Kansas Suicide Prevention, Response and Postvention Toolkit
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October 2019

District Leaders,

Death by suicide impacts communities of every size and demographic across the State of Kansas. Suicide deaths for youth age 18 and younger has more than doubled between the years of 2005-2015. On March 12, 2019 the Kansas State Board of Education voted unanimously to adopt recommendations from the Kansas School Mental Health Advisory Council that will strengthen supports to schools in providing suicide awareness and prevention education. As a result, I am pleased to provide district leaders with this Suicide Prevention, Intervention and Postvention Toolkit. This comprehensive document and fillable forms was developed by the Kansas School Mental Health Initiative to provide districts with a step-by-step process to ensure all Kansas educators are appropriately equipped to counter this disturbing trend.

In this document leaders will be provided the tools to develop and implement a system-wide comprehensive approach that will fully address requirements of the Jason Flatt Act, and will assist school personnel in supporting our most vulnerable students.

The core of a strong school culture is providing for the safety and wellness of the students. I want to thank you in advance 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,

Dr. Randy Watson
Kansas Commissioner of Education
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Acknowledgements

The toolkit was developed using content provided in whole or adapted from Joshi, S. V., Ojakian, M., Lenoir, L., and Lopez, J. (2017). “K-12 Toolkit for Mental Health Promotion and Suicide Prevention.” Retrieved from http://www.heardalliance.org/help-toolkit/. Special thanks is given to these individuals and the HEARD Alliance for their generous usage and adaptation of the content.

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- KSDE Leadership
- KSDE TASN Coordination

TASN project team members for their collaboration:

- KSDE TASN Families Together Inc.
- KSDE TASN Kansas Parent Information Resource Center (KPIRC)

CONTRIBUTORS

The following individuals for their specific contribution(s) to the development of this toolkit:

Caregiver/Guardian Education and Outreach
- Jane Groff, KPIRC, Executive Director

Working with the Family

PEER REVIEWERS

The following individuals for their review and valuable feedback:

- Lesli Girard, Families Together, Program Director
- Leia Holley, Families Together, Family Health and Resource Specialist
- Chrissy Mayer, DCCCA, Director of Prevention and Leadership

This resource is intended for educational purposes only. The information contained herein isn’t intended to take the place of informed professional diagnosis, advice or recommendations.

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# KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

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KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

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 prevention, response 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 community. “Each staff member takes responsibility for the part they can play in keeping students safe by becoming familiar with the aspects of this toolkit that are pertinent to the role of student safety.”


A Call to Action

With the prevalence of suicide on the rise, many states and organizations have taken action 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 Foundation⁴,

“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.”

This legislation sparked an interest across other states and currently 20 states have passed the Jason Flatt Act, accounting for 40% of all states. “In all 20 states, the Jason Flatt Act has been supported by the state’s Department of Education and the state’s Teacher Association, which points to the value seen in such preventative training.”⁵

In 2016, the Kansas Legislature passed the Kansas version of the Jason Flatt Act. Local boards of education in each Kansas school district provide suicide awareness, prevention and intervention programming to all school staff members. Parents or legal guardians of students enrolled in each school district should be informed regarding where to access the district’s suicide awareness, prevention and intervention materials. As noted in the Kansas statute, “... 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 must 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 should include:
   a. Steps for recognizing suicide ideation;
   b. Appropriate methods of interventions; and
   c. A crisis recovery plan.”⁶
KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

SECTION 1:
Developing the Internal School System

Prevention

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.8 Training should be provided at the beginning of each school year, along with intermittent trainings 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. Schools are able to 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.

Information regarding 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/Prevention-and-Responsive-Culture/Suicide-Awareness-and-Prevention.

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8 See Attachment 1.02 General Guidelines for Teachers and Staff.
STUDENT EDUCATION

Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.9

A holistic 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 peers to seek help. See Resources at the end of this toolkit for additional information.

CAREGIVER/GUARDIAN EDUCATION AND OUTREACH

Adapted from SAMHSA Preventing Suicide: A Toolkit for High Schools.10

School district’s 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 in crisis.
- Suicide prevention education and training for all staff members.

Why is it important to provide suicide prevention education to parents and guardians?

Providing caregivers with specific suicide prevention education is important because:

- The information may help caregivers identify and get help for children who may be at risk for suicide (Smith, T., Smith, V., Lazear, Roggenbaum, & Doan, 2003 as cited in SAMHSA, 2012).11
- Suicide prevention education for students is more effective when it is reinforced by the same information and messages at home (Smith, et al., 2003 as cited in SAMHSA, 2012).12
- 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.

What caregivers need to know:

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 (Schwartz, Pyle, Dows, and Sheehan, 2010, as cited in SAMHSA, 2012).13 In order to build this understanding, caregivers should be provided with information on the following topics:

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

Increasing participation among caregivers at events and activities:

It can be challenging 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 can be provided.

- **Accommodate language, culture, religion and economic status:** Consider whether caregiver outreach materials and events need to be translated into languages. It may be helpful to use a cultural mediator — a respected community member who is bilingual and bicultural. He or she can help design culturally appropriate materials and events, as well as help parents understand why their participation is important to their family.

- **Do not use the word “suicide” in the title of the event:** Caregivers may not attend events if they are framed as “suicide prevention.” They may be frightened by the idea that their child may be at risk. Or they may come from a culture in which suicide is never addressed directly. Schools have had a greater caregiver support and turnout at events when they were publicized not as prevention activities, but as efforts to:
  - Promote behavioral health and wellness.
  - Support children and youth during transition years (ex: elementary to middle school or middle to high school).
  - 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 that 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 material – sometimes in the form of a card that fits in a wallet or purse or that can be placed in a central location at 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

In order 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, adding additional rows as needed.
EXAMPLE:

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, and does not indicate requirements from KSDE.

**STAFF EDUCATION**

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DELIVERY METHOD</th>
<th>TIMELINE</th>
<th>CONTACT INFORMATION</th>
<th>ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>School district</td>
<td>Suicide awareness and prevention</td>
<td>See KSDE requirements.</td>
<td>See KSDE requirements.</td>
<td>All administrators and staff.</td>
</tr>
<tr>
<td>School Mental Health Team (SMHT)</td>
<td>• District suicide awareness and prevention policies. • Kansas Suicide Prevention, Intervention, and Postvention Plan.</td>
<td>During professional development prior to the start of the school year.</td>
<td>SMHT coordinator (building-level principal).</td>
<td>All building-level staff members.</td>
</tr>
<tr>
<td>SMHT</td>
<td>Risk and protective factors for youth suicide.</td>
<td>One to two weeks prior to winter break.</td>
<td>SMHT member.</td>
<td>All building-level staff members.</td>
</tr>
</tbody>
</table>

**STUDENT EDUCATION**

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DELIVERY METHOD</th>
<th>TIMELINE</th>
<th>CONTACT INFORMATION</th>
<th>ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHT</td>
<td>• Who to talk with regarding emotional well-being and potential suicidal thoughts. • Where to seek help for yourself or peer.</td>
<td>Beginning of the school year.</td>
<td>SMHT leader.</td>
<td>All grades. *Content of education should be provided based on grade level.</td>
</tr>
<tr>
<td>SMHT</td>
<td>• Risk factors. • Warning signs.</td>
<td>During first quarter.</td>
<td>SMHT member.</td>
<td>All students. *Content of education should be provided based on grade level.</td>
</tr>
</tbody>
</table>

**CAREGIVER EDUCATION**

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DELIVERY METHOD</th>
<th>TIMELINE</th>
<th>CONTACT INFORMATION</th>
<th>ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHT</td>
<td>Student safety event.</td>
<td>Beginning of the school year.</td>
<td>SMHT member.</td>
<td>All caregivers.</td>
</tr>
</tbody>
</table>
School Mental Health Team (SMHT)

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

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 in order to help prevent youth suicide. Qualified mental health professionals may receive referrals for students at risk of suicide by staff members, parents or through student self-referral.

SCHOOL MENTAL HEALTH TEAM ROLES AND RESPONSIBILITIES

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

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: coordinator; assistant or backup coordinator; and qualified mental health professional(s), such as a counselor, psychologist and/or social worker.

SMHT COORDINATOR

The school principal is typically designated as the SMHT coordinator. The coordinator has overall responsibility throughout the crisis and is the central point of contact for other administrators and staff. During a crisis, the coordinator will monitor all postvention activities throughout the school, such as hosting a staff meeting and interacting with the family and potential media sources.

SMHT ASSISTANT COORDINATOR

An assistant coordinator or backup coordinator must be designated in the event that the coordinator is unavailable.

QUALIFIED MENTAL HEALTH PROFESSIONAL

Qualified mental health professional refers to school or community mental health professionals with the training needed to fulfill the roles/responsibilities outlined in this toolkit. Qualified mental health professionals range from school and/or community social workers to counselors and psychologists. At each building, qualified mental health professionals 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 FERPA and HIPAA privacy laws and include:

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

Once a student has been identified as at-risk of suicide, the qualified mental health professional should meet with the student and the caregiver/guardian (when appropriate) to assess specific needs and work with other mental health professionals to ensure that the student receives intervention and treatment.

Additional information on qualified mental health professionals can be found in the resource Access to School-Based Mental Health Supports and Roles of School-Employed Mental Health Professionals located at https://ksdetasn.org/resources/1336.

## ATTACHMENT 1.00

### SCHOOL MENTAL HEALTH TEAM (SMHT)

#### IDENTIFICATION

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
<th>PERSONNEL</th>
<th>CONTACT INFORMATION (PHONE &amp; EMAIL)</th>
<th>TRAINED TO ASSESS SUICIDE RISK</th>
<th>DAYS AT LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMHT coordinator</strong></td>
<td>• Coordinates annual training for the SMHT, school faculty and staff members.</td>
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<td>• Mobilizes team members as needed.</td>
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<td></td>
<td>• Coordinates team member assignments.</td>
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<tr>
<td></td>
<td>• Coordinates prevention education and resources to school staff members, students and families.</td>
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<tr>
<td></td>
<td>• Acts as the liaison between the school, family members and community members.</td>
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</tbody>
</table>
| **SMHT assistant coordinator** | • When coordinator is unavailable:  
• Coordinates communication among staff members, students, families and community members.                                                                                       |           |                                     |                               |                  |
|                          | • Shares updates with the SMHT.                                                                                                                                                                                       |           |                                     |                               |                  |
|                          | • Facilitates communication with caregivers/guardians when concerns arise.                                                                                                                                          |           |                                     |                               |                  |
| **Qualified mental health professional** | • Conducts student interviews to assess level of risk for suicide.                                                                                             |           |                                     |                               |                  |
|                          | • Provides safe and comfortable environment when working with students and families.                                                                                                                                  |           |                                     |                               |                  |
|                          | • Connects student and family to community resources when appropriate.                                                                                                                                               |           |                                     |                               |                  |
|                          | • Documents actions.                                                                                                                                                                                               |           |                                     |                               |                  |
# ATTACHMENT 1.01

## ANNUAL STAFF PROFESSIONAL DEVELOPMENT AND STUDENT EDUCATION PLANNING TOOL

<table>
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<tr>
<th>RESPONSIBLE PARTY</th>
<th>TOPIC(S)</th>
<th>TIMELINE</th>
<th>CONTACT INFORMATION</th>
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<td>Student education</td>
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<tr>
<td>Caregiver education</td>
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</tbody>
</table>
General Guidelines for Teachers and Staff

ATTACHMENT 1.02

SUICIDE IS PREVENTABLE. HERE’S WHAT YOU CAN DO:

- Talk to students about suicide. Don’t be afraid, as this will not be “putting ideas 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 or not 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 school team, find the principal, assistant principal or qualified mental health professional.

Youth suicide risk factors

While there is no “profile” that predicts suicidal behavior with certainty, 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. Specifically, these risk factors include the following:

- History of depression, mental illness, or substance/alcohol abuse disorders.
- Isolation or lack of social support.
- Situational crises
- Family history of suicide.
- Hopelessness.
- Impulsivity.

A comprehensive list of risk factors can be found in Attachment 1.03 Risk Factors for Youth Suicide.

Adapted from the Los Angeles County Youth Suicide Prevention Project (as cited in the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention).

- “Suicide is the second leading cause of death in children, adolescents, and young adults age 5-to-24-years old.”
- According to the Centers for Disease Control and Prevention Youth Risk Behavior Survey, in 2017, 17.2% of students had seriously considered suicide during the past 12 months and 13.6% of students had made a plan.
- “Among young children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion and anger.”
- “Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment and loss.”
- 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.

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- Isolation or lack of social support.
- Situational crises
- Family history of suicide.
- Hopelessness.
- Impulsivity.

A comprehensive list of risk factors can be found in Attachment 1.03 Risk Factors for Youth Suicide.
Additional populations at risk for suicide:
For certain populations of youth, suicide and suicide attempts can be more common.\textsuperscript{16}

- Male youths are more likely to die from suicide - at a rate of 81% to 19%.
- Female youths are more likely to attempt suicide.
- Native American/Alaskan Native youths have the highest rates of suicide-related fatalities.
- Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers.

As recently published in \textit{Pediatrics}, 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.\textsuperscript{17,18}

"Access to culturally competent, LGBTQ-affirming mental health providers, both within schools and in the broader health care system, is essential to the well-being of LGBTQ teens."\textsuperscript{19}

SUICIDE WARNING SIGNS
Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered cries for help or invitations to intervene. These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required. Warning signs include the following:

- **Suicide threats.**
  - It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct ("I want to kill myself") and indirect ("I wish I could fall asleep and never wake up") threats need to be taken seriously.

- **Suicide notes and plans.**
  - The presence of a suicide note is very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.

- **Prior suicidal behavior.**
  - Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.

- **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, 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 depressions), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities.

Additional resources for supporting LGBTQ youth can be found in the Resources section of this toolkit.
Risk Factors for Youth Suicide

Adapted with minor changes from SAMHSA Preventing Suicide: A Toolkit for High Schools. Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes child or adolescent's social, physical, and cultural environment. 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. The list below summarizes the risk factors identified by current research.

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

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

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

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

FAMILY CHARACTERISTICS
- Family history of suicide or suicidal behavior.
- Parental or caregiver mental health problems.
- Caregiver divorce.
- Death of a caregiver or relative.
- Problems in caregiver-child relationship (e.g., feelings of detachment from caregivers, inability to talk with family member, interpersonal conflicts, family financial problems, family violence or abuse, caregiving style either underprotective or overprotective and highly critical).

ENVIRONMENTAL FACTORS
- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings and interactions with staff members and students.
- Lack of acceptance of differences.
- Expression and acts of hostility.
- Lack of respect and fair treatment.
- Lack of respect for the cultures of all students.
- Limitations in school physical environment, including lack of safety and security.
- Poorly lit areas conducive to bullying and violence.
- Limited access to mental health care.
- Access to lethal means, particularly in the home.
- Exposure to other suicides, leading to suicide contagion.
- Exposure to stigma and discrimination against students based on sexual orientation, gender identity, race and ethnicity, disability or physical characteristics, such as being overweight.
ATTACHMENT 1.04

Protective Factors Against Youth Suicide

Adapted with minor changes from SAMHSA Preventing Suicide: A Toolkit for High Schools.21

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 abuse and academic failure.

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

INDIVIDUAL CHARACTERISTICS AND BEHAVIORS

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

FAMILY AND OTHER SOCIAL SUPPORT

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

SCHOOL

- Positive school experiences.
- Part of a close school community.
- Safe school environment (especially for youths who identify as lesbian, gay, bisexual, transgender and/or queer).
- 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, physical and substance abuse disorders.
- Easy access to care and support through ongoing medical and mental health relationships.

ACCESS TO MEANS

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

Adapted with minor changes from SAMHSA Preventing Suicide: A Toolkit for High Schools.22

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future. Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

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

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

WARNING SIGNS FOR SUICIDE AND CORRESPONDING ACTIONS

Seek immediate help from one or more of the following:

- A mental health provider.
- 9-1-1, or local emergency department.
- Local suicide prevention hotline:
  - Kansas Headquarters Counseling Center at (785) 841-2345
  - National Suicide Prevention Lifeline at (800) 273-TALK (8255).

When you hear or see any one of these behaviors:

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

Seek help by contacting a mental health professional, or calling (800) 273-TALK (8255) for a referral if you witness, hear or see anyone exhibiting one or more of these behaviors:

- Hopelessness, expressing no reason for living, no sense of purpose in life.
- Rage, anger, seeking revenge.
- Recklessness or risky behavior, seemingly without thinking.
- Expressions of feeling trapped - like there’s no way out.
- Increased alcohol or drug use.
- Withdrawal from friends, family or society.
- Anxiety, agitation, inability to sleep or constant sleep.
- Dramatic mood changes.
- No reason for living, no sense of purpose in life.
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KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

SECTION 2:
Planning Interventions in a Suicidal Crisis

Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.23
During a crisis involving suicidal thoughts or behaviors, intervention protocols to assist students are a critical component of both district and school responses. These protocols aid school personnel in intervening effectively with students exhibiting 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 in order to help prevent a youth suicide. Students of concern may be referred to qualified mental health professionals by staff members, parents, peers or by self-referral. Intervention protocols vary based on the determined degree of suicide risk.
KEY PRINCIPLES TO REMEMBER IN ANY CRISIS

1. Ensure that the student in any 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. An example response could be: “John, I’m sorry you are feeling that way. Let’s go talk to someone. I am here for you.”

4. Be direct: Ask openly about suicide. The University of South Florida notes that “suicide is a crisis of non-communication and despair; by asking about it you allow for communication to occur and provide hope.” Asking about suicide does not put the idea into a student’s mind.

5. Be honest: Offer hope, but don’t condescend or offer unrealistic assurance.

6. Know personal limits: Staff members should only involve themselves to the level that they feel comfortable. If a staff member is uncomfortable or feeling that the situation is beyond his or her capacity to assist with, the student should be referred to someone in a better position to help. If it is believed that the student is in immediate danger, escort the student to the referral. If not, check to see that the referral was followed up on.

7. Inform the student: At each stage, be sure the student knows what is going on.

8. Inform caregivers/guardians (when appropriate) that their child is experiencing a crisis. Reassure them that their student is currently safe. Inform them of 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, feelings of responsibility or guilt. Let students know that the student in crisis is receiving help, maintain confidentiality and keep details of the crisis to a minimum. Let students know where they can get help.

10. Monitor friend(s) of the student and others who are potentially at risk of suicide.

11. Debrief all faculty and staff members involved in the crisis are given opportunities to discuss their reactions and are offered support. Allow expression of feelings, worries, concerns, and suggestions of what was done well and what could have been done better.
Intervening with a Potentially Suicidal Student

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

STUDENTS AT LOW-RISK LEVEL OF SUICIDE

Students with a low risk of suicide display warning signs of suicide and/or express thoughts of killing themselves with no intent to act on these thoughts.

How to support students at low-risk level of suicide: When a peer, parent, teacher or other school employee identifies someone as potentially suicidal because he/she/zie/sier has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs, consider the following:

• Take every warning sign or threat of self-harm seriously.
• Take immediate action by sending someone to inform a qualified mental health professional of the situation.
• Remain with the student until the qualified mental health professional talks with him/her/ ziem/sier in a quiet, private setting to clarify the situation and assess suicide risk.
• When necessary, the qualified mental health professional will contact an organizer or designe to inform them of the situation.
• The qualified mental health professional will notify the student’s caregiver(s) of the situation.
• The qualified mental health professional will develop a safety plan with the student and caregiver(s).
• Document all actions.
The qualified mental health professional will follow up with the student and family as often as necessary until the student is stable and no longer of concern for suicide risk.

STUDENTS AT MODERATE- TO HIGH-RISK LEVEL OF SUICIDE:

Students with a moderate to high risk of suicide could display suicidal ideation or behavior with any intent or desire to die.

How to support students at moderate-to high-risk level of suicide: Establishing a safe, trusting and supportive environment is among one of the first steps to best support students who are displaying a low to moderate risk of suicide. Staff members should meet with the student in a private location within the school to provide a safe and confidential space for the student to share and talk with a qualified mental health professional.

Working with a qualified mental health professional to provide supports in the school is an initial step to supporting the student in the school environment. The student may also feel supported by connecting with another trusted adult and/or the qualified mental health professional more frequently and upon request. When working with the student to create a safety plan, it should include members of the school community that the student has identified as supports.

Follow the steps below to best support a student displaying moderate to high risk of suicide.

• Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
• Notify the nearest SMHT member who will evaluate the situation and then notify a school administrator that the student has expressed the intent to engage in suicidal behavior.
• A qualified mental health professional will conduct a suicide risk assessment to attempt to determine the student’s risk level.
• School administrator notifies caregiver(s) of the student.
• Create a safety plan or, if a student already has a safety plan, review and update.
• If the student doesn’t require emergency medical treatment based on the assessment, and the immediate crisis is under control, before
the student is released to the caregiver(s), review the following:

- Confirm an understanding of what next steps for the student’s care will be.
- Sign both Attachment 2.08 Referral, Consent, and Follow-Up Form, and Attachment 2.05 Caregiver(s) Contact Acknowledgement Form.
- Provide resources for the student and caregiver(s).
- Explain that a designated qualified mental health professional will follow-up with the caregiver(s) and student.
- Establish a plan for periodic contact from school personnel while the student is away from school to ensure the student is improving and treatment is maintained.
- Document all actions taken.
- Debrief with all staff members who assisted with the intervention, providing for the expression of feelings, worries, concerns, and suggestions.

**EXTREMELY HIGH-RISK LEVEL OF SUICIDE**

Students who present with persistent thoughts and/or ideation, strong intent or suicide rehearsal are at the highest risk for suicide. These are youths who have specific plans that include lethal means, along with access to carry out their plan. Students who are at high risk for suicide will often have a varying amount of risk factors that further increase their risk for suicide, such as withdrawal from friends, family or social activities, have hopeless expressions, no reason for living and dramatic mood changes. The most intensive school and community services are needed to best support students who are at extremely high risk for suicide.

**How to support students at high-risk level of suicide:** If a student has been identified as extremely high risk of suicide, please do the following:

- Ensure that a school staff member remains with the student at all times.
- Clear the area and ensure that all other students are safe.

- Alert nearest adult to recruit SMHT member.
- Mobilize community links
  - If a life threatening emergency, call 911.
  - If not life threatening, call local suicide prevention hotline.
  - **Note:** 911 responders will determine if emergency treatment or hospitalization is required and will arrange transport.
- Principal or designated SMHT member to notify caregiver(s) about the seriousness of the situation.
- A qualified mental health professional will conduct a suicide risk assessment to attempt to determine the student’s risk level.
  - If the student has lethal means on their person:
    - Don’t attempt to take a weapon by force.
    - Talk with the student calmly.
    - Have someone call 911.
    - Clear the area for safety.
  - Once the student gives up the potentially lethal means, stay with the student until the SMHT or 911 emergency support arrives.
- Document all actions.
- Sign both Attachment 2.08 Referral, Consent, and Follow-Up Form, and Attachment 2.05 Caregiver(s) Contact Acknowledgement Form. Provide resources for the student and caregiver(s). Debrief with all staff members who assisted with the intervention, providing for the expression of feelings, worries, concerns and suggestions.

A designated SMHT member should be available to support caregivers and community mental health services as they work to devise a plan for the student receiving mental health treatment. This SMHT member should collaborate with these individuals to determine the frequency and level of supports provided at school. If the caregiver and/or guardian of the student refuse the recommendation for a mental health referral and support, the local Department for Children and Families (DCF) will be contacted.
Suicide Risk Assessment

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

In preparation to establish levels of risk and determine the appropriate intervention, a thorough suicide risk assessment should be conducted. While there is no standardized assessment measure that can replace the interview done by a qualified mental health professional, or the rapport and care established by talking with the student who is hurting, use of an assessment measure ensures that specific questions are asked for consistency. When conducting a suicide risk screening or assessment, it is important to remember and consider the protective factors that the student may have. Please see Attachment 1.04 Protective Factors Against Youth Suicide, for additional information. School districts should also use the same measurement across the district to provide uniformity for students and staff members.

The following forms are provided within Section 2 Attachments:

2.00 Youth Suicide Risk Screening Form: Designed to be used with any student to quickly identify the need for an additional, more thorough assessment of suicide risk.

2.01 Youth Suicide Risk Assessment Form: Designed to be used by a qualified mental health professional to further assess suicide risk.
Re-Entry to School After Extended Absence or Hospitalization

Adapted from the Maine Youth Suicide Prevention Program’s Youth Suicide Prevention, Intervention & Postvention Guidelines (as cited in the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention).

As noted by SAMHSA, students “need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis.”

Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control. Prior to the student’s return, a meeting between a designated school staff member such as the school nurse, qualified mental health professional, administrator or designee who is trusted by the student and caregiver(s)/guardian(s) should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
**Youth Suicide Risk Screening Form**

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

<table>
<thead>
<tr>
<th>IDEATION</th>
<th>PAST 24 HOURS</th>
<th>PAST MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past few weeks, have you wished you were dead?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please answer: In the past 24 hours or past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt that you or your family would be better off if you were dead?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please answer: In the past 24 hours or past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt that your life isn’t worth living?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please answer: In the past 24 hours or past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been thinking about ending your life or killing yourself?</td>
<td></td>
<td></td>
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<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
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<tr>
<td>If yes, please answer: In the past 24 hours or past month?</td>
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</tbody>
</table>

If the student reports within the past 24 hours to any question or answers yes to question 4, a qualified mental health professional should conduct a full Suicide Risk Assessment. Document all actions taken with the student including contact with caregivers and community mental health services.

Screener Name and Credentials: ____________________________________________  

Date: ________________________________________________________________
Youth Suicide Risk Assessment Form

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.28

Student Name __________ Assessment Date: ____________________________________________________________________

Referral Source (name/title): __________________________________________________________________________________

Reason for referral: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>CURRENT IDEATION</th>
<th>PAST 24 HOURS</th>
<th>PAST MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In the past few weeks, have you wished you were dead?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>If yes, please answer: In the past 24 hours or past month?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Have you felt that you or your family would be better off if you were dead?</strong></td>
<td></td>
<td></td>
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<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
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<tr>
<td><em>If yes, please answer: In the past 24 hours or past month?</em></td>
<td></td>
<td></td>
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<tr>
<td><strong>Have you felt that your life isn’t worth living?</strong></td>
<td></td>
<td></td>
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<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>If yes, please answer: In the past 24 hours or past month?</em></td>
<td></td>
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<tr>
<td><strong>Have you been thinking about ending your life or killing yourself?</strong></td>
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<td></td>
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<tr>
<td>□ Yes □ No □ Unsure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>If yes, please answer: In the past 24 hours or past month?</em></td>
<td></td>
<td></td>
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<tr>
<td><strong>Have you tried to kill yourself?</strong></td>
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<tr>
<td>□ Yes □ No □ Unsure</td>
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<td></td>
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<tr>
<td><em>If yes, please answer: In the past 24 hours or past month?</em></td>
<td></td>
<td></td>
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<tr>
<td>If yes, how?</td>
<td></td>
<td></td>
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<tr>
<td>If yes, when and where?</td>
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</table>
### Plan

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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</thead>
<tbody>
<tr>
<td>Do you have a plan for how you would end your life?</td>
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<tr>
<td>□ Yes (detailed and thought out).</td>
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<tr>
<td>□ Considering means (details are vague).</td>
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<tr>
<td>□ No (thoughts of death without consideration of how they would kill himself or herself).</td>
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<tr>
<td>If yes or considering, what is your plan including how, when and where?</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you felt that you or your family would be better off if you were dead?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Yes</td>
<td></td>
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<tr>
<td>□ No</td>
<td></td>
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<tr>
<td>□ Unsure</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please answer: In the past 24 hours or past month?</td>
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</table>

### Means

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have access now to whatever you need to carry out your plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
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</table>

### Intent

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</thead>
<tbody>
<tr>
<td>Do you intend to carry through with your plan to end your life soon?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Do you intend to end your life if something does or doesn't happen?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Intent

Is there anything that would make you more likely to want to end your life?

Is there anything that would make you more likely to want to live?

History of Suicidal Ideation/Attempts

Have you ever thought about attempting suicide in the past?
☐ Yes ☐ No

If yes, when? ________________________________________________

Have you ever attempted suicide before?
☐ Yes ☐ No

If yes, describe past attempt(s), including trigger for attempt, how student attempted and what happened.

Do you have someone in your life whom you can turn to for support?
☐ Yes ☐ No

If yes, who? ________________________________________________

If yes, have you talked to them about how you are feeling?
☐ Yes ☐ No

If no, why not? ______________________________________________

Determining Protocol to Follow:

- **Low Risk Protocol**: Student demonstrates suicidal ideation, but does NOT have a detailed plan, access to means or intent to attempt. History of ideation/attempts, detailed plan, ambiguous intent or lack of support increases risk to moderate to high risk.

- **Moderate to high risk protocol**: Student demonstrates suicidal ideation with some combination of planning, access to means, intent, history of ideation/attempts and/or lack of support.

- **Extremely high risk protocol**: Student reports ready access to or possession of means and strong intent to carry out plan as soon as possible.

Qualified Mental Health Professional: ______________________________________________

Date ______________________________________________
ATTACHMENT 2.02
Intervention Protocol Flowchart
Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention\(^\text{29}\)
Crisis Response Checklist

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

### LOW RISK LEVEL

<table>
<thead>
<tr>
<th>STEPS TO TAKE IN CRISIS</th>
<th>STAFF RESPONSIBLE AND BACK-UP</th>
<th>EXTERNAL CONTACTS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take every warning seriously.</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remain with student.</td>
<td>First responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send someone to inform qualified mental health professional.</td>
<td>First responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Youth Suicide Risk Screening Form.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify caregiver/guardian.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop safety plan with student and caregiver.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer to mental health services.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document actions.</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up with student and family.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MODERATE- TO HIGH-RISK LEVEL

<table>
<thead>
<tr>
<th>STEPS TO TAKE IN CRISIS</th>
<th>STAFF RESPONSIBLE AND BACK-UP</th>
<th>EXTERNAL CONTACTS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain with student.</td>
<td>First responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send someone to notify the nearest SMHT member.</td>
<td>First responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move other students to safe area (if necessary).</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate situation and notify administration.</td>
<td>SMHT member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Suicide Risk Assessment.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify caregiver/guardian of situation.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no hospitalization required, create safety plan with student and caregiver.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm understanding of next steps.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get signed medical release, referral and follow-up forms.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide referrals and resources.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## MODERATE- TO HIGH-RISK LEVEL

<table>
<thead>
<tr>
<th>STEPS TO TAKE IN CRISIS</th>
<th>STAFF RESPONSIBLE AND BACK-UP</th>
<th>EXTERNAL CONTACTS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss school personnel follow-up while student is away.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss any academic supports or adjustments that may be needed and plan accordingly.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document all actions</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debrief staff involved in intervention</td>
<td>SMHT coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## EXTREMELY HIGH-RISK LEVEL

<table>
<thead>
<tr>
<th>STEPS TO TAKE IN CRISIS</th>
<th>STAFF RESPONSIBLE AND BACK-UP</th>
<th>EXTERNAL CONTACTS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't leave student alone. Don't attempt to remove lethal means by force.</td>
<td>First responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear area and ensure safety for all other students.</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify nearest SMHT member. Mobilize community links.</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify caregiver/guardian about seriousness of situation.</td>
<td>Qualified mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 911</td>
<td>• 911</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community mental health center:</td>
<td>Community mental health center:</td>
<td></td>
</tr>
</tbody>
</table>
Guidelines for Notifying Caregiver(s)

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

Caregivers and guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, qualified mental health professional or a staff member with a special relationship with the student or family. It is important for staff to be sensitive toward the family’s culture, including attitudes toward suicide, mental health, privacy and help-seeking.

- It is vital that the caregivers/guardians come to the school before the child is released. Don’t allow the child to ride home on the bus, walk or drive home without meeting with caregivers/guardians in person about the situation.
- When the caregivers/guardians arrive at the school, escort them to a private and safe environment to discuss and explain why it is believed that their child is at risk for suicide.
- Explain the importance of removing (or locking up) firearms and other dangerous items from the home, including over-the-counter and prescription medications and alcohol.
- If the student is at low or moderate suicide risk and doesn’t need to be hospitalized, discuss available options for individual and/or family therapy. Provide the caregivers/guardians with the contact information of mental health service providers in the community.
- Ask the caregivers/guardians to sign Attachment 2.05 Caregiver(s) Contact Acknowledgement Form confirming that they were notified of their child’s risk and received referrals to treatment.
- Tell the caregivers/guardians that a member of the School Mental Health Team will follow-up with them in a few days. If this follow-up conversation reveals the parent has not contacted a mental health provider:
  - Stress the importance of obtaining help for the student.
  - Discuss why they haven’t contacted a provider and offer to assist with the process.
- If the student doesn’t need to be hospitalized, release the student to the caregivers/guardians.
- If the caregiver/guardian refuses to seek services for child under the age of 18 who you believe is danger of self-harm, you may need to notify the Kansas Department for Children and Families, Prevention and Protection Services (http://www.dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx).
- Document all contact with the caregivers/guardians.
ATTACHMENT 2.05

Caregiver(s) Contact Acknowledgement Form

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.32

Student name: _______ Date of birth: _______
School: _______ Grade: _______________

This is to verify that I have spoken with a member of ________________’s (school) mental health staff, ________________ (staff member name), on _______ (date) concerning my child’s suicidal risk.

I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that ________________ (name of staff member) will follow up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Caregiver/guardian signature: _______________
Date: _______________

Caregiver/guardian contact information:

Phone: __________________________
Email: __________________________

School staff member signature: _______________
Date: __________________________
Student At-Risk of Suicide Documentation Form

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.33

STUDENT INFORMATION
Date student was identified as possibly at risk of suicide: ________________________________

Name: _____________________________________________________________________________

Date of Birth _ Gender: _ Grade: _____________________________________________________________________________

Name of caretaker/guardian: _____________________________________________________________________________

Caregiver/guardian’s phone number(s): _____________________________________________________________________________

IDENTIFICATION OF SUICIDE RISK
Who identified student as being at risk of suicide? Indicate name where appropriate.

☐ Student him/herself/zieself/hirself
☐ Caregiver/guardian: _____________________________________________________________________________
☐ Teacher: _____________________________________________________________________________
☐ Other staff: _____________________________________________________________________________
☐ Student/friend: _____________________________________________________________________________
☐ Other: _____________________________________________________________________________

Reason for concern: _____________________________________________________________________________

RISK ASSESSMENT
Assessment conducted by: _____________________________________________________________________________

Date of assessment: _____________________________________________________________________________

Type of assessment: _____________________________________________________________________________

Results of assessment: _____________________________________________________________________________
NOTIFICATION OF CAREGIVER/GUARDIAN

Staff who notified caregiver/guardian: ____________________________________________

Date notified: _________________________________________________________________

Caregiver(s) Contact Acknowledgement Form signed:

☐ Yes  ☐ No

If no, provide reason. __________________________________________________________

MENTAL HEALTH REFERRAL

Student referred to: _______ Date of referral: ______________________________________

Personal Safety Plan developed with student and caregiver/guardian: _____________________________ (date)

Mental Health Resource List and Student/Caregiver Handouts given to:

☐ Student: ___________________________ (date)

☐ Caregiver/guardian: ______________________ (date)

Staff member to conduct follow-up: _________________________________________________

Date of follow-up: ___________________________
Guidelines for Student Referral

Adapted from SAMHSA Preventing Suicide: A Toolkit for High Schools. 34

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

Note: Caregiver(s)/guardian(s) permission is required to share this information.

1. Basic student information:
   a. Age: __________________________
   b. Grade: _________________________
   c. Caregiver/guardian name(s): ________________________________
   d. Caregiver/guardian address: _________________________________
   e. Caregiver/guardian phone number(s): _________________________

2. How did the school first become aware of the student’s potential risk of suicide?*
   __________________________________________________________________________________________

3. Why is the school making the referral? _________________________________________________________

4. What is the student’s current mental health status? ________________________________________________

5. Are the student and caregiver(s)/guardian(s) willing or reluctant to meet with a mental health service
   provider? ____________________________________________________________________________________

6. What other agencies are involved? _________________________________________________________________

7. Where is the best place to meet with the student (e.g., school, therapist’s office, emergency room)?
   __________________________________________________________________________________________

8. List any strengths, interests, protective or resiliency factors that may be helpful for this student.

*Be sure that parental consent meets the requirements of FERPA as follows:
   1. Specify the records that may be disclosed.
   2. State the purpose of the disclosure.
   3. Identify the party or class of parties to whom the disclosure may be made.
ATTACHMENT 2.08

Referral, Consent and Follow-Up Form

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

School: ___________________________________________________________

Referring staff: ___________________________ Email: ___________________________

Signature (required): ___________________________ Phone: ___________________________

I. GENERAL INFORMATION

Student: ___________________________________ DOB: _______ Age: ____________

Address: ___________________________________ Phone: ____________ Sex: ____________

School: ____________________________ Grade: ____________ Primary language: ____________

II. PLEASE PROVIDE THE FOLLOWING CONFIDENTIAL INFORMATION FOR THE STUDENT NOTED ABOVE:

☐ Psychological
☐ Medical
☐ Health and development
☐ Educational
☐ Psychiatric history
☐ Legal status
☐ Diagnosis
☐ Other: _______________________________________________________________________

III. TO BE COMPLETED BY CAREGIVER/GUARDIAN:

I consent to communication and exchange of information between Dr. ___________________________ phone # ___________________________ and ___________________________’s (school) School Mental Health Team to discuss and share records and conditions pertaining to the above. This information is confidential and may not be given to employees of other schools, public agencies, or individuals professionals in private practice without my consent.

Caregiver/guardian (student under 18) signature: ___________________________

This authorization shall be valid until ________________ (date). You may provide a date after which no information can be released. If no date is provided, authorization is valid for one year from date of signature. This consent is voluntary. To revoke this consent, send a copy to the referring person at ___________________________ (appropriate school contact information).
I revoke this consent for communication and exchange of information.

I understand that the recipient may not lawfully use or release the information unless authorization is obtained from me or unless such use or release is specifically required or permitted by law. In accordance HIPAA, FERPA, and applicable Kansas Laws, all personal and health information is private and must be protected.

☐ Copy provided to caregiver/guardian

III. TO BE COMPLETED BY HEALTH CARE PROVIDER OR BEHAVIORAL HEALTH PROVIDER

Diagnosis: __________________________________________________________________________________________

Treatment: __________________________________________________________________________________________

Medication(s): ______________________________________________________________________________________

Additional referral(s): __________________________________________________________________________________

Reason: ______________________________________________________________________________________________

School staff members will contact provider for clarification or recommendations, if needed. The information being requested is often personal in nature; therefore person-to-person communication may be best in some cases.

Provider signature: _____________________________________________________________________________________

Printed name: _________________________________________________________________________________________

Fax #: ______________________ Phone #: ______________________

PLEASE RETURN TO THE REFERRING STAFF MEMBER INDICATED AT THE TOP OF THIS PAGE
ATTACHMENT 2.09

Personal Safety Plan Example

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

STEP 1: I should use my safety plan when I start to notice or feel these warning signs (thoughts, images, moods, situations, behaviors):
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

STEP 2: Internal Coping Skills - Things I can do by myself to help myself not act on how I am feeling (e.g. favorite activities, relaxation techniques, distractions):
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

What might make it difficult for me to use these skills? _______________________________________________________________

Solution: _______________________________________________________________________________________________________

STEP 3: People and places that improve my mood and make me feel safe:
_________________________________________________________________________________________________________________

Name: ___________________________________________ Phone: __________________

Name: ___________________________________________ Phone: __________________

Place (day): __________________________________________

Place (evening): _______________________________________

What might make it difficult for me to contact these people or going to these places? ___________

Solution: _______________________________________________________________________________________________________

STEP 4: People I trust who can help me during a crisis: ________________________________________________________________

Name: ___________________________________________ Phone: __________________

Name: ___________________________________________ Phone: __________________

Name: ___________________________________________ Phone: __________________

Why might I hesitate to contact these people when I need help? _______________________________________________________


Solution: ____________________________________________________________

How will I let them know that I need their help? ____________________________________________________________

**STEP 5:** Professional resources and referrals I should contact during a crisis (available 24/7):

Clinician name: ___________________________________________ Phone: __________________________

Local urgent care services: __________________________________________________________

Address: __________________________________________________________

Phone: __________________________________________________________

Kansas Suicide Prevention Hotline (Headquarters Counseling): (785) 841-2345.

National Suicide Prevention Lifelines: (800) 784-2433 and (800) 273-8255.

Call 911 if you need immediate help in order to remain safe.

**STEP 6:** Steps I can take to keep myself safe by reducing access to means I would consider using during a suicidal crisis:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Where I will keep this plan so that I can easily find and use it during a crisis?

_________________________________________________________________________________________________________________

Student signature ___________________________________________ Date ______________

Caregiver/legal guardian signature: _____________________________ Date: ______________

Support person signature _______________________________________ Date: ______________

Qualified mental health professional signature ____________________ Date ______________
ATTACHMENT 2.10

Student Health and Education Plan - Physician Report

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.37

I. STUDENT INFORMATION
Student: ___________________________ Grade: _________ DOB: _________________

School: ___________________________ School year: ___________________________

II. REFERRING STAFF
SMHT member #1:
Signature: ________________________________________________________________

Date: ___________________________ Phone: _____________________________

SMHT member #2:
Signature: ________________________________________________________________

Date: ___________________________ Phone: _____________________________

III. CAREGIVER/GUARDIAN
I consent to communication and exchange of information between referring staff and doctors:

Dr. ______________________________________________________________________

Phone: ___________________________ Fax: _____________________________

Dr. ______________________________________________________________________

Phone: ___________________________ Fax: _____________________________

Caregiver/Guardian signature: ___________________________________________________________________________

Date: ______________________________________________________________________

Primary phone: ___________________________ Secondary phone:_________________________
IV. HEALTHCARE PROVIDER - THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER

Schools can provide the following and thus accommodate the needs of many students at school. Any other recommendations should be specified. The SMHT will determine if an evaluation for a 504 plan or IEP is necessary. Please check appropriate boxes below. Careful completion of the following will assist in determining appropriate placement for the student.

**Diagnosis** (Include additional pages if necessary):

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Student should:

- Attend school
- Not attend school

Length of time:

- Weeks(#): ____________________________
- Months(#): __________________________
- Expected date of return: ____________________________

If student is able to attend school, do they need:

- Modified/reduced schedule until *(date required)*: ____________________________
- Modified physical education until *(date required)*: ____________________________
- No physical education until *(date required)*: ____________________________

**Other recommendations**:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Current medications:

_________________________________________________________________________________________________________________

If medications need to be given during the school day, please inform the School Nurse regarding medication needs of the student.
Primary care provider: ____________________________________________

Phone: ___________________________ Fax: ____________________________

Date: ____________________________

Behavioral health provider signature: __________________________________

Phone: ___________________________ Fax: ____________________________

Date: ____________________________

PLEASE RETURN TO THE REFERRING SMHT MEMBER, INDICATED AT THE TOP OF THIS PAGE.
### ATTACHMENT 2.11

**Guidelines for Facilitating a Student’s Return to School**

Adapted from *SAMHSA Preventing Suicide: A Toolkit for High Schools*[^1]

<table>
<thead>
<tr>
<th>GUIDELINE</th>
<th>FOLLOW-UP QUESTIONS AND ACTION STEPS</th>
</tr>
</thead>
</table>
| Become familiar with basic information about the student. | • What precipitated the student's high-risk status or suicide attempt?  
• Is the student taking any medication(s)? |
| With the family's agreement, serve as the school's primary link to the caregiver(s)/guardian(s) and maintain regular contact. | • Call or meet frequently with the family.  
• Facilitate referral of the family for counseling, if appropriate.  
• Coordinate a re-entry plan meeting with the student, student's family, case manager, members from the School Mental Health Team and relevant school staff. |
| With permission from the family, serve as liaison to share appropriate information regarding the student with other teachers and staff members. | • Provide individualized re-entry plan to the student's teachers and support staff.  
• Modify the student's schedule and course load to reflect re-entry plan, if necessary. |
| Follow-up on behavioral and/or attendance needs of the student. | • Discuss concerns and options with the student.  
• Consult with the student's mental health provider to understand whether, for example, these behaviors could be associated with medication being taken by the student.  
• Monitor daily attendance.  
• Facilitate mental health supports for the student, specific to the needs at school. |
| Obtain the family's agreement to consult with the mental health provider if the student has been hospitalized. | • Attend treatment plan and/or transition home meetings. |

[^1]: SAMHSA Preventing Suicide: A Toolkit for High Schools
SECTION 3: Implementing Postvention Responses

Immediate and Long Term Aftermath

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

Postvention (interventions that are conducted after a suicide) assists students in ways that promote the mental health of the entire school community and supports students experiencing a mental or suicidal crisis after the suicidal death of a school community member. These interventions are meant to help manage the various aspects of the crisis and prevent contagion. Support and resources are provided for students, staff, caregivers and the entire school community. All aspects of postvention strive to treat the loss in similar ways to that of other deaths within the school community and return the school environment to its normal routine as soon as possible. In this way, postvention is inextricably linked to prevention. The following pages address:

- **Day Zero: Day of the event.** These steps should be taken on the day of the suicide. They include verifying details of the event, communicating with the family, notifying the school community, and preparing for the next school day.
- **Day One: First school day after the event.** Steps that should be taken on the first school day after a suicide. They include providing staff information and guidance regarding how to best support students, identifying and providing student support, and working with the media.
- **Appropriate memorialization immediately following the event.** Memorialization steps that should be followed immediately after a suicide. Districts and buildings will find guidance on appropriate memorization steps for both students and the family of the deceased.
- **Long-term aftermath.** Steps that should be taken in the weeks and months following a suicide. This final section includes details regarding best practice to support students, staff, and the school community.
Please use the tables below to inform and guide your postvention responses and interventions when working with students, caregivers, school staff members and community members.

**DAY ZERO: DAY OF THE EVENT**

<table>
<thead>
<tr>
<th>STEPS TO TAKE ON THE DAY OF THE EVENT</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify details of death with police or other local authority.</td>
<td>Principal</td>
<td></td>
</tr>
<tr>
<td>Contact family (see <em>Working with the Family</em> section).</td>
<td>Principal and SMHT representative</td>
<td></td>
</tr>
<tr>
<td>Principal notifies superintendent or director of student services who notifies where siblings and close relatives attend:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shut down deceased student and his/her/zir/hir siblings in attendance system so no automated messages regarding absence are sent home.</td>
<td>Principal</td>
<td></td>
</tr>
<tr>
<td>SMHT coordinator notifies other SMHT members.</td>
<td>SMHT coordinator</td>
<td></td>
</tr>
<tr>
<td>Work with district to secure external mental health providers and grief support.</td>
<td>Principal/SMHT assistant coordinator</td>
<td></td>
</tr>
<tr>
<td>Ensure office staff know how to respond to inquiries (see Attachment 3.00 Sample Script for Office Staff).</td>
<td>Principal</td>
<td></td>
</tr>
<tr>
<td>Notify school community</td>
<td>Principal and SMHT assistant coordinator</td>
<td></td>
</tr>
<tr>
<td>• SMHT coordinator to notify all faculty and staff (see <em>Attachment 3.01 Guidelines for Notifying Staff</em>).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Principal to notify families of students about the death and the school’s response (see <em>Attachment 3.04 Sample Death Notification Statement for Families</em>).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communicate letter to families in the most expedient way so they will know what their student will be facing at school when the death is announced.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DAY ONE: FIRST SCHOOL DAY AFTER THE EVENT

<table>
<thead>
<tr>
<th>STEPS TO TAKE ON THE FIRST SCHOOL DAY AFTER THE EVENT</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate initial all-staff meeting (before school)</td>
<td>SMHT coordinator</td>
<td></td>
</tr>
<tr>
<td>• SMHT coordinator conducts the initial all-staff meeting. For suggested meeting agenda, refer to <em>Attachment 3.05 Sample Agenda for Initial All-Staff Meeting</em>. Meeting goals should include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Convey what information can be relayed to the students. For sample announcements, refer to <em>Attachment 3.06 Sample Announcements for Use with Students After a (Possible) Suicide</em> and <em>Attachment 3.07 Sample Death Notification Statements for Students</em>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prepare staff to inform students in first period classes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify staff who are uncomfortable with notifying students of death. Designate a SMHT member or qualified mental health professional to support those staff members in their classrooms throughout the school day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide private staff support</td>
<td>Principal and SMHT representative</td>
<td></td>
</tr>
<tr>
<td>• Advise staff that extra support is available for those who need it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Offer end of day meeting for staff to debrief and to obtain support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide staff with resources for themselves and the community (see Appendix).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remind staff of risk factors and warning signs (see <em>Attachment 1.03 Risk Factors for Youth Suicide</em>, and <em>Attachment 1.05 Recognizing and Responding to Warning Signs of Suicide</em>).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inform staff where to send student(s) who are at-risk of suicide and note that they must be sent with another student or escorted by an adult - never alone (see <em>Attachment 1.02 General Guidelines for Teachers and Staff</em>).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Share location designated for caregivers who come to ask questions and express concerns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Send follow-up email at conclusion of staff meeting with information discussed in the initial meeting and any additional details, such as a list of local resources.</td>
<td></td>
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</tr>
</tbody>
</table>
### SECTION 3: IMPLEMENTING POSTVENTION RESPONSES

**STEPS TO TAKE ON THE FIRST SCHOOL DAY AFTER THE EVENT**

<table>
<thead>
<tr>
<th>STEPS TO TAKE ON THE FIRST SCHOOL DAY AFTER THE EVENT</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support students during the school day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Qualified mental health professional(s) review deceased students schedule to assess students and assist teachers.</td>
<td>Qualified mental health professional(s) and SMHT</td>
<td></td>
</tr>
<tr>
<td>- Identify, monitor, and support student(s) who may be at-risk of suicide.</td>
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<tr>
<td>- Recognize that students who were close to deceased and known vulnerable students who may be at-risk of suicide. Assign SMHT member(s) to develop a list of students of concern with input from other staff.</td>
<td></td>
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</tr>
<tr>
<td>- Meet with the student(s) that are at-risk of suicide, document, and follow-up as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Meet with students in small groups including established groups of the deceased (e.g. sports, clubs, friend groups) to provide emotional support. Meetings should be facilitated by a qualified mental health professional. Consult with district and/or building level leadership to determine if parental consent is needed to do so.</td>
<td></td>
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</tr>
</tbody>
</table>

| Hold after-school staff meeting.                      | SMHT coordinator   |           |
| - Acknowledge that it has been a difficult day for everyone and that the meeting is an opportunity to share experiences from the day and discuss support needs for the next day. |                   |           |
| - Inform staff as to the continued availability of qualified mental health professionals. |                   |           |
| - Allow staff to express concerns and ask questions.  |                   |           |
| - Emphasize self-care for teachers/staff as they have been primarily focused on taking care of students. |                   |           |
| - Remind staff to continue to identify, monitor and support students who may be at risk. |                   |           |

| Working with media.                                   | SMHT coordinator and/or principal |           |
| - SMHT coordinator will direct all media inquiries to the district media spokesperson. |                   |           |
| - Assemble media packet.                              |                   |           |
|   - A statement is prepared in advance and a hard copy is provided by the district or school media spokesperson when contacted by outside organizations for comments or information regarding the death of a school community member. |                   |           |

For guidelines and sample statements refer to:  
*Attachments 3.02 Sample Media Statement and 3.03 Key Messages for Media Spokesperson.*
### APPROPRIATE MEMORIALIZATION IMMEDIATELY FOLLOWING THE EVENT

<table>
<thead>
<tr>
<th>STEPS TO TAKE FOR APPROPRIATE MEMORIALIZATION/FUNERAL SERVICES</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise on appropriate memorialization.</td>
<td>School administration and/or SMHT</td>
<td></td>
</tr>
<tr>
<td>• In the interest of identifying a meaningful, safe approach to acknowledge the loss, a school should both meet with the student's friends and coordinate with the family. The school's goal should be to balance the student's need to grieve along with the caution and importance of limiting the risk of inadvertently glamorizing the death. In all cases, schools should have a consistent policy so that deaths by suicide are handled in the same manner as any other deaths.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Key considerations for memorialization.</strong></td>
<td>SMHT</td>
<td></td>
</tr>
<tr>
<td>• Any memorial should have the goals of being life-affirming, raising awareness, reducing stigma and supporting the grieving process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adolescents are especially vulnerable to the risk of suicide contagion. It is important to memorialize the student in a way that doesn't inadvertently glamorize or romanticize either the student or death. Schools can do this by seeking opportunities to educate students about grief and suicide; identifying underlying connections between depression and anxiety that can cause substantial psychological pain but may not be apparent to others; and sharing where students can go if they or a friend is in need of support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Determine a time/date to gather materials from spontaneous memorials (e.g., student's lockers, in classrooms) so that they can be organized and given to the family. Well in advance of this time, let students know when this will occur.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Key considerations for funeral/memorial service.</strong></td>
<td>Principal and/or SMHT coordinator</td>
<td></td>
</tr>
<tr>
<td>• Depending on family wishes, the principal will disseminate information about the funeral to students, caregivers and staff members as soon as it becomes available. Including the following information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Location of the funeral.</td>
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<tr>
<td>• Time of the funeral (keep school open if the funeral is during school hours).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What to expect (e.g., whether there will be an open casket).</td>
<td></td>
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<tr>
<td>• Guidance regarding how to express condolences to the family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School policy for releasing students during school hours to attend (e.g., students will be released only with permission of caregiver or guardian).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### LONG-TERM AFTERMATH

<table>
<thead>
<tr>
<th>STEPS TO TAKE IN THE LONG-TERM AFTERMATH</th>
<th>RESPONSIBLE PARTY</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate implementation of long-term response protocol.</td>
<td>SMHT</td>
<td></td>
</tr>
<tr>
<td>• Schedule daily debriefs with School Mental Health Team (SMHT) to discuss students who need follow-up.</td>
<td>SMHT</td>
<td></td>
</tr>
<tr>
<td>These generally last 1-2 weeks, but can vary with the situation.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>• Discuss with family of deceased student any concerns that may be present for siblings and friends, and follow-up accordingly.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>Enhance identification and support of vulnerable students.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>• Identify students in need and refer to school mental health professionals.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>• Identify students who have increased absences.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>• Continue to monitor rumors.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>• Continue to meet with students individually and in small groups.</td>
<td>SMHT with support of school staff members</td>
<td></td>
</tr>
<tr>
<td>Prepare for anniversaries and special events.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>• Prior to graduation ceremonies for the deceased student’s class, check with the family regarding any request to recognize the deceased student. Acknowledgment of a student who has died by suicide should be consistent with acknowledgement of a student who has died by any other means.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>• Be aware of special events (e.g. proms, birthday etc.), holidays, and anniversaries, as these may activities possible stress/ grief responses (physical, emotional, social and cognitive) in students and staff.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>• Expect the possibility of long-term memorials and continue to work with family, students and social media.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>Communicate with and support the broader school community.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
<tr>
<td>• Provide caregiver/community education about suicide, grief and self-care within the first month following the student’s death.</td>
<td>School Mental Health Team</td>
<td></td>
</tr>
</tbody>
</table>
Working with the Community

Adapted from HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention. Schools exist within the context of a larger community and it is important that in the aftermath of a suicide or other death they establish and maintain open lines of communication with community partners such as mental health professionals, police departments and the media. The school is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family. A coordinated approach can be especially critical when the death of the student receives a great deal of media coverage and the entire community becomes involved.

MENTAL HEALTH AND MEDICAL COMMUNITIES

Many schools have qualified mental health professionals, and it is important that these individuals are linked to other mental health professionals within the community. In particular, a school district should establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of suicide death, schools will want to notify the center to ensure seamless referrals as needed for students. Schools should also publicize crisis hotline numbers and can encourage the local medical community, including primary care doctors and pediatricians, to screen for depression, substance abuse, and other relevant disorders in the youth they see.

POLICE DEPARTMENT

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it hasn't yet been determined whether the death was a suicide or an accident). The district and/or school should establish communication with the police to determine (A) what they can and can't say to the school community so as not to interfere with the investigation, and (B) whether there are certain students who must be interviewed by the police before the school debriefs or offers counsel to them in any way.

There may also be situations in which the school has information that can aid police in keeping students safe. For example, the school may become aware that students have established a memorial off-campus and may even be engaging in dangerous behavior (such as holding vigils at which alcohol is being consumed) and may need to enlist the cooperation of the police to keep students safe. The school may also be in a unique position to brief the police (and perhaps the family) about what to expect at the funeral or memorial service in terms of attendance and other safety concerns.
Working with the Family

Adapted from SAMHSA Preventing Suicide: A Toolkit for High Schools\(^{41}\) and the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.\(^{42}\)

It is important to work with the caregiver(s) of a student who has died by suicide. They will often appreciate the support of the school community, and their cooperation can be valuable for effective postvention.

The principal should make an initial contact with the caregiver(s) which may be in the form of a phone call. Initial contact should include:

- Express sympathy as you would for any sudden death.
- Inquire what the school can share about their loss.
- Ask if the caregiver(s) would like assistance in crafting a message that they would like released in order to minimize rumors, misinformation, and speculation.
- Ask what the school can do to support siblings.
- Ask what the school can do to support them.
- Let the caregiver(s) know that the school will be checking in with them in the coming days and weeks to determine what support the school can provide.

The principal or a representative of the SMHT should also request to visit the caregiver(s) in their home. It may be useful for a pair of representatives to visit together so that they can support one another during the visit. It is important to respect the cultural and religious traditions of the caregiver(s) related to suicide, death, grieving and funeral ceremonies.

The school representative(s) should:

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

Working with the Media

Adapted from SAMHSA Preventing Suicide: A Toolkit for High Schools.\(^{43}\)

The media spokesperson for the district/school should prepare a written statement for release to those media representatives who request it. The statement should include the following:

A brief statement acknowledging the death of the student that \textbf{does not} include details about the death. Details about the death of the student should \textbf{only} be included with the families’ consent. Example media statements are provided in Attachment 3.02 Sample Media Statement.

An expression of the school’s sympathy to the survivors of the deceased.

Information about the school’s postvention policy and program.

All other staff members of the district, school and school board members should refrain from making any comments to, or responding to, requests from the media and refer all media requests to the district media spokesperson. Media personnel should \textbf{not} be permitted to conduct interviews on school grounds or attend caregiver and student group meetings in order to protect information shared by caregivers who are concerned about their children.
Social Media

Adapted with minor changes from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.44

Following a suicide death, students may immediately turn to social media for a variety of purposes, including transmitting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased. Although schools may initially consider social media to be outside of its traditional jurisdiction, they can in fact collaborate with students and utilize these tools to disseminate important and accurate information to the school community. Schools also may use social media to identify students who may be in need of additional support or further intervention, share resources and promote safe messages that emphasize suicide prevention and minimize the risk of a suicide contagion.
Sample Script for Office Staff

Adapted from SAMHSA Preventing Suicide: A Toolkit for High Schools (as cited in the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention).

This script can help receptionist(s) or other individuals who answer the telephone to respond appropriately to telephone calls received in the early stages of the crisis.

Hello, _ School. May I help you?

Take messages on noncrisis-related calls.

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

• Police or other security professionals: Immediate transfer to principal.
• Family member of deceased: Immediate transfer to principal or anyone else they want to reach at the school. If principal isn't available immediately, ask if they would like to speak to a qualified mental health professional.
• Other school administrators: Provide basic information on death and crisis response. Offer to transfer call to principal or others.
• A caregiver regarding their child's immediate safety: Reassure caregivers if you know their child wasn't involved and outline how children are being served and supported. If their child may have been involved, transfer the call to a SMHT member who may have more information.
• Persons who call with information about others at risk: Record information and get it to a SMHT member. Note phone number for SMHT member to return call.
• Caregivers who arrive unannounced on the scene: Set aside a space for caregivers to wait. Any person removing student from school must be indicated on the annual registration form(s) as the caregiver or guardian. Records must be kept of who removed the child and when.
• Follow the school's protocol for releasing students: Seek an administrator to assist if a noncustodial caregiver wants to check out a student.
Guidelines for Notifying Staff

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

- Create two telephone trees:
  - To notify the School Mental Health Team (SMHT).
  - To notify all staff members of a suicide that occurs during nonschool hours.
- Hold a staff meeting before school opens to review the postvention process. Provide staff members with any information they may need to address the situation when the students arrive.
- Identify which SMHT member will be responsible for notifying staff members if news of a suicide arrives while school is in session. These individuals should be provided with completed copies of a suicide death announcement (examples can be found in Attachments 3.07 Sample Announcements for use with Students After a (Possible) Suicide and 3.08 Sample Death Notification Statements for Students).
- Announcements should always be made in classrooms. They should never be made over the school's public address system or in assemblies. In classrooms, school staff members familiar to the students can make the announcement(s) and assess students' reactions, respond to students' concerns, provide support, and identify those who may need additional help. This will help students cope with intense emotions they may experience.
SAMPLE MEDIA STATEMENT

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

School personnel were informed by _________ _________ (the police department, student’s family) that a _________ (student/name of student) at _________ school has died. The confirmed cause of death was suicide. Our thoughts and support go out to (his/her/zir/hir) family and friends at this difficult time.

The school will be hosting a meeting for caregivers and others in the community at _______ _________ (date/time/location). Members of the building’s School Mental Health Team will be present to provide information about common reactions following a suicide and how adults can help children and youth cope. They also will provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees’ questions and concerns. A meeting announcement has been sent to caregivers, who can contact school administrators at _______ _______ (number) for more information.

Qualified mental health professionals will be available to meet with students and staff starting tomorrow and continuing during the next few weeks as needed.

Suicide warning signs indicate an individual is at risk for suicide. They are at greater risk if the behavior is new, has recently increased in frequency and intensity, or appears related to a painful event, loss, or change. These warning signs may include:

- Talking about wanting to die or kill oneself.
- Looking for ways to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious, agitated or behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Resources for additional information and support include:

- Local mental health agency contact information: __________________________

Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media”: [https://afsp.org/about-suicide/for-journalists/](https://afsp.org/about-suicide/for-journalists/).

District media spokesperson
Name: __________________________
Title: __________________________
Phone: __________________________
Email: __________________________
ATTACHMENT 3.03

Key Messages for Media Spokesperson

Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.⁴⁸

For use when fielding media inquiries when a confirmed suicide has occurred:

SUICIDE/MENTAL ILLNESS

Depression is the leading cause of suicide in teenagers.

About 6% of teenagers will develop depression yearly. Sadly, more than 80% of these youth won’t have their illness properly diagnosed or treated, which can lead to school absenteeism, failing grades, dropouts, crime, and drugs and alcohol abuse.

Depression is the most treatable of all mood disorders. More than three-fourths of people with depression respond positively to treatment.

The best way to prevent suicide is through early detection, diagnosis and vigorous treatment of depression and other mental illnesses.

SCHOOL’S RESPONSE MESSAGES

We are heartbroken over the death of one of our students. Our hearts and thoughts go out to (his/her/zir/hir) family, friends and the entire community.

We will be offering grief counseling for students, faculty and staff members starting on ________ (date) through ________ (date).

We will be hosting an informational meeting for parents and the community regarding suicide prevention on ______________________ (date/time/location). Experts will be on hand to answer questions.

No cameras or reporters will be allowed in the school or on school grounds.
ATTACHMENT 3.04

Sample Death Notification Statements for Families

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

To be sent to families within the school community via e-mail or regular mail.

OPTION 1: WHEN THE DEATH HAS BEEN RULED A SUICIDE

Dear parents and caregivers:

I am writing with great sadness to inform you that one of our students, ________________________, has died. Our thoughts and sympathies are with his/her/zir/hir family and friends.

All of the students were given the news of the death by their teacher in _______________ (class) this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental illness, such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these illnesses aren’t identified or noticed, and other times, a person with an illness will show obvious signs and symptoms. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our School Mental Health Team are available to meet with students individually and in groups today as well as during the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance.

We have a list of school and community mental health resources.

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

The school will be hosting a meeting for parents and others in the community at _______________ (date/time/location). Members of our School Mental Health Team will be present to provide information about common reactions following a suicide and how adults can help youths cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees’ questions and concerns.

Please don’t hesitate to contact me or a School Mental Health Team member with any questions or concerns.

Sincerely,

(Principal)
OPTION 2: WHEN THE CAUSE OF DEATH IS UNCONFIRMED:

Dear parents and caregivers:

I am writing with great sadness to inform you that one of our students, __________, has died. Our thoughts and sympathies are with his/her/zir/hir family and friends.

All of the students were given the news of the death by their teacher in __________ (class) this morning. I have included a copy of the announcement that was read to them.

The cause of death hasn’t yet been determined by the authorities. We’ll do our best to give you accurate information as it becomes known to us.

Members of our School Mental Health Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance.

We have a list of school and community mental health resources.

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

Please don’t hesitate to contact me or a School Mental Health Team member with any questions or concerns.

Sincerely,

(Principal)

OPTION 3: WHEN THE FAMILY HAS REQUESTED THAT THE CAUSE OF DEATH NOT BE DISCLOSED:

Dear parents and caregivers:

I am writing with great sadness to inform you that one of our students, __________, has died. Our thoughts and sympathies are with his/her/zir/hir family and friends.

All of the students were given the news of the death by their teacher in __________ (class) this morning. I have included a copy of the announcement that was read to them.

The family has requested that information about the cause of death not be shared at this time.

Members of our School Mental Health Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance.

We have a list of school and community mental health resources.

Please don’t hesitate to contact me or one of the School Mental Health Team members with any questions or concerns.

Sincerely,

(Principal)
Sample Agenda for Initial All-Staff Meeting

Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention.50

This meeting is typically conducted by the School Mental Health Team (SMHT) coordinator and should take place as soon as possible, ideally before school starts in the morning.

Depending on when the death occurs, there may not be enough time to have the meeting before students have begun to hear the news through word of mouth, text messaging or other means. If this happens, the SMHT coordinator should first verify the accuracy of the reports and then notify staff of the death through the school’s predetermined crisis alert system, such as email or calls to classroom phones. Remember that information about the cause of death should be withheld until the family has been consulted.

Goals of initial meeting

Allow at least one hour to address the following goals:

- Introduce SMHT members.
- Share accurate information about the death.
- Allow staff members the opportunity to express their own reactions and grief. Identify anyone who may need additional support and refer them to appropriate resources.
- Provide appropriate faculty (e.g., homeroom teachers or advisors) with a scripted death notification statement for students. Arrange coverage for staff members who are unable to manage reading the statement.
- Explain plans for the day, including locations of crisis counseling rooms.
- Remind all staff members of the important role they may play in identifying changes in behavior amount the students they know and see every day, and discuss plan for assisting students who are having difficulties.
- Apprise staff members of any outside mental health supports that will be on campus who will be assisting.
- Remind staff members of student dismissal protocol for funeral.
- End of the first day
  - It can also be helpful for the SMHT coordinator to have an all-staff meeting at the end of the first day. This meeting provides an opportunity to take the following steps:
    - Offer verbal appreciation of the staff.
    - Review the day’s challenges and successes.
    - Debrief, share experiences, express concerns and ask questions.
    - Check in with staff members to assess whether any of them need additional support, and refer accordingly.
    - Disseminate information regarding the death and/or funeral arrangements.
    - Discuss plans for the next day.
    - Remind staff of the importance of self-care.
    - Remind staff of the importance of documentation of all crisis response efforts for future planning and understanding.
Sample Announcements for Use with Students After a (Possible) Suicide

Adapted with minor changes from SAMHSA Preventing Suicide: A Toolkit for High Schools (as cited in the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention).51

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

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

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

SAMPLE ANNOUNCEMENTS: DAY 1

Sample announcement for when confirmed a suicide has occurred: Morning, Day 1.

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

SAMPLE ANNOUNCEMENT FOR A SUSPICIOUS DEATH NOT DECLARED SUICIDE: MORNING, DAY 1.

This morning we heard the extremely sad news that _________ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _________’s death and send our condolences to his/her/zir/hir family and friends. Crisis situations will be located throughout the school today for students who wish to talk to a school mental health professional. Information about the funeral will be provided when it is available, and students may attend with parental permission.
SAMPLE ANNOUNCEMENT: END OF DAY 1

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

Today has been a sad day for all of us. We encourage you to talk about _________’s death with your friends, your family and whoever else gives you support. We will have special staff members 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 _______.

SAMPLE ANNOUNCEMENTS: DAY 2

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

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

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

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _________ Funeral Home from ___ _______ to _________ p.m. There will be a funeral mass _______ o’clock at _________ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a caregiver or guardian or have your caregiver or guardian’s permission to attend. We also encourage you to ask your caregiver(s)/guardian(s) to go with you to the funeral home.
ATTACHMENT 3.07

Sample Death Notification Statement for Students

Adapted from the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention. Use in small groups such as homerooms or advisories, not in assemblies or over loudspeakers.

OPTION 1: WHEN THE DEATH HAS BEEN RULED A SUICIDE

It is with great sadness that I have to tell you that one of our students, __________ has died by suicide. All of us want you to know that we are here to help you in any way we can.

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We’ll do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually caused by a mental illness, such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders aren’t identified or noticed, and in other cases, a person with an illness will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never be an option.

Each of us will react to __________’s death in our way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known __________ very well, while some of you may have been very close and will experience different levels of sadness and grief. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that focusing on your work is a good distraction.

We have mental health professionals available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a mental health professional, just let your teachers know.

Please remember that we are all here for you.

OPTION 2: WHEN THE CAUSE OF DEATH IS UNCONFIRMED

It is with great sadness that I have to tell you that one of our students, __________, has died. All of us want you to know that we are here to help you in any way we can.

The causes of death hasn’t yet been determined by the authorities. We will do our best to update you the best we can.

Each of us will react to __________’s death in our way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known __________ very well, while some of you may have been very close and will experience different levels of sadness and grief. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that focusing on your work is a good distraction. We have mental health professionals available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a mental health professional, just let your teachers know.

Please remember that we are all here for you.
OPTION 3: WHEN THE FAMILY HAS REQUESTED THAT THE CAUSE OF DEATH NOT BE DISCLOSED

It is with great sadness that I have to tell you that one of our students, __________ has died. All of us want you to know that we are here to help you in any way we can.

The family has requested that information about the cause of death not be shared at this time. Each of us will react to __________’s death in our way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known __________ very well, while some of you may have been very close and will experience different levels of sadness and grief. Some of you may find you’re having difficulty concentrating on your schoolwork, and others may find that focusing on your work is a good distraction. We have mental health professionals available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you’d like to talk to a mental health professional, just let your teachers know.

Please remember that we are all here for you.
KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

Helpful Terminology and Acronyms

Helpful terminology

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

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.”

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.”

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.”

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.”

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.”

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

ZIR/HIR, ZIM/SIE, ZIE/SIE and ZIESELF/HIRESELF
Gender neutral or gender inclusive pronouns. These pronouns do “not associate a gender with the individual who is being discussed.”
Acronyms

FERPA
Family Educational Rights and Privacy Act

HIPAA
Health Insurance Portability and Accountability Act (Privacy and Security Rules)

IRP
Individual Re-Entry Plan

KSDE
Kansas State Department of Education

SMHI
School Mental Health Initiative

SMHP
School Mental Health Professional

SMHT
School Mental Health Team

TASN
Technical Assistance System Network
KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

Resources

HOTLINES

National Suicide Prevention Lifeline: (800) 273-8255.
Kansas Suicide Prevention Resource Center: (785) 841-2345.

LGBTQ RESOURCES

Human Rights Campaign

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

Suicide Prevention Resource Center (see Resources and Programs for Lesbian, Gay, Bisexual, and/or Transgender People) https://www.sprc.org/resources-programs.

CAREGIVER RESOURCES


EDUCATIONAL RESOURCES

American School Counselor Association
https://www.schoolcounselor.org/.


National Association of School Nurses https://www.nasn.org/home.

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)

- Child Trends: What Works
  https://www.childtrends.org/what-works.

- Office of Juvenile Justice and Delinquency Prevention: Model Programs Guide
  https://www.ojjdp.gov/MPG/.

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

MEDIA RESOURCES

Reporting on Suicide—Recommendations for the Media
KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

References


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.

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 measured locally
• Kindergarten readiness
• Individual Plan of Study focused on career interest
• High school graduation
• Postsecondary success

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