The School District of Palm Beach County
Suicide Awareness and Prevention Handbook

Contributing Individuals
Mary Claire Mucenic, Ph.D.
Director, Department of Behavioral and Mental Health Services, Chair
Kathryn Bobby, Ed.S.
Eleanor Craft, Ed.D.
Michelle Beatty, M.Ed.
Joanne Byron Ph.D., NCSP
Juan Feliciano, Psy. D.

Editor
Benaaz Russell, Psy.D.

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Introduction
Based on the national 2017 Youth Risk Behaviors Survey, 7.4 percent of youth in grades 9-12 reported they had made at least one suicide attempt in the last 12 months. According to the Center for Disease Control (CDC), suicide is the second leading cause of death among young people aged 10-24. Furthermore, the overall suicide rate has increased 31% since 2001 across the United States.

Purpose
The purpose of The Suicide Awareness and Prevention Handbook is to ensure the health and well-being of all students and to provide information for educators to assist in understanding the myths and facts surrounding suicide, recognize protective and risk factors, and warning signs and symptoms of someone who is at risk of dying by suicide. Suicidal thoughts are a symptom, just like any other — they can be treated, and they can improve over time.

The Handbook will also identify the school and community based professionals who take a proactive approach to intervene and respond to a student who has suicidal behaviors and the programs, protocol and procedures we have in place to support awareness and prevention.

Myths and Facts
Myth: Talking about suicide or asking someone if they feel like hurting themself will encourage suicidal attempts.
Fact: Talking about suicide provides the opportunity for communication. Encouraging a person with thoughts of suicide to live comes from talking about those feelings.

Myth: Suicide attempts or deaths happen without warning.
Fact: Often the intention for suicide is present, but just not recognized by those around the individual. Evidence shows that adolescents often tell their school peers of their thoughts and plans.

Myth: Once a person is intent on suicide, there is no stopping them.
Fact: Suicide can be prevented and people can be helped. Often suicidal crises can be short-lived and immediate practical help can save lives. Stay with the person, encourage them to talk, and help them build plans for the future. Get them immediate help by connecting them with mental health resources and calling the mobile response team.

Myth: People who threaten suicide are just seeking attention.
Fact: All suicide attempts must be treated seriously. Do not dismiss the thoughts or attempt of suicide as “attention-seeking” behavior.

Myth: The only effective intervention of suicide comes from trained mental health professionals with extensive experience in this area.

Fact: All people who interact with children and adolescents in crisis can help them by offering emotional support and encouragement. A strong support network can assist in prevention and recovery.

Framework

The School District of Palm Beach County is committed to a mental and behavioral health framework that provides prevention, intervention and postvention to address the needs of all students. The Suicide Awareness and Prevention Handbook examines ways to support students through a continuum of services and engages students at the core, supplemental or intensive level. These supports are provided to address the needs of all and minimize the severity for those with acute or persistent mental health challenges. **These evidence-based supports may be provided to students along a continuum (core, supplemental, intensive) in addition to, or seperate from, School Based Team (SBT) or Child Study Team (CST) interventions.**

Core (ALL Students)

Research has shown that a social and emotional learning (SEL) prevention approach leads to children, youth and adults achieving academic, post-secondary, career and life success. Instruction in SEL involves acquiring and effectively applying knowledge, attitudes, and skills to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, make responsible decisions, and demonstrate behaviors that contribute to academic success. It supports a positive school climate and allows students to practice life skills throughout their school experience. (Adapted from CASEL)

Research has shown that a social and emotional learning (SEL) prevention approach leads to
Core (SEL) Competencies:

- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-making

School Programs that support SEL:

- Safe School Ambassadors
- Peer Mediation
- Restorative Circles
- We Dine Together
- Safety Patrols
- Kindness Matters
- Second Step
- Conscious Discipline
- Student Success Skills

- Sanford Harmony
- Zones of Regulation

It is important to have a safe and supportive school climate. Successful implementation of SEL curriculum and programming at the core level is essential for student success as it allows for students to practice life skills throughout their school experience.

Supplemental (Some Students)

- Small group counseling intervention (social skills, self-esteem, assertiveness, coping skill groups)
- Support plans (re-entry and safety planning), including mental health referrals

Intensive (Few Students)

- Support/safety plans
- Ongoing individual counseling (e.g. co-located mental health professional)G
- Functional Behavioral Assessment (FBA) / Behavior Intervention Plan (BIP)

Not all supports warrant the development of an Academic/Behavior Intervention Plan (PBSD 2284). Please consult with your SBT Leader, ESE contact and School Psychologist for further guidance and clarification.

Prevention

As schools focus on maintaining a safe and secure learning environment for students, it is essential that all school staff remain alert and watchful for risk factors and warning signs of potential suicidal behavior. One of the most important steps school professionals can take to prevent suicide is learning to identify warning signs and understand risk factors. It is also important to strengthen the protective factors that support children and families and reduce the likelihood of suicidal behavior.

Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions such as school
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

People

Within the district, highly qualified individuals are available to support student social, emotional, mental and behavioral health. One or more of the following are available on every Palm Beach County school

campus. Suicidal thoughts are a symptom, just like any other — they can be treated, and they can improve over time.

- School counselors
- ESOL school counselors
- School psychologists
- School behavioral health professional
- Licensed mental health professionals or registered interns
- School nurses
- Contracted and collaborative agencies

These individuals expand and enhance school-based services and use strategies to increase the amount of time that school-based personnel, contracted and collaborative agencies provide direct services for students that are at risk of suicide. Moreover, the school district has many Behavioral Health Collaborative Agreement agencies, which offer free and sliding scale mental health services to children and families within the community.

Programs
Our district-wide programming increases suicide awareness and prevention by ensuring programs and supports are available to all students. Identified mental health, suicide awareness and prevention programs are:

District approved curriculum includes:
- Suite 360
- Youth Mental Health First Aid (YMHFA)
- Kognito

Additional programs that may be used:
- Adolescent Depression Awareness Program
- Teen Depression: Stories of Hope & Health for Middle School Students
- Teen Youth Mental Health First Aid
- Breaking the Silence: Teaching the Next Generation about Mental Illness
- Jason Foundation Suicide Prevention
- Sources of Strength (SOS)

Precipitating Factors, Warning Signs and Symptoms
“One of the most important steps school professionals can take to prevent suicide is learning to identify the warning signs and understand risk factors. If school personnel can recognize if an adolescent is at increased risk for suicide, they can connect them to the appropriate professional.” (*Centers for Disease Control*, 2018).

Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples may include but are not limited to:

- End of a relationship or breakup
- Death of a loved one or someone close to them
- An arrest
- Serious financial problems (self or family)

Warning signs are behaviors that indicate that someone may be at immediate risk for suicide. People who are in danger of harming themselves may try to reach out, sometimes directly, sometimes indirectly (a "cry for help"). Rarely will potential victims immediately volunteer the information that they are thinking of harming themselves. Instead, they may present their signs and symptoms in a variety of ways.

Verbal warning signs include:

- Talking and thinking about suicide, death or dying
- Talking about killing themselves / wanting to die
- Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it all" (suicidal threats)
- Giving less direct verbal cues, such as "What's the point of living?," "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"

Behavioral warning signs include:

- Withdrawing from activities
- Withdrawing or isolating from family and friends
- Change in sleeping or eating habits, especially too much or too little
- Global insomnia
- Irritability
- Aggression
- Fatigue
- Acting anxious or agitated
- Expressing or full of rage, or talking about seeking revenge
- Neglecting his or her appearance and hygiene
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Taking dangerous risks, such as driving extremely fast, running through traffic
- Increased use of alcohol or drugs
- Writing about suicide
- Making a plan to die or looking for a way to end their lives, such as searching online for methods/ways to die, stockpiling pills or buying a gun, or seeking access to pills, weapons or other means
- Giving away important items or prized possessions

- Putting affairs in order or by making a will
- Saying goodbye by visiting or calling people to say goodbye
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn

Emotional warning signs include:

- Extremely sad, more anxious, or agitated
- Great guilt or shame
- Perceiving self as being a burden to others
- Feeling hopeless or empty
- Feeling trapped or feeling there are no solutions
- Having no reason to live
- Unbearable emotional or physical pain

Mood warning signs. People who are considering suicide often display one or more of the following :

- Depression
- Anxiety
- Relief/Sudden Improvement or elation

Risk Factors

Risk factors are issues in a young person's life that increase the likelihood (risk) of them acting on suicidal thoughts. While warning signs are more immediate such as sudden changes in behavior, risk factors are often longer-term challenges that a young person may deal with over a period of time. The more challenges a young person has in their life, the greater their risk of suicide.

"The suicide of a family member, friend, or other emotionally close person can have a powerful and sometimes devastating impact on the people who are left behind. It is well established that exposure to death by suicide can be a significant risk factor for the development of many negative consequences in the bereaved, including an increased risk of suicide." - National Action Alliance for Suicide Prevention

Suicide is a complex problem - There is NO single cause

Important Notes:

- "Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.**"-National Institute of Mental Health.
- Most often occurs when stressors and health issues converge to create an experience of hopelessness and despair (Suicide Prevention Resource Center).

- Most suicides are related to psychiatric disease, with depression, substance use disorders and psychosis being the most relevant risk factors (Suicide Risk and Mental Disorders).

Statistical Risk Factors:

- LGBTQI youth are 4 times more likely to attempt suicide rather than straight youth
- Males represent 75% of all people who die by suicide
- Individuals who expereinced a mental health condition represent 90% of those who die by suicide, according to interviews with family, friends and medical professiona
- Among the people who died by suicide 46% had a diagnosed mental health condition
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
    - 4.3% of all adults
    - 11.0% of young adults aged 18-25
    - 17.2% of high school students
    - 47.7% of lesbian, gay, and bisexual high school students

NAMI (National Alliance on Mental Illness)

Health Factors:

- A mental health condition(s)
- Serious physical health or medical conditions, such as chronic pain
- Traumatic brain injury

Environmental Factors:

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection / breakups, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide, especially that of friends, peers, family, celebreties or heroes

Historical Factors:

- Previous suicide attempts
- Family history of suicide
- Family history of mental disorder or substance abuse
- Family violence, including physical or sexual abuse
- Childhood abuse, neglect or trauma

Assessment Protocol & Procedures

Suicide protocols and procedures are designed to assist school-based mental health professionals in addressing students exhibiting signs of being at-risk to harming self. A Mental Health Professional(MHP) is the first point of contact to initiate the suicide risk assessment. A MHP consults with the Behavioral Threat Assessment Team (BTAT), which is a collaborative team comprised of additional school-based mental health professionals that are skilled at determining if a student meets criteria to be transported to a crisis stabilization unit for further evaluation. The BTAT members will be the immediate responders for triage of acute suicidal crisis and Intervention Protocol Response. The individuals identified as BTAT members will also facilitate postvention efforts (within the operation of the School Based Team (SBT) for students requiring a mandatory referral due to re-entry after hospitalization or crisis on campus) in concert with District Crisis Team Members and community supports. All individuals identified as a Suicide Risk Assessment Team members must be trained in the Suicide Prevention, Intervention, and Postvention Protocols.

Roles	PERSONNEL	ROLE DESCRIPTION
Administrator identified 2 Mental Health Professionals	● School Counselor ● School Behavior Health Professional (SBHP) (if licensed clinician) ● School Psychologist	● Informs Administrator and School Police Officer in a timely manner ● Conduct *Columbia Screener, Mental Health Records Review, and Clinical Interview (EdPlan SRA system)* ○ Information can be initially documented on paper forms (while with the student) and entered into the EdPlan SRA electronic reporting system within 24-48 hours of assessment ● Works with other BTAT members to determine immediate level of care (e.g., transition to emergency department, release to parent) ● Create collaborative student support plan with student and parent per protocol ● Complete follow-up check-ins for student ● Oversee reentry meetings (SBT/CST) & follow-up care for student
Behavioral Threat Assessment Team (BTAT)	May include but not limited to: ● Mental Health Professional(MHP) ● School Police	● Consider BAKER ACT when student has met criteria ● If licensed/credentialed mental health professional assesses the student to

	● Administrator ● Mobile Response (if needed) ● CAPE Team (if needed)	meet criteria for Baker Act and the School Police does not, this should be documented on an affidavit (form provide by School Police) ● Student is transported by School Police for further evaluation ● If a student makes a threat to others, the Threat Assessment Team should be notified immediately ● Follow Mandatory Referral Process for SBT/CST ● Participates in an SBT/CST meeting to plan for reentry

PROTOCOL STEPS:

Suicidal Communication:

- When a school employee becomes aware that a student is thinking of harming him/herself, transition the individual to a Mental Health Professional (MHP) (school counselor, school psychologist, and licensed SBHP)
- MHP notifies Administrator and School Police Officer
- **Students should never be left alone**

Assessment of Risk:

- Mental Health Professional(MHP)
    - Administers the *Columbia Screener, Mental Health Records Review, and Clinical Interview (EdPlan SRA system)*
        - Information can be initially documented on paper forms (while with the student) and entered into the EdPlan SRA electronic reporting system within 24-48 hours of assessment
    - Collaborates with the Behavioral Threat Assessment Team (BTAT) to determine next steps **(written parent consent prior to completing screening is not needed)**
    - If a student makes a threat to others, the Behavioral Threat Assessment Team (BTAT) should be notified immediately

Parental / Guardian / Caregiver Communication:

- **Parent/guardian must be notified**
- If a parent/guardian decides to remove a student that meets Baker Act criteria, then school staff should document on form 1051(can uploaded into Part 2 of SRA) and EdPlan SRA (Part 3 Parent Notification)
- MHP will offer support to the student and the family, letting them know specific services to which the school can refer and next steps for caregivers.

- The importance of restricting access to means of suicide and general safety planning should be stressed to the parent/guardian.
    - The parent/guardian will be given:
        - "*Preventing Youth Suicide: Tips for Parents and Educators*"
        - *“School District of Palm Beach County Matrix of Agencies with Behavioral Health Cooperative Agreements*” (recommending 3 providers)
        - Ask the parent to complete the *"Release or Transfer of Student Information"* (Form 0313 - Appendix B) form for any outside provider who will be assessing or treating their child in order to support a coordinated response
- If a student is admitted to a Crisis Stabilization Unit, the student's absence will be treated in accordance with Florida State Statute 1003.24 and Board Policy 5.09. Guidelines for make-up work and other applicable academic credit concerns regarding student absences are outlined in Palm Beach County School District Student Progression Plan.

Student Re-Entry to School:

- When a student is discharged from a Crisis Stabilization Unit, the MHP will request the evaluation/discharge paperwork be sent to the mental health professional at the school.
- For any student who accessed further support through a hospital or community mental health agency, the evaluation/discharge report may consist of:
    - ✓ Psycho-social
    - ✓ Psychiatric
    - ✓ Discharge Summary
- All paperwork and any other *assessment / recommendations information* shared by outside agencies should be collected by the mental health professional and held in a file until the School Based Team/ Child Study Team (SBT/CST) Reentry Meeting.

Re-entry Meeting:

- When the student is ready to return to school, mandatory referral to SBT/CST paperwork must be completed and a mandatory SBT/CST meeting must be scheduled. All students regardless of level of risk are to receive a reentry meeting scheduled through the SBT/CST.
- The SBT/CST meeting should include the student (if appropriate), caregiver, the mental health professional and all other members of the Behavioral Threat Assessment Team (BTAT) for low/moderate/high risk students
    - ESE/ 504 procedures must be followed when planning for reentry for students with an Individual Education Plan IEP/504 Plan.
- All related documents should be kept in a secure location
- The Student Support Plan should be reviewed, created, or updated, including identification of an adult staff member(s) with whom the student feels comfortable and has an on-going and trusting relationship
- ESE/504 procedures must be followed for students who have a Section 504 Plan or IEP.
  If a student needs an adjustment to their schedule or other accommodations, the student’s school counselor will work with the student, parent/guardian and others as needed.

- The team should consider if accommodations, interventions and/or referrals for evaluations are warranted

Student Support Plan

Student Support Planning is an essential part of the reentry process. Student Support Planning may include a prioritized written list of coping strategies and sources of support developed by a mental health team in collaboration with students (and family as needed) who are at high risk for suicide.

Student Support Planning should incorporate elements of four evidence-based suicide risk reduction strategies:

- Reducing access to lethal means
- Teaching brief problem-solving and coping skills
- Enhancing social support and identifying emergency contacts
- Using motivational enhancement to increase likelihood of engagement in further treatment

It is important to note that a student support plan is not a "no-suicide contract," which is not recommended by experts in the field of suicide prevention. As they are generally used, no-suicide contracts ask students to promise to stay alive without telling them how to stay alive.

In specific situations, there may be a need for the school team to develop a student support plan for the purpose of outlining specific actions taken by school staff to ensure the support of the child or others. This type of support plan may include proactive strategies, the reason for the plan, communication methods, which staff should respond, and response strategies.

Reducing Access to Lethal Means

Reducing access to lethal means is a critical part to support planning. Limiting access to medications and chemicals and removing or locking up firearms and other weapons are important actions to keep students safe. Reducing access to lethal means is based on the following suppositions:

- Many suicide attempts occur with little planning during a short-term crisis
- Intent isn't all that determines whether an attempter lives or dies; means also matter
- 90% of attempters who survive do NOT go on to die by suicide later
- Access to firearms is a risk factor for suicide
- Firearms used in youth suicide usually belong to a parent
- Reducing access to lethal means saves lives

Reducing access to possible methods of suicide may be one of the most challenging tasks a mental health professional faces with a student. Organization policies should clearly state what mental health professionals should do regarding lethal means, including the protocol to follow in the event a student

brings a weapon or other lethal means to the school setting.

Postvention is a term often used to describe activities that help people cope with the emotional distress resulting when a person dies by suicide and prevents additional trauma that could lead to further suicidal behavior and deaths, especially among people who are vulnerable. Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide.

Postvention strategies are utilized to:

- Address the care of bereaved survivors, caregivers, and health care providers
- Destigmatize the tragedy of suicide and to assist with the recovering process
- Serve as a secondary prevention effort to minimize the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma
- Enhance suicide prevention by providing behavioral health, psychosocial, spiritual, and public health services to survivors of the suicide.

After A Suicide Event

The suicide of a student can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. Under these circumstances, it is important that schools have reliable information, practical tools, and pragmatic guidance to help them protect their students, to communicate with the public, and to return to their primary mission of educating students.

Schools and Postvention

Important note:

School systems are an integral part of a community. As the majority of young people who die by suicide are part of a school community, the community school becomes a natural place for a postvention response. Identifying youth who may be at risk for suicide, and responding to the emotional and psychological needs of all students, is crucial.

It is essential that schools be prepared beforehand in the event of a suicide, specifically *postvention planning and preparation*. Although postvention occurs *after* a death by suicide, it is preventive in nature because it reduces suicide risk by identifying and supporting the emotional and mental health needs of the survivors.

Suicide prevention and postvention efforts should include:

- Risk reduction
- Promoting healing for the immediate family

- Promoting healing for those exposed to the violence
- Reaching out into the community to support the broader group of loss survivors including friends, family, teachers, administrators, and others exposed to the death.

In the aftermath of a suicide:

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

The following principles can help guide the development of a postvention plan and response:

- Schools should treat all student deaths in the same way.
    - Having one approach for a student who dies of cancer and another for a student who dies by suicide reinforces the negative association that often surrounds suicide.
- Adolescents are vulnerable to the risk of suicide contagion.
    - it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Exercise extreme caution with memorials. Refer to the memorial section of this manual.

Administration	
Do	**Don't**
Contact the police to confirm the death and the facts surrounding it.	Do not make assumptions about what happened.
Only share information that is appropriate and necessary	Do not share all information freely.
Notify regional superintendent and suicide-prevention designee.	Do not handle the situation on your own.
Notify School Psychological Services so that they may support and assist your school student and staff.	Do not contact outside services for support.
Follow the lead of the School Psychologist Crisis Response Team.	Do not initiate services or interventions without appropriate guidance from the School Psychologist Crisis Response Team.

- If recommended, additional school psychologists will be contacted for counseling support. - If appropriate, notify the deceased student's last school attended, school deceased was scheduled to attend, and if applicable, the school(s) the deceased sibling(s) are attending.	
Activate phone tree, including Crisis Response Team, school staff, transportation administrator (if student rode the bus), and coach (if student was an athlete). Notify other school principals that may be impacted where siblings of deceased or friends of deceased attend.	Do not attempt to call everyone at one time or on your own.
Contact the family of the deceased student to offer condelescenses, assistance, and to schedule a time to meet in person (i.e., bring student's personal effects, gift basket, sympathy card, etc.). Obtain permission from parents to release the cause of death. Respect wishes if they refuse to provide information.	Do not intrude on the family's grieving process. Do not share information freely.

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Schedule a faculty meeting as soon as possible: before school if an incident happened the day before, or at the end of school in preparation for the next day if notification of incident came during the school day.

Dispel rumors by providing only the facts.
Allow staff to ask questions and express feelings.
Review process for students who want to leave the campus due to the incident.
Follow District guidelines for addressing the media.

Remind staff to not speak to the media.
Provide them with a prepared statement that can be used for any unexpected calls from the community or concerned parents.
Staff are to refer to the principal or principal’s designee for any media requests.

Provide teachers with permission to allow students to express their feelings in class should the need arise.

Review the need to stick to the facts, to refrain from speculating, and to preserve the deceased student’s dignity and his/her parents’ privacy.

Compile list of students close to the deceased.
Compile list of students who may be at risk of suicide.
Remind staff about risk factors and warning signs of youth suicide.
Compile list of staff members who had contact with the deceased.
Provide staff with counseling opportunities and support services.

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Do not wait to inform staff.

Do not share unsubstantiated information.
Do not hinder appropriate communication.
Do not force students to participate in all activities.
Do not reach out to the media without proper preparation.
Do not suppress or deny students the opportunity to express their feelings appropriately.
Do not discount or assume who was “close” to the student.
Do not disregard or discount any student.
Do not assume the staff will recall the risk factors or warning signs during the stressful time.
Do not underestimate the impact the event may have had on the staff

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All Staff	
Do	**Don't**
Work closely with health authorities in presenting the facts.	Don't share photographs or suicide notes.
Refer to suicide as a completed suicide, not a successful one.	Don't report specific details of the method used.
Present only relevant data, on the inside pages.	Don't give simplistic reasons.
Highlight alternatives to suicide.	Don't glorify or sensationalize suicide.
Provide information on helplines and community resources.	Don't use religious or cultural stereotypes.
Publicize risk indicators and warning signs.	Don't assign blame.

Memorialization

Funerals and Memorials

- Strongly advised not to hold funeral or memorial on school grounds
- Strongly advised that service is held outside of school hours
- Students permitted to leave school to attend service with parent permission
- Encourage parents to attend service with their child(ren)
- Permanent memorials on campus are highly discouraged

Spontaneous Memorials
(bringing flowers, writing notes & leaving at a designated location)

- Balance the need for students' need to grieve with the goal of limiting the risk of glamorizing the death
- Monitor the messages (inflammatory or a student at-risk)
- Set limits with compassion and sensitivity
- Offer creative suggestions
- Memorials should be left in place for approximately 5 days
- Discourage requests to create and distribute images of deceased (t-shirts, buttons) (instead use wrist bands that portray a positive message)
- Allow to wear memorial item for the one day and then explain dress code policy
- If spontaneous memorial occurs off campus, staff may suggest a supervised ceremony to respectfully remove items with items offered to the family
- After 5-days, rearrangement of class may occur after discussing in a sensitive manner to student

Online Memorial Pages
● Typically remain active for 30 to 60 days

Yearbooks

- With parent permission, students can be remembered for academic and extracurricular activities.
- If there is a history of dedicating the yearbook (or page of the yearbook) to students who have died by other causes, that policy is equally applicable to a student who has died by suicide.
    - Final editorial decisions should be made by an adult to ensure that it conforms to the standards in *Recommendations for Reporting Suicide.*
    - The staff member in charge of the yearbook should work with principal and school mental health professionals on these decisions.
- The focus should be on mental health/wellness and/or suicide prevention.

Cultural Considerations

- Be sensitive to the beliefs and customs regarding the family and community (i.e., rituals, funerals, grieving process)
- Use an individual familiar with the culture of the student / family to act as a liaison between the family, community, and school
- Interpreters and translators may be needed if there are language differences.
- Behaviors such as suicide attempts may be perceived, labeled, or tolerated differently in different cultural groups
- Cultural factors may affect decisions about whether to seek mental health assistance, even if a behavior is recognized as problematic
- Recently immigrated families may need additional support when navigating the healthcare system
- Families may believe that problems such as suicidal behaviors should be dealt with by the family or faith community rather than specialty mental health services
- If possible, provide resources in native language

RESOURCES

Crisis Lines

1-800-273-TALK (8255)
The National Suicide Prevention Lifeline is a free, confidential, 24-hour, 7-day a week hotline available to anyone in suicidal crisis or emotional distress; connects the caller to certified help from nearest crisis center; can call for self or someone individual cares about.
http://www.suicidepreventionlifeline.org/

1-866-4-U-TREVOR or 1-866-488-7386
The Trevor Lifeline is a national, confidential 24-hour toll-free suicide prevention hotline aimed at lesbian, gay, bisexual, transgender, and questioning youth. If a young person is looking for someone to listen and understand without judgment or if he/she is feeling suicidal, The Trevor Lifeline is available at 866-488-7386. All calls are handled by trained counselors.
http://www.thetrevorproject.org/

1-800-448-3000
The Boys Town National Hotline is open 24 hours a day, 365 days a year and staffed by specially trained Boys Town counselors. Parents, teens and families can find help with the following: Suicide Prevention, Runaways, Parenting troubles, School issues, and more. Spanish-speaking counselors and translation services, representing more than 140 languages, are available, along with a TDD line (1-800-448-1833) that allows counselors to communicate with speech-impaired and deaf callers.
http://www.boystown.org/national-hotline

Text HOME to 741741
Crisis Text Line Crisis Text Line is free, 24/7 support for those in crisis. Text 741741 from anywhere in the US to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis.
https://www.crisistextline.org/

Florida Organizations

Florida Initiative for Suicide Prevention FISP supports and believes in a collaborative effort to address the risk factors that contribute to the incidence of suicide.
http://www.fisponline.org

Florida Suicide Prevention Coalition (FSPC) FSPC is a Florida grassroots coalition whose mission is to collaborate to develop and implement suicide prevention, intervention and postvention strategies and programs. Their vision statement is: A coalition of Floridians for the elimination of suicide in our communities. This is an excellent site for up to date information and resources.

http://www.floridasuicideprevention.org

YES Institute YES Institute provides education that gets at the source of why youth are harassed. Their mission is to prevent suicide and ensure the healthy development of all youth through powerful communication and education on gender and orientation. Their mission is accomplished through powerful communication and education with people in all segments of the community—throughout the U.S. and Latin America.
http://www.yesinstitute.org

Suicide Stops Here: The Florida Suicide Prevention Implementation Project A site for individuals, schools, coalitions, task forces, faithbased organizations, employers, health providers, and state and system leaders who are interested in taking action to prevent the tragic loss of life from suicide. The Florida Suicide Prevention Implementation Project (FSPIP) is a collaborative effort between the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida, the Statewide Office of Suicide Prevention and the Suicide Prevention Coordinating Council to implement the Florida Suicide Prevention Strategy on the local level. This project serves as the avenue through which the state plan is rooted and sustained in the community.
http://preventsuicide.fmhi.usf.edu/

Advocacy Groups/Organizations

National Alliance on Mentally Illness (NAMI) NAMI offers an array of peer education and training programs, initiatives and services for individuals, family members, health care providers and the general public. NAMI's education and support programs provide relevant information, valuable insight, and the opportunity to engage in support networks. These programs draw on the lived experience of individuals who have learned to live well with mental illness and have been extensively trained to help others, as well as the expertise of mental health professionals and educators.
http://www.nami.org

National Federation of Families for Children's Mental Health (FFCMH) The FFCMH is a U.S. national parent-run organization supporting family-run programs to meet the needs of children and youth with emotional, behavioral, or mental disorders.
http://www.ffcmh.org

SAVE - Suicide Awareness Voices of Education SAVE believes that suicide is preventable and that suicide prevention works. In order to accomplish its mission and goals, SAVE uses the public health model along with a media campaign to raise awareness of suicide. SAVE uses an educational approach to dispel the myths about suicide and to let others know about the realities surrounding what in 1999 the former U.S. Surgeon General David Satcher called a "public health crisis."
http://www.save.org

Suicide Prevention Action Network (SPAN) SPAN USA is the policy division of the American Foundation for Suicide Prevention.
http://www.spanusa.org

National Organizations

National Association of School Psychologists NASP represents school psychology and supports school psychologists to enhance the learning and mental health of all children and youth. The website below has some suicide prevention and intervention-related material accessible to the general public while other material is restricted to NASP members.
https://www.nasponline.org/resources-and-publications/resources-and-podcasts

The American Foundation for Suicide Prevention (AFSP) The AFSP has been at the forefront of a wide range of suicide prevention initiatives -- each designed to reduce loss of life from suicide. AFSP is investing in groundbreaking research, new educational campaigns, innovative demonstration projects and critical policy work. AFSP is expanding their assistance to people whose lives have been affected by suicide, reaching out to offer support and offering opportunities to become involved in prevention.
http://www.afsp.org

American Association of Suicidology (AAS) AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.
http://www.suicidology.org

American Psychological Association (APA) Based in Washington, DC, the APA is a scientific and professional organization that represents psychology in the United States. With more than 154,000 members, APA is the largest association of psychologists worldwide. A search of the website produced more than 200 documents related to suicide.
http://www.apa.org/

Suicide Prevention Resource Center (SPRC) SPRC provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. SPRC also hosts the Best Practice Registry listing programs and practices reviewed according to specific criteria for that section.
http://www.sprc.org

Government Agencies

Substance Abuse & Mental Health Services Administration (SAMHSA) Publications Ordering SAMHSA provides a number of suicide prevention-related resources to order for free (or sometimes shipping costs). Suicide-related resources can be found under Issues, Conditions, and Disorders on the menu banner or through a search.
http://store.samhsa.gov/home

National Institute of Mental Health (NIMH) The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. A search of "suicide" provides a number of resources some focused on youth.
http://www.nimh.nih.gov

Office of the Surgeon General The Office of the Surgeon General, Department of Health and Human Services is dedicated to protecting and improving American health. The site has The Surgeon General's Call to Action to Prevent Suicide, 1999 and the National Strategy for Suicide Prevention: Goals and Objectives for Action, 2001 available to download.
http://www.surgeongeneral.gov

Additional Resources

Children's Safety Network (CSN) Children's Safety Network - National Injury and Violence Prevention Resource Center site contains publications and resources produced by CSN and other Education Development Center injury prevention projects related to youth suicide prevention.
https://www.childrenssafetynetwork.org/topics/showtopic

Jason Foundation JFI is a nationally recognized provider of educational curriculums and training programs for students, educators/ youth workers and parents. JFI's programs build an awareness of the national health problem of youth suicide, educate participants in recognizing the "warning signs or signs of concern", provide information on identifying at-risk behavior and elevated risk groups, and direct participants to local resources to deal with possible suicidal ideation. JFI's student curriculums are presented in the "third-person" perspective – how to help a friend.
http://www.jasonfoundation.com