educational Rights' and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.

Resources

LIFELINES

988 Suicide & Crisis Lifeline: call or text the number 9-8-8

HeadQuarters Kansas: (785) 841-2345

LGBTQ RESOURCES

Human Rights Campaign

<https://www.hrc.org/>

LGBTQ Youth from the National Association of School Psychologists (NASP)

<https://www.nasponline.org/lgbtqi2-s>

Suicide Prevention Resource Center (see Resources and Programs for Lesbian, Gay, Bisexual, and/or Transgender People)

<https://sprc.org/>

CAREGIVER RESOURCES

Preventing Youth Suicide: Tips for Parents & Educators School Psychologists (NASP)

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>

Society for the Prevention of Teen Suicide

<http://sptsusa.org/parents/>

Teens and Suicide: What Parents Should Know from the American Foundation for Suicide Prevention

<https://afsp.org/teens-and-suicide-what-parents-should-know/>

EDUCATIONAL RESOURCES

Linking Education and Awareness of Depression and Suicide (LEADS)

<https://sprc.org/>

American School Counselor Association (ASCA)

<https://www.schoolcounselor.org/>

National Association of School Psychologists

<https://www.nasponline.org>

School Social Work Association of America (SSWAA)

<https://www.sswaa.org/>

HeadQuarters Kansas (formerly Kansas Suicide Prevention HQ)

<https://hqkansas.org/>

Kansas Train

<https://ks.train.org/ks/login>

Mental Health First Aid

<https://www.mentalhealthfirstaid.org/>

Zero Suicide

<https://zerosuicide.edc.org/>

Kansas Prevention Collaborative

<https://kansaspredventioncollaborative.org/suicide-prevention2/>

Suicide Prevention Resource Center

<https://sprc.org/>

KSDE annual staff-required Suicide Awareness and Prevention training can be found at

<https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training>

This page is blank for printing purposes.

Evidence-Informed Interventions

The following websites can be used to find evidence-informed interventions and resources related to suicide prevention.

Blueprints for Healthy Youth Development

<https://www.blueprintsprograms.org/programs/>

California Evidence-Based Clearinghouse for Child Welfare (CEBC)

<https://www.cebc4cw.org/>

Child Trends: What Works

<https://www.childtrends.org/what-works>

Office of Juvenile Justice and Delinquency Prevention:
Model Programs Guide

<https://ojjdp.ojp.gov/model-programs-guide/home>

Substance Abuse and Mental Health Services
Administration (SAMHSA): Evidence-Based Practices
Resource Center

<https://www.samhsa.gov/ebp-resource-center>

MEDIA RESOURCES

Reporting on Suicide—Recommendations for the Media

<https://afsp.org/safereporting/>

References

1. HeadQuarters Kansas
<https://hqkansas.org/>
2. Jason Foundation
<https://jasonfoundation.com/>
3. Jason Flat Act KSA 72-6284 (2016)
http://www.kslegislature.org/li/b2023_24/statute/072_000_0000_chapter/072_062_0000_article/072_062_0084_section/072_062_0084_k/
4. Infinitec Training Repository
<https://www.myinfinitec.org/>
5. School Mental Health: A Resource for Kansas School Communities
<https://www.ksdetasn.org/smhi/school-mental-health-a-resource-for-kansas-school-communities>
6. Zero Suicide in Health and Behavioral Health Care
<https://zerosuicide.edc.org/sites/default/files/Legal%20and%20Liability%20Issues%20in%20Suicide%20Care%205.27.16%20PPT%20Transcript.pdf>
7. HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention
<https://www.heardalliance.org/help-toolkit/>
8. SAMHSA Preventing Suicide: A Toolkit for High Schools
<https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>
9. Family Educational Rights and Privacy Act FERPA
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
10. Health Insurance Portability and Accountability Act HIPAA
<https://www.cdc.gov/phlp/publications/topic/hipaa.html>
11. Kansas Communities That Care (KCTC)
<https://kctcdata.org/>
12. American Academy of Pediatrics
<https://publications.aap.org/pediatrics/article/142/4/e20174218/76767/Transgender-Adolescent-Suicide-Behavior?autologincheck=redirected>
13. The Trevor Project
<https://www.thetrevorproject.org/>
14. Columbia- Suicide Severity Rating Scale (C-SSRS)
https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf
15. Stanley-Brown Safety Planning Template
<https://suicidesafetyplan.com/forms/>
16. Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological medicine*, 44(16), 3361–3363.
<https://doi.org/10.1017/S0033291714001299>
17. Suicide Prevention Lifeline. (n.d.). Mental health & suicide prevention glossary [Webpage]. Retrieved from <https://suicidepreventionlifeline.org/mental-health-suicide-prevention-glossary/>.

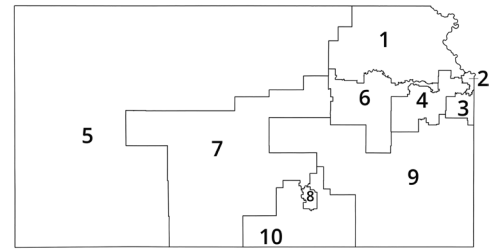
18. Substance Abuse and Mental Health Services Administration. Preventing suicide: A toolkit for high schools (p. 85). HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012. Retrieved from <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>.
19. Substance Abuse and Mental Health Services Administration. Preventing suicide: A toolkit for high schools (p. 32). HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012. Retrieved from <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>.
20. Substance Abuse and Mental Health Services Administration. Preventing suicide: A toolkit for high schools (p. 71). HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012. Retrieved from <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>.

MISSION

To prepare Kansas students for lifelong success through rigorous, quality academic instruction, career training and character development according to each student's gifts and talents.



900 S.W. Jackson Street, Suite 600
Topeka, Kansas 66612-1212
(785) 296-3203
www.ksde.org/board



VISION

Kansas leads the world in the success of each student.

MOTTO

Kansans Can

SUCCESS DEFINED

A successful Kansas high school graduate has the

- Academic preparation,
- Cognitive preparation,
- Technical skills,
- Employability skills and
- Civic engagement

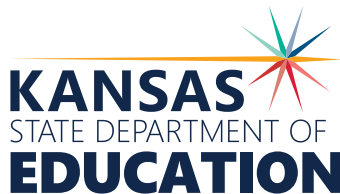
to be successful in postsecondary education, in the attainment of an industry recognized certification or in the workforce, without the need for remediation.

OUTCOMES

- Social-emotional growth
- Kindergarten readiness
- Individual Plan of Study
- Civic engagement
- Academically prepared for postsecondary
- High school graduation
- Postsecondary success



<p>DISTRICT 1</p>  <p>Danny Zeck dzeck@ksde.org</p>	<p>DISTRICT 2</p>  <p>Melanie Haas Chair mhaas@ksde.org</p>	<p>DISTRICT 3</p>  <p>Michelle Dombrosky mdombrosky@ksde.org</p>	<p>DISTRICT 4</p>  <p>Ann E. Mah Legislative Liaison amah@ksde.org</p>	<p>DISTRICT 5</p>  <p>Cathy Hopkins chopkins@ksde.org</p>
<p>DISTRICT 6</p>  <p>Dr. Deena Horst Legislative Liaison dhorst@ksde.org</p>	<p>DISTRICT 7</p>  <p>Dennis Hershberger dhershberger@ksde.org</p>	<p>DISTRICT 8</p>  <p>Betty Arnold barnold@ksde.org</p>	<p>DISTRICT 9</p>  <p>Jim Porter Vice Chair jporter@ksde.org</p>	<p>DISTRICT 10</p>  <p>Jim McNiece jmcniece@ksde.org</p>



900 S.W. Jackson Street, Suite 102
Topeka, Kansas 66612-1212
(785) 296-3201
www.ksde.org

COMMISSIONER OF EDUCATION



Dr. Randy Watson

DEPUTY COMMISSIONER

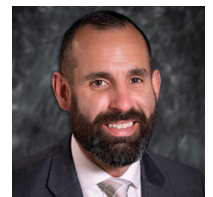
Division of Fiscal and Administrative Services



Dr. S. Craig Neuenswander

DEPUTY COMMISSIONER

Division of Learning Services



Dr. Ben Proctor

The Kansas State Board of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to any group officially affiliated with the Boy Scouts of America and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

Kansas leads the world in the success of each student.

Credits

PRINTING PROVIDED BY

The State of Kansas, Division of Printing

LAYOUT PROVIDED BY

Members of the School Mental Health Advisory Council (SMHAC)
and their partnering members

Originally Printed October 2019

Revised August 2023

For more information, contact:

Trish Backman
School Mental Health Coordinator
tbackman@ksde.org
785-296-6937

Kent Reed
Education Program Consultant
kreed@ksde.org
785-296-8109



Kansas State Department of Education
900 S.W. Jackson Street, Suite 102
Topeka, Kansas 66612-1212

www.ksde.org