



Behavioral Health Administration

Maryland Action Plan to Prevent Suicide in K-12 Schools

A Practical Reference Guide



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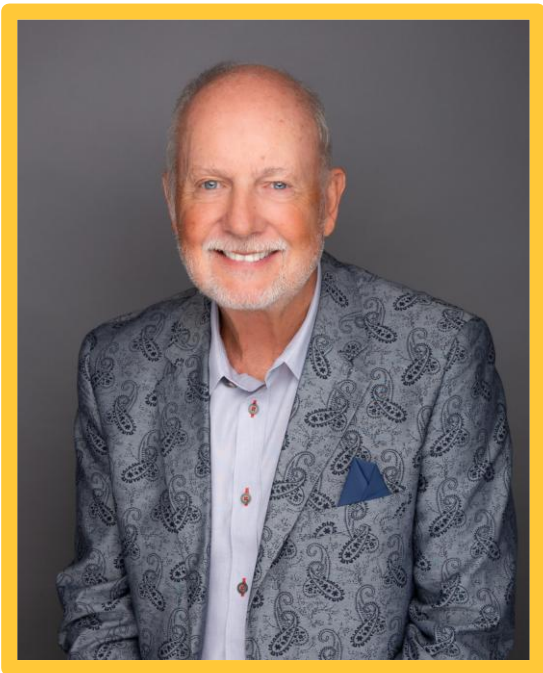
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Meet the Authors:

SCOTT POLAND, Ed.D

Dr. Scott Poland is a professor at Nova Southeastern University's College of Psychology in Fort Lauderdale, Florida and the director of NSU's Office of Suicide and Violence Prevention. He worked in schools as a psychologist and a director of psychological services for 26 years and is still very involved in school crisis response and consultation. He recently provided on-site assistance after suicides in many school districts across the nation. As a survivor of the suicide of his father, Dr. Poland is an example of those who never believed a suicide could happen in their own family. His experience inspires him to connect with others and prevent suicide.

After being promoted to director of psychological services in Cypress-Fairbanks Independent School District in Houston, Texas and facing the suicides of several students, Dr. Poland became dedicated to suicide prevention. In 1982, the district superintendent asked Dr. Poland what he was going to do about the student suicides. He began his research and specialized training, and figuring out how to prevent youth suicide has been his highest professional priority ever since. Dr. Poland has presented more than 2,000 times on the topics of school crisis and suicide intervention. Dr. Poland is a licensed psychologist and an internationally recognized expert on youth suicide and school crisis. He has authored or co-authored eight books on the subject and continues to write. His first book, *Suicide in Schools*, published in 1989, was translated into several languages. Additionally, Dr. Poland and his partner Donna, who is a former educator and school principal, authored the *Suicide Safer Schools Plan* for the state of Texas as well as the *Montana Crisis Action School Toolkit on Suicide* and the *Florida STEPS, School Toolkit for K-12 Educators to Prevent Suicide*.

Dr. Poland is a past president of the National Association of School Psychologists and a past director of the Prevention Division of the American Association of Suicidology. He testified about the mental health needs of children before the U.S. Congress on four occasions and has personally assisted school communities after 17 school shootings and after acts of terrorism, natural disasters, and numerous suicide clusters. Most recently, he provided suicide prevention training that was attended by personnel representing every school district in Florida. Additionally, as a first responder in providing psychological strategic planning and training for impacted staff and parents immediately after the Parkland shootings, he received the "Helping Parkland Heal Award" from the city of Parkland. He also received the Houston Wage Peace Award, the American Psychological Association Jack Bardon Career Service Award in School Psychology and was previously named the most outstanding psychologist in Texas. He believes strongly that schools have a very important role in youth suicide prevention in partnership with parents, community, county, and state prevention resources.



Meet the Authors:

DONNA POLAND, Ph.D.

Dr. Donna Poland was a professional educator for 37 years, of which 27 years were in public schools in the great state of Texas where everything is BIG! Imagine her surprise, as a first-year teacher, when she discovered that her middle school classes averaged 30+ students and she had six classes each day! Dr. Poland very quickly discovered that she needed to get to know her students and build a respectful and nurturing environment before she could even consider teaching the curriculum. Having that vital connection with each student was the reason she walked joyfully into the building every day.

After 17 years in the classroom, Dr. Poland began her administrative journey as a director of instruction, an at-risk coordinator, an associate principal, and finally a principal. Immediately upon taking a leadership role, she was faced with the tragedy of a scholar-athlete taking his life by suicide just days before he was due to enter 9th grade and at that time there was not a reference guide to follow. Dr. Poland felt a lot of responsibility to provide leadership and support to the affected school community and relied on the school mental health personnel to guide her. She also provided extensive support for the school crisis team that provided the front-line help to affected staff and students.

Dr. Poland would like to say it was the only student suicide she experienced. Unfortunately, every year resulted in working with parents, staff, and children in the aftermath of a death by suicide or an accidental death. The next 10 years (at a small private college preparatory school in Florida), she continued to need the skills for developing programs, educating staff, and working with parents regarding the signs of depression and suicide. After experiencing a death by suicide, especially of a young person, one never forgets the details of a life ended too soon and the haunting questions of; what was not seen, what could have been done?

Suicide prevention, intervention and postvention in schools requires planning and a team response. Dr. Poland has found partnering with the school mental health professionals at her school essential. Suicide prevention information unfortunately is not always a part of training to become a principal, but it is essential training for administrators. Dr. Poland recommends knowing and following the suicide prevention policies at your school, review the Maryland suicide prevention training requirements for schools, and work with school mental health professionals to ensure the training for staff takes place. It is also important to review the school suicide prevention policies with key staff members every year.

Dr. Poland hopes the information contained in this reference guide will help you in your work with students at-risk for suicide.

Contributors

We are indebted to the staff members from the Maryland Department of Health BHA Integrated Wellness and Prevention Unit's Office of Suicide Prevention who saw the need for prevention and worked tirelessly to develop this reference guide.

Maryland Department of Health, Office of Suicide Prevention

- Dionne Bowie, LCPC
- Anne Claggett, MA
- Indu Radhakrishnan
- Enjoli Gomez
- Patricia Walcott
- Ashley Deare, MPH

We are very grateful to many individuals who were interviewed during the development of this reference guide, including five mothers; Kim Klump, Linda Diaz, Stephanie Carducci, Christine McComas, and Amy Ocasio. Each lost a child to suicide and were an integral part of this reference guide. Suicide prevention is often driven by those who have lost loved ones, and we are indebted to them for their powerful insight. We are deeply appreciative of the feedback from everyone who was interviewed and have included many of their thoughts and recommendations in this document.

Initiatives started by these suicide loss survivors:

- Linda Diaz - Lauryn's Law
- Stephanie Carducci - Bee My Voice
- Amy Ocasio - Live for Thomas
- Kim Klump - Jesse's Paddle
- Christine McComas - Grace's Law

Insights and recommendations from other Maryland partners:

- Holly Wilcox, PhD, Professor in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health
- Michael Muempfer, Director, Maryland School Mental Health Response Program - Maryland State Department of Education
- April Turner, PhD, School Psychological Services Supervisor, Division of Student Support and Federal Programs, Maryland State Department of Education
- Aliya J Carmichael Jones, MD MBA - Executive Medical Director, Behavioral Health, Luminis Health
- Lynda Bonieskie, PhD, Director of Mental Health, Office of Program, Treatment and Re-entry, Department Of Public Safety & Correctional Services

We are deeply honored to have individuals share their cultural perspectives during the development of this reference guide. Their insights have provided a richer understanding of the culturally diverse experiences surrounding suicide prevention, intervention, and postvention. As part of a community often underrepresented, their input has helped create a more inclusive and culturally informed resource. Their feedback, thoughts, and recommendations have been thoughtfully incorporated into this document, and we are grateful for the opportunity to have their voices heard.

- Dr. Rukhsana M. Chaudry, PsyD – Director of Mental Health Programming, American Muslim Health Professionals
- Felipe Francisco Millan – Disability Program Manager at U.S. Department of Labor
- Dr. Ibrahim Sablaban, DO – Vice President, American Muslim Health Professionals
- Monica Guerrero Vazquez, MS, MPH – Executive Director, Centro SOL Johns Hopkins School of Medicine, Pediatrics

We would also like to thank Jonathan Bowie for contributing their youth perspective during the development of this reference guide. Their insights have provided a better understanding of the unique challenges and experiences faced by young people today. This youth input has helped create a more inclusive and youth-informed resource. Their feedback, thoughts, and recommendations have been thoughtfully incorporated into this document, and we are grateful for the opportunity to have youth voices heard and valued.

Letter from the Authors

The Maryland Action Plan to Prevent Suicide in Schools (MAPS) has been designed to assist schools with suicide prevention, intervention and postvention. We recognize that many Maryland schools, public or private, have highly developed procedures and this reference guide is provided to enhance the existing procedures. Our experience has been that schools have appreciated being provided with practical tools that they can utilize, and Maryland school personnel have our permission to utilize anything in the reference guide to enhance their important work.

It is important to keep up-to-date with Maryland legislative requirements for K-12 schools and surveillance data for Maryland. The most current information for both is provided in the guide. We also interviewed key suicide prevention experts and stakeholders across the state to gain more information about suicide prevention in Maryland. We are particularly grateful to the parents we interviewed who lost children to suicide. Often suicide prevention is driven by survivors who do not want anyone else to experience the loss of a loved one to suicide. All information gathered has been valuable in the shaping of the MAPS Reference Guide.

It is critical to keep up with the most updated suicide incidence data, Maryland legislation, and recent developments and trends for youth suicide. Additionally, Maryland has the Governor's Commission on Suicide Prevention, which has significant implications for schools.

Collaboration between schools and community and state suicide prevention resources is at the very foundation of suicide prevention in the schools. MAPS is intended to act as a step-by-step guide for all school personnel on suicide prevention, intervention, and postvention. It is a comprehensive approach to suicide prevention in schools and it is important to remember that suicide prevention is an ongoing process that requires teamwork and collaboration.

Thank you for your dedication to preventing suicide in Maryland.



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Public and Private Schools



INTRODUCTION

A death by suicide in a school community can have lasting effects on students, parents, teachers, school mental health professionals, and administrators.

Suicide is preventable, and Maryland schools are dedicated to preventing suicide in every way possible.

Suicide impacts Maryland schools every year. Young Marylanders are facing challenges that can greatly impact their mental and emotional wellbeing, which can contribute to suicidal thoughts, behaviors, and crises.

The Maryland Action Plan to Prevent Suicide in Schools (MAPS) equips members of school communities to take swift and effective action when a crisis related to suicide arises. Marylanders must come together to identify and support youth at risk. In the tragic event that a student or community member dies by suicide, it is critical that school communities are informed and prepared to respond. MAPS provides essential information and tools to support decision-making at every level and stage of suicide prevention in schools. In addition, this reference guide can be used to facilitate key policy transformation at the district level, and can support planning and implementation of policies at the school level.

Administrators and leadership, school mental health professionals and staff, parents, and students all have crucial roles to play. This reference guide provides each group of community members with evidence-based guidance and practical tools to advance suicide prevention, intervention, and postvention.

Please reach out to mdh.suicideprevention@maryland.gov if you have any questions or feedback to share. Together, we can prevent suicide!

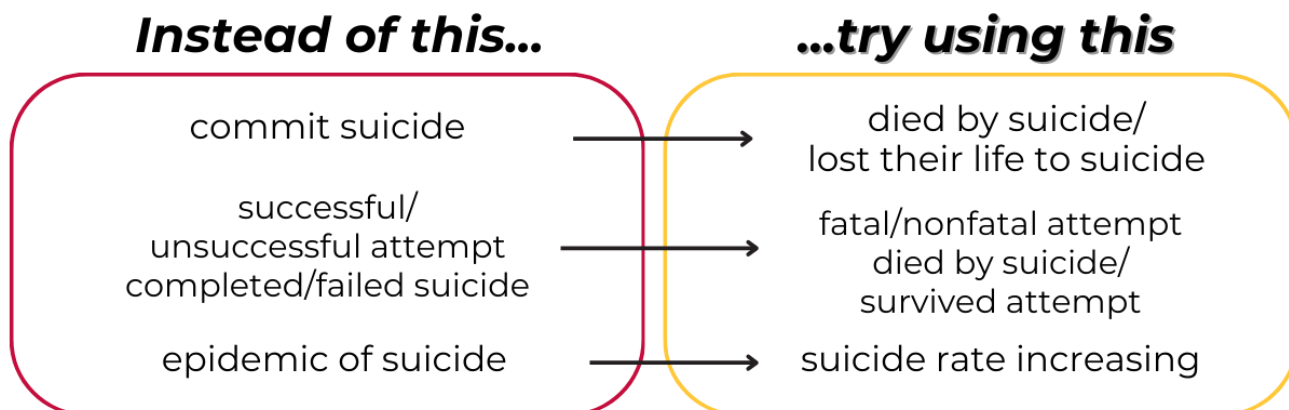


Key Terms

Throughout the reference guide, you will see certain terms and abbreviations used. They are defined below.

Avoid Stigmatizing Language

In general, avoid using language around suicide that reinforces negative stereotypes and prejudice. It's important to emphasize hope and recovery.



Survivor of Suicide Loss

This is a term referring to an individual who lost one or more loved ones to suicide.

Survivor of Suicide Attempt

This is a term referring to an individual who survived one or more suicide attempts.

Suicidal Ideation

This refers to an individual's active thoughts of wanting to kill themselves without accompanying behavior.

Suicide Plan

This refers to efforts that an individual makes to prepare for a suicide attempt. This can include researching or obtaining lethal means, choosing a place, and/or choosing a date.

Suicide Attempt

A nonfatal, self-directed, potentially injurious behavior with an intent to die. This means the suicide attempt may or may not have resulted in injury, but the attempt was intentional.

Suicide Postvention

The planned actions conducted in response to a suicide. The purpose is to process feelings and concerns, addressing the most common reactions. Effective suicide postvention can help prevent suicide.

Lethal Mean

This refers to something that can be used to inflict deadly harm upon oneself or others.

Warning Signs of Suicide



Warning signs can be indicators that a person may be thinking about attempting suicide and may urgently need help.

- Talking about wanting to die;
- Isolation behaviors;
- Increased anxiety;
- Substance use/misuse;
- Talking about being a burden or feeling trapped;
- Extreme mood swings;
- Increased anger or rage;
- Expressing hopelessness;
- Talking about being in unbearable pain;
- Sleeping too much or too little;
- Looking unkempt or disheveled;
- Grades dropping;
- Not partaking in activities that once brought them joy;
- Giving away important or meaningful items; and
- Making a plan for suicide by looking for a way to access lethal means (firearms, medications, rope, local tall buildings and bridges, etc.)

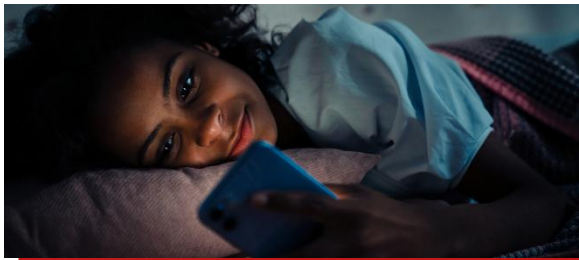
Risk Factors for Suicide

Individual:

- Previous suicide attempt
- Mental Health Challenge/Disorder
- Social isolation
- History of incarceration
- Financial issues
- Impulsive or aggressive tendencies
- Perfectionistic tendencies
- Job challenges or loss
- Legal challenges
- Acute/chronic illness (self or loved one)
- Substance Use Disorder
- Changes in use of alcohol and/or drugs
- Adverse childhood experiences such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship challenges
- Experiences of physical/sexual violence



Societal:



- Stigma associated with mental illness or help-seeking
- Easy access to lethal means among people at risk (e.g., firearms, medications)
- Unsafe media portrayals of suicide

Community:

- Barriers to health care
- Cultural and religious beliefs (e.g., a belief that suicide is noble)
- Suicide cluster in the community



Protective Factors



Protective factors are influences that make it less likely that individuals will develop a mental health or substance use challenge. They include biological, psychological, or social factors in the individual, family, or community. Protective factors help to lower the risk level of suicide and other self-destructive behaviors.

Protective Factors Include:

- Family involvement in school
- Positive school experiences
- Safe school environment
- Involvement in activities
- Opportunities to contribute/participation in school and/or the larger community
- Access to the basic needs (food, clothing, shelter)
- A supportive, caring adult
- Close friends and support network
- Dental care
- Pets/connectedness to others
- Reasonably safe, stable environment
- Effective care for mental and physical health and substance use challenges
- Availability of counseling
- Restricted access to firearms or other lethal means
- Help-seeking behavior
- Hope for the future
- Having goals
- Good problem-solving skills
- Medical compliance and a sense of the importance of health and wellness



DATA OVERVIEW

Data Overview

Maryland public school districts and private schools vary in their prevention resources and intervention plans. Some school districts and private schools may already have many of the prevention tools that can be found in this reference guide. However, some may not have implemented detailed plans for suicide prevention. This reference guide is intended to enhance existing suicide prevention plans and efforts. Maryland schools are encouraged to utilize the tools in any way that will be helpful to them.

Suicide rates have increased, and everyone needs to know how to get help for themselves or someone else who is suicidal. It is important to state that suicide is not inherited, nor is it anyone's fate or destiny. Slight increases in protective factors and slight decreases in risk factors may save lives.

Specifically concerning children, suicide is rare for elementary-age children. However, an increasing number of elementary-age children are expressing thoughts of suicide, and each case must be taken seriously.

The CDC reported provisional data for 2022 and suicide rates have gone up.

- The number of deaths by suicide across all age groups increased to more than 49,000 in 2022.
- Suicide rates are the highest for Caucasian Americans, American Indians, and Alaskan Natives. An increase was also noted for African Americans.
- Suicide is the second leading cause of death for middle school students and the third leading cause of death for high school students.

It is difficult to know all the factors that resulted in the increase in suicide deaths for 2022. The foundation of suicide is most often untreated or under-treated mental illness. Another major factor in youth suicide is adverse childhood experiences (ACES). The most significant ACES are the death of a parent, rejection from a parent, living in poverty, being the victim of bullying, being the victim of abuse, and living with a mentally ill or substance-abusing parent. There is much concern about our youth.

There are evidence-based treatments for all types of mental illness but many barriers to obtaining the needed treatment for suicidal youth still exist, including lack of insurance and/or financial resources. Additionally, many cultural components, including stigma, impact whether community-based treatments are received by a suicidal youth.

Youth Suicide Statistics

Provisional numbers of suicide deaths were 3% higher in 2022 than in 2021.

Centers for Disease Control and Prevention, Vital Statistics Rapid Release (2023)

Suicide is the 3rd leading cause of death for ages 10-24 in Maryland.

Key findings from the 2021/2022 Youth Risk Behavior Surveillance Survey in Maryland*

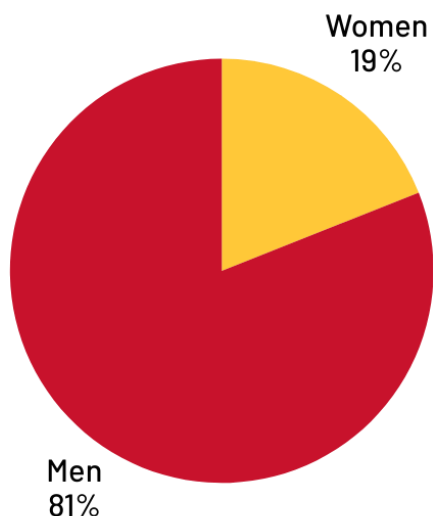
- Percentage of students who reported feeling sad or hopeless, for 2 or 3 weeks in a row or more.
 - 40% in High School
 - 37% in Middle School
- Percentage of students who seriously considered suicide.
 - 21% in High School
 - 27% in Middle School
- Percentage of students who made a suicide plan.
 - 15% in High School
 - 20% in Middle School
- Percentage of students who made one or more attempts.
 - 17% in High School
 - 11% in Middle School

*Please note that middle school students were asked questions about suicidal behavior over their lifetime. High school students were asked about their suicidal behavior in the past year.

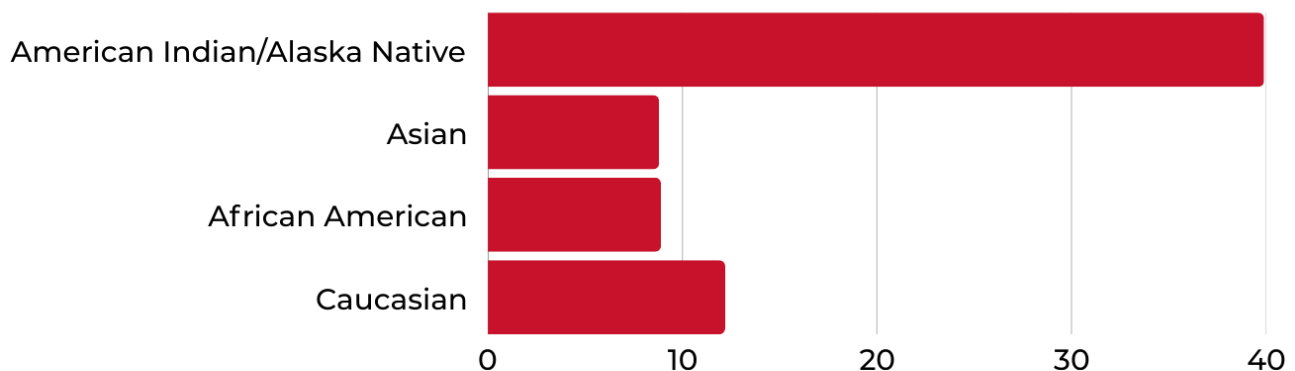
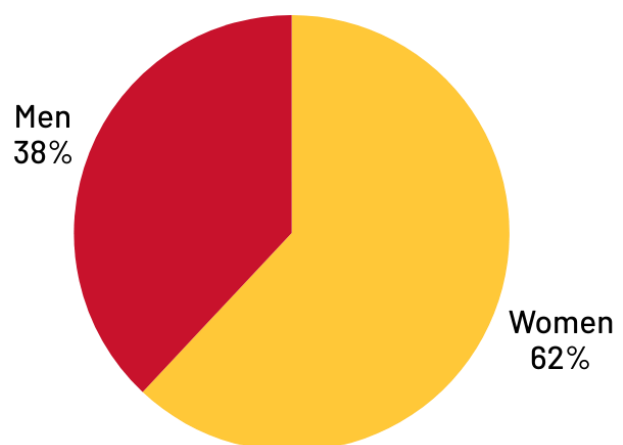
Populations with Elevated Risk

14% of LGBTQ youth in Maryland attempted suicide in 2022, according to data from the Trevor Project.

MD Suicide Deaths
by Gender



MD Hospital Visits for a
Suicide Attempt by Gender



US Teen Suicide Rates per 100,000 by Race



ADMINISTRATORS

Administrators set standards of practice for schools. Suicide prevention is an essential part of an effective school safety strategy, and administrators must be prepared to address suicide-related concerns.

THE ROLE OF ADMINISTRATORS



Administrators set standards of practice for schools that shape responses to crises as part of their role. Suicide prevention is an essential part of an effective school safety strategy. Administrators need to be familiar with all aspects of suicide-related policies implemented at their schools, in order to provide support and make decisions efficiently in crisis situations.

Administrators facilitate suicide prevention through implementing smart policies, training and informing staff and students, creating a trained School Mental Health Team (SMHT) with delegated roles, supporting School Mental Health Professional (SMHPs), and carefully documenting all actions taken.

Effective suicide prevention strategy for Administrators covers three key areas:

❖ **PREVENTION** (p. 24 - 36)

- I want to implement policies at my school that will reduce suicide risk in the long run.

❖ **INTERVENTION** (p. 37 - 44)

- I want to implement policies for the identification, assessment, and support of youth at my school currently at risk of suicide.

❖ **POSTVENTION** (p. 45 - 90)

- I want to respond to a death by suicide in my school community, and support those impacted.

Leadership Checklist

As you implement policies, this checklist will help you keep track of essential suicide prevention components. Each strategy has tools to support it.

PREVENTION Strategies to reduce suicide risk in the long run

- ☐ Assemble a School Mental Health Team (SMHT)
- ☐ Create and maintain a list of referrals and resources for caregivers and students
- ☐ Provide ongoing training for staff to recognize and respond to suicide risk
- ☐ Provide students and caregivers with suicide prevention information

INTERVENTION Strategies to identify and support students at risk

- ☐ Understand confidentiality and liability concerns related to suicide risk
- ☐ Create a standard procedure for responding to reports of suicide risk
- ☐ Understand the role of and create a support plan for School Mental Health Professional (SMHPs) who can assess and respond to suicide risk
- ☐ Develop protocols for notifying and transferring responsibility to caregivers
- ☐ Create a standard procedure for reintegrating students after a crisis
- ☐ Prepare documentation tools for all steps taken to address suicide risk

POSTVENTION Strategies to respond after a death by suicide

Immediate Response

- ☐ Inform and mobilize School Mental Health Team (SMHT) and key personnel
- ☐ Establish contact with family and assess willingness to share cause of death
- ☐ Hold emergency all-staff meeting to inform and prepare staff
- ☐ Notify students, caregivers, and broader school community
- ☐ Provide ongoing support for overall student body and identify students at risk
- ☐ Obtain information about and advise on memorialization plans
- ☐ Monitor and address media and online responses

Long-Term Response

- ☐ Prepare for anniversaries of death
- ☐ Continue to implement **Prevention** and **Intervention** strategies

Task List for Suicide Prevention - Administrators

Use this list for an overview of the tasks necessary for implementing your suicide prevention strategies. Many of these tasks require annual updates.

PREVENTION TASK	TOOL(S)	STAFF
Assemble School Mental Health Team (SMHT) and Designate Coordinator & Assistant Coordinator Roles	<u>Tool 2</u> p. 25	<i>Insert Name</i>
Schedule ongoing training for counselors and members of the SMHT in suicide prevention and other mental health crisis topics	<u>Tool 5</u> p. 28-29 <u>Appendix A</u> p. 225-227	<i>Insert Name</i>
Create a list of referrals and resources for caregivers and students - update annually	<u>Tool 3</u> p. 26	<i>Insert Name</i>
Post suicide prevention resources on website	<u>Tool 4</u> p. 27	<i>Insert Name</i>
Schedule and document annual suicide prevention training for all staff	<u>Tool 5-6</u> p. 28-30 <u>Appendix A</u> p. 225-227	<i>Insert Name</i>
Schedule annual informational session for caregivers about suicide prevention	<u>Tool 7</u> p. 31	<i>Insert Name</i>
Schedule annual informational session, curriculum integration, or training for students about suicide prevention	<u>Tool 10</u> p. 36 <u>Appendix A</u> p. 225-227	<i>Insert Name</i>

Assembling a School Mental Health Team (SMHT)

Schools can form a task force trained to address mental health and suicide prevention concerns. Some schools may have an existing crisis response team, which can also fulfil these functions with appropriate delegation and training.

SMHTs can include 5-15 key personnel in schools. Selection should account for diversity of membership, ability and willingness to respond compassionately to high-pressure situations, and openness to learn and collaborate.

Potential Membership

- Principal
- Assistant Principals
- School Counselor
- Psychologist/Social Worker
- School Resource Officer
- School Nurse
- Facilities Staff Representative
- Faculty Across Grades/Subjects

Key Roles to Assign

SMHT Coordinator (School Suicide Prevention Expert)

- Likely school counselor, social worker, or psychologist (in smaller school districts, may be an administrator or teacher)
- Coordinates school training for suicide prevention, intervention, and postvention
- Conducts assessment, provides supervision as needed for students at risk
- Leads communication with caregivers
- Point of contact for staff and administrators for suicide-related concerns
- Lead decision-maker and/or key consultant for suicide-related concerns, including response after a suicide death in the school community

SMHT Assistant Coordinator

- Likely key administrator (principal or assistant principal)
- Familiar with all suicide prevention, intervention, and postvention policies
- Supports SMHT Coordinator with suicide-related policy
- Designated lead for suicide-related concerns if SMHT Coordinator is unavailable

Creating a Referral and Resource List

In partnership with your School Mental Health Team, make a list of local resources, organizations, and providers who can assist if a student is at risk of suicide. It is critical to make and maintain relationships with local partners and community organizations. **This list needs to be updated at least annually.**

GENERAL – Questions to ask about all resources and services

- When is this resource/service accessible?
- How and where can this resource/service be accessed?
- Does this resource/service work with children and adolescents?
- What populations does this resource/service typically serve? Is this resource/service culturally competent?
- What types of services do you provide?

CLINICAL SERVICES – Questions to ask providers

Professional Qualifications

- What age groups/populations do you have training and experience working with?
- Do you provide individual, family, couples, or group therapy?
- Do you have experience assessing suicide risk in youth? What training have you received related to youth suicide?
- Do you have experience treating suicide risk in youth? What treatments do you use? Do you have training in cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), interpersonal psychotherapy, eye movement desensitization and reprocessing (EMDR), and/or attachment-based family therapy?
- Do you have experience working with people who have lost a loved one to suicide?
- Describe your protocol in the event that a client experiences suicidal crisis.
- Under what circumstances would you come to a client's school or do a home visit to see a client or a client's caregiver?
- Do you work with a psychiatrist?

Business Qualifications

- What is the typical wait-time to see a new client?
- What insurance do you accept? Do you have a sliding scale for fees for clients? What is the range of the scale?
- Do you have the necessary clearances to work in a school if needed (ex. background check, child abuse and police clearances)?

Website Sample - Suicide Prevention



Posting information about suicide prevention measures and resources on your school's webpage can help staff, caregivers, and students find guidance in cases of emergency. Below is an example of information to consider sharing.

Mental Health Crisis Information

Do not leave a suicidal individual alone. If a suicide attempt has been made, immediately contact 911. If you are a student concerned about a friend, get a trusted adult involved immediately. If you are a parent or staff member concerned about a student, obtain professional help as soon as possible. Consult the School Mental Health Team and the Additional Resources below for assistance.

If someone needs immediate emotional support at school –

Tell a trusted adult. Connect with the School Mental Health Team.

School Mental Health Team Coordinator & Assistant Coordinator

Other School Mental Health Professional (if applicable)

For each relevant member of the team, list

[School Office Location/Room Number, if applicable]

[Contact information]

If someone needs immediate emotional support outside of school –

Dial 988, text 988, or chat online at 988lifeline.org/chat

988 is the nation's 24/7, free and confidential crisis support and resource line.

Go to your local emergency room or crisis center.

[Name of organization]

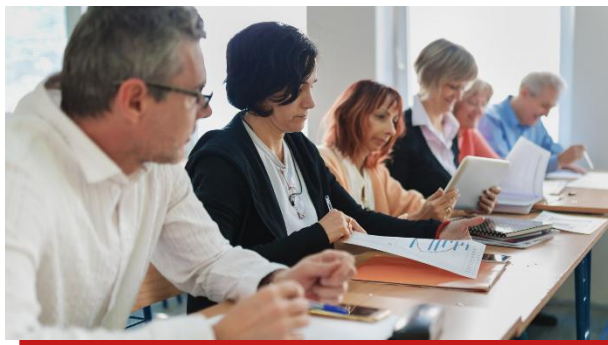
[Address of organization]

[Days/hours of operation and Contact information]

Additional Resources

Schools have discretion over additional resources to provide. Recommended resources include **[Supporting a Peer at Risk of Suicide \(Tool 57, p. 182-183\)](#)**, **[Recognizing Suicide Risk at Home \(Tool 63, p. 195-196\)](#)**, and a list of local resources with short descriptions of services, contact information, and access information. Local resources need to be vetted by the School Mental Health Team, and the list needs to be updated at least annually.

Suicide Prevention Training Overview



Suicide prevention training can establish norms related to responding appropriately to suicide-related concerns. Certain members of school communities are required by regulations to receive training in suicide prevention and related topics. The School Mental Health Team (SMHT) can help to evaluate options and set an annual training plan for the school community. A summary of considerations is provided below. Refer to [Appendix A](#) for more information about training options.

Training Requirements for School Counselors

As of July 1, 2016, school counselors are required to fulfil certain training requirements in order to maintain their certification, which includes suicide prevention training. Every 5 years, counselors must complete at least 15 credit hours or 1 semester hour of academic coursework related to intervention and response to mental health and behavioral distress indicators.

School counselors and other school-based mental health professionals need to seek training with current information about aspects of suicide prevention including:

- Dispelling suicide myths and reducing suicide stigma in schools
- Risk/protective factors and warning signs for youth suicide
- Important interventions and procedures to connect youth at risk to help
- Using evidence-based screening tools for suicide assessment
- Considerations for students, caregivers, and staff during reintegration after crisis
- Information to provide to the broader school community
- Postvention principles (in the case of a suicide in the school community)
- Documentation procedures for suicide prevention

Mandated training requirements were established in 2015 by Lauryn's Law (House Bill 947). See [Appendix B \(p. 228-235\)](#) for the full text of COMAR 13A.12.04.13D, which outlines the specific regulations related to school counselor training requirements.

Training Requirements for Certificated School Personnel

Since 2018, all Maryland State Department of Education (MSDE) certificated school personnel who have direct contact with students on a regular basis are required to have training in suicide prevention and student safety. Training must be conducted on at least an annual basis, and cover the skills necessary to:

- Understand and respond to youth suicide risk
- Understand and respond to student mental health, student trauma, student safety and other topics related to student social and emotional well-being
- Identify professional resources to help students in crisis

Administrators can work with their SMHT to identify training needs and support key training opportunities. The required training must be provided during in-service programs, or can be met during designated professional development time. Please refer to [Appendix A \(p. 225-227\)](#) for more detailed information about available evidence-based training options. It is strongly recommended that training provided includes the following:

- Dispelling suicide myths and reducing suicide stigma in schools
- Risk/protective factors and warning signs for youth suicide
- School procedures and key contacts for students at risk of suicide

This training does not impose a “duty of care” on participating personnel, but completion must be documented and submitted annually. By law, local superintendents must submit data on the type of training, the number of certificated school personnel trained, the dates of the training, and the materials used for the training for each school to the state superintendent.

Mandated training requirements were established in 2017 by law (House Bill 920). See [Appendix B \(p. 228-235\)](#) for the full text of COMAR 13A.07.11, which outlines the specific regulations related to certificated school personal training requirements.

Recommendations for School Mental Health Team Members

The School Mental Health Team (SMHT) needs to receive additional ongoing training on mental health and suicide prevention topics. The SMHT Coordinator and Assistant Coordinator need to regularly facilitate discussion with the team to determine training needs. Refer to [Appendix A \(p. 225-227\)](#) for more detailed information about available evidence-based training options. The SMHT can also consult with **Regional Mental Health Teams** for additional guidance.

Staff Training Evaluation

It is important to document the training that is provided to staff, and can be helpful to evaluate the programs offered. Here is a sample evaluation that you can administer to staff which assesses if training provided is impactful or if more training is needed. Administer this pre- and post-training to assess changes in attitudes.

Pre-Training Survey/Post-Training Survey

Please circle the descriptor that best reflects your opinion about the statement. 1 = Strongly disagree, 5 = Strongly agree

1 2 3 4 5

Suicide rates are increasing for children and adolescents.

1 2 3 4 5

Talking or asking about suicide with a student may increase their risk of suicide.

1 2 3 4 5

Once someone makes up their mind about suicide, there is nothing I can do to stop them.

1 2 3 4 5

Suicide often happens without warning signs.

1 2 3 4 5

Students who are successful and well-liked do not attempt suicide.

1 2 3 4 5

Suicide is always related to a mental health condition.

Please circle the descriptor that best reflects your level of agreement with the statement. 1 = Strongly disagree, 5 = Strongly agree

1 2 3 4 5

My school has clear suicide prevention policies and procedures.

1 2 3 4 5

I understand my role in suicide prevention at my school.

1 2 3 4 5

I am confident that I can identify warning signs of suicide in students.

1 2 3 4 5

I know who to refer a suicidal student to in my school.

1 2 3 4 5

I have received enough training to identify and connect someone at risk of suicide to help at my school.

Desired answers for each question: 1-Agree, 2-Disagree, 3-Disagree, 4-Disagree, 5-Disagree, 6-Disagree, 7-Agree, 8-Agree, 9-Agree, 10-Agree, 11-Agree

Informing Caregivers about Suicide Prevention

Caregivers are in a position to notice if a young person in their family or community is displaying warning signs of suicide. Hold annual activities that incorporate suicide prevention messaging for caregivers. Robust suicide prevention policies need to be in place at a school prior to training caregivers and/or students. Please refer to the [Caregivers Section \(p. 193\)](#) for caregiver suicide prevention materials.



Recommendations for Informing Caregivers

It is important to provide caregivers with suicide prevention education to provide a consistent and hopeful message at home. Strategically disseminating information in a variety of formats is recommended (a short presentation during a Back-to-School Night, brief print materials sent home, etc.). Caregiver education can include:

- Prevalence of suicide and suicide attempts among youth
- Risk/protective factors and warning signs for youth suicide
- Dispelling common myths
- How to respond and how to get help when they recognize a child is at risk

To be most effective, suicide prevention education for caregivers needs to be:

- Responsive to local needs and available resources
- Accommodate language, culture, religion, and economic status
- Incorporated into events about wellness, life transitions for youth, or safety - caregivers are less likely to attend events about suicide/with “suicide” in title
- Easy to access and disseminated to places/groups frequented by caregivers
- Clear about how school procedures protect student and family privacy

Cultural Considerations



What is Culture?

Culture can be defined as the integrated pattern of human behavior that includes:

- Thoughts
- Communications
- Languages
- Practices
- Beliefs
- Values
- Customs
- Courtesies
- Rituals/Routines
- Roles
- Relationships
- Expected behaviors

Culture encompasses the ways in which people from different backgrounds perceive and interact with the world around them. Culture can influence how people perceive mental health, their help-seeking behaviors, and whom they approach for assistance.

What is Cultural Linguistic Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

How Do I Become Culturally and Linguistically Competent?

Cultural linguistic competency involves understanding cultural patterns and effectively communicating with individuals from diverse cultural backgrounds. It requires not only awareness of one's own cultural lens, but also an appreciation and respect for the

cultural perspectives of others. Respecting cultural differences is crucial in promoting equity and preventing misunderstandings or biases.

- Be respectful
- Be aware of one's own cultural biases
- Listen non-judgmentally
- Focus on the individual's perspective
- Adapt communication styles
- Reflect back what was said to ensure comprehension
- Develop strategies to bridge cultural gaps
- Use inclusive language and create inclusive activities, with consideration for dietary restrictions and religious observances
- Recognize cultural influences on behavior and trusted supports
- Recognize, value, and show interest in other cultures
- Remember that culture is not static; it evolves with societal changes and influences

Practical Applications in Schools

- **Implementing Culturally Responsive Practices:** School administrators should implement culturally responsive teaching practices, promote bilingual education or language support services, and organize cultural competency training for staff. Additionally, involving parents and community members in decision-making processes ensures that diverse perspectives are represented and valued.
- **Continuous Learning and Adaptation:** Maintaining cultural linguistic competency requires ongoing learning and adaptation. School administrators should stay informed about cultural developments and be open to evolving their approaches to meet the changing needs of their communities. This commitment to continuous improvement helps create a more inclusive and supportive educational environment for everyone.
- **Impact on Responses to Suicide:** Views and practices related to suicide vary across cultures. Cultural and/or religious communities may serve as primary support networks for students and families. Some religious traditions require burial within 24 hours of death (Islam, Judaism, etc.), which may impact notifications, responses, and services after a suicide loss. Involving families and their trusted supports, including faith and cultural community leaders, ensures that responses to suicide are respectful and affirming.

Navigating the Digital World for School-Based Professionals

Electronic communication, digital tools, and the internet have an impact on all of our lives. Young people are often particularly quick to adopt new ways of communicating with each other and with the world. For school communities, here are some considerations about promoting online safety for suicide prevention.



Have Supportive Conversations

As with any set of powerful tools, electronic communication and social media have risks and benefits. Have supportive conversations with youth about navigating the digital world safely.

- **Share information with caregivers.** Caregivers are often in the position to help students set healthy limits and model healthy use of digital tools.
- **Share information with youth.** Staff and school mental health professionals engage students directly for their perspectives about privacy, safety, and wellbeing online.
- **For more information and sample guidelines, visit the Family Digital Wellness Guide** developed by the Boston Children's Hospital and Harvard Medical School at digitalwellnesslab.org/family-digital-wellness-guide
- **For interactive lessons about internet safety, visit Be Internet Awesome** at beinternetawesome.withgoogle.com/en_us

Stay Up to Date

The digital landscape is constantly evolving. School-based professionals should have a general awareness of what students are interested in online.

- **Digital Trend Pulse:** School Mental Health Teams can regularly discuss popular platforms, along with positive and/or negative digital content related to mental health/wellbeing.
- **Check for Mentions:** Administrators can check popular platforms for public mentions of the school among parents and students, and help to address misinformation. This is particularly important after major events in the community, such as a loss.

Monitoring and Responding to Online Bullying

According to Maryland criminal statute, maliciously bullying and/or harassing a minor through the use of electronic communication that results in physical injury or serious emotional distress is punishable by law. See [Appendix B \(p. 228-235\)](#) for more information.

School-based professionals must respond to and document any instances of reported cyberbullying. In cases where a student reports being a victim of cyberbullying, ensure that the student is assessed for risk of suicide. Based on assessment, follow appropriate suicide prevention protocols.

Empowering Students through Suicide Prevention Training

Students in schools often lean on each for support. Friendship and social support can be incredibly powerful for young people, and a student is often the first person to notice or learn that a peer at risk of suicide. Emerging research shows strong evidence for the power of a “helping friend” in the lives of adolescents. Consider integrating suicide prevention training and education into existing curricula, or offering peer mental health training. Refer to [Appendix A \(pg. 225-227\)](#) for examples of training offerings for students.

Recommendations for Educating Youth

It is important to provide young people with suicide prevention education to help them identify if a peer is at risk of suicide, and to provide a consistent and hopeful message about suicide prevention. It is recommended that youth education includes:

- Prevalence of suicide and suicide attempts among youth
- Risk/protective factors and warning signs for youth suicide
- Dispelling common myths about suicide
- How to be a “helping friend” and respond when they recognize a friend or peer is at risk
- How to identify a trusted adult and be resilient about help-seeking
- Where to turn for help at the school and in the community

To be most effective, suicide prevention education for youth should be:

- Responsive to local needs and available resources
- Accommodate language, culture, religion, and economic status
- Universal across groups of students (for example, done for a whole grade level)
- Integrated into the school day and into existing curricula (health class, etc.)
- Use age-appropriate language and concepts
- Incorporate best practices for learning, including role play and multiple modalities

Prior to implementing any universal youth suicide prevention programming, ensure that your school has trained staff and has resources to respond to an increase in referrals.

Suicide Risk Response Procedures

Below is a sample of a suicide risk response procedure. Your procedure, especially for referring students and the need for continuous supervision, needs to be shared with all school staff. This section includes explainers and templates for implementation. This tool contains a flowchart and a written outline of template procedures.

Student at risk of suicide is identified by/referred to school faculty or staff

School staff member contacts School Mental Health Team (SMHT) Coordinator (or SMHT Assistant Coordinator). Student is continuously supervised.

Student meets with SMHT Coordinator

- Engage student by listening nonjudgmentally
- Conduct C-SSRS Screening (**Tool 42 or 43, based on student age**)
- Respond based on assessed risk level (**Tool 44**)
- Develop written safety plan (**Tools 14, 45-46**)
- Notify caregiver(s) and requests immediate conference (**Tool 15**)
- Monitor student until caregiver(s) arrive
- Document student meeting and caregiver notification (**Tools 15, 8, 47-48**)

SMHT conferences with caregiver(s). Student needs to be continuously supervised during this time.

SMHT Coordinator meets with Caregiver(s)

- Explain and get caregiver's perspective
- Follow Caregiver Notification Conference Guideline (**Tool 15**)
- Provide information about securing lethal means (**Tool 54**)
- Provide referrals and recommendations based on assessed risk level (**Tool 50**)
- Ask caregiver to sign release (**Tool 49**)
- Document caregiver's receipt of information and transfer of responsibility (**Tool 51**)

If caregiver(s) cannot be reached, or refuse to arrive, **continue to supervise student**. Contact law enforcement or Child Protective Services.

If caregiver refuses to connect student to care and/or is uncooperative, **continue to supervise student**. Contact law enforcement or Child Protective Services.

If release is signed - SMHT Coordinator, or other member of SMHT, checks in on student and caregiver at least once within one week of crisis.

SMHT Coordinator and necessary support staff begin planning for student's re-entry to school.

Written Suicide Risk Response Procedures

- A. School staff member receives an Initial Report – A student at risk of suicide is identified by/referred to school faculty or staff**
- B. School staff member contacts School Mental Health Team (SMHT) Coordinator (or SMHT Assistant Coordinator). Student is continuously supervised.**
- C. Student meets with SMHT Coordinator**
- a. Engage student by listening nonjudgmentally
 - b. Conduct C-SSRS Screening ([Tool 42](#) or [43](#), based on student age)
 - c. Respond based on assessed risk level ([Tool 44](#))
 - d. Develop written safety plan ([Tools 14, 45-46](#))
 - e. Notify caregiver(s) and requests immediate conference ([Tool 15](#))
 - i. *If caregiver(s) cannot be reached, or refuse to arrive, continue to supervise student. Contact law enforcement or Child Protective Services.*
 - f. Monitor student until caregiver(s) arrive
 - g. Document student meeting and caregiver notification ([Tool 15, 8, 47-48](#))
- D. SMHT conferences with caregiver(s). Student needs to be continuously supervised during this time.**
- a. Explain and get caregiver's perspective
 - b. Follow Caregiver Notification Conference Guideline ([Tool 15](#))
 - c. Provide information about securing lethal means ([Tool 54](#))
 - d. Provide referrals and recommendations based on assessed risk level ([Tool 50](#))
 - e. Ask caregiver to sign release ([Tool 49](#))
 - i. *If release is signed - SMHT Coordinator, or other member of SMHT, checks in on student and caregiver at least once within one week of crisis.*
 - f. Document caregiver's receipt of information and transfer of responsibility ([Tool 51](#))
 - i. *If caregiver refuses to connect student to care and/or is uncooperative, continue to supervise student. Contact law enforcement or Child Protective Services.*
- E. SMHT Coordinator and necessary support staff begin planning for student's re-entry to school.**

Confidentiality, Liability, and FERPA



Suicide is a sensitive topic, and school personnel may have concerns about sharing information related to a student at risk. **It is imperative that caregivers are notified immediately if a student in their care is reportedly at risk of suicide.**

FERPA prohibits a school from disclosing personally identifiable information from students' education records without consent, unless an exception applies in an emergency.

An educational institution is responsible for deciding whether to make a disclosure of personally identifiable information on a case-by-case basis, considering the totality of the circumstances pertaining to a threat to the health or safety of the student or others. If the school district or school determines that there is an articulable and significant threat and that a party needs personally identifiable information from education records to protect the health or safety of the student or other individuals, it may disclose to such appropriate party without consent.

Documentation for any suicide-related event is highly sensitive. Information will only be shared on a "need-to-know" basis. Suicide-related information needs to be stored securely and not be put in a student's general file.

If a school staff member suspects, or becomes aware, of suicidal ideation or suicidal behavior of a student - it is an emergency. Information may be shared with essential staff and caregivers for safety reasons according to FERPA.

Schools are advised to inform caregivers, even if a student...

- Asks for caregivers to not be notified
- Is already 18 years of age or older

In some cases, a failure or a delay to inform caregivers has resulted in legal repercussions for schools. For more information regarding legal precedents related to youth suicide, please see [Appendix B \(p. 228-235\)](#).

Using Suicide Risk Screening Tools

All suicide-related concerns need to be considered urgent, but key details can assist in determining courses of action. Suicide Risk Screening Tools can be used to guide conversations with students and detect risk. As an administrator, you can help set policies and standards of documentation. For more information about using Suicide Risk Screening, see [Tools 42-44 \(p. 108-112\)](#).



What is a Suicide Risk Screening Tool?

Suicide Risk Screening Tools are used to efficiently detect the severity and intensity of an individual's risk of suicide. A Suicide Risk Screening Tool typically contains a set of standard questions about an individual's suicidal ideation and/or behaviors. They can also include brief examples and instructions.

This reference guide uses the brief version of the Columbia-Suicide Severity Rating Scale (C-SSRS, also known as the Columbia Protocol). The C-SSRS asks questions about suicidal ideation and behavior, is a widely validated tool, has versions suitable for school-aged children, and has easily accessible training available.



Other tools are available. If considering another tool, look for tools that ask direct questions about intent to die and suicide planning. Screening tools need to be evidence-based, culturally relevant, and age-appropriate.

Why use a Suicide Risk Screening Tool?

When trying to evaluate risk of suicide, it is important to ask questions that can provide key details. It can be challenging to ask these questions without training, practice, and familiarity. Validated screening tools can be used by anyone with adequate training. Screening tools cover important questions, include usable phrasing and guidance, and help identify levels of risk severity. They are also easily interpretable and widely accepted outside of a single school environment, which can strengthen documentation.

Safety Planning Overview



A safety plan is a written set of resources and instructions that can guide a person during a mental health or substance use crisis. This brief intervention can help develop a concrete plan for supporting safety. There are also types of safety planning that can be done clinically, or with trusted adults or individually. **This reference guide uses the Stanley-Brown Safety Plan, which is used widely for suicide prevention. See Tools 45-46 (p. 113-117) for guidance.**

How do you develop a written safety plan with a student?

Safety planning is a collaborative process that prioritizes coping strategies that are practical. The written plan can include resources that the person in crisis can use. There are a few important things to remember:

- **Do not safety plan when someone is in an emotionally heightened state.** Safety plan when an individual is stable and in a clear state of mind.
- **Safety plans are NOT contracts.** They are voluntary guidelines developed and driven by the person who is at risk of suicidal crisis.
- **Safety plans are prioritized.** Coping strategies, contacts, and resources need to be ordered by what the individual finds most helpful first.
- **For students, collaboratively identify at least one trusted adult.** Having a trusted adult to turn to in a crisis is important for a young person at risk. If possible, identify a few trusted adults in conversation with the student. Students can take a picture of their written Safety Plan and store it in their phone for future reference.

What goes in a safety plan?

- Warning signs
- Internal coping strategies
- People and places that provide distraction
- People who can help during a crisis
- Professionals or agencies to contact during a crisis
- Plans to make the environment safer (lethal means planning)

Outline of Caregiver Notification & Conference



Caregivers need to be notified as soon as possible if a student in their care is believed to be at risk of suicide, regardless of the results of a suicide risk screening and/or assessment. ***Failure to safely transfer a student at risk to caregivers can result in harm to the student, and is the most frequent subject of suicide-related litigation against schools.*** See [Appendix B \(p. 211-218\)](#) for more information.

Considerations Prior To Conference

Engage the student at risk. Students at risk may be resistant to notifying caregivers. Listen empathetically, while maintaining that it is mandatory to notify caregivers. Ask the student if there is anything they want to share and if they have a preferred caregiver contact.

Decide who will conduct the notification. This person needs to be someone with training. A second staff member can assist with documentation.

Prepare documentation for caregivers. Caregivers need to be provided with a copy of:

- [Student's Safety Plan \(Tool 45, p. 114-115\)](#)
- [Making Home Safer for a Child at Risk of Suicide \(Tool 54, p. 138-139\)](#)
- [Caregiver Acknowledgment Form \(Tool 51, p. 131\)](#)
- [Universal Release of Information Form \(Tool 49, p. 126-128\)](#)
- [Mental Health Referral Form \(Tool 50, p. 129-130\)](#)

If the student is removed from school for care and/or hospitalization:

- [Student Mental Health Re-Entry Form \(Tool 53, p. 120-121\)](#)

Considerations During Caregiver Conference

Engage caregivers and meet them where they are. For many caregivers, suicide may be a frightening or taboo topic. Empathize with caregivers, address myths about suicide that might prevent seeking help for their child, and work through emotional reactions.

Invite the caregivers' perspective. Explain the concern, observations from referral and the student meeting, and screening results. Ask the caregivers what they have observed.

Do not minimize risk. Avoid quantifying perceived “level” of risk, and avoid the urge to reassure caregivers by minimizing the risk of suicide for their child. Stick to the facts of the student’s reported ideation and behavior.

Validate concerns and emphasize continued support. Caregivers have crucial role to play in supporting a student at risk. Appreciate their participation in the conference and emphasize that they will not need to navigate the situation alone. Explain options for continued support from the school.

Provide information to caregivers. Discuss the importance of securing lethal means, particularly firearms and medications. Caregivers need to be provided with a copy of:

- [Student’s Safety Plan \(Tool 45, p. 114-115\)](#)
- [Making Home Safer for a Child at Risk of Suicide \(Tool 54, p. 138-139\)](#)

Refer to services and align with caregivers when possible. Allow caregivers to guide decision-making regarding the child in their care. Provide options for mental health services, and facilitate a warm handoff to services if possible.

Have caregivers sign documentation. Caregivers sign and date the following. If caregivers refuse to sign documentation, another staff signs as witness to refusal:

- [Caregiver Acknowledgment Form \(Tool 51, p. 131\)](#)
- [Universal Release of Information Form \(Tool 49, p. 126-128\)](#)
- [Mental Health Referral Form \(Tool 50, p. 129-130\)](#)

If the student is removed from school for care and/or hospitalization:

- [Student Mental Health Re-Entry Form \(Tool 53, p. 120-121\)](#)

Follow protocol if caregivers do not respond appropriately to risk. The vast majority of caregivers will take essential action to help a child in their care. If caregivers fail to respond to notification, show up for a conference, refuse to take a student’s suicide risk seriously, refuse to obtain necessary services, or are believed to be negligent or abusive - contact law enforcement and/or Maryland Child Protective Services. The student at risk of suicide must be continuously supervised until they can be transferred to care safely.

Considerations After Conference

Follow up. If the caregivers have given documented permission to do so, follow up with the student, the caregivers, and with the referred mental health service(s). If the student was removed from school for care and/or hospitalization, follow up within one week. Continue checking in with the student regularly in the following months.

Prepare for re-entry, if applicable. If the student was removed from school for care and/or hospitalization, prepare for re-entry meeting and implementation plan.

Outline of Student Re-Entry Planning

Integrating a student back into a school environment after a crisis can be challenging. To set the student up for success, conduct follow-ups and schedule a re-entry planning meeting with caregivers and the student.

Prior To Re-Entry Meeting

Check in with the student and the caregiver. A suicidal crisis can be overwhelming for caregivers. Conducting some follow-up calls with caregivers and students be helpful.

Check in with health providers. If the caregiver signed a Release of Information allowing data sharing, contact providers about the student's progress and care plan.

Schedule a re-entry meeting with the student and caregiver. After identifying the student's return date, work with the student and caregiver to schedule a meeting.

Prepare documentation for meeting. Caregivers, student, and staff lead need to be provided with a copy of [Student Mental Health Re-Entry Form \(Tool 53, p. 120-121\)](#)

During the Re-Entry Meeting

Discuss anticipated challenges and trusted individuals who can help. Identify the student's most pressing concerns and make a plan for easing those challenges. Identify trusted friends and adults. Identify which staff members might provide support.

Create a collaborative plan and schedule for checking in. A designated trained staff member can meet with the student on the first day of re-entry, and will be responsible for checking in. Other staff members need to be identified as resources for the student.

Consider additional support. Students may benefit from accommodations in Individual Education Programs (IEPs) or Section 504 Plans. Explain and explore these options.

On First Day of Re-Entry

Meet with student and write safety plan. The designated staff member meets with the student prior to attending any classes. Ensure that the student completes/updates a written safety plan and stores the safety plan during the first day of re-entry.

After Re-Entry

Continue to check in weekly for a minimum of 2 months. Adapt and update strategies from the original Student Re-Entry Plan as needed. Continue to assess the student's adjustment, and monitor for the reoccurrence of suicidal thoughts.

What is Postvention?



In the wake of a sudden or unexpected loss, students, parents, and school personnel will have to navigate complex emotions and situations. Be proactive and have a plan in place to support your school community.

Postvention refers to activities & responses after a death by suicide.

Postvention includes supports for grieving families, students, and personnel. Additionally, comprehensive postvention strategies include appropriate communication and coordination within schools and the broader community.

Effective postvention can save lives. Young people are at a higher risk than other age groups to imitate suicidal behavior, which can result in multiple suicides in a community (suicide contagion, leading to a suicide cluster). For more about the risk of suicide contagion and clustering, refer to [Tool 18 \(p. 46-47\)](#).

Postvention responses should be...

- Be factual without sensationalizing or romanticizing.
- Respect the grieving family.
- Focus on resilience and healthy coping.
- Offer useful, compassionate, and consistent support.
- Be culturally responsive.

This reference guide will focus on responding to a suicide loss, but schools need to respond to any loss with similar procedures. Treating suicide differently from any other kind of loss can contribute to negative associations with suicide and existing stigma.

The Impact of Suicide

A single death by suicide increases the risk of additional suicides, especially among adolescents. A suicide in a school community can have a ripple effect, if the postvention response is not thoughtful and supportive.



Explaining Suicide Clusters

There are two main types of suicide clusters that might occur after a “sentinel suicide,” or initial suicide death in the community.

- **Mass clusters** are characterized by a temporary increase in suicides nationally and are associated with the media coverage of celebrity suicides. For example, there was an increase in suicide rates nationally after the publicized suicide of Robin Williams.
- **Point clusters** are characterized by an increase in suicides that are close in time and/or space. Preventing and responding to point clusters are a major focus of the Postvention section of this guide.

Preventing Suicide Clusters

Adolescents are the most susceptible age group for imitating suicidal behavior. The process by which a suicide death increases the suicidal behavior of others is called contagion. Schools play a central role in preventing contagion. A single exposure to the suicidal behavior of another student is unlikely to result in imitative behavior, but can result in increased suicide risk if combined with vulnerability factors such as current or past psychiatric conditions, family history of suicide or past suicide attempts, substance abuse, stressful life events, access to lethal methods, and lack of protective factors.

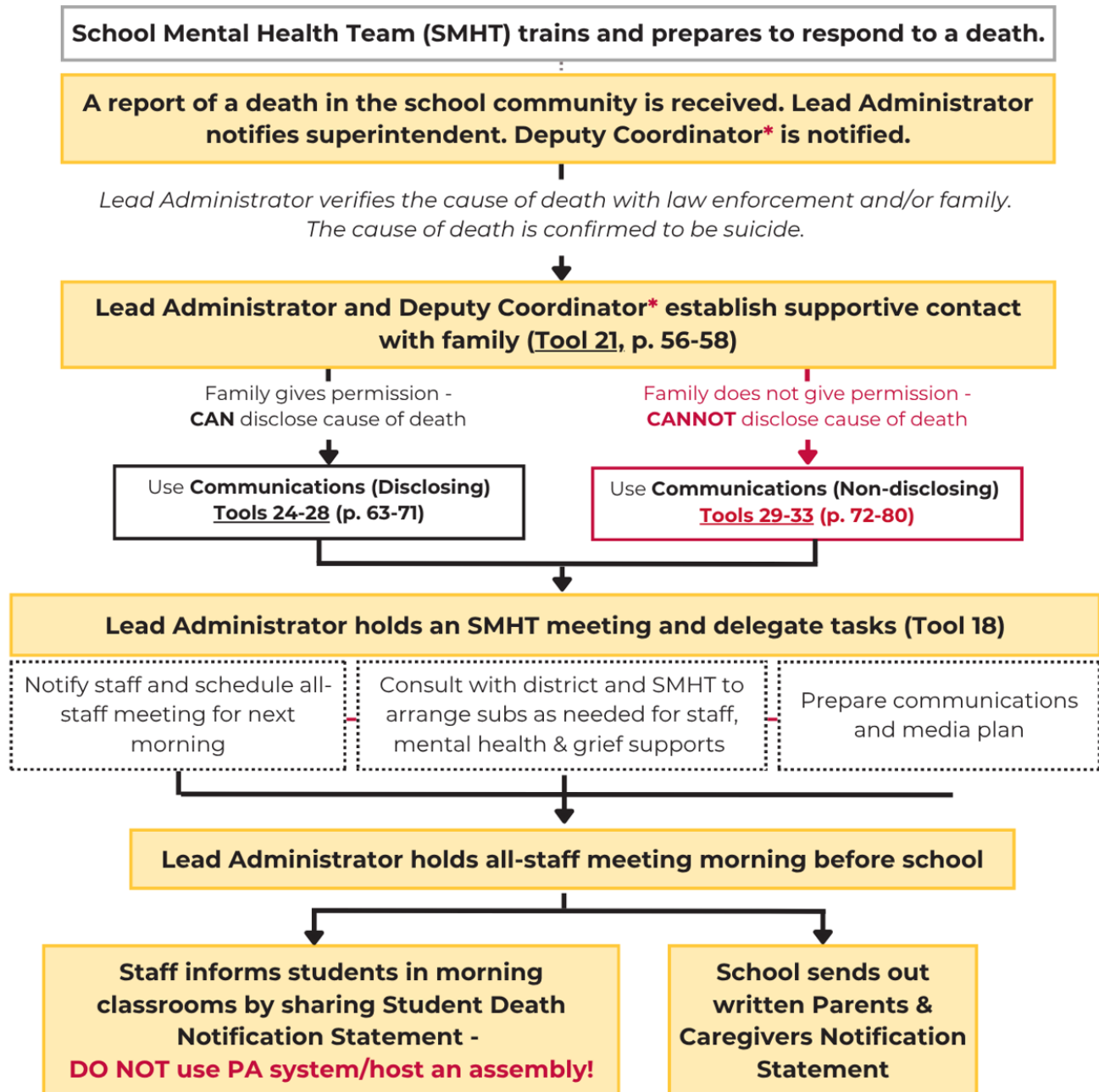
It is important for schools to recognize the possibility of contagion after a suicide, and to implement best practices in postvention in a timely manner. Schools are strongly encouraged to seek consultation immediately from mental health professionals who are experienced in responding to a point cluster. Postvention assistance in schools after a suicide is often too short in duration and focuses on too few students. Research has found that losing a classmate to suicide can affect some students for years. It is likely that students who were close to the person who died may feel guilt for not “saving” them, and they will need intervention and support. For other students, a suicide in the community can bring up intense feelings and experiences, even if they did not know the person who died well. While it can be overwhelming to manage the “tide” of students seeking support, it is important to take every report of students in crisis seriously.

It takes a community to respond to a suicide. Suicide postvention is a collaborative effort between schools, community agencies, mental health practitioners, medical personnel, law enforcement, clergy, parents, survivor groups, and even youth. Community members, medical personnel, clergy, and mental health professionals, and physicians can assist school personnel in screening exposed teens who are now at greatest risk of contagion and imitation. It is essential that physicians screen teens for depression and suicide after a youth suicide has occurred in the community.

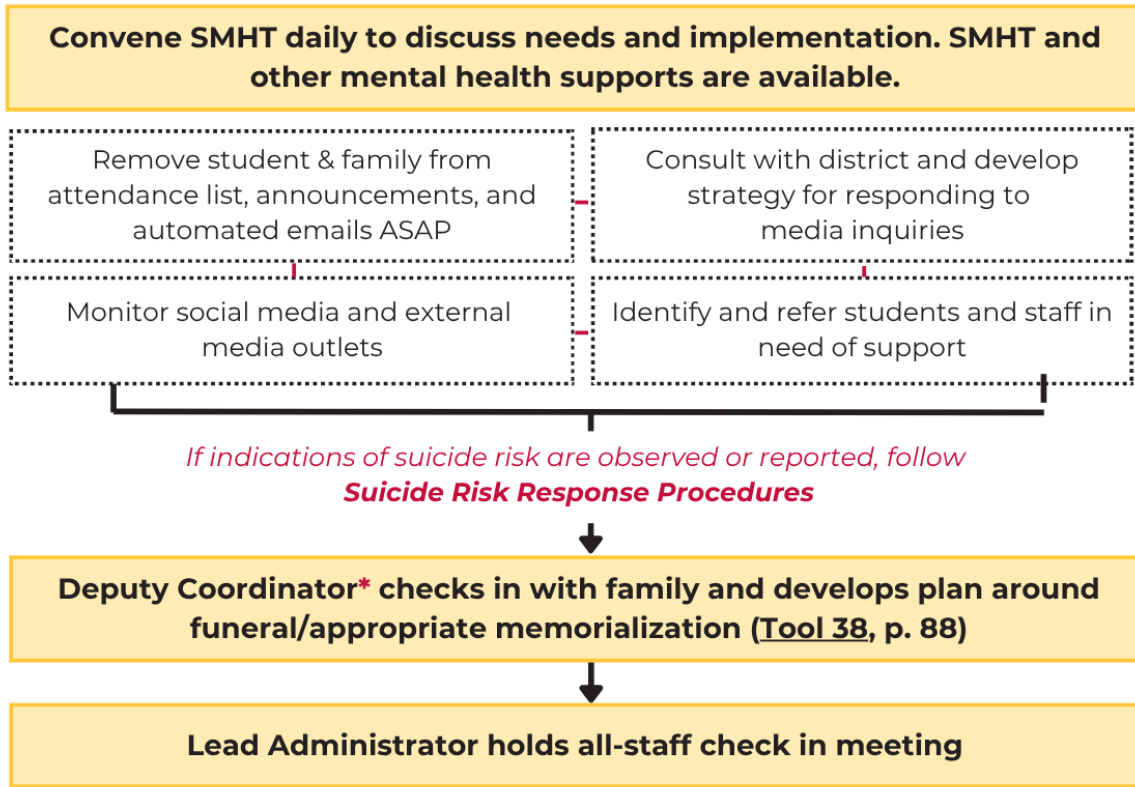
Postvention Response Procedures

Below is a sample of a suicide death postvention procedures, both in flowchart and outline templates. School Mental Health Professionals support administrators in decision-making during postvention.

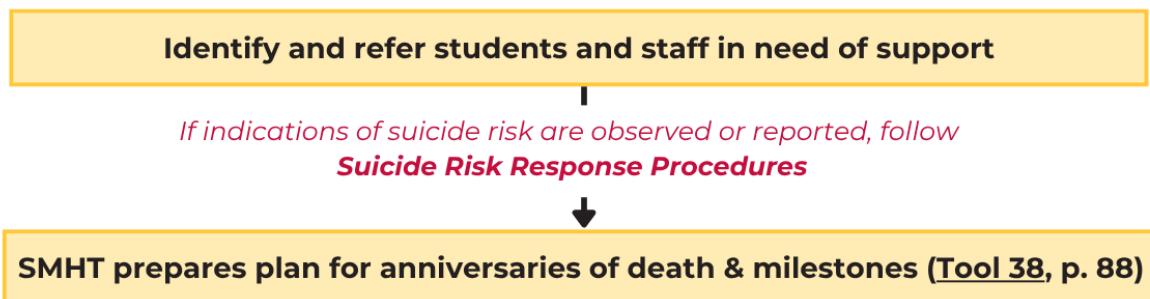
IMMEDIATE RESPONSE (Days 1-2)



CONTINUING RESPONSE (Days 2-7)



LONGTERM SUPPORT



**In most schools, the Deputy Coordinator will be the School Mental Health (SMHT) Coordinator, who is typically a mental health professional. If your school's SMHT Coordinator is an administrator, appoint a member of the SMHT who has mental health training to fill this second-in-command role.*

Written Suicide Postvention Response Procedures

IMMEDIATE RESPONSE (Days 1-2)

- A. School Mental Health Team (SMHT) trains and prepares to respond to a death.**
- B. A report of a death in the school community is received. Lead Administrator notifies superintendent. Deputy Coordinator* is notified.**
 - a. In most schools, the Deputy Coordinator will be the School Mental Health (SMHT) Coordinator, who is typically a mental health professional. If your school's SMHT Coordinator is an administrator, appoint a member of the SMHT who has mental health training to fill this second-in-command role.
- C. Lead Administrator verifies the cause of death with law enforcement and/or family. The cause of death is confirmed to be suicide.**
- D. Lead Administrator and Deputy Coordinator establish supportive contact with family (Tool 21, p. 56-58)**
 - a. If the family gives permission to disclose the cause of death, use [Communications \(Disclosing\) Tools 24-28 \(p. 63-71\)](#)
 - b. If the family does NOT give permission to disclose the cause of death, use [Communications \(Non-Disclosing\) Tools 29-33 \(p. 72-80\)](#)
- E. Lead Administrator holds an SMHT meeting and delegate tasks (Tool 18)**
 - a. Notify staff and schedule all-staff meeting for next morning
 - b. Consult with district and SMHT to arrange subs as needed for staff, mental health & grief supports
 - c. Prepare communications and media plan
- F. Lead Administrator holds all-staff meeting morning before school**
- G. Students and Caregivers are notified simultaneously**
 - a. Staff informs students in morning classrooms by sharing Student Death Notification Statement – DO NOT use PA system or host an assembly!
 - b. School sends out written Parents & Caregivers Notification Statement

CONTINUING RESPONSE (Days 2-7)

- H. Convene SMHT daily to discuss needs and implementation. SMHT and other mental health supports are available.**
 - a. Remove student & family from attendance list, announcements, and automated emails ASAP.
 - b. Consult with district and develop strategy for responding to media inquiries

- c. Monitor social media and external media outlets
- d. Identify and refer students and staff in need of support
- I. If indications of suicide risk are observed or reported, follow Suicide Risk Response Procedures**
- J. Deputy Coordinator checks in with family and develops plan around funeral/appropriate memorialization [\(Tool 38, p. 88\)](#)**
- K. Lead Administrator holds all-staff check in meeting**

LONGTERM SUPPORT

- L. Identify and refer students and staff in need of support**
- M. If indications of suicide risk are observed or reported, follow Suicide Risk Response Procedures**
- N. SMHT prepares plan for anniversaries of death & milestones [\(Tool 38, p. 88\)](#)**

Delegating Roles for Loss Response

While navigating a loss, members of your School Mental Health Team (SMHT) will play different roles. Train members of your SMHT in advance for their roles. In the event of a loss, your SMHT needs to be ready to implement a postvention plan.

Lead Administrator

School Principal or authorized Assistant Principal

This person is the leader during the postvention response. They are the central point of contact and are kept informed about all aspects of the response. This can be an SMHT member with the authority to make final decisions in school procedures.

Key Responsibilities

- Receives report of death and relays information to superintendent/district and **Deputy Coordinator**
- Verifies cause of death with law enforcement, medical examiner and/or family
- Convenes **School Mental Health Team (SMHT)** and delegates roles
- Collaborates with **Deputy Coordinator** on contact with bereaved family
 - [Guidance on Supportive Contact - Tool 21](#)
 - A face-to-face conversation with suicide loss survivors is highly recommended to show support and to open a dialogue.
- Notifies staff and leads morning meeting to inform all staff about recent loss
 - Written Staff Notification
 - Staff Notification Meeting Agenda - [Tool 24 \(Disclosing\)](#) OR [Tool 29 \(Non-Disclosing\)](#)
- Collaborates with **Deputy Coordinator, Staff Support Liaison and Student Support Liaison** to approve and arrange for support needs
 - [Communications \(Disclosing\) - Tools 24-28](#)
 - [Communications \(Non-Disclosing\) - Tools 29-33](#)
- Provides instructions to **Administrative Assistant** and **Additional Staff** for referring staff and students to supports, responding to parents and media
- Leads check in meetings with **SMHT** daily after loss (1-2 weeks) and as needed
- Leads check in meeting with all staff one week after loss
 - Staff Check In Meeting Agenda - [Tool 24 \(Disclosing\)](#) OR [Tool 29 \(Non-Disclosing\)](#)
- Collaborates with **Deputy Coordinator*** on funeral/memorialization plan, and plan for future milestones and anniversaries
 - [Guidance for Memorialization - Tool 38](#)
- Consults with **District & Community Supports** for resources as needed

Deputy Coordinator

School Mental Health Professional, School Mental Health Team (SMHT) Coordinator

This person is the “second-in-command” during the postvention response. They support the Lead Administrator in a number of key areas, and are prepared to step in if the Lead Administrator is not available. This role can be filled by an SMHT member with mental health training, and with a strong knowledge of postvention procedures. In most cases, this role will be filled by the School Mental Health Team (SMHT) Coordinator.

Key Responsibilities

- Receives report of death from **Lead Administrator**, and collaborates **with Lead Administrator** to initiate postvention procedure
- Assists **Lead Administrator** with delegating roles to **School Mental Health Team (SMHT)**
- Leads supportive contact with bereaved family, with support and approval from **Lead Administrator**
 - [Guidance on Supportive Contact - Tool 21](#)
- Collaborates with **Administrative Assistant** to remove the deceased individual's name from attendance lists, mailing and notification lists, and any upcoming announcements
- Collaborates with **Staff Support Liaison** and **Student Support Liaison** to implement supports. Provides leadership with supports and referrals, particularly mental health supports.
 - [School Supports After Loss - Tool 23](#)
 - [Key Postvention Support Principles - Tool 22](#)
- Assists with check in meetings with **SMHT** daily after loss (1-2 weeks) and as needed
- Leads development on funeral/memorialization plan, and plan for future milestones and anniversaries, with support and approval from **Lead Administrator**
 - [Guidance for Memorialization - Tool 38](#)
- Consults with **District Supports and Community Supports** for resources as needed

Student Support Liaison

School Mental Health Professional, Other Trained Staff Member

This person is a staff member who leads supports for students. This person connects with students and with support service providers who are working with them. This can be an SMHT member with training, and with a good direct rapport with students.

Key Responsibilities

- Collaborates with **Lead Administrator** and **Deputy Coordinator** to implement supports for students
- Checks in with students and with student support service providers regularly
- Helps to answer student questions and connects students in crisis to services
- Provides reports on student responses and needs at **SMHT** meetings
- Consults with and develops recommendations as needed for **Lead Administrator** and **Deputy Coordinator**

Staff Support Liaison

School Mental Health Professional, Other Trained Staff Member

This person is a staff member who leads supports for staff members. This person connects with staff members and with support service providers who are working with them. This can be an SMHT member with training, and is a leader and/or mentor among school staff.

Key Responsibilities

- Collaborates with **Lead Administrator** and **Deputy Coordinator** to implement supports for staff
- Checks in with staff members and with staff support service providers regularly
- Helps to answer staff questions and connects staff members in crisis to services
- Provides reports on staff responses and needs at **SMHT** meetings
- Consults with and develops recommendations as needed for **Lead Administrator** and **Deputy Coordinator**

Media & Information Liaison

Assistant Principal or Administrator, District Communications Officer

This person leads the development of appropriate communications that are accurate while respecting the wishes of the bereaved family. This role may be filled by an administrator at your school. Alternatively, your district may have a Communications Officer who provides this guidance.

Key Responsibilities

- Collaborates with **Lead Administrator** to draft and approve statements for students, parents & caregivers, the broader community, and the media
- Works with **SMHT** to ensure that messaging is consistent from school leadership
- Uses messaging that is respectful of the wishes of the bereaved family

- If the family gives permission to disclose the cause of death for a suicide, use [Communications \(Disclosing\) – Tools 24-28](#)
- If the family DOES NOT give permission to disclose the cause of death, use [Communications \(Non-Disclosing\) – Tools 29-33](#)

Administrative Assistant

Front Desk Manager, Office Staff Member

This person answers and transfers calls related to postvention as needed and refers students or staff who come to the front desk for help. This person manages office staff. This role can be filled by a staff member who works at and/or manages the school's front office, and is also a trained member of the SMHT.

Key Responsibilities

- Receives prepared guidance from the **Lead Administrator** and the **Media & Information Liaison** for responding to Frequently Asked Questions
- Transfers calls to appropriate points of contact
- Coordinates material supplies (tissues, handouts, etc.) for supports
- Refers students or staff to additional support as needed

Additional Key Staff

Additional Counseling Staff

- Provides mental health support for student and staff
- Implements procedures for students and staff in crisis as needed

School Nursing Staff

- Provides aid for physical health concerns
- Refers students and staff for mental health support as needed

School Resource Officer(s)

- Secures and monitors the physical environment of the school
- Ensures that any media on school grounds are referred to the **Lead Administrator**

District & Community Supports

There are useful resources that may be available through district or state leadership. Additionally, there may be organizations in your community that can provide support. You may want to reach out for consultation on procedures, translation/other multilingual services, and additional mental health professionals to support and refer.

Establishing Supportive Contact with a Bereaved Family

Respectfully and compassionately working with family of the person who died is an important part of postvention. It is essential that the school consults the bereaved family for their wishes prior to sharing any information about the loss.



Immediately After Confirming Death

Lead Administrator & Deputy Coordinator

- Contact family and arrange to meet in person, if possible.
- If the person who died resided in more than one household, meet in a neutral place.
- Arrange for a translator or a bilingual mental health professional, if needed. Ask if the family has cultural preferences for the meeting (involvement of cultural and/or faith leaders, staff gender and/or background, etc.).

Initial Meeting – In-Person

Lead Administrator & Deputy Coordinator

- Express sympathy and offer condolences. Ask what support the school can provide.
- Ask if there are siblings, family members, significant others, or friends attending schools in the district. The **Lead Administrator** needs to share this list with district leadership to ensure support.

- Discuss wishes about the communication plan. Ask to allow the school to share the cause of death.
 - **Sample Script for Suicide Loss:** *"We are deeply sorry for your loss, and we can't imagine how difficult this has been for you and your family. We'd like to consult you about how the school will respond for our students and staff. We have received guidance from national and state experts on the best way to support our school community as we all grieve this loss.*

We will be sharing the news of the death with our students and staff. With your permission, we would like to be transparent about the death being a suicide. We know that when a student dies by suicide, the risk of suicide for the rest of the student body increases. We want to do what is most protective for our students AND we want to honor this loss in the most truthful way. Other than [Student's Name]'s death being a suicide, we will not share any details about their passing out of respect for your privacy. If there is anything that the school can do to support you more, please let us know."

- Discuss funeral arrangements. Explain that services cannot be held at school, but students and staff may want to attend arranged services. Ask if the family has any religious or cultural mourning practices that the school should be aware of. Ask if students and staff are permitted.
 - If arrangements have been made already, ask for the dates and times of the services that would be open to the school community.
 - If arrangements have not been made yet, request that the services be held after school or on the weekend so that adults can accompany children to services.
 - Be aware that some religious traditions require burial within 24 hours (Islamic, Jewish, etc.). Offer to coordinate school communication timeline with family's religious obligations. When possible, offer access to grief counselors who share the family's cultural or religious background.
- Ask the family if they would like personal belongings found at the school to be returned (items in lockers or desks, school projects, etc.)
- Share community mental health resources with the family.
 - If the cause of death is suicide, provide resources for survivors who lost loved ones to suicide.
 - American Foundation for Suicide Prevention (afsp.org/find-a-support-group)
 - Coping After Suicide (copingaftersuicide.com/support-groups).
- Schedule a follow up within a week. If possible, this should also be in person.

- Provide the family with a specific contact for the school (typically, this will be the **Deputy Coordinator**).

Second Contact - In-Person or Over Phone

Deputy Coordinator

- Ask the family how they are doing. Express continued support.
- Ask if there is anything that the school can do to provide additional support.
- Confirm details about the memorial services, and confirm if students and staff are permitted to attend.
- If memorials have been put together by students, ask the family if they would like to have the items from those memorials.
- If the family has any school property to return (computers, textbooks, etc.), provide them the opportunity.
- Ask if they are open to future contacts from the school.
- Thank the family for their time.

Future Contact - In-Person or Over Phone

Deputy Coordinator & School Mental Health Team (SMHT)

Be aware of future dates that will be difficult for the friends and family of the person who died such as their birthday, the anniversary of their death, and their anticipated graduation date. The **Deputy Coordinator**, with support from the **SMHT**, should check in with family and friends around these dates.

Key Postvention Support Principles

There are many supports that a school may implement in response to a loss. Here are some foundational principles that may underlie your approaches.

Avoid large group settings.

Use small groups and individual-level interactions whenever possible to support. Using large groups (like morning announcements, assemblies, etc.) can make it difficult to identify individuals experiencing crisis.

Avoid judgment and romanticization.

Hearing negative messages about the person who passed away can prevent students and staff from seeking help. On the other hand, excessively positive messages about the person can romanticize death. Gently correct harmful messages if they circulate. The school community should refrain from speculation.



Treat every life with the same kindness and value.

The ways that schools respond to a loss – including the amount, kinds, and duration of supports available – can reflect upon the perceived “value” of the life lost. Every life is equally important. The school must mobilize the same response for any loss.

Offer help proactively.

Especially in an instructional setting, teachers may not want to disrupt class or embarrass a student, but students may need direct and firm guidance to seek help. Do NOT ignore signs that someone is upset.

Follow up with everyone, every time.

Support staff need to carefully record which students and staff members reach out. This follow-up needs to be done at least once (about a week after initial engagement) with those individuals. Connect them to additional support as needed.

Do not rush the postvention process.

Try not to harshly shut down questions and conversations about the loss, or to rush the postvention process to return the school to “normal.” Fearfulness about doing and saying everything “by-the-book” can result in a postvention response that feels cold or uncaring. Be gentle and compassionate. Allow everyone time to grieve, and provide them with consistent support.

School Supports After Loss

There are many supports that a school may implement in response to a loss. Here are highly recommended supports and strategies to set up for effective postvention.

Overall School Support

Lead Administrator & Deputy Coordinator

School Mental Health Team (SMHT)

- Trained team of school-based administrators and staff
- Meets daily during first two weeks to discuss response and additional needs
- Coordinates with external support staff (district resources, community mental health providers, etc.)

Command Center

- Central location staffed continuously with one or more SMHT members
- Answers questions and/or directs inquiries to the appropriate point-of-contact
- Consolidates information, keeps updated list of individuals who require follow ups

External Mental Health Providers

- Bring in additional providers to fill gaps and address need during early postvention response
- Additional providers can include local mobile crisis teams, district-level mental health teams and providers, providers from other schools, and providers from community organizations

Identify Key Students and Staff

- In advance of notifications, identify individuals close to the person who died
- Ensure that students and staff on the list are contacted on the first day – groups of students in classes or extracurriculars (athletic teams, clubs, etc.) can be offered optional small groups
- The list will be incomplete! Ensure that all students and staff are offered resources

Student-Oriented Support

Student Support Liaison, Lead Administrator & Deputy Coordinator

Student Counseling Rooms

- Private rooms where students can take a break or receive one-on-one/group assistance
- For the first week after a loss, NOT only existing counseling offices – additional locations could be used to prevent crowding, encourage help-seeking
- For the first days after loss, give students flexibility as long as they are consistently supervised by an adult
- Set up rooms for comfort with necessary physical materials (water bottles, tissues, snacks, art supplies, stress balls, fidget toys)

Dismissal to Caregiver

- Grieving students should be provided with the option for dismissal to a caregiver after receiving assistance if desired – students CANNOT leave unsupervised
- Caregivers must be notified that student will need support and supervision, and that the school must be notified for further absences
- Follow up with student is scheduled for when they return to school
- If there is concern about risk of suicide, implement [Student Suicide Risk Procedure \(p.104-105\)](#)

“Empty Chair” Procedure

- The “empty chair” left by a person who died can be a powerful image for grieving students and staff - have a trained school mental health professional (SMHP) follow the schedule of the person who died, including extracurricular meetings
- At the beginning of each class/meeting, the SMHP will introduce themselves and give a reminder about the resources available
- The SMHP monitors the session and speaks to/refers anyone needing assistance
- Once the schedule has been attended fully (no longer than one week after the loss), the SMHP works with teacher/staff to rearrange the seating arrangement of classes, so that there is no longer an “empty chair”
- The SMHP should collaborate with the teacher/staff to explicitly acknowledge this change with students and answer questions

Facilitated Small Groups

- On first two days after loss, host multiple optional small groups concurrently where students can express their feelings with peers - do NOT hold an assembly
- For first two weeks after loss, continue to hold optional small group sessions
- See facilitation tips in [Tool 26 \(Disclosing\)](#) or [Tool 31 \(Non-Disclosing\)](#)

Staff-Oriented Support

Staff Support Liaison, Lead Administrator & Deputy Coordinator

Staff Counseling Rooms

- Private rooms where staff can take a break or receive one-on-one/group assistance
- Needs to be areas (staff lounges, private offices) where there is privacy from students and supervisors
- For the first days after loss, give staff flexibility about where they go and how they receive support, as long as their students are consistently supervised by an adult staff member
- Set up for comfort with necessary physical materials (water bottles, tissues, snacks, art supplies, stress balls, fidget toys)

Substitutes

- Arrange for substitutes for staff, particularly those who had a close relationship with the person who died
- Encourage staff to take time off as needed to grieve
- Follow up scheduled for when they return to school

Teaming with Support Professionals

- Encourage staff to lean on school mental health professionals (SMHPs) and other support professionals for help – not every staff member will be comfortable talking about death
- Substitutes for grieving staff need to be provided with a support professional and/or School Mental Health Team member to communicate about the death to students
- The Staff Support Liaison, members of the School Mental Health Team, the “Command Center” in the school for postvention, school mental health professionals who are on site, and staff counseling rooms should be available for staff if they have questions

Employee Assistance Programs (EAP)

- Staff need to be provided with information about their EAP resources and how to access them. In general, EAP resources include confidential, short-term counseling sessions.
- The Lead Administrator needs to work with the school district to ensure that any district-specific EAP contacts are notified about the death, and are prepared/trained to respond.

Staff Postvention Communications (Disclosing)

Staff members play an important role in setting the tone for the postvention response. All staff members need to be on the same page about the resources available, and need to be aware about how to support students.

First Staff Notification

Lead Administrator & Communications Liaison

This written notification should be sent out through email or crisis notification system to all staff, once a report of a death has been confirmed. This notification schedules a mandatory all staff meeting for the next school day morning, prior to student arrivals. Allot at least an hour for this meeting.

Sample Notification:

Teachers and staff: We are sorry to share the news that one of our **[STUDENTS/STAFF]** has died. There is a mandatory emergency meeting **[THIS MORNING/TOMORROW MORNING]** at **[TIME]** in **[LOCATION]**. We will be going over important information and resources for you and for our students. Please notify **[LEAD ADMINISTRATOR]** if you will not be able to attend, and report to the office as soon as you arrive at school so you can receive necessary information. Thank you.

First Staff Meeting - Morning Before School, Day 1

Lead Administrator & Deputy Coordinator, Staff Support Liaison

Prior to this meeting, prepare physical materials (tissues, stress balls, snacks, coffee, etc.). Prepare and print copies of [Tools 25, 34, 35](#), and [37](#) to distribute to all staff. Create and print a list of resources and their locations for the staff to reference as well.

Key Points:

- Introduce the **School Mental Health Team (SMHT)** and support professionals.
- Share accurate information about the death (while respecting the bereaved family's wishes). Share that the death was a suicide.
- Inform staff that substitutes are available as needed.
- Give staff time to express feelings and connect heightened members to support. Briefly remind staff about school postvention policy while handouts are distributed. Dispel myths and fears about suicide.

- Advise staff who have morning classes/homerooms that they will be notifying students about the death using [Tool 25 - Student Initial Notification \(Disclosing\)](#). Review the notification with the staff and answer questions.
 - [Tool 34 – Staff FAQ](#) for additional guidance for questions and resources.
 - [Tool 35 – Student FAQ](#) for answering student questions. Students will also receive a copy of this handout.
 - [Tool 37 - FAQ about Suicide](#)
- Review resources available for staff and students. Remind staff that they need to proactively connect students to help if they notice warning signs of crisis and suicide, and document which students are referred.
- Review crisis referral and dismissal protocol for students. Students need to be supervised (particularly if they show signs of distress).
- Review guidance around memorialization and share information about services.
- Remind staff to reach out to members of the **SMHT**, or report to the **Command Center**, if they have any questions during the day.
- If staff receive any inquiries from parents or from media, staff need to direct them to the **Command Center** and the **Communications Liaison**.
- Thank staff and leave time for individuals to ask questions privately.

Second Staff Meeting - After School, Day 1

Lead Administrator & Deputy Coordinator, Staff Support Liaison

Prepare and print copies of [Tool 25](#) to distribute to all staff. Ensure that information about resources and their locations are updated, as needed.

Key Points:

- Thank staff for their essential role in informing, supporting, and referring students
- Hold space for staff to express their feelings and ask questions
- Review challenges and successes from the day
- Advise staff with morning classes/homerooms on the next day that they will be updating students with [Tool 25 - Student Supportive Notification \(Disclosing\)](#). Review the notification with the staff and answer questions.
- Ask staff for feedback about the response and requests for additional support
- Remind staff of available resources, the importance of peer support and self-care
- Thank staff and leave time for staff to ask questions privately.

Optional Staff Meetings

As needed, hold technical assistance meetings and opportunities to debrief with peers and support providers. A meeting after scheduled memorial services, focused on debriefing and stress-reducing activities, may also be useful.

Student Postvention Communications (Disclosing)

Student Initial Notification - Start of School, Day 1

Staff Member/Teacher, Homeroom Teachers

This information should be shared by staff members at the beginning of the first postvention school day. Information should be shared in groups no larger than a classroom. Do NOT share this information over the PA system, in an email, in a blast notification, or in an assembly.

Sample Notification:

Good morning everyone. I'm sorry to share the tragic news that one of your **[classmates/teachers/school staff]**, **[NAME OF DECEASED]**, died by suicide **[on INSERT DATE – can use phrase like “yesterday” or “last night”]**. This is the only information that we are able to share, out of respect for **[NAME OF DECEASED]** and their loved ones. Information about memorial services will be provided when it becomes available.

I know this news is difficult, and I understand that many of you may have upsetting feelings and questions about **[NAME OF DECEASED]**'s death. Even if you didn't know **[NAME OF DECEASED]** very well, any loss can bring up feelings about your own experiences. While we may never know why **[NAME OF DECEASED]** ended their life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're upset or struggling to reach out for help.

All of our teachers and staff are here for you, as we navigate this time together. If you would like, we can take some time now to talk and answer your questions. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms available with counselors in **[NOTE SPECIFIC LOCATIONS]**. You will all receive a handout that also outlines different resources that are available. Please do not hesitate to use them, or ask questions about them if you have any.

I'm here to support you. Please let me or your other teachers know if you'd like to speak to a crisis counselor at any point throughout the day. You can also call or text 9-8-8 anytime for any reason.

Staff should hand out copies of the school's Referral and Resource List (See [Tool 3 – Creating a Referral and Resource List](#)), along with [Tool 35 – Student FAQ](#). Then, staff can

take time to facilitate a conversation, answer questions using [Tool 34 – Staff FAQ](#), [Tool 35 – Student FAQ](#), and [Tool 37 – FAQ about Suicide](#), and refer students who are distressed.

Student Supportive Notification - Start of School, Day 2

Staff Member/Teacher, Homeroom Teachers

This information should be shared by staff members at the beginning of the second postvention school day. Information should be shared in groups no larger than a classroom. Do NOT share this information over the PA system, in an email, in a blast notification, or in an assembly.

Sample Notification:

Good morning, everyone. We know that yesterday was difficult and emotional. Losing a member of our school community to suicide is painful and disorienting, and we know those feelings can last a long time.

There is no “correct”, “normal”, or “right way” to feel as we navigate this difficult time. As we begin to return to our regular school schedule and activities, we are keeping **[NAME OF DECEASED]** and their loved ones in our hearts. All of **[NAME OF SCHOOL]**'s staff continue to be here if you need to talk or if you have any questions. Support resources and counselors will also continue to be available for you. If you want to use any of these resources, either alone or with a friend, please let your teacher know.

Memorial Services Information

Staff Member/Teacher, Homeroom Teachers

If the bereaved family has given permission, provide memorial services information. Depending on when this information is confirmed, this may need to be a third announcement. This information should be shared in group no larger than a classroom – do NOT share this over the PA system, in an email or blast notification, or in an assembly.

Sample Notification:

Memorial services for **[NAME OF DECEASED]** will be held on **[DATE, TIME, PLACE]**. Students and staff are permitted to attend these services. School mental health staff will be present at the service to support you. We encourage students to bring a parent, or another trusted adult, for support.

[IF SERVICES WILL BE DURING THE SCHOOL DAY, insert information about needing caregiver permission to leave school]

Facilitating Student Small Groups (Disclosing)



Optional small groups (15 or fewer students) can help youth engage in discussion with peers, and learn from each other. Adult facilitators of small groups can learn how students are coping and identify students needing support.

Principles for Small Groups

- Facilitators should be trained and comfortable talking openly about suicide with students – either mental health professionals or trained School Mental Health Team (SMHT) members
- Incorporate art supplies, fidget toys, breathing exercises, or other activities
- Establish group norms – listen to each other, allow others to speak, be open and non-judgmental, ask questions freely, express in the way that is most comfortable

Questions to Ask

- How are you feeling? Describe emotional and physical sensations.
- How can the school support you? How can you support each other?
- What are some ways that you have coped with hard times in the past? What are some strategies you might use to feel better?
- Here are some key talking points about death and suicide:
 - Suicide is complex, and has multiple causes. We may never know why the person chose to end their life. It is not helpful to blame or shame people. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.
 - There's no "right" way to feel. This loss might bring up hard emotions or reminders of personal experiences, even if you were not close with the person who died. Don't judge yourself or others for how they feel.
 - Having compassionate conversations about suicide when you are worried about someone does not "plant the idea" in someone's head. It can actually help a person open up.
 - There is nothing wrong with asking for help if you are having thoughts of suicide, and there is help available for you and your friends.
 - If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about a friend, get help from an adult as soon as possible.

Parent Postvention Communications (Disclosing)

Parent Initial Notification - Start of School, Day 1

Lead Administrator & Communications Liaison

This information should be sent out to parents and caregivers at the same time that students are being notified.

The initial notification should be sent as a voice message from the school's automated call system. After the voice message, a written copy should be sent out as an email or text. A printed version can be provided to students to bring home as well. Attach a copy of [Tool 36 – Parent FAQ](#) to the written notification.

Sample notification:

Dear Parents/Guardians,

I am reaching out to share the sad news that one of our **[students/teachers/school staff]**, **[NAME OF DECEASED]**, died by suicide **[on INSERT DATE – can use phrase like “yesterday” or “last night”]**. This is the only information that we are able to share, out of respect for **[NAME OF DECEASED]** and their family. Our hearts are with **[his/her/their]** loved ones during this difficult time.

All our students were notified of this death this morning by staff members in their classes. Members of our crisis team met with students individually and in groups today. Counselors and resources and will continue to be available to students in the coming days and weeks. Experts suggest that talking openly about suicide is the safest and most protective thing we can do for our students. They also recommend that these conversations be ongoing, not time limited. Similarly, we have come to understand that providing lasting support to students after a suicide death is best practice.

Even if your student didn't know **[insert student/staff name]** very well, any loss can bring up feelings about your own experiences. Although we may never know why **[NAME OF DECEASED]** ended **[HIS/HER/THEIR]** life, we do know that suicide has multiple causes and that help is available. It's really important to reach out for help if you or your child are struggling in any way. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call or text the National Suicide and Crisis Lifeline by calling or texting 988, call 911, or take your child to the nearest crisis center or emergency department.

If memorial services are open to the school community, information about memorial services will be provided to students once we receive and confirm it. We strongly encourage you (or another trusted adult) to accompany your child to any services they attend. In the email you receive, I have included links and attachments to help you navigate this difficult time with your child and to ensure you have access to supports available to you. We recognize that every family has their own traditions around loss and mourning. Please let us know if there are specific considerations for your family and your child during this time.

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

Sincerely,

[Insert signature]

[NAME OF LEAD ADMINISTRATOR]

[Include relevant attachments]

Media and Public Statement (Disclosing)

Media Statement - Variable Timing

Lead Administrator & Communications Liaison

This information can be sent to media outlets upon request. Do NOT send out the media statement before students and caregivers are informed. Work with your Communications Liaison to determine the best strategy.

If harmful media speculation is observed, or social media rumors and messages are circulating, it may be best to send out this statement proactively. Along with this statement, refer media outlets to the Reporting on Suicide recommendations (reportingonsuicide.org). Work with the Communications Liaison to monitor and reach out to outlets that engage in sensationalistic or harmful reporting.

Sample Statement:

On **[DATE OF NOTIFICATION]**, school staff were informed that a **[AGE]**-year-old student at **[NAME OF SCHOOL]** had died. The cause of death was suicide. Our hearts are with [his/her/their] loved ones during this difficult time.

The school is providing a variety of resources and supports for staff and students, as they manage the complex emotions they may be experiencing. Trained crisis counselors are available to meet with students and staff, and will continue to be available over the coming weeks. Please contact the school if you have concerns about your child being at-risk of suicide. Do not hesitate to get help for your child.

It is very important that all members of the community know the warning signs of youth suicide. Some signs indicate a young person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person unsupervised and immediately connect them to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about being unbearably overwhelmed, feeling trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Please be aware of events that can lead to crisis for a young person, including:

- A severe argument with parents or loved ones
- The break-up of a relationship or friendship

- Severe discipline problem
- Severe disappointment
- Shame or humiliation

Other worrisome changes in behavior can be a sign that a young person is at risk of suicide. Please be aware of warning signs, including:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, nightmares, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury as a means of coping
- Acting anxious or agitated, or behaving recklessly
- Withdrawing or isolating self
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Resources

If you need additional support or are worried about a loved one, please reach out for help.

- Local Community Mental Health Resource(s) - **[NAME(S)]**
- National Suicide Prevention Lifeline - Call or text 988, or visit 988lifeline.org/chat to chat online.

Recommendations for Reporting on Suicide

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

Media Contact

[COMMUNICATIONS LIAISON NAME]

[TITLE]

[SCHOOL]

[PHONE]

[EMAIL ADDRESS]

Staff Postvention Communications (Non-Disclosing)

Staff members play an important role in setting the tone for the postvention response. All staff members need to be on the same page about the resources available, and need to be aware about how to support students.

First Staff Notification

Lead Administrator & Communications Liaison

This written notification should be sent out through email or crisis notification system to all staff, once a report of a death has been confirmed. This notification schedules a mandatory all staff meeting for the next school day morning, prior to student arrivals. Allot at least an hour for this meeting.

Sample Notification:

Teachers and staff: We are sorry to share the news that one of our **[STUDENTS/STAFF]** has died. There is a mandatory emergency meeting **[THIS MORNING/TOMORROW MORNING]** at **[TIME]** in **[LOCATION]**. We will be going over important information and resources for you and for our students. Please notify **[LEAD ADMINISTRATOR]** if you will not be able to attend, and report to the office as soon as you arrive at school so you can receive necessary information. Thank you.

First Staff Meeting - Morning Before School, Day 1

Lead Administrator & Deputy Coordinator, Staff Support Liaison

Prior to this meeting, prepare physical materials (tissues, stress balls, snacks, coffee, etc.). Prepare and print copies of [Tools 30, 34,](#) and [35](#) to distribute to all staff. Create and print a list of resources and their locations for the staff to reference as well.

Key Points:

- Introduce the **School Mental Health Team (SMHT)** and support professionals.
- Share accurate information about the death (while respecting the bereaved family's wishes). Share that the death was a suicide.
- Inform staff that substitutes are available as needed.
- Give staff time to express feelings and connect heightened members to support.
- Briefly remind staff about school postvention policy while handouts are distributed. Explain that students may be distressed, and that there may be

increased risk of crisis and suicide in the coming weeks. Advise staff who have morning classes/homerooms that they will be notifying students about the death using [Tool 30 - Student Initial Notification \(Non-Disclosing\)](#). Review the notification with the staff and answer questions.

- [Tool 34 – Staff FAQ](#) for additional guidance for questions and resources.
- [Tool 35 – Student FAQ](#) for answering student questions. Students will also receive a copy of this handout.
- Review resources available for staff and students. Remind staff that they need to proactively connect students to help if they notice warning signs of crisis and suicide, and document which students are referred.
- Review crisis referral and dismissal protocol for students. Students need to be supervised (particularly if they show signs of distress).
- Review guidance around memorialization and share information about services.
- Remind staff to reach out to members of the **SMHT**, or report to the **Command Center**, if they have any questions during the day.
- If staff receive any inquiries from parents or from media, staff need to direct them to the **Command Center** and the **Communications Liaison**.
- Thank staff and leave time for individuals to ask questions privately.

Second Staff Meeting - After School, Day 1

Lead Administrator & Deputy Coordinator, Staff Support Liaison

Prepare and print copies of [Tool 30](#) to distribute to all staff. Ensure that information about resources and their locations are updated, as needed.

Key Points:

- Thank staff for their essential role in informing, supporting, and referring students
- Hold space for staff to express their feelings and ask questions
- Review challenges and successes from the day
- Advise staff with morning classes/homerooms on the next day that they will be updating students with [Tool 30 - Student Supportive Notification \(Non-Disclosing\)](#). Review the notification with the staff and answer questions.
- Ask staff for feedback about the response and requests for additional support
- Remind staff of available resources, the importance of peer support and self-care
- Thank staff and leave time for staff to ask questions privately.

Optional Staff Meetings

As needed, hold technical assistance meetings and opportunities to debrief with peers and support providers. A meeting after scheduled memorial services, focused on debriefing and stress-reducing activities, may also be useful.

Student Postvention Communications (Non-Disclosing)

Student Initial Notification - Start of School, Day 1

Staff Member/Teacher, Homeroom Teachers

This information should be shared by staff members at the beginning of the first postvention school day. Information should be shared in groups no larger than a classroom. Do NOT share this information over the PA system, in an email, in a blast notification, or in an assembly.

Sample Notification:

Good morning everyone. I'm sorry to share the tragic news that one of your **[classmates/teachers/school staff]**, **[NAME OF DECEASED]**, died **[on INSERT DATE – can use phrase like “yesterday” or “last night”]**. This is the only information that we are able to share, out of respect for **[NAME OF DECEASED]** and their loved ones. Information about memorial services will be provided when it becomes available.

I know this news is difficult, and I understand that many of you may have upsetting feelings and questions about **[NAME OF DECEASED]**'s death. Even if you didn't know **[NAME OF DECEASED]** very well, any loss can bring up feelings about your own experiences. It's really important if you're upset and struggling to reach out for help.

All of our teachers and staff are here for you, as we navigate this time together. If you would like, we can take some time now to talk and answer your questions. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms available with counselors in **[NOTE SPECIFIC LOCATIONS]**. You have all received a handout that also outlines different resources that are available. Please do not hesitate to use them, or ask questions about them if you have any.

I'm here to support you. Please let me or your other teachers know if you'd like to speak to a crisis counselor at any point throughout the day. You can also call or text 9-8-8 anytime for any reason.

Staff should hand out copies of [Tool 35 – Student FAQ](#). Then, staff can take time to facilitate a conversation, answer questions using [Tool 34 – Staff FAQ](#) and [Tool 35 – Student FAQ](#), and refer students who are distressed.

Student Supportive Notification - Start of School, Day 2

Staff Member/Teacher, Homeroom Teachers

This information should be shared by staff members at the beginning of the second postvention school day. Information should be shared in groups no larger than a classroom. Do NOT share this information over the PA system, in an email, in a blast notification, or in an assembly.

Sample Notification:

Good morning, everyone. We know that yesterday was difficult and emotional. Losing a member of our school community is painful and disorienting, and we know those feelings can last a long time.

There is no “correct”, “normal”, or “right way” to feel as we navigate this difficult time. As we begin to return to our regular school schedule and activities, we are keeping **[NAME OF DECEASED]** and their loved ones in our hearts. All of **[NAME OF SCHOOL]**'s staff continue to be here if you need to talk or if you have any questions. Support resources and counselors will also continue to be available for you. If you want to use any of these resources, either alone or with a friend, please let your teacher know.

Memorial Services Information

Staff Member/Teacher, Homeroom Teachers

If the bereaved family has given permission, provide memorial services information. Depending on when this information is confirmed, this may need to be a third announcement. This information should be shared in group no larger than a classroom – do NOT share this over the PA system, in an email or blast notification, or in an assembly.

Sample Notification:

Memorial services for **[NAME OF DECEASED]** will be held on **[DATE, TIME, PLACE]**. Students and staff are permitted to attend these services. School mental health staff will be present at the service to support you. We encourage students to bring a parent, or another trusted adult, for support.

[IF SERVICES WILL BE DURING THE SCHOOL DAY, insert information about needing caregiver permission to leave school]

Facilitating Student Small Groups (Non-Disclosing)



Optional small groups (15 or fewer students) can help youth engage in discussion with peers, and learn from each other. Adult facilitators of small groups can learn how students are coping and identify students needing support.

Principles for Small Groups

- Facilitators should be trained and comfortable talking openly about suicide with students – either mental health professionals or trained School Mental Health Team (SMHT) members
- Incorporate art supplies, fidget toys, breathing exercises, or other activities
- Establish group norms – listen to each other, allow others to speak, be open and non-judgmental, ask questions freely, express in the way that is most comfortable

Questions to Ask

- How are you feeling? Describe emotional and physical sensations.
- How can the school support you? How can you support each other?
- What are some ways that you have coped with hard times in the past? What are some strategies you might use to feel better?
- Here are some key talking points about death and suicide risk without disclosing:
 - It's important to respect the wishes of the grieving family during this time. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.
 - There's no "right" way to feel. This loss might bring up hard emotions or reminders of personal experiences, even if you were not close with the person who died.
 - When someone in our community dies, we might feel depressed or even consider suicide. There is nothing wrong with asking for help, and there is help available for you and your friends.
 - Having compassionate conversations about suicide does not "plant the idea" of suicide in someone's head. It can actually help a person open up.
 - If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about a friend, get help from an adult as soon as possible.

Parent Postvention Communications (Non-Disclosing)

Parent Initial Notification - Start of School, Day 1

Lead Administrator & Communications Liaison

This information should be sent out to parents and caregivers at the same time that students are being notified.

The initial notification should be sent as a voice message from the school's automated call system. After the voice message, a written copy should be sent out as an email or text. A printed version can be provided to students to bring home as well. Attach a copy of [Tool 36 – Parent FAQ](#) to the written notification.

Sample notification:

Dear Parents/Guardians,

I am reaching out to share the sad news that one of our **[students/teachers/school staff]**, **[NAME OF DECEASED]**, died **[on INSERT DATE – can use phrase like “yesterday” or “last night”]**. This is the only information that we are able to share, out of respect for **[NAME OF DECEASED]** and their family. Our hearts are with **[his/her/their]** loved ones during this difficult time.

All our students were notified of this death this morning by staff members in their classes. Members of our crisis team met with students individually and in groups today. Counselors and resources and will continue to be available to students in the coming days and weeks.

Even if your student didn't know **[insert student/staff name]** very well, any loss can bring up feelings about your own experiences. After a loss in the community, students may be at higher risk of crisis and suicide. It's really important to reach out for help if you or your child are struggling in any way. If you or your child needs help right away, call or text the National Suicide and Crisis Lifeline by calling or texting 988, call 911, or take your child to the nearest crisis center or emergency department.

If memorial services are open to the school community, information about memorial services will be provided to students once we receive and confirm it. We strongly encourage you (or another trusted adult) to accompany your child to any services they attend. In the email you receive, I have included links and attachments to help you navigate this difficult time with your child and to ensure you have access to supports available to you. We recognize that every family has

their own traditions around loss and mourning. Please let us know if there are specific considerations for your family and your child during this time.

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

Sincerely,

[Insert signature]

[NAME OF LEAD ADMINISTRATOR]

[Include relevant attachments]

Media and Public Statement (Disclosing)

Media Statement - Variable Timing

Lead Administrator & Communications Liaison

This information can be sent to media outlets upon request. Do NOT send out the media statement before students and caregivers are informed. Work with your Communications Liaison to determine the best strategy.

If harmful media speculation is observed, or social media rumors and messages are circulating, it may be best to send out this statement proactively. Work with the Communications Liaison to monitor and reach out to outlets that engage in sensationalistic or harmful reporting.

Sample Statement:

On [DATE OF NOTIFICATION], school staff were informed that a [AGE]-year-old student at [NAME OF SCHOOL] had died. Our hearts are with [his/her/their] loved ones during this difficult time.

The school is providing a variety of resources and supports for staff and students, as they manage the complex emotions they may be experiencing. Trained crisis counselors are available to meet with students and staff, and will continue to be available over the coming weeks. After a tragic loss, young people may find it difficult to cope and may be at risk of crisis or suicide. Please contact the school if you have concerns about your child being at-risk of suicide. Do not hesitate to get help for your child.

It is very important that all members of the community know the warning signs of youth suicide. Some signs indicate a young person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person unsupervised and immediately connect them to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about being unbearably overwhelmed, feeling trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Please be aware of events that can lead to crisis for a young person, including:

- A severe argument with parents or loved ones

- The break-up of a relationship or friendship
- Severe discipline problem
- Severe disappointment
- Shame or humiliation

Other worrisome changes in behavior can be a sign that a young person is at risk of suicide. Please be aware of warning signs, including:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, nightmares, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury as a means of coping
- Acting anxious or agitated, or behaving recklessly
- Withdrawing or isolating self
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Resources

If you need additional support or are worried about a loved one, please reach out for help.

- Local Community Mental Health Resource(s) - **[NAME(S)]**
- National Suicide Prevention Lifeline - Call or text 988, or visit 988lifeline.org/chat to chat online.

Recommendations for Reporting on Suicide

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

Media Contact

[COMMUNICATIONS LIAISON NAME]

[TITLE]

[SCHOOL]

[PHONE]

[EMAIL ADDRESS]

After a Loss - FAQ for Staff



Q: Is there a right way to feel or react when someone at my school dies?

As a member of the staff, you may feel a pressure to “get over it” quickly, so that you can support students or other staff in need. Dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support. This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don’t judge yourself or others for how they feel.

Q: Students are asking a lot of questions. How can I make sure I say the right thing?

It is normal to worry about saying the “right” or “perfect” thing to students who ask questions. It is more important to keep some key principles in mind.

- Be empathetic and kind to students. Try to understand why they are asking.
- Keep the bereaved family and loved ones in mind. Students may be frustrated with limited information, but be firm about what can be shared. Do not engage with rumors and speculation.
- Be honest with students when you don’t have an answer to a question.

Q: How will the school honor the memory of the person who died?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Someone at my school is really struggling. How can I help them?

Being a good listener and getting help are the best things to do when someone is struggling. After a loss in the community, your students and peers may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone. Immediately connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I help a student or a staff member who is struggling?

You are not alone, and you are not expected to handle student or staff concerns alone. Be a good listener and refer individuals who need additional support, or who have questions that you can't answer. If you or someone needs help right away outside of school, call or text the National Suicide and Crisis Lifeline by calling or texting 988, call 911, or take the person to the nearest crisis center or emergency department.

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- **Command Center - [LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member
- **Staff Support Rooms - [LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- **Employee Assistance Program (EAP) - [CONTACT NAME, PHONE NUMBER, EMAIL]**
 - **[DESCRIBE SUPPORT AVAILABLE]**
- **National Suicide & Crisis Lifeline**
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

After a Loss - FAQ for Students



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings. Pushing away or dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support.

Q: Even though I didn't know the person who died very well, I feel upset. Is that normal?

This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don't judge yourself or others for how they feel.

When something traumatic happens, it is normal to want more information about what exactly happened and why it happened. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. Rather than fixating on the circumstances of the person's death, try to focus on the person's life and memory. Try to focus not on how someone died, but rather on coping with the loss.

Q: Will knowing more details about the person's death give me closure?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with you to honor the person's memory in ways that are safe and consistent.

Q: How will the school remember the person and honor their memory?

Being a good listener and connecting to an adult who can help are the best things you can do when your friend is struggling. Offering to go with your friend to the counselor's office, or making a phone call for help with them, can really make seeking help easier.

Q: A friend of mine or someone I know is really struggling. How can I help them?

After a loss in the community, your friend and peers may be at higher risk of crisis and suicide.

Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone and immediately notify an adult to connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

After a Loss - FAQ for Parents



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings and your child's feelings. Dismissing feelings can lead to deeper issues in the future. Bear in mind that this loss might bring up difficult emotions or reminders of personal experiences for your child, even if they were not close with the person who died.

Q: Will the school share more information about the person's death?

When something traumatic happens, it is normal to want more information about what happened and why. However, our community has a responsibility to respect the family who lost a loved one. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. We encourage students to focus on the person's life and memory and coping with the loss.

Q: What are signs that my child may be struggling and may need more help?

After a loss in the community, students may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person unsupervised and immediately connect them to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly

- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I support my child?

It is normal to worry about saying the “right” or “perfect” thing after a loss. It is more important to keep some key principles in mind.

- Be empathetic and kind to your child. Try to understand their reactions.
- Be honest with your child when you don’t have an answer to a question.
- Reach out for support. You can reach out to the school for support services during school hours. If you or your child are in crisis and need support outside of school - please call, text, or chat 988 (National Suicide & Crisis Lifeline)

Q: How can I support the grieving family and the school?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. If your child wishes to attend services, we ask that at least one parent and/or trusted adult attends with them. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Resources are available for you and your child. If you need assistance or support, please reach out.

Points of Contact for Questions or Concerns

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- Command Center - **[LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member

Points of Contact for Student Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

Navigating a Suicide Loss - FAQ

Q: Is there a right way to feel or react to a suicide death?

There's no "right" or "correct" way to feel. When someone dies by suicide, there can be especially complicated feelings of sadness, confusion, shock, numbness, and more. It can be difficult to find closure. If you were close with the person, you might experience feelings of guilt or anger. Even if you were not close with the person who died, this loss might bring up difficult emotions or reminders of personal experiences.

Suicide is complex, and is not caused by any one factor. You are not responsible for the person's decision, and we may never know why the person chose to end their life. Be gentle with yourself and with others, and reach out for support.

Q: Why did the person choose to end their life? Who is responsible for a suicide death?

It is normal to have questions after someone dies by suicide, but it is important to recognize the limits of the information we have. We may never know why the person chose to end their life. It is not helpful to assign blame to specific causes, or to shame people. Pointing fingers is not helpful. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.

Q: Is it okay to ask someone if they are thinking about suicide, if I am worried about them?

Yes, it is okay to ask! In fact, it is best to ask directly. Having compassionate conversations about suicide when you are worried about someone does not "plant the idea" of suicide in their head. It can actually help a person at risk open up about how they are feeling. If you don't think you can ask the person, please let someone else who can help (counselor, trusted adult, etc.) know about your concerns.

Q: What can I do to prevent suicide?

On an individual level, you can help prevent suicide by seeking help if you are struggling. There is always hope, and help is available.

On an interpersonal level, you can help prevent suicide by noticing worrisome changes in behavior and asking directly about suicide if you are concerned. If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about someone, get help as soon as possible. If the person has a plan for suicide, that you immediately connect them to care. Make sure that they do not have access to the method (or "lethal mean") that they were planning to use. You can get training to become more comfortable with having caring conversations about suicide.

On a school or district level, you can help to make your school a more accepting and compassionate place. You might consider starting a student group focused on mental health promotion and suicide prevention, or participating in a community awareness event. As a community, there are many ways to make a difference.

Guidance for Memorials

A standard memorialization procedure ensures deaths are treated equally, regardless of cause or other factors.

Short-Term Memorialization

- Encourage and allow students, with parental permission, to attend the memorial services held by the bereaved family, if services are open for attendance. Encourage staff attendance at services to support the family and students.
- Consult with the family on any religious or cultural memorial practices they wish to incorporate, and be sensitive to cultural norms around memorialization.
- With family permission, consider involving faith/cultural leaders in planning.
- Contribute to suicide prevention efforts in the community.
- Develop living memorials that address risk factors in local youth.
- Implement a Hope Squad in memory of the suicide victim. More information on this peer-to-peer program is available at hopesquad.com.
- Prohibiting memorials can upset grieving students and parents. Instead:
 - Strike a balance between the needs of students and returning to stability.
 - Meet with students and be creative and compassionate.
 - Leave spontaneous memorials at school in place until after services. Materials from memorials can be given to the bereaved family, or students can keep a piece. Do NOT take down memorials without communicating with students.
 - Avoid holding memorial services on school grounds, and suggest that services be held after school so parents can accompany their children.
 - Monitor student gatherings off campus, and send support staff if possible.
 - Student newspaper coverage needs to follow media reporting guidelines available at save.org and at reportingonsuicide.org

Long-Term Memorialization

Yearbook and graduation dedication or tributes should be similar, regardless of the cause of death. Memorials should celebrate the life of the individual, rather than focusing on the death itself. At events, it is recommended to avoid physical symbols (like “empty chairs” or plaques). Instead, honor those who passed away in remarks and/or through a moment of silence.

- Host a prevention event like an Out of Darkness Walks to raise funds for suicide prevention. Information about these awareness events is available at afsp.org
- Permanent memorials on campus are discouraged. If a permanent memorial is desired by the community, consider implementing off school grounds.
- Some campuses already have permanent memorials in place. Because it is important to treat all deaths equally, this may be a good area to have a permanent memorial.

Schools should continue to support bereaved loved ones, especially around milestones.

Suicide Loss During the Summer



During the summer months, members of school communities may not have the same access to caregivers, peers, resources, and school-based mental health professionals. It is imperative for your school to devise policies and procedures specific to your community for a suicide loss during the summer.

Best Practices

Bereavement Planning: It is important to work directly with the bereaved family, friends, and students who are directly affected by the suicide loss. Create a plan that both respects the wishes of the bereaved as well as the policies and procedures your school has in place.

Share Resources: It is important to share the resources your school has available during the summer months with the bereaved. Resources could be brochures, websites, the reduced summer schedule of School Mental Health Team services, referrals to: non-school affiliated behavioral health providers, mobile crisis teams, crisis drop-in centers, bereavement support groups, etc. You can also discuss what resources will be available when school starts as well.

Social Media: Reach out to your school's Communication Officer or School Mental Health Team to coordinate efforts and monitoring social media. It is important to make sure the messaging about the suicide loss is both safe and that no misinformation is getting spread. Continue to work with the bereaved during this process.

Press Release: If there is a lot media attention, consider releasing a statement sooner than the beginning of school year. If there is not a lot of media attention, consider

delaying the statement release at the beginning of the school year. Continue to work with the bereaved during this process.

Helpful Tools

The following tools are helpful resources for navigating a suicide loss during the summer months. This list is not exhaustive. Please use the Table of Contents, Appendices, and section headers for more information.

- [Tool 19 - Postvention Response Procedures](#)
- [Tool 20 - Delegating Roles for Loss Response](#)
- [Tool 21 - Establishing Supportive Contact with a Bereaved Family](#)
- [Tool 22 - Key Postvention Support Principles](#)
- [Tool 23 - School Supports After Loss](#)
- [Tools 24 - 28 - Postvention Communications Disclosing Cause of Death](#)
- [Tools 29 - 31 - Postvention Communications Not Disclosing Cause of Death](#)
- [Tool 65 - Helping Someone in Crisis](#)
- [Tool 66 - Navigating the Behavioral Health System](#)
- [Tool 67 - Behavioral Health Treatment - FAQ](#)
- [Tool 68 - First Mental Health Appointment - What to Expect](#)

Share Information about 988

The 988 Suicide and Crisis Line provides 24/7, 365 assistance for behavioral health concerns. 988 Suicide and Crisis Line can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility. Visit the 988 website at 988lifeline.org.



SCHOOL MENTAL HEALTH PROFESSIONAL

For school suicide prevention to succeed, every school needs to designate and train one or more School Mental Health Professionals. These experts save lives by leading the implementation of powerful prevention policies.

THE ROLE OF SCHOOL MENTAL HEALTH PROFESSIONALS



Key staff must be designated and trained to lead responses to suicide-related concerns. In most schools, a school counselor or other school mental health professional(s) will be the School Mental Health Professional (SMHP).

The SMHP at a school prepares for suicide-related concerns, and is trained to respond effectively. SMHPs, with help from their teams, also ensure that everyone in a school is trained to refer and support students at risk of suicide. schools, in order to provide support and make decisions efficiently in crisis situations.

Effective suicide prevention strategy for School Mental Health Professionals covers three key areas:

❖ **PREVENTION** (p. 94 - 103)

- I want to train myself and members of my school community to prevent suicide in the long run.

❖ **INTERVENTION** (p. 104 - 139)

- I want to effectively identify, assess, support, and reintegrate youth at my school currently at risk of suicide.

❖ **POSTVENTION** (p. 140 - 169)

- I want to respond to a death by suicide in my school community, and support those impacted.

Mental Health Expert Checklist

As you implement policies, this checklist will help you keep track of essential suicide prevention components. Each strategy has tools to support it..

PREVENTION Strategies to reduce suicide risk in the long run

- ☐ Assemble and lead a School Mental Health Team (SMHT)
- ☐ Create and maintain a list of referrals and resources for caregivers and students
- ☐ Coordinate ongoing training for staff, students, and SMHT to recognize and respond to suicide risk
- ☐ Provide students and caregivers with suicide prevention information

INTERVENTION Strategies to identify and support students at risk

- ☐ Understand confidentiality and liability concerns related to suicide risk
- ☐ Understand how to assess and respond to suicide risk
- ☐ Implement protocols for notifying and transferring responsibility to caregivers
- ☐ Create and follow standard procedure for reintegrating students after a crisis
- ☐ Prepare documentation tools for all steps taken to address suicide risk

POSTVENTION Strategies to respond after a death by suicide

Immediate Response

- ☐ Inform and mobilize School Mental Health Team (SMHT) and key personnel
- ☐ Establish contact with family and assess willingness to share cause of death
- ☐ Hold emergency all-staff meeting to inform and prepare staff
- ☐ Support implementation of supports for student and staff
- ☐ Provide ongoing support for overall student body and identify students at risk
- ☐ Support and advise on communications and memorialization plans
- ☐ Monitor and address media and online responses

Long-Term Response

- ☐ Prepare for anniversaries of death
- ☐ Continue to implement **Prevention** and **Intervention** strategies

Task List for Suicide Prevention - School Mental Health Professionals

Use this list for an overview of the tasks necessary for implementing your suicide prevention strategies. Many of these tasks require annual updates.

PREVENTION TASK	TOOL(S)	STAFF
Assemble School Mental Health Team (SMHT) and Help lead SMHT meetings and identify key training needs for team	<u>Tool 2</u> p. 95 <i>Insert Name</i>	
Obtain training in suicide prevention and other mental health crisis topics	<u>Tool 5</u> p. 98-99 <i>Insert Name</i> <u>Appendix A</u> p. 225-227	
Create a list of referrals and resources for caregivers and students - update annually	<i>Insert Name</i> <u>Tool 3</u> p. 96	
Post suicide prevention resources on website	<i>Insert Name</i> <u>Tool 4</u> p. 97	
Coordinate and support annual suicide prevention training for all staff	<i>Insert Name</i> <u>Tool 5</u> p. 98-99 <i>Insert Name</i> <u>Appendix A</u> p. 225-227	
Coordinate and lead annual informational session for caregivers about suicide prevention	<u>Tool 7</u> p. 100	

Assembling a School Mental Health Team (SMHT)

Schools can form a task force trained to address mental health and suicide prevention concerns. Some schools may have an existing crisis response team, which can also fulfil these functions with appropriate delegation and training.

SMHTs can include 5-15 key personnel in schools. Selection should account for diversity of membership, ability and willingness to respond compassionately to high-pressure situations, and openness to learn and collaborate.

Potential Membership

- Principal
- Assistant Principals
- School Counselor
- Psychologist/Social Worker
- School Resource Officer
- School Nurse
- Facilities Staff Representative
- Faculty Across Grades/Subjects

Key Roles to Assign

SMHT Coordinator (School Suicide Prevention Expert)

- Likely school counselor, social worker, or psychologist (in smaller school districts, may be an administrator or teacher)
- Coordinates school training for suicide prevention, intervention, and postvention
- Conducts assessment, provides supervision as needed for students at risk
- Leads communication with caregivers
- Point of contact for staff and administrators for suicide-related concerns
- Lead decision-maker and/or key consultant for suicide-related concerns, including response after a suicide death in the school community

SMHT Assistant Coordinator

- Likely key administrator (principal or assistant principal)
- Familiar with all suicide prevention, intervention, and postvention policies
- Supports SMHT Coordinator with suicide-related policy
- Designated lead for suicide-related concerns if SMHT Coordinator is unavailable

Creating a Referral and Resource List

In partnership with your School Mental Health Team, make a list of local resources, organizations, and providers who can assist if a student is at risk of suicide. It is critical to make and maintain relationships with local partners and community organizations. **This list needs to be updated at least annually.**

GENERAL – Questions to ask about all resources and services

- When is this resource/service accessible?
- How and where can this resource/service be accessed?
- Does this resource/service work with children and adolescents?
- What populations does this resource/service typically serve? Is this resource/service culturally competent?
- What types of services do you provide?

CLINICAL SERVICES – Questions to ask providers

Professional Qualifications

- What age groups/populations do you have training and experience working with?
- Do you provide individual, family, couples, or group therapy?
- Do you have experience assessing suicide risk in youth? What training have you received related to youth suicide?
- Do you have experience treating suicide risk in youth? What treatments do you use? Do you have training in cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), interpersonal psychotherapy, eye movement desensitization and reprocessing (EMDR), and/or attachment-based family therapy?
- Do you have experience working with people who have lost a loved one to suicide?
- Describe your protocol in the event that a client experiences suicidal crisis.
- Under what circumstances would you come to a client's school or do a home visit to see a client or a client's caregiver?
- Do you work with a psychiatrist?

Business Qualifications

- What is the typical wait-time to see a new client?
- What insurance do you accept? Do you have a sliding scale for fees for clients? What is the range of the scale?
- Do you have the necessary clearances to work in a school if needed (ex. background check, child abuse and police clearances)?

Website Sample - Suicide Prevention



Posting information about suicide prevention measures and resources on your school's webpage can help staff, caregivers, and students find guidance in cases of emergency. Below is an example of information to consider sharing.

Mental Health Crisis Information

Do not leave a suicidal individual alone. If a suicide attempt has been made, immediately contact 911. If you are a student concerned about a friend, get a trusted adult involved immediately. If you are a parent or staff member concerned about a student, obtain professional help as soon as possible. Consult the School Mental Health Team and the Additional Resources below for assistance.

If someone needs immediate emotional support at school –

Tell a trusted adult. Connect with the School Mental Health Team.

School Mental Health Team Coordinator
 School Mental Health Team Assistant Coordinator
 Other School Mental Health Professional (if applicable)
For each relevant member of the team, list
 [School Office Location/Room Number, if applicable]
 [Contact information]

If someone needs immediate emotional support outside of school –

Dial 988, text 988, or chat online at 988lifeline.org/chat

988 is the nation's 24/7, free and confidential crisis support and resource line.

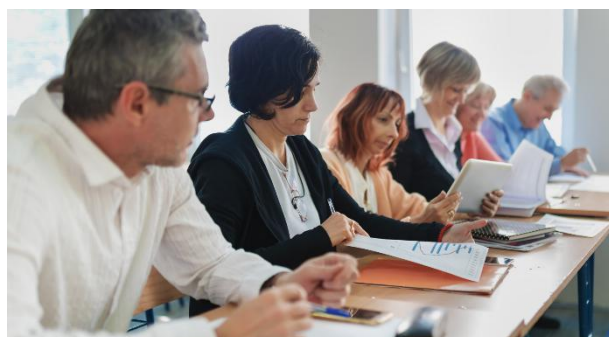
Go to your local emergency room or crisis center.

[Name of organization]
 [Address of organization]
 [Days/hours of operation and Contact information]

Additional Resources

Schools have discretion over additional resources to provide. Recommended resources include **[Supporting a Peer at Risk of Suicide \(Tool 57, p. 182-183\)](#)**, **[Recognizing Suicide Risk at Home \(Tool 63, p. 195-196\)](#)**, and a list of local resources with short descriptions of services, contact information, and access information. Local resources need to be vetted by the School Mental Health Team, and the list needs to be updated at least annually.

Suicide Prevention Training Overview



Suicide prevention training can establish norms related to responding appropriately to suicide-related concerns. Certain members of school communities are required by regulations to receive training in suicide prevention and related topics. The School Mental Health Team (SMHT) can help to evaluate options and set an annual training plan for the school community. A summary of considerations is provided below. Refer to [Appendix A](#) for more information about training options.

Training Requirements for School Counselors

As of July 1, 2016, school counselors are required to fulfil certain training requirements in order to maintain their certification, which includes suicide prevention training. Every 5 years, counselors must complete at least 15 credit hours or 1 semester hour of academic coursework related to intervention and response to mental health and behavioral distress indicators.

School counselors and other school-based mental health professionals need to seek training with current information about aspects of suicide prevention including:

- Dispelling suicide myths and reducing suicide stigma in schools
- Risk/protective factors and warning signs for youth suicide
- Important interventions and procedures to connect youth at risk to help
- Using evidence-based screening tools for suicide assessment
- Considerations for students, caregivers, and staff during reintegration after crisis
- Information to provide to the broader school community
- Postvention principles (in the case of a suicide in the school community)
- Documentation procedures for suicide prevention

Mandated training requirements were established in 2015 by Lauryn's Law (House Bill 947). See [Appendix B \(p. 228-235\)](#) for the full text of COMAR 13A.12.04.13D, which outlines the specific regulations related to school counselor training requirements.

Training Requirements for Certificated School Personnel

Since 2018, all Maryland State Department of Education (MSDE) certificated school personnel who have direct contact with students on a regular basis are required to have training in suicide prevention and student safety. Training must be conducted on at least an annual basis, and cover the skills necessary to:

- Understand and respond to youth suicide risk
- Understand and respond to student mental health, student trauma, student safety and other topics related to student social and emotional well-being
- Identify professional resources to help students in crisis

Administrators can work with their SMHT to identify training needs and support key training opportunities. The required training must be provided during in-service programs, or can be met during designated professional development time. Please refer to [Appendix A \(p. 225-227\)](#) for more detailed information about available evidence-based training options. It is strongly recommended that training provided includes the following:

- Dispelling suicide myths and reducing suicide stigma in schools
- Risk/protective factors and warning signs for youth suicide
- School procedures and key contacts for students at risk of suicide

This training does not impose a “duty of care” on participating personnel, but completion must be documented and submitted annually. By law, local superintendents must submit data on the type of training, the number of certificated school personnel trained, the dates of the training, and the materials used for the training for each school to the state superintendent.

Mandated training requirements were established in 2017 by law (House Bill 920). See [Appendix B \(p. 228-235\)](#) for the full text of COMAR 13A.07.11, which outlines the specific regulations related to certificated school personal training requirements.

Recommendations for School Mental Health Team Members

The School Mental Health Team (SMHT) needs to receive additional ongoing training on mental health and suicide prevention topics. The SMHT Coordinator and Assistant Coordinator need to regularly facilitate discussion with the team to determine training needs. Refer to [Appendix A \(p. 225-227\)](#) for more detailed information about available evidence-based training options. The SMHT can also consult with **Regional Mental Health Teams** for additional guidance.

Informing Caregivers about Suicide Prevention

Caregivers are in a position to notice if a young person in their family or community is displaying warning signs of suicide. Hold annual activities that incorporate suicide prevention messaging for caregivers. Robust suicide prevention policies need to be in place at a school prior to training caregivers and/or students. Please refer to the [Caregivers Section \(p. 193\)](#) for caregiver suicide prevention materials.



Recommendations for Informing Caregivers

It is important to provide caregivers with suicide prevention education to provide a consistent and hopeful message at home. Strategically disseminating information in a variety of formats is recommended (a short presentation during a Back-to-School Night, brief print materials sent home, etc.). Caregiver education can include:

- Prevalence of suicide and suicide attempts among youth
- Risk/protective factors and warning signs for youth suicide
- Dispelling common myths
- How to respond and how to get help when they recognize a child is at risk

To be most effective, suicide prevention education for caregivers needs to be:

- Responsive to local needs and available resources
- Accommodate language, culture, religion, and economic status
- Incorporated into events about wellness, life transitions for youth, or safety - caregivers are less likely to attend events about suicide/with “suicide” in title
- Easy to access and disseminated to places/groups frequented by caregivers
- Clear about how school procedures protect student and family privacy

Options for Support if Caregiver Does Not Connect to Care

If a Caregiver refuses to connect the student to care, you do have options. It is important to remain calm and maintain a non-judgmental, safe space for all involved. The Caregiver may not be ready to accept assistance in that moment. However, if you create a safe space, the Caregiver may accept assistance in the future.

If the student is in crisis and/or the student is at risk for death by suicide, you can call 911. When you connect to the operator, please give them all of the information you have. You can ask for a Mobile Crisis Response Team or a Crisis Intervention Team to come out to your location along with Law Enforcement.

- **What is a Mobile Crisis Team?** Mobile Crisis Response and Stabilization Services (MCRSS) are mobile, face-to-face, home, and community-based interventions that serve children, youth, and families experiencing a mental health or substance-use-related crisis. MCRSS is intended to better serve individuals in crisis, and reduce officer involvement in behavioral health-related dispatches. The team's composition varies. A Mobile Crisis Response Team usually includes a social worker, a peer, and a clinician.
- **What is a Crisis Intervention Team?** The Crisis Intervention Team (CIT) program is an approach to improve the outcomes of behavioral health-related encounters with law enforcement. Through community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. The CIT team is comprised only of law enforcement officers. For some calls, law enforcement is required to come to assess risk to self or others and secure the scene. However, some CIT programs can offer to come in an unmarked vehicle and dress down to reduce anxiety.

Navigating the Digital World for School-Based Professionals

Electronic communication, digital tools, and the internet have an impact on all of our lives. Young people are often particularly quick to adopt new ways of communicating with each other and with the world. For school communities, here are some considerations about promoting online safety for suicide prevention.



Have Supportive Conversations

As with any set of powerful tools, electronic communication and social media have risks and benefits. Have supportive conversations with youth about navigating the digital world safely.

- **Share information with caregivers.** Caregivers are often in the position to help students set healthy limits and model healthy use of digital tools.
- **Share information with youth.** Staff and school mental health professionals engage students directly for their perspectives about privacy, safety, and wellbeing online.
- **For more information and sample guidelines, visit the Family Digital Wellness Guide** developed by the Boston Children's Hospital and Harvard Medical School at digitalwellnesslab.org/family-digital-wellness-guide
- **For interactive lessons about internet safety, visit Be Internet Awesome** at beinternetawesome.withgoogle.com/en_us

Stay Up to Date

The digital landscape is constantly evolving. School-based professionals should have a general awareness of what students are interested in online.

- **Digital Trend Pulse:** School Mental Health Teams can regularly discuss popular platforms, along with positive and/or negative digital content related to mental health/wellbeing.
- **Check for Mentions:** Administrators can check popular platforms for public mentions of the school among parents and students, and help to address misinformation. This is particularly important after major events in the community, such as a loss.

Monitoring and Responding to Online Bullying

According to Maryland criminal statute, maliciously bullying and/or harassing a minor through the use of electronic communication that results in physical injury or serious emotional distress is punishable by law. See [Appendix B \(p. 228-235\)](#) for more information.

School-based professionals must respond to and document any instances of reported cyberbullying. In cases where a student reports being a victim of cyberbullying, ensure that the student is assessed for risk of suicide. Based on assessment, follow appropriate suicide prevention protocols.

Suicide Risk Response Procedures

Below is a sample of a suicide risk response procedure. Your procedure, especially for referring students and the need for continuous supervision, needs to be shared with all school staff. This section includes explainers and templates for implementation. This tool contains a flowchart and a written outline of template procedures.

Student at risk of suicide is identified by/referred to school faculty or staff

School staff member contacts School Mental Health Team (SMHT) Coordinator (or SMHT Assistant Coordinator). Student is continuously supervised.

Student meets with SMHT Coordinator

- Engage student by listening nonjudgmentally
- Conduct C-SSRS Screening (**Tool 42 or 43, based on student age**)
- Respond based on assessed risk level (**Tool 44**)
- Develop written safety plan (**Tools 14, 45-46**)
- Notify caregiver(s) and requests immediate conference (**Tool 15**)
- Monitor student until caregiver(s) arrive
- Document student meeting and caregiver notification (**Tools 15, 8, 47-48**)

SMHT conferences with caregiver(s). Student needs to be continuously supervised during this time.

SMHT Coordinator meets with Caregiver(s)

- Explain and get caregiver's perspective
- Follow Caregiver Notification Conference Guideline (**Tool 15**)
- Provide information about securing lethal means (**Tool 54**)
- Provide referrals and recommendations based on assessed risk level (**Tool 50**)
- Ask caregiver to sign release (**Tool 49**)
- Document caregiver's receipt of information and transfer of responsibility (**Tool 51**)

If caregiver(s) cannot be reached, or refuse to arrive, **continue to supervise student**. Contact law enforcement or Child Protective Services.

If caregiver refuses to connect student to care and/or is uncooperative, **continue to supervise student**. Contact law enforcement or Child Protective Services.

If release is signed - SMHT Coordinator, or other member of SMHT, checks in on student and caregiver at least once within one week of crisis.

SMHT Coordinator and necessary support staff begin planning for student's re-entry to school.

Written Suicide Risk Response Procedures

- A. School staff member receives an Initial Report – A student at risk of suicide is identified by/referred to school faculty or staff**
- B. School staff member contacts School Mental Health Team (SMHT) Coordinator (or SMHT Assistant Coordinator). Student is continuously supervised.**
- C. Student meets with SMHT Coordinator**
 - a. Engage student by listening nonjudgmentally
 - b. Conduct C-SSRS Screening ([Tool 42](#) or [43](#), based on student age)
 - c. Respond based on assessed risk level ([Tool 44](#))
 - d. Develop written safety plan ([Tools 14, 45-46](#))
 - e. Notify caregiver(s) and requests immediate conference ([Tool 15](#))
 - i. *If caregiver(s) cannot be reached, or refuse to arrive, continue to supervise student. Contact law enforcement or Child Protective Services.*
 - f. Monitor student until caregiver(s) arrive
 - g. Document student meeting and caregiver notification ([Tool 15, 8, 47-48](#))
- D. SMHT conferences with caregiver(s). Student needs to be continuously supervised during this time.**
 - a. Explain and get caregiver's perspective
 - b. Follow Caregiver Notification Conference Guideline ([Tool 15](#))
 - c. Provide information about securing lethal means ([Tool 54](#))
 - d. Provide referrals and recommendations based on assessed risk level ([Tool 50](#))
 - e. Ask caregiver to sign release ([Tool 49](#))
 - i. *If release is signed - SMHT Coordinator, or other member of SMHT, checks in on student and caregiver at least once within one week of crisis.*
 - f. Document caregiver's receipt of information and transfer of responsibility ([Tool 51](#))
 - i. *If caregiver refuses to connect student to care and/or is uncooperative, continue to supervise student. Contact law enforcement or Child Protective Services.*
- E. SMHT Coordinator and necessary support staff begin planning for student's re-entry to school.**

Confidentiality, Liability, and FERPA



Suicide is a sensitive topic, and school personnel may have concerns about sharing information related to a student at risk. **It is imperative that caregivers are notified immediately if a student in their care is reportedly at risk of suicide.**

What is the Family Educational Rights and Privacy Act (FERPA)?

FERPA prohibits a school from disclosing personally identifiable information from students' education records without consent, unless an exception applies in an emergency.

An educational institution is responsible for deciding whether to make a disclosure of personally identifiable information on a case-by-case basis, considering the totality of the circumstances pertaining to a threat to the health or safety of the student or others. If the school district or school determines that there is an articulable and significant threat and that a party needs personally identifiable information from education records to protect the health or safety of the student or other individuals, it may disclose to such appropriate party without consent.

Documentation for any suicide-related event is highly sensitive. Information will only be shared on a "need-to-know" basis. Suicide-related information needs to be stored securely and not be put in a student's general file.

When should caregivers be notified?

If a school staff member suspects, or becomes aware, of suicidal ideation or suicidal behavior of a student - it is an emergency. Information may be shared with essential staff and caregivers for safety reasons according to FERPA.

Schools are advised to inform caregivers, even if a student...

- Asks for caregivers to not be notified
- Is already 18 years of age or older

In some cases, a failure or a delay to inform caregivers has resulted in legal repercussions for schools. For more information regarding legal precedents related to youth suicide, please see [Appendix B \(p. 228-235\)](#).

Using Suicide Risk Screening Tools

All suicide-related concerns need to be considered urgent, but key details can assist in determining courses of action. Suicide Risk Screening Tools can be used to guide conversations with students and detect risk.



What is a Suicide Risk Screening Tool?

Suicide Risk Screening Tools are used to efficiently detect the severity and intensity of an individual's risk of suicide. A Suicide Risk Screening Tool typically contains a set of standard questions about an individual's suicidal ideation and/or behaviors. They can also include brief examples and instructions.

This reference guide uses the brief version of the Columbia-Suicide Severity Rating Scale (C-SSRS, also known as the Columbia Protocol). The C-SSRS asks questions about suicidal ideation and behavior, is a widely validated tool, has versions suitable for school-aged children, and has easily accessible training available.



Other tools are available. If considering another tool, look for tools that ask direct questions about intent to die and suicide planning. Screening tools need to be evidence-based, culturally relevant, and age-appropriate.

Why use a Suicide Risk Screening Tool?

When trying to evaluate risk of suicide, it is important to ask questions that can provide key details. It can be challenging to ask these questions without training, practice, and familiarity. Validated screening tools can be used by anyone with adequate training. Screening tools cover important questions, include usable phrasing and guidance, and help identify levels of risk severity. They are also easily interpretable and widely accepted outside of a single school environment, which can strengthen documentation.

C-SSRS Brief Screening (for ages 12+)

Columbia Suicide Severity Rating Scale - Brief for Teens

A standard screening tool for youth ages 12 and older, which helps identify the presence and severity of a teen's risk of suicide.

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
ALWAYS Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.			
If YES, ask: <u>Was this within the past three months?</u>			

- Low Risk
- Moderate Risk
- High Risk

C-SSRS Brief Screening (for ages 6-11)

Columbia Suicide Severity Rating Scale - Brief for Children

A standard screening tool for youth ages 6-11, which helps identify the presence and severity of a child's risk of suicide.

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
ALWAYS Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you thought about killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Did you think about ways you could kill yourself?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			
4) <u>Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something.</u> <u>Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?</u>			
6) <u>Have you EVER tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.			
If YES, ask: <u>Was this within the past three months?</u>			

- Low Risk
- Moderate Risk
- High Risk

C-SSRS Brief Screening Outcomes

Courses of action for schools will vary depending on answers to C-SSRS screening questions. Below are some sample protocols to consider implementing based on responses to suicide risk screening.

If the student answers YES to Q4 and/or Q5, and/or answers YES in the past three months to Q6...

Take the following steps immediately:

- Provide constant supervision of student (including restrooms)
- Develop safety plan with student – student can take a picture of written Safety Plan to store in their phone for future reference
- Notify and release student ONLY to:
 - parent, guardian, or caregiver who agrees to supervising student, following guidance on removing lethal means from the home, and seeking immediate mental health assessment and treatment
 - law enforcement and/or child protective services
 - psychiatric mobile crisis unit and/or other emergency medical services
- If releasing student to caregiver:
 - Conduct Caregiver Notification of Suicide Risk Meeting, ***underscoring the immediate urgency of risk***
 - Request signing of release of information form to share information with mental health professionals
 - Discuss Securing Lethal Means at Home with caregivers
 - Request that caregivers sign emergency notification form
 - Document Caregiver Notification of Suicide Risk Meeting
- Begin planning for student re-entry
- If permission obtained, conduct check-in with caregivers and student within one week of Caregiver Notification of Suicide Risk Meeting
- Conduct Student Re-entry Meeting
- Continue to monitor student and check-in after re-entry

If the student answers YES to Q3, and/or answers YES in their lifetime to Q6...

Take the following steps immediately:

- Provide constant supervision of student (including restrooms)
- Develop safety plan with student – student can take a picture of written Safety Plan to store in their phone for future reference
- Notify and release student ONLY to:
 - parent, guardian, or caregiver who agrees to supervising student, following guidance on removing lethal means from the home, and seeking immediate mental health assessment and treatment
 - law enforcement and/or child protective services
 - psychiatric mobile crisis unit and/or other emergency medical services
- If releasing student to caregiver:
 - Conduct Caregiver Notification of Suicide Risk Meeting
 - Request signing of release of information form to share information with mental health professionals
 - Discuss Securing Lethal Means at Home with caregivers
 - Request that caregivers sign emergency notification form
 - Document Caregiver Notification of Suicide Risk Meeting
- Begin planning for student re-entry
- If permission obtained, conduct check-in with caregivers and student within one week of Caregiver Notification of Suicide Risk Meeting
- Conduct Student Re-entry Meeting
- Continue to monitor student and check-in after re-entry

If the student answers YES to Q1 and/or Q2...

Take the following steps immediately:

- Develop written safety plan with student – student can take a picture of written Safety Plan to store in their phone for future reference
- Notify the student's caregiver:
 - Conduct Caregiver Notification of Suicide Risk Meeting

- Request that caregivers sign emergency notification form
- Document Caregiver Notification of Suicide Risk Meeting
- Continue to monitor student and check-in after incident

If the student answers NO to all questions...

Consider the circumstances of the student's referral, and assess if suicide risk may still be a concern. Students may deny thoughts of suicide out of fear of consequences, or a lack of trust.

Take the following steps immediately:

- Assure the student that they can contact you for further assistance at any time, and provide student with resources
- Develop safety plan with student – student can take a picture of written Safety Plan to store in their phone for future reference
- Notify the student's caregiver:
 - Inform the caregiver of the circumstances of the student's referral
 - Inform the caregiver about possible risks, including suicide
 - Refer the caregiver to mental health resources in the community
 - Document caregiver outreach and notification
- Continue to monitor student and check-in after incident

Safety Planning Overview



A safety plan is a written set of resources and instructions that can guide a person during a mental health or substance use crisis. This brief intervention can help develop a concrete plan for supporting safety. There are also types of safety planning that can be done clinically, or with trusted adults or individually. **This reference guide uses the Stanley-Brown Safety Plan, which is used widely for suicide prevention. See [Tools 45-46 \(p. 114-117\)](#) for guidance.**

How do you develop a written safety plan with a student?

Safety planning is a collaborative process that prioritizes coping strategies that are practical. The written plan can include resources that the person in crisis can use. There are a few important things to remember:

- **Do not safety plan when someone is in an emotionally heightened state.** Safety plan when an individual is stable and in a clear state of mind.
- **Safety plans are NOT contracts.** They are voluntary guidelines developed and driven by the person who is at risk of suicidal crisis.
- **Safety plans are prioritized.** Coping strategies, contacts, and resources need to be ordered by what the individual finds most helpful first.
- **For students, collaboratively identify at least one trusted adult.** Having a trusted adult to turn to in a crisis is important for a young person at risk. If possible, identify a few trusted adults in conversation with the student. Students can take a picture of their written Safety Plan and store it in their phone for future reference.

What goes in a safety plan?

- Warning signs
- Internal coping strategies
- People and places that provide distraction
- People who can help during a crisis
- Professionals or agencies to contact during a crisis
- Plans to make the environment safer (lethal means planning)

Stanley-Brown Safety Plan Template

STEP 1: Warning Signs

- 1) _____
- 2) _____
- 3) _____

STEP 2: Internal Coping Strategies – Things I Can Do to Take My Mind Off My Problems Without Contacting Another Person

- 1) _____
- 2) _____
- 3) _____

STEP 3: People and Social Setting that Provide Distraction

- 1) Name & Contact: _____
- 2) Name & Contact: _____
- 3) Name & Contact: _____

STEP 4: People Whom I Can Ask for Help During a Crisis

- 1) Name & Contact: _____
- 2) Name & Contact: _____
- 3) Name & Contact: _____

STEP 5: Professionals or Agencies I Contact During a Crisis

- 1) Clinician/Agency Name: _____
 - a. Phone & Address: _____

2) Clinician/Agency Name: _____

a. Phone & Address: _____

3) Local Emergency Department: _____

a. Phone & Address: _____

4) Suicide and Crisis Lifeline: **Call or text 988**

STEP 6: Making the Environment Safer (Plan for Lethal Means Safety)

1) _____

2) _____

3) _____

Student Name _____

Staff Name _____

Date Created _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Guidance for Safety Planning

Safety planning is a collaborative process. Work with students to identify and develop written practical strategies that they will actually use. Listen nonjudgmentally and use their own words in their written Safety Plan. Strategies need to be listed in order of what the student says they are most likely to use and find easiest to access. Students can take a picture of their written Safety Plan and store it in their phone for future reference.

Step 1: Warning Signs

- Questions to ask include “How will you know when to use your safety plan?” and “What do you feel, think, and do when you start to think about suicide?”
- Use the student’s own words to describe warning signs.

Step 2: Internal Coping Strategies

- Questions to ask include “What are some things you can do on your own to help yourself not act on your thoughts or urges?”
- Assess how likely the student is to actually use these strategies. Talk through roadblocks to strategies if they are identified, and identify alternative strategies.

Step 3: People/Social Settings that Provide Distraction

- Questions to ask include “Who helps you feel better when you hang out with them?” and “What people or places do you go to when you want to take your mind off your problems?”
- Ask about safe places the student can go to be around other people.
- Assess how likely the student is to visit these places and/or be around these people. Talk through roadblocks and identify multiple places and people in cases of unavailability.

Step 4: People Who May Offer Help During a Crisis

- Talk to student about moving to Step 4 if strategies in Step 3 do not help resolve crisis.
- Questions to ask include “Among your family and friends, who can you talk to about your feelings and struggles?” and “Who is supportive and helpful when you are under stress or in a crisis?”
- Assess how likely the student is to contact these people and reveal they are in crisis to them. Talk through roadblocks and identify multiple people in cases of unavailability.
- Ask the student through how they might share information with the people they identified. Role play and rehearse as necessary.

Step 5: Professionals/Agencies to Contact During a Crisis

- Talk to student about moving to Step 5 if strategies in Step 4 do not help resolve the crisis.
- Questions to ask include “Do you already have mental health professionals you work with?” and “Who are mental health professionals and other medical providers we should include?”
- List contact information and discuss additional local resources as available.
- Ask the student through how they might share information with the providers they identified. Acknowledge that caregivers may be helpful (or, depending on age and service type, necessary) to access certain mental health services. Role play and rehearse contacting professionals/agencies as necessary.
- Assess how likely the student is to contact these agencies or providers and receive services from them. Talk through roadblocks and identify multiple resources in cases of unavailability.

Step 6: Making the Environment Safer

- Talk to student about which means they would consider using during a suicidal crisis. If you have conducted the Columbia Protocol (Tool 42 OR Tool 43), you can use responses to questions 3-6 to assist.
- Ask the student directly about access they have to firearms.
- Ask the student directly about access they have to other lethal means they have identified.
- Collaborate on ways to limit access to these lethal means when they are at risk of suicide. Identify trusted adults who can help. Acknowledge that caregivers may need to be involved in securing lethal means.

Considerations After Completing Safety Plan

- Talk to the student about the overall plan, once it has been completed. Assess the student’s likelihood of using the plan.
- Discuss where to store their written safety plan for easiest access during a crisis. Consider print and digital options (school planner, journal, Notes app, dedicated phone app, etc.).
- Discuss updating the written safety plan in the future as needed.
- The final written safety plan needs to be dated and signed by both the student and the staff member assisting. A copy should be made and provided to responsible caregiver(s). Students can take a picture of their written Safety Plan and store it in their phone for future reference.

Available Training

The Suicide Prevention Resource Center offers a free one-hour course on Safety Planning for Youth Suicide Prevention. This training is eligible for 1 CE through the National Association of Social Workers. You can access this training at

healthknowledge.org/course/index.php?categoryid=114

Student Suicide Risk Report Template

Sample documentation for recording information on a student's assessed risk of suicide.

Student Information

Student Full Name _____ Date of Report _____

Name of School _____ ID # _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student Address _____

Interviewing Staff Information

Lead Staff Name _____ Job Title _____

Circumstances of Report

Who identified student as being at risk? Select all that apply.

- ☐ Self
- ☐ Caregiver
- ☐ Student (peer/friend)
- ☐ Teacher
- ☐ School Mental Health Professional
- ☐ Other faculty/staff – Describe _____
- ☐ Other – Describe _____

Describe reason(s) for concern – be specific about words and behaviors that initiated report:

Suicide Risk Screening & Safety Planning

- 1) Did interviewer conduct suicide risk screening? **YES / NO**
 - a. If **YES**, attach results of screening
 - b. If **NO**, attach justification for not screening
- 2) Did interviewer conduct safety planning? **YES / NO**
 - a. If **YES**, attach copy of Student Safety Plan
 - b. If **NO**, attach justification for not safety planning

Suicide Risk Factors

Which (if any) risk factors were mentioned during screening and/or safety planning? (Select all that apply):

- | | |
|---|--|
| ☐ Bullying/Harassment | ☐ Mental health condition |
| ☐ Changes in social relations | ☐ Changes in sleep |
| ☐ Family instability/family conflict | ☐ Decreased interest in school/activities |
| ☐ Family mental health concerns | ☐ Non-suicidal self-harm |
| ☐ Loss of a loved one (non-suicide) | ☐ Poor self-esteem |
| ☐ Loss of a loved one (suicide) | ☐ Sudden mood changes |
| ☐ Financial insecurity/distress | ☐ Loneliness |
| ☐ Abuse (intimate partner) | ☐ Recent rejection |
| ☐ Abuse (family) | ☐ Loss of control |
| ☐ Sexual Violence | ☐ Awareness of recent suicide |
| ☐ Physical Violence | ☐ Excessive anger/rage |
| ☐ Relationship conflict | ☐ Excessive guilt/shame |
| ☐ Friendship conflict | ☐ Sense of social exclusion |
| ☐ Impulsive risk-taking | ☐ Lethal means (drugs, guns, etc.) |
| ☐ Changes in appetite/eating | ☐ Concerns about sexual activity |
| ☐ Changes in academic performance | ☐ Lack of trust in others |
| ☐ Excessive pressure to succeed | ☐ Concerns about gender identity |
| ☐ Recent failure | ☐ Identity-based discrimination |
| ☐ Expressions of hating life | ☐ Physical health condition |
| ☐ Expressions/fixation on death | ☐ Neglect of personal appearance |
| ☐ Previous suicide attempt(s) | |
| ☐ Use of alcohol and/or drugs | |

Interviewing Staff Signature _____ Date _____

This form template can be adapted as desired, or imported into digital format used by schools.

Outline of Caregiver Notification & Conference



Caregivers need to be notified as soon as possible if a student in their care is believed to be at risk of suicide, regardless of the results of a suicide risk screening and/or assessment. ***Failure to safely transfer a student at risk to caregivers can result in harm to the student, and is the most frequent subject of suicide-related litigation against schools.*** See [Appendix B \(p. 228-235\)](#) for more information.

Considerations Prior To Conference

Engage the student at risk. Students at risk may be resistant to notifying caregivers. Listen empathetically, while maintaining that it is mandatory to notify caregivers. Ask the student if there is anything they want to share and if they have a preferred caregiver contact.

Decide who will conduct the notification. This person needs to be someone with training. A second staff member can assist with documentation.

Prepare documentation for caregivers. Caregivers need to be provided with a copy of:

- [Student's Safety Plan \(Tool 45, p. 114-115\)](#)
- [Making Home Safer for a Child at Risk of Suicide \(Tool 54, p. 138-139\)](#)
- [Caregiver Acknowledgment Form \(Tool 51, p. 131\)](#)
- [Universal Release of Information Form \(Tool 49, p. 126-128\)](#)
- [Mental Health Referral Form \(Tool 50, p. 129-130\)](#)

If the student is removed from school for care and/or hospitalization:

- [Student Mental Health Re-Entry Form \(Tool 53, p. 120-121\)](#)

Considerations During Caregiver Conference

Engage caregivers and meet them where they are. For many caregivers, suicide may be a frightening or taboo topic. Empathize with caregivers, address myths about suicide that might prevent seeking help for their child, and work through emotional reactions.

Invite the caregivers' perspective. Explain the concern, observations from referral and the student meeting, and screening results. Ask the caregivers what they have observed.

Do not minimize risk. Avoid quantifying perceived “level” of risk, and avoid the urge to reassure caregivers by minimizing the risk of suicide for their child. Stick to the facts of the student’s reported ideation and behavior.

Validate concerns and emphasize continued support. Caregivers have crucial role to play in supporting a student at risk. Appreciate their participation in the conference and emphasize that they will not need to navigate the situation alone. Explain options for continued support from the school.

Provide information to caregivers. Discuss the importance of securing lethal means, particularly firearms and medications. Caregivers need to be provided with a copy of:

- [Student’s Safety Plan \(Tool 45, p. 114-115\)](#)
- [Making Home Safer for a Child at Risk of Suicide \(Tool 54, p. 138-139\)](#)

Refer to services and align with caregivers when possible. Allow caregivers to guide decision-making regarding the child in their care. Provide options for mental health services, and facilitate a warm handoff to services if possible.

Have caregivers sign documentation. Caregivers sign and date the following. If caregivers refuse to sign documentation, another staff signs as witness to refusal:

- [Caregiver Acknowledgment Form \(Tool 51, p. 131\)](#)
- [Universal Release of Information Form \(Tool 49, p. 126-128\)](#)
- [Mental Health Referral Form \(Tool 50, p. 129-130\)](#)

If the student is removed from school for care and/or hospitalization:

- [Student Mental Health Re-Entry Form \(Tool 53, p. 120-121\)](#)

Follow protocol if caregivers do not respond appropriately to risk. The vast majority of caregivers will take essential action to help a child in their care. If caregivers fail to respond to notification, show up for a conference, refuse to take a student’s suicide risk seriously, refuse to obtain necessary services, or are believed to be negligent or abusive - contact law enforcement and/or Maryland Child Protective Services. The student at risk of suicide must be continuously supervised until they can be transferred to care safely.

Considerations After Conference

Follow up. If the caregivers have given documented permission to do so, follow up with the student, the caregivers, and with the referred mental health service(s). If the student was removed from school for care and/or hospitalization, follow up within one week. Continue checking in with the student regularly in the following months.

Prepare for re-entry, if applicable. If the student was removed from school for care and/or hospitalization, prepare for re-entry meeting and implementation plan.

Cultural Considerations



What is Culture?

Culture can be defined as the integrated pattern of human behavior that includes:

- Thoughts
- Communications
- Languages
- Practices
- Beliefs
- Values
- Customs
- Courtesies
- Rituals/Routines
- Roles
- Relationships
- Expected behavior

Culture encompasses the ways in which people from different backgrounds perceive and interact with the world around them. Culture can influence how people perceive mental health, their help-seeking behaviors, and whom they approach for assistance.

What is Cultural Linguistic Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

How Do I Become Culturally and Linguistically Competent?

Cultural linguistic competency involves understanding cultural patterns and effectively communicating with individuals from diverse cultural backgrounds. It requires not only awareness of one's own cultural lens, but also an appreciation and respect for the

cultural perspectives of others. Respecting cultural differences is crucial in promoting equity and preventing misunderstandings or biases.

- Be respectful
- Be aware of one's own cultural biases
- Listen non-judgmentally
- Focus on the individual's perspective
- Adapt communication styles
- Reflect back what was said to ensure comprehension
- Develop strategies to bridge cultural gaps
- Use inclusive language and create inclusive activities, with consideration for dietary restrictions and religious observances
- Recognize cultural influences on behavior and trusted supports
- Recognize, value, and show interest in other cultures
- Remember that culture is not static; it evolves with societal changes and influences

Practical Applications in Schools

- **Implementing Culturally Responsive Practices:** School administrators should implement culturally responsive teaching practices, promote bilingual education or language support services, and organize cultural competency training for staff. Additionally, involving parents and community members in decision-making processes ensures that diverse perspectives are represented and valued.
- **Continuous Learning and Adaptation:** Maintaining cultural linguistic competency requires ongoing learning and adaptation. School administrators should stay informed about cultural developments and be open to evolving their approaches to meet the changing needs of their communities. This commitment to continuous improvement helps create a more inclusive and supportive educational environment for everyone.
- **Impact on Responses to Suicide:** Views and practices related to suicide vary across cultures. Cultural and/or religious communities may serve as primary support networks for students and families. Some religious traditions require burial within 24 hours of death (Islam, Judaism, etc.), which may impact notifications, responses, and services after a suicide loss. Involving families and their trusted supports, including faith and cultural community leaders, ensures that responses to suicide are respectful and affirming.

Caregiver Conference Documentation

Sample documentation for notification and discussion of suicide risk with caregivers.

Student Information

Student Full Name _____ Date of Report _____

Name of School _____ ID # _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student Address _____

Conference Staff Information

Lead Staff Name _____ Job Title _____

Additional Staff Name* _____ Job Title _____

Caregiver Notification

Caregiver Full Name _____

Phone Number _____ Email Address _____

Call and Email to inform caregiver of school concerns. Request an in-person conference & transfer of student as soon as possible.

First Notification Attempt Date: _____ Time: _____

Second Notification Attempt Date: _____ Time: _____

Third Notification Attempt Date: _____ Time: _____

Unresponsive Caregiver: *If the caregiver is unresponsive, continue to supervise the student and contact law enforcement as needed.*

Law Enforcement Contacted Date: _____ Time: _____

Caregiver Conference

Conference Date & Time: _____

- ☐ Explain student concern & recommend immediate contact with a mental health professional.
- ☐ Caregiver shared observations about student behavior and/or lived experience of suicide.
- ☐ Caregiver received Student Safety Plan.
- ☐ Caregiver received Securing Lethal Means One-Pager & agreed to secure lethal means.
- ☐ Caregiver received & signed Release of Information Form.
- ☐ Caregiver received Mental Health Referral Form & agreed to connect student to help.
- ☐ Caregiver agreed to Follow Up from school.
- ☐ Caregiver received & signed Caregiver Acknowledgement Form.

Caregiver Refusal: *If caregiver refuses to connect student to support or does not take risk of suicide seriously (or if you have other reason to suspect neglect or abuse), **DO NOT RELEASE THE STUDENT.** Contact authorities immediately.*

Law Enforcement Contacted Date: _____ Time: _____

Caregiver Conference Additional Information

Describe caregiver responses in detail (attach additional pages as needed):

Lead Staff Signature _____ Date _____

Additional Staff/Witness Signature* _____ Date _____

**Additional Staff/Witness may be helpful in situations requiring external intervention/law enforcement response.*

This form template can be adapted as desired, or imported into digital format used by schools.

Universal Release of Information Form

Sample documentation for obtaining consent from caregivers to share a child's protected medical and educational information.

Student Record Release - To be completed by Parents/Legal Guardians

HIPAA & FERPA – Compliant Authorization for Exchange / Release of Immunizations / Health / Education Information – Information sharing ensures services and care for a student are coordinated. Records will only be shared to the extent that the information is necessary to promote the health/safety of the student.

Student/Patient Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone Number _____

Consent for Release of Records*

Written Exchange of Information Relevant to the Reason for this Request

I hereby authorize _____

to exchange my child's health/immunization or education information, records, or documents for the purpose(s) listed below with

Verbal Exchange of Information Relevant to the Reason for this Request

I hereby authorize _____

and _____

to exchange my child's health/immunization or education information, records, or documents for the purpose(s) listed below.

**Information will be communicated only via the completed box(es) above.*

Description

The information to be disclosed consists of:

- ☐ Immunizations as Required by Annotated Code of Maryland, Educ §7-403
- ☐ Special Education Records
- ☐ Medication Order
- ☐ Treatment Order

- ☐ Psychological/Psychiatric Evaluation
- ☐ School Records
- ☐ Discharge Documents
- ☐ Other Records (describe below)

Purpose

The information will be used for the following purposes:

- ☐ Admission to School
- ☐ Medical Evaluation and Treatment
- ☐ Educational Evaluation and Program Planning
- ☐ Health Assessment and Planning for Health
- ☐ Care Services and Diagnosis in School
- ☐ Other Purposes (describe below)

Authorization – HIPAA Consent to Allow Data Sharing

I, **(Name of Parents/Legal Guardian)** _____, authorize the disclosure of the above specified health/immunization and educational records to the individuals affiliated with the school as indicated above. I understand that, if the persons or organizations I authorize to receive and/or use the immunization records are not subject to the federal or state health information privacy laws, they may further disclose the immunization records, in which case, it may no longer be protected by the health information privacy laws.

- I understand that allowing my child's health care team to share information with my child's school will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe and engaged in school.
- I understand that, even with this consent, only those individuals at my child's health care office and school who must have access to information about my child to provide necessary services will be permitted to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my school will include me in discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's school or healthcare provider for contacting me and/or verifying information for health related purposes.

This authorization is valid for one calendar year. It will expire on _____ **(Insert Date)**. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA) and become part of the student's cumulative record. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to enroll in school or obtain health care.

I consent to the exchange of confidential student information (written and/or verbal) described above.

Parent/Legal Guardian Name (Printed) _____

Parent/Legal Guardian Signature* _____ Date _____

Student Signature** _____ Date _____

Authorization – HIPAA Consent to Allow Data Sharing

I, **(Name of Parents/Legal Guardian)** _____, authorize the disclosure of the above specified health/immunization and educational records to the individuals affiliated with the school as indicated above. I understand that, if the persons or organizations I authorize to receive and/or use the immunization records are not subject to the federal or state health information privacy laws, they may further disclose the immunization records, in which case, it may no longer be protected by the health information privacy laws.

- I understand that allowing my child's health care team to share information with my child's school will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe and engaged in school.
- I understand that, even with this consent, only those individuals at my child's health care office and school who must have access to information about my child to provide necessary services will be permitted to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my school will include me in discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's school or healthcare provider for contacting me and/or verifying information for health related purposes.

This authorization is valid for one calendar year. It will expire on _____ **(Insert Date)**. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA) and become part of the student's cumulative record. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to enroll in school or obtain health care.

I consent to the exchange of confidential student information (written and/or verbal) described above.

Parent/Legal Guardian Name (Printed) _____

Parent/Legal Guardian Signature _____ Date _____

Student Signature** _____ Date _____

**If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Maryland, a competent minor, depending on age, can consent to outpatient mental health care, drug and alcohol abuse treatment, testing for HIV/AIDS, and reproductive health care services.

- Copy: Parents/Legal Guardians or student**
- Copy: Physician or other health care provider releasing the protected health information
- Copy: School official requesting/receiving the protected health information

This form template can be adapted as desired, or imported into digital format used by schools.

Mental Health Referral Form Template

Sample documentation for referring students and caregivers to support services.

Student Information

Student Full Name _____ Date of Report _____

Name of School _____ ID # _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student Address _____

Student Caregiver Full Name _____

Phone Number _____ Email Address _____

Local Crisis Center/Emergency Department

Organization Name _____ Phone Number _____

Address _____

Warm Handoff from School to Organization? **(YES/NO)** Date _____ Time _____

Warning Signs/Circumstances to Prompt Outreach:

--

Mental Health Provider

Organization Name _____ Phone Number _____

Address _____

Warm Handoff from School to Organization? **(YES/NO)** Date _____ Time _____

Warning Signs/Circumstances to Prompt Outreach:

--

Other Resource

Organization Name _____ Phone Number _____

Address _____

Warm Handoff from School to Organization? **(YES/NO)** Date _____ Time _____

Warning Signs/Circumstances to Prompt Outreach:

Other Resource

Organization Name _____ Phone Number _____

Address _____

Warm Handoff from School to Organization? **(YES/NO)** Date _____ Time _____

Warning Signs/Circumstances to Prompt Outreach:

National Suicide and Crisis Lifeline – Call/Text 988

Warning Signs/Circumstances to Prompt Outreach:

Parent/Legal Guardian Signature _____ Date _____

Lead Staff Signature _____ Date _____

This form template can be adapted as desired, or imported into digital format used by schools.

Caregiver Acknowledgement Form

Sample form to document informing caregiver(s) about student at risk of suicide.

Student Information

Student Full Name _____ **Date of Report** _____

As the parent/guardian of the student named above, I have authority to make decisions on behalf of the student and have the authority to sign this document. I acknowledge that I have been advised by _____ **(Staff Name)** on _____ **(Date)** that my child has expressed suicidal ideation and may be at risk of suicide.

Caregiver Initials _____

I have been advised regarding common methods of suicide, and I have been asked to secure all firearms, medications, ropes, and other lethal means. I understand that removal of all lethal means is an essential suicide prevention strategy. I have been provided information on suicide proofing my home.

Caregiver Initials _____

I understand that I have been advised to take my child immediately to the appropriate medical and/or mental health providers for evaluation and treatment. I agree to release information to _____ **(Name of School)** regarding any evaluations and/or treatment recommendations from the mental health provider that will prepare the school to support my child's reentry into the academic setting.

Caregiver Initials _____

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and not a requirement that I use these providers. I am free to select other providers of my choice. The school/district is not responsible for expenses for any service providers. _____ **(Staff Name)** will follow up with me and my child within one week from the date of this letter as well as other times that the staff member determines.

Caregiver Name (Printed) _____

Caregiver Signature _____ Date _____

Lead Staff Signature _____ Date _____

Witness to Refusal Signature* _____ Date _____

**Witness may be helpful in situations requiring external intervention/law enforcement response.*

This form template can be adapted as desired, or imported into digital format used by schools.

Outline of Student Re-Entry Planning

Integrating a student back into a school environment after a crisis can be challenging. To set the student up for success, conduct follow-ups and schedule a re-entry planning meeting with caregivers and the student.

Prior To Re-Entry Meeting

Check in with the student and the caregiver. A suicidal crisis can be overwhelming for caregivers. Conducting some follow-up calls with caregivers and students be helpful.

Check in with health providers. If the caregiver signed a Release of Information allowing data sharing, contact providers about the student's progress and care plan.

Schedule a re-entry meeting with the student and caregiver. After identifying the student's return date, work with the student and caregiver to schedule a meeting.

Prepare documentation for meeting. Caregivers, student, and staff lead need to be provided with a copy of Student Mental Health Re-Entry Form ([Tool 53, p. 135-137](#)).

During the Re-Entry Meeting

Discuss anticipated challenges and trusted individuals who can help. Identify the student's most pressing concerns and make a plan for easing those challenges. Identify trusted friends and adults. Identify which staff members might provide support.

Create a collaborative plan and schedule for checking in. A designated trained staff member can meet with the student on the first day of re-entry, and will be responsible for checking in. Other staff members need to be identified as resources for the student.

Consider additional support. Students may benefit from accommodations in Individual Education Programs (IEPs) or Section 504 Plans. Explain and explore these options.

On First Day of Re-Entry

Meet with student and write safety plan. The designated staff member meets with the student prior to attending any classes. Ensure that the student completes/updates a written safety plan and stores the safety plan during the first day of re-entry.

After Re-Entry

Continue to check in weekly for a minimum of 2 months. Adapt and update strategies from the original Student Re-Entry Plan as needed. Continue to assess the student's adjustment, and monitor for the reoccurrence of suicidal thoughts.

Mental Health Post-Crisis Check In

Sample documentation of outreach to caregiver(s) and student after crisis.

Student Information

Student Full Name _____ Date of Report _____

Name of School _____ ID # _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student Caregiver Full Name _____

Phone Number _____ Email Address _____

Student/Caregiver Check-Ins

Check in at least once within one week of student's mental health/suicide-related crisis, and again as needed.

1st Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

2nd Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

3rd Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

Describe check-ins. Include information about progress and concerns (attach pages as needed).

Student Re-Entry Planning Meeting Date _____

Student Anticipated Re-Entry Date _____

Health Provider Check-Ins

Organization Name _____ Phone Number _____

Address _____

Check in at least once within one week of student's mental health/suicide-related crisis, and again as needed.

1st Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

2nd Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

3rd Check-In Attempt Date _____ Time _____ Answered? **(YES / NO)**

Describe check-ins. Include information about progress and concerns (attach pages as needed).

Lead Staff Print Name _____

Lead Staff Signature _____ Date _____

This form template can be adapted as desired, or imported into digital format used by schools.

Student Mental Health Re-Entry Plan

Sample documentation of planning meeting for student, caregiver(s), and key staff member(s) for student re-entry to school (returning after student is absent due to a mental health concern).

Student Information

Student Full Name _____ Date of Report _____

Name of School _____ ID # _____

Date of Birth _____ Gender _____ Language Spoken at Home _____

Student Caregiver Full Name _____

Phone Number _____ Email Address _____

Support Staff

Lead Staff Name _____ Job Title _____

Other Key Support Staff (list) _____

Check-In Schedule

The student will check in with the lead staff (or designee) on the following dates/times:

- ☐ Week 1 _____
- ☐ Week 2 _____
- ☐ Week 3 _____
- ☐ Week 4 _____
- ☐ Week 5 _____
- ☐ Week 6 _____
- ☐ Week 7 _____
- ☐ Week 8 _____

Re-Entry Planning Outline

Academic and Class Schedule Accommodations

Handling Peer Interactions/Questions

Unstructured Time Planning (Lunch, Extracurriculars, etc.)

Other Concerns from Student

Re-Entry Planning Outline

Where will the student go for support? Where will the student go if they need urgent help?

Who is the student comfortable talking to if they need support while at school? How will they contact them? (identify at least 3 trusted points of contact)

Additional Safety Steps

Caregiver should initial each statement below if agreed.

- ☐ Student should check in with caregiver daily. Ideally, student should not be left unsupervised for two months following a suicide-related concern. **Initial** _____
- ☐ Absences during re-entry period should be communicated to the school immediately. Unexcused absences will result in alerting school administration/immediate crisis protocol. **Initial** _____
- ☐ The school is permitted to continue follow up with external health providers (requires signed Release of Information). **Initial** _____

I agree to following this plan upon _____'s re-entry to school. This plan can be modified as needed in collaboration with staff.

Student Signature _____ Date _____

Caregiver Signature _____ Date _____

I agree to implementing the steps outlined in this plan and following up with student, caregivers, and service providers to support re-entry.

Lead Staff Signature _____ Date _____

This form template can be adapted as desired, or imported into digital format used by schools.

Making Home Safer for a Child at Risk of Suicide



If there is a child at risk of suicide in your home, there are steps that you can take to make the environment safer. Securely storing weapons, medications, and toxic chemicals can be lifesaving.

How to Create a Safe Home Environment

A “lethal mean” is something that can be used to kill a person, either themselves or others. “Lethal Means Safety” is an effective practice that makes a suicide attempt method less available or more difficult to access immediately, therefore less likely to cause a fatal suicide attempt.

Even if there is not someone currently at risk of suicide in your home, safely securing and storing “lethal means” in your home can be lifesaving. Do you lock up your medications and firearms? If not, consider obtaining a gun lock and/or medication lock boxes. Local agencies often have free lethal means safety devices to provide, and often host medication take-back events. Putting time and space between someone experiencing suicidal thoughts and their access to lethal means can save lives.

Bear in mind that children often know more than we think they do! If you have a current way of safely storing firearms or medications, consider changing the password or the lock. Do not use the same code for everything, make sure that keys are not accessible, and do not share the information for access.

Tips for General Lethal Means Safety

There are many different types of lethal means, but there are some easy ways to make the environment safer in your home.

Firearms

- Use a gunlock
- Take firearms apart and store in a safe/lockbox
- Store firearms unloaded and separate from ammunition

Medication

- Purchase medication in “blister packs” or in individual packaging
- Throw out expired/unused medication
- Keep medication in a locked or secured location
- Portion out medication and store excess in a secure location

Ligatures (cords, ropes, etc.)

- Use tear-resistant sheets and bedding
- Use and purchase cordless devices
- Remove or safely store rope or cords
- Sharps (knives, blades, etc.)
- Use knife covers
- Keep sharp blades in a secure location
- Remove or substitute for blunter instruments

Chemicals/Poisons

- Purchase non-toxic or safer cleaning products and pesticides
- Store highly toxic or caustic chemicals in a locked/secure location
- Remove or safely store gas canisters
- Check carbon monoxide detectors

Tips for Lethal Means Safety During a Crisis

Remove lethal means from the home completely when someone is in crisis. You can ask a trusted loved one to store the lethal mean(s) for you, until the crisis has resolved.

For medication, you can use the Deterra Drug Deactivation and Disposal System. This system offers a permanent disposal solution for medications. If you have any unused or expired medications, you can use a Deterra bag, put your medications in the bag, mix in water, and follow the instructions. The medicines will be destroyed and you can dispose of the entire bag in your normal trash. For more information, please visit the Deterra System website at deterrasystem.com

For firearms, you can voluntarily store your firearms with trusted members of the firearm-owning community until the crisis has resolved. For more information, please visit the Maryland Safe Storage Map website at mdpgv.org/safestoragemap

Additional tips can be found in the Maryland Department of Health Firearm Safe Storage and Youth Suicide Prevention Guide at health.maryland.gov/pha/Pages/firearm-safety.aspx

What is Postvention?



In the wake of a sudden or unexpected loss, students, parents, and school personnel will have to navigate complex emotions and situations. Be proactive and have a plan in place to support your school community.

Postvention refers to activities & responses after a death by suicide.

Postvention includes supports for grieving families, students, and personnel. Additionally, comprehensive postvention strategies include appropriate communication and coordination within schools and the broader community.

Effective postvention can save lives. Young people are at a higher risk than other age groups to imitate suicidal behavior, which can result in multiple suicides in a community (suicide contagion, leading to a suicide cluster). For more about the risk of suicide contagion and clustering, refer to [Tool 18 \(p. 141-142\)](#).

Postvention responses should be...

- Be factual without sensationalizing or romanticizing.
- Respect the grieving family.
- Focus on resilience and healthy coping.
- Offer useful, compassionate, and consistent support.
- Be culturally responsive.

This reference guide will focus on responding to a suicide loss, but schools need to respond to any loss with similar procedures. Treating suicide differently from any other kind of loss can contribute to negative associations with suicide and existing stigma.

The Impact of Suicide

A single death by suicide increases the risk of additional suicides, especially among adolescents. A suicide in a school community can have a ripple effect, if the postvention response is not thoughtful and supportive.



Explaining Suicide Clusters

There are two main types of suicide clusters that might occur after a “sentinel suicide,” or initial suicide death in the community.

- **Mass clusters** are characterized by a temporary increase in suicides nationally and are associated with the media coverage of celebrity suicides. For example, there was an increase in suicide rates nationally after the publicized suicide of Robin Williams.
- **Point clusters** are characterized by an increase in suicides that are close in time and/or space. Preventing and responding to point clusters are a major focus of the Postvention section of this guide.

Preventing Suicide Clusters

Adolescents are the most susceptible age group for imitating suicidal behavior. The process by which a suicide death increases the suicidal behavior of others is called contagion. Schools play a central role in preventing contagion. A single exposure to the suicidal behavior of another student is unlikely to result in imitative behavior, but can result in increased suicide risk if combined with vulnerability factors such as current or past psychiatric conditions, family history of suicide or past suicide attempts, substance abuse, stressful life events, access to lethal methods, and lack of protective factors.

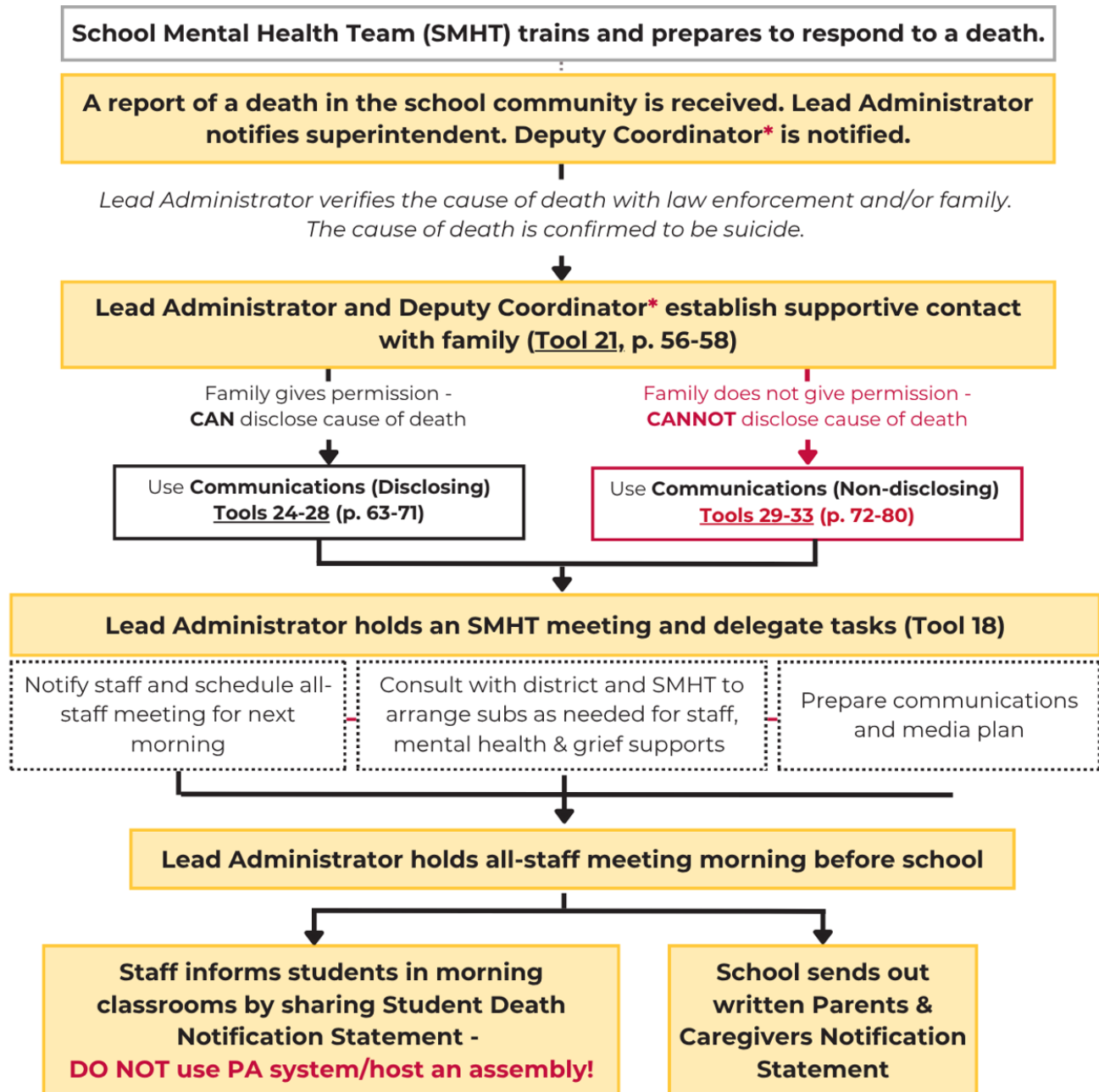
It is important for schools to recognize the possibility of contagion after a suicide, and to implement best practices in postvention in a timely manner. Schools are strongly encouraged to seek consultation immediately from mental health professionals who are experienced in responding to a point cluster. Postvention assistance in schools after a suicide is often too short in duration and focuses on too few students. Research has found that losing a classmate to suicide can affect some students for years. It is likely that students who were close to the person who died may feel guilt for not “saving” them, and they will need intervention and support. For other students, a suicide in the community can bring up intense feelings and experiences, even if they did not know the person who died well. While it can be overwhelming to manage the “tide” of students seeking support, it is important to take every report of students in crisis seriously.

It takes a community to respond to a suicide. Suicide postvention is a collaborative effort between schools, community agencies, mental health practitioners, medical personnel, law enforcement, clergy, parents, survivor groups, and even youth. Community members, medical personnel, clergy, and mental health professionals, and physicians can assist school personnel in screening exposed teens who are now at greatest risk of contagion and imitation. It is essential that physicians screen teens for depression and suicide after a youth suicide has occurred in the community.

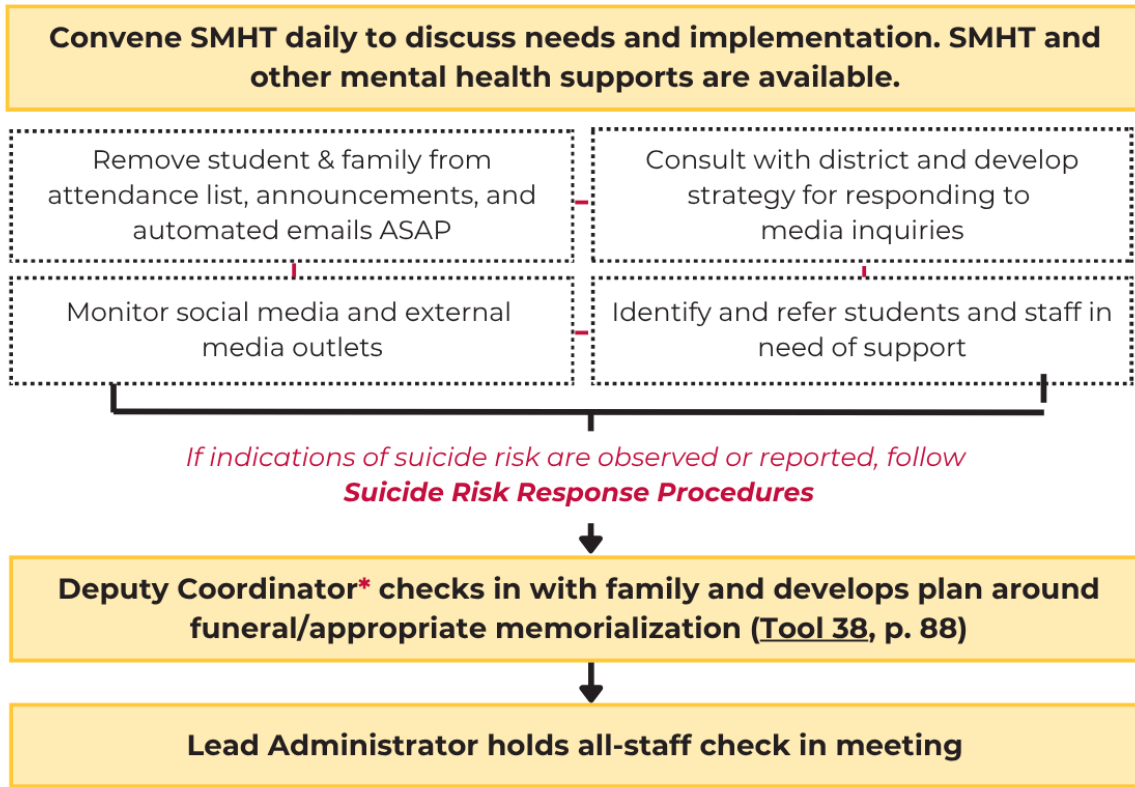
Postvention Response Procedures

Below is a sample of a suicide death postvention procedures, both in flowchart and outline templates. School Mental Health Professionals support administrators in decision-making during postvention.

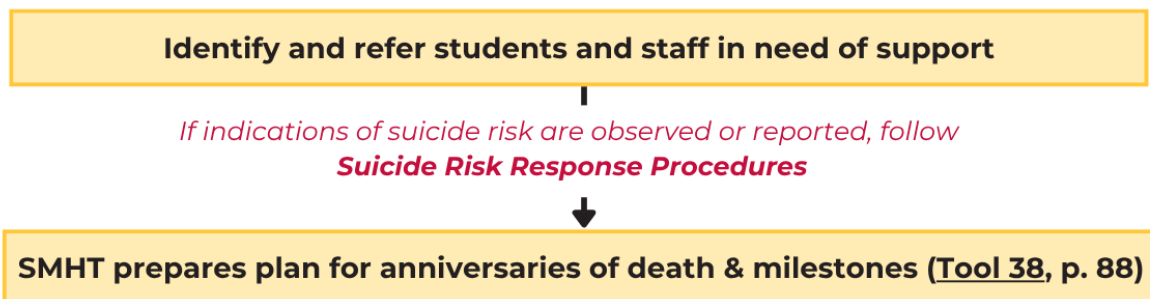
IMMEDIATE RESPONSE (Days 1-2)



CONTINUING RESPONSE (Days 2-7)



LONGTERM SUPPORT



**In most schools, the Deputy Coordinator will be the School Mental Health (SMHT) Coordinator, who is typically a mental health professional. If your school's SMHT Coordinator is an administrator, appoint a member of the SMHT who has mental health training to fill this second-in-command role.*

Written Suicide Postvention Response Procedures

IMMEDIATE RESPONSE (Days 1-2)

- A. School Mental Health Team (SMHT) trains and prepares to respond to a death.**
- B. A report of a death in the school community is received. Lead Administrator notifies superintendent. Deputy Coordinator* is notified.**
 - a. In most schools, the Deputy Coordinator will be the School Mental Health (SMHT) Coordinator, who is typically a mental health professional. If your school's SMHT Coordinator is an administrator, appoint a member of the SMHT who has mental health training to fill this second-in-command role.
- C. Lead Administrator verifies the cause of death with law enforcement and/or family. The cause of death is confirmed to be suicide.**
- D. Lead Administrator and Deputy Coordinator establish supportive contact with family ([Tool 21, p. 56-58](#))**
 - a. If the family gives permission to disclose the cause of death, use [Communications \(Disclosing\) Tools 24-28 \(p. 63-71\)](#)
 - b. If the family does NOT give permission to disclose the cause of death, use [Communications \(Non-Disclosing\) Tools 29-33 \(p. 72-80\)](#)
- E. Lead Administrator holds an SMHT meeting and delegate tasks (Tool 18)**
 - a. Notify staff and schedule all-staff meeting for next morning
 - b. Consult with district and SMHT to arrange subs as needed for staff, mental health & grief supports
 - c. Prepare communications and media plan
- F. Lead Administrator holds all-staff meeting morning before school**
- G. Students and Caregivers are notified simultaneously**
 - a. Staff informs students in morning classrooms by sharing Student Death Notification Statement – DO NOT use PA system or host an assembly!
 - b. School sends out written Parents & Caregivers Notification Statement

CONTINUING RESPONSE (Days 2-7)

- H. Convene SMHT daily to discuss needs and implementation. SMHT and other mental health supports are available.**
 - a. Remove student & family from attendance list, announcements, and automated emails ASAP.
 - b. Consult with district and develop strategy for responding to media inquiries

- c. Monitor social media and external media outlets
- d. Identify and refer students and staff in need of support
- I. If indications of suicide risk are observed or reported, follow Suicide Risk Response Procedures**
- J. Deputy Coordinator checks in with family and develops plan around funeral/appropriate memorialization ([Tool 38, p. 88](#))**
- K. Lead Administrator holds all-staff check in meeting**

LONGTERM SUPPORT

- L. Identify and refer students and staff in need of support**
- M. If indications of suicide risk are observed or reported, follow Suicide Risk Response Procedures**
- N. SMHT prepares plan for anniversaries of death & milestones ([Tool 38, p. 88](#))**

Delegating Roles for Loss Response

While navigating a loss, members of your School Mental Health Team (SMHT) will play different roles. Train members of your SMHT in advance for their roles. In the event of a loss, your SMHT needs to be ready to implement a postvention plan.

Lead Administrator

School Principal or authorized Assistant Principal

This person is the leader during the postvention response. They are the central point of contact and are kept informed about all aspects of the response. This can be an SMHT member with the authority to make final decisions in school procedures.

Key Responsibilities

- Receives report of death and relays information to superintendent/district and **Deputy Coordinator**
- Verifies cause of death with law enforcement, medical examiner and/or family
- Convenes **School Mental Health Team (SMHT)** and delegates roles
- Collaborates with **Deputy Coordinator** on contact with bereaved family
 - [Guidance on Supportive Contact - Tool 21](#)
 - A face-to-face conversation with suicide loss survivors is highly recommended to show support and to open a dialogue.
- Notifies staff and leads morning meeting to inform all staff about recent loss
 - Written Staff Notification
 - Staff Notification Meeting Agenda - [Tool 24 \(Disclosing\)](#) OR [Tool 29 \(Non-Disclosing\)](#)
- Collaborates **with Deputy Coordinator, Staff Support Liaison and Student Support Liaison** to approve and arrange for support needs
 - Communications (Disclosing) - [Tools 24-28](#)
 - Communications (Non-Disclosing) - [Tools 29-33](#)
- Provides instructions to **Administrative Assistant** and **Additional Staff** for referring staff and students to supports, responding to parents and media
- Leads check in meetings with **SMHT** daily after loss (1-2 weeks) and as needed
- Leads check in meeting with all staff one week after loss
 - Staff Check In Meeting Agenda - [Tool 24 \(Disclosing\)](#) OR [Tool 29 \(Non-Disclosing\)](#)
- Collaborates with **Deputy Coordinator*** on funeral/memorialization plan, and plan for future milestones and anniversaries
 - [Guidance for Memorialization - Tool 38](#)
- Consults with **District & Community Supports** for resources as needed

Deputy Coordinator

School Mental Health Professional, School Mental Health Team (SMHT) Coordinator

This person is the “second-in-command” during the postvention response. They support the Lead Administrator in a number of key areas, and are prepared to step in if the Lead Administrator is not available. This role can be filled by an SMHT member with mental health training, and with a strong knowledge of postvention procedures. In most cases, this role will be filled by the School Mental Health Team (SMHT) Coordinator.

Key Responsibilities

- Receives report of death from **Lead Administrator**, and collaborates **with Lead Administrator** to initiate postvention procedure
- Assists **Lead Administrator** with delegating roles to **School Mental Health Team (SMHT)**
- Leads supportive contact with bereaved family, with support and approval from **Lead Administrator**
 - [Guidance on Supportive Contact - Tool 21](#)
- Collaborates with **Administrative Assistant** to remove the deceased individual's name from attendance lists, mailing and notification lists, and any upcoming announcements
- Collaborates with **Staff Support Liaison** and **Student Support Liaison** to implement supports. Provides leadership with supports and referrals, particularly mental health supports.
 - [School Supports After Loss - Tool 23](#)
 - [Key Postvention Support Principles - Tool 22](#)
- Assists with check in meetings with **SMHT** daily after loss (1-2 weeks) and as needed
- Leads development on funeral/memorialization plan, and plan for future milestones and anniversaries, with support and approval from **Lead Administrator**
 - [Guidance for Memorialization - Tool 38](#)
- Consults with **District Supports and Community Supports** for resources as needed

Student Support Liaison

School Mental Health Professional, Other Trained Staff Member

This person is a staff member who leads supports for students. This person connects with students and with support service providers who are working with them. This can be an SMHT member with training, and with a good direct rapport with students.

Key Responsibilities

- Collaborates with **Lead Administrator** and **Deputy Coordinator** to implement supports for students
- Checks in with students and with student support service providers regularly
- Helps to answer student questions and connects students in crisis to services
- Provides reports on student responses and needs at **SMHT** meetings
- Consults with and develops recommendations as needed for **Lead Administrator** and **Deputy Coordinator**

Staff Support Liaison

School Mental Health Professional, Other Trained Staff Member

This person is a staff member who leads supports for staff members. This person connects with staff members and with support service providers who are working with them. This can be an SMHT member with training, and is a leader and/or mentor among school staff.

Key Responsibilities

- Collaborates with **Lead Administrator** and **Deputy Coordinator** to implement supports for staff
- Checks in with staff members and with staff support service providers regularly
- Helps to answer staff questions and connects staff members in crisis to services
- Provides reports on staff responses and needs at **SMHT** meetings
- Consults with and develops recommendations as needed for **Lead Administrator** and **Deputy Coordinator**

Media & Information Liaison

Assistant Principal or Administrator, District Communications Officer

This person leads the development of appropriate communications that are accurate while respecting the wishes of the bereaved family. This role may be filled by an administrator at your school. Alternatively, your district may have a Communications Officer who provides this guidance.

Key Responsibilities

- Collaborates with **Lead Administrator** to draft and approve statements for students, parents & caregivers, the broader community, and the media
- Works with **SMHT** to ensure that messaging is consistent from school leadership
- Uses messaging that is respectful of the wishes of the bereaved family

- If the family gives permission to disclose the cause of death for a suicide, use [Communications \(Disclosing\) – Tools 24-28](#)
- If the family DOES NOT give permission to disclose the cause of death, use [Communications \(Non-Disclosing\) – Tools 29-33](#)

Administrative Assistant

Front Desk Manager, Office Staff Member

This person answers and transfers calls related to postvention as needed and refers students or staff who come to the front desk for help. This person manages office staff. This role can be filled by a staff member who works at and/or manages the school's front office, and is also a trained member of the SMHT.

Key Responsibilities

- Receives prepared guidance from the **Lead Administrator** and the **Media & Information Liaison** for responding to Frequently Asked Questions
- Transfers calls to appropriate points of contact
- Coordinates material supplies (tissues, handouts, etc.) for supports
- Refers students or staff to additional support as needed

Additional Key Staff

Additional Counseling Staff

- Provides mental health support for student and staff
- Implements procedures for students and staff in crisis as needed

School Nursing Staff

- Provides aid for physical health concerns
- Refers students and staff for mental health support as needed

School Resource Officer(s)

- Secures and monitors the physical environment of the school
- Ensures that any media on school grounds are referred to the **Lead Administrator**

District & Community Supports

There are useful resources that may be available through district or state leadership. Additionally, there may be organizations in your community that can provide support. You may want to reach out for consultation on procedures, translation/other multilingual services, and additional mental health professionals to support and refer.

Establishing Supportive Contact with a Bereaved Family

Respectfully and compassionately working with family of the person who died is an important part of postvention. It is essential that the school consults the bereaved family for their wishes prior to sharing any information about the loss.



Immediately After Confirming Death

Lead Administrator & Deputy Coordinator

- Contact family and arrange to meet in person, if possible.
- If the person who died resided in more than one household, meet in a neutral place.
- Arrange for a translator or a bilingual mental health professional, if needed. Ask if the family has cultural preferences for the meeting (involvement of cultural and/or faith leaders, staff gender and/or background, etc.).

Initial Meeting – In-Person

Lead Administrator & Deputy Coordinator

- Express sympathy and offer condolences. Ask what support the school can provide.
- Ask if there are siblings, family members, significant others, or friends attending schools in the district. The **Lead Administrator** needs to share this list with district leadership to ensure support.

- Discuss wishes about the communication plan. Ask to allow the school to share the cause of death.
 - **Sample Script for Suicide Loss:** *"We are deeply sorry for your loss, and we can't imagine how difficult this has been for you and your family. We'd like to consult you about how the school will respond for our students and staff. We have received guidance from national and state experts on the best way to support our school community as we all grieve this loss.*

We will be sharing the news of the death with our students and staff. With your permission, we would like to be transparent about the death being a suicide. We know that when a student dies by suicide, the risk of suicide for the rest of the student body increases. We want to do what is most protective for our students AND we want to honor this loss in the most truthful way. Other than [Student's Name]'s death being a suicide, we will not share any details about their passing out of respect for your privacy. If there is anything that the school can do to support you more, please let us know."

- Discuss funeral arrangements. Explain that services cannot be held at school, but students and staff may want to attend arranged services. Ask if the family has any religious or cultural mourning practices that the school should be aware of. Ask if students and staff are permitted.
 - If arrangements have been made already, ask for the dates and times of the services that would be open to the school community.
 - If arrangements have not been made yet, request that the services be held after school or on the weekend so that adults can accompany children to services.
 - Be aware that some religious traditions require burial within 24 hours (Islamic, Jewish, etc.). Offer to coordinate school communication timeline with family's religious obligations. When possible, offer access to grief counselors who share the family's cultural or religious background.
- Ask the family if they would like personal belongings found at the school to be returned (items in lockers or desks, school projects, etc.)
- Share community mental health resources with the family.
 - If the cause of death is suicide, provide resources for survivors who lost loved ones to suicide.
 - American Foundation for Suicide Prevention (afsp.org/find-a-support-group)
 - Coping After Suicide (copingaftersuicide.com/support-groups).
- Schedule a follow up within a week. If possible, this should also be in person.

- Provide the family with a specific contact for the school (typically, this will be the **Deputy Coordinator**).

Second Contact - In-Person or Over Phone

Deputy Coordinator

- Ask the family how they are doing. Express continued support.
- Ask if there is anything that the school can do to provide additional support.
- Confirm details about the memorial services, and confirm if students and staff are permitted to attend.
- If memorials have been put together by students, ask the family if they would like to have the items from those memorials.
- If the family has any school property to return (computers, textbooks, etc.), provide them the opportunity.
- Ask if they are open to future contacts from the school.
- Thank the family for their time.

Future Contact - In-Person or Over Phone

Deputy Coordinator & School Mental Health Team (SMHT)

Be aware of future dates that will be difficult for the friends and family of the person who died such as their birthday, the anniversary of their death, and their anticipated graduation date. The **Deputy Coordinator**, with support from the **SMHT**, should check in with family and friends around these dates.

Key Postvention Support Principles

There are many supports that a school may implement in response to a loss. Here are some foundational principles that may underlie your approaches.

Avoid large group settings.

Use small groups and individual-level interactions whenever possible to support. Using large groups (like morning announcements, assemblies, etc.) can make it difficult to identify individuals experiencing crisis.

Avoid judgment and romanticization.

Hearing negative messages about the person who passed away can prevent students and staff from seeking help. On the other hand, excessively positive messages about the person can romanticize death. Gently correct harmful messages if they circulate. The school community should refrain from speculation.



Treat every life with the same kindness and value.

The ways that schools respond to a loss – including the amount, kinds, and duration of supports available – can reflect upon the perceived “value” of the life lost. Every life is equally important. The school must mobilize the same response for any loss.

Offer help proactively.

Especially in an instructional setting, teachers may not want to disrupt class or embarrass a student, but students may need direct and firm guidance to seek help. Do NOT ignore signs that someone is upset.

Follow up with everyone, every time.

Support staff need to carefully record which students and staff members reach out. This follow-up needs to be done at least once (about a week after initial engagement) with those individuals. Connect them to additional support as needed.

Do not rush the postvention process.

Try not to harshly shut down questions and conversations about the loss, or to rush the postvention process to return the school to “normal.” Fearfulness about doing and saying everything “by-the-book” can result in a postvention response that feels cold or uncaring. Be gentle and compassionate. Allow everyone time to grieve, and provide them with consistent support.

School Supports After Loss

There are many supports that a school may implement in response to a loss. Here are highly recommended supports and strategies to set up for effective postvention.

Overall School Support

Lead Administrator & Deputy Coordinator

School Mental Health Team (SMHT)

- Trained team of school-based administrators and staff
- Meets daily during first two weeks to discuss response and additional needs
- Coordinates with external support staff (district resources, community mental health providers, etc.)

Command Center

- Central location staffed continuously with one or more SMHT members
- Answers questions and/or directs inquiries to the appropriate point-of-contact
- Consolidates information, keeps updated list of individuals who require follow ups

External Mental Health Providers

- Bring in additional providers to fill gaps and address need during early postvention response
- Additional providers can include local mobile crisis teams, district-level mental health teams and providers, providers from other schools, and providers from community organizations

Identify Key Students and Staff

- In advance of notifications, identify individuals close to the person who died
- Ensure that students and staff on the list are contacted on the first day – groups of students in classes or extracurriculars (athletic teams, clubs, etc.) can be offered optional small groups
- The list will be incomplete! Ensure that all students and staff are offered resources

Student-Oriented Support

Student Support Liaison, Lead Administrator & Deputy Coordinator

Student Counseling Rooms

- Private rooms where students can take a break or receive one-on-one/group assistance
- For the first week after a loss, NOT only existing counseling offices – additional locations could be used to prevent crowding, encourage help-seeking
- For the first days after loss, give students flexibility as long as they are consistently supervised by an adult
- Set up rooms for comfort with necessary physical materials (water bottles, tissues, snacks, art supplies, stress balls, fidget toys)

Dismissal to Caregiver

- Grieving students should be provided with the option for dismissal to a caregiver after receiving assistance if desired – students CANNOT leave unsupervised
- Caregivers must be notified that student will need support and supervision, and that the school must be notified for further absences
- Follow up with student is scheduled for when they return to school
- If there is concern about risk of suicide, implement [Student Suicide Risk Procedure \(p.104-105\)](#)

“Empty Chair” Procedure

- The “empty chair” left by a person who died can be a powerful image for grieving students and staff - have a trained school mental health professional (SMHP) follow the schedule of the person who died, including extracurricular meetings
- At the beginning of each class/meeting, the SMHP will introduce themselves and give a reminder about the resources available
- The SMHP monitors the session and speaks to/refers anyone needing assistance
- Once the schedule has been attended fully (no longer than one week after the loss), the SMHP works with teacher/staff to rearrange the seating arrangement of classes, so that there is no longer an “empty chair”
- The SMHP should collaborate with the teacher/staff to explicitly acknowledge this change with students and answer questions

Facilitated Small Groups

- On first two days after loss, host multiple optional small groups concurrently where students can express their feelings with peers - do NOT hold an assembly
- For first two weeks after loss, continue to hold optional small group sessions
- See facilitation tips in [Tool 26 \(Disclosing\)](#) or [Tool 31 \(Non-Disclosing\)](#)

Staff-Oriented Support

Staff Support Liaison, Lead Administrator & Deputy Coordinator

Staff Counseling Rooms

- Private rooms where staff can take a break or receive one-on-one/group assistance
- Needs to be areas (staff lounges, private offices) where there is privacy from students and supervisors
- For the first days after loss, give staff flexibility about where they go and how they receive support, as long as their students are consistently supervised by an adult staff member
- Set up for comfort with necessary physical materials (water bottles, tissues, snacks, art supplies, stress balls, fidget toys)

Substitutes

- Arrange for substitutes for staff, particularly those who had a close relationship with the person who died
- Encourage staff to take time off as needed to grieve
- Follow up scheduled for when they return to school

Teaming with Support Professionals

- Encourage staff to lean on school mental health professionals (SMHPs) and other support professionals for help – not every staff member will be comfortable talking about death
- Substitutes for grieving staff need to be provided with a support professional and/or School Mental Health Team member to communicate about the death to students
- The Staff Support Liaison, members of the School Mental Health Team, the “Command Center” in the school for postvention, school mental health professionals who are on site, and staff counseling rooms should be available for staff if they have questions

Employee Assistance Programs (EAP)

- Staff need to be provided with information about their EAP resources and how to access them. In general, EAP resources include confidential, short-term counseling sessions.
- The Lead Administrator needs to work with the school district to ensure that any district-specific EAP contacts are notified about the death, and are prepared/trained to respond.

Facilitating Student Small Groups (Disclosing)



Optional small groups (15 or fewer students) can help youth engage in discussion with peers, and learn from each other. Adult facilitators of small groups can learn how students are coping and identify students needing support.

Principles for Small Groups

- Facilitators should be trained and comfortable talking openly about suicide with students – either mental health professionals or trained School Mental Health Team (SMHT) members
- Incorporate art supplies, fidget toys, breathing exercises, or other activities
- Establish group norms – listen to each other, allow others to speak, be open and non-judgmental, ask questions freely, express in the way that is most comfortable

Questions to Ask

- How are you feeling? Describe emotional and physical sensations.
- How can the school support you? How can you support each other?
- What are some ways that you have coped with hard times in the past? What are some strategies you might use to feel better?
- Here are some key talking points about death and suicide:
 - Suicide is complex, and has multiple causes. We may never know why the person chose to end their life. It is not helpful to blame or shame people. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.
 - There's no "right" way to feel. This loss might bring up hard emotions or reminders of personal experiences, even if you were not close with the person who died. Don't judge yourself or others for how they feel.
 - Having compassionate conversations about suicide when you are worried about someone does not "plant the idea" in someone's head. It can actually help a person open up.
 - There is nothing wrong with asking for help if you are having thoughts of suicide, and there is help available for you and your friends.
 - If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about a friend, get help from an adult as soon as possible.

Facilitating Student Small Groups (Non-Disclosing)



Optional small groups (15 or fewer students) can help youth engage in discussion with peers, and learn from each other. Adult facilitators of small groups can learn how students are coping and identify students needing support.

Principles for Small Groups

- Facilitators should be trained and comfortable talking openly about suicide with students – either mental health professionals or trained School Mental Health Team (SMHT) members
- Incorporate art supplies, fidget toys, breathing exercises, or other activities
- Establish group norms – listen to each other, allow others to speak, be open and non-judgmental, ask questions freely, express in the way that is most comfortable

Questions to Ask

- How are you feeling? Describe emotional and physical sensations.
- How can the school support you? How can you support each other?
- What are some ways that you have coped with hard times in the past? What are some strategies you might use to feel better?
- Here are some key talking points about death and suicide risk without disclosing:
 - It's important to respect the wishes of the grieving family during this time. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.
 - There's no "right" way to feel. This loss might bring up hard emotions or reminders of personal experiences, even if you were not close with the person who died.
 - When someone in our community dies, we might feel depressed or even consider suicide. There is nothing wrong with asking for help, and there is help available for you and your friends.
 - Having compassionate conversations about suicide does not "plant the idea" of suicide in someone's head. It can actually help a person open up.
 - If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about a friend, get help from an adult as soon as possible.

After a Loss - FAQ for Staff



Q: Is there a right way to feel or react when someone at my school dies?

As a member of the staff, you may feel a pressure to “get over it” quickly, so that you can support students or other staff in need. Dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support. This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don’t judge yourself or others for how they feel.

Q: Students are asking a lot of questions. How can I make sure I say the right thing?

It is normal to worry about saying the “right” or “perfect” thing to students who ask questions. It is more important to keep some key principles in mind.

- Be empathetic and kind to students. Try to understand why they are asking.
- Keep the bereaved family and loved ones in mind. Students may be frustrated with limited information, but be firm about what can be shared. Do not engage with rumors and speculation.
- Be honest with students when you don’t have an answer to a question.

Q: How will the school honor the memory of the person who died?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Someone at my school is really struggling. How can I help them?

Being a good listener and getting help are the best things to do when someone is struggling. After a loss in the community, your students and peers may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone. Immediately connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I help a student or a staff member who is struggling?

You are not alone, and you are not expected to handle student or staff concerns alone. Be a good listener and refer individuals who need additional support, or who have questions that you can't answer. If you or someone needs help right away outside of school, call or text the National Suicide and Crisis Lifeline by calling or texting 988, call 911, or take the person to the nearest crisis center or emergency department.

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- **Command Center - [LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member
- **Staff Support Rooms - [LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- **Employee Assistance Program (EAP) - [CONTACT NAME, PHONE NUMBER, EMAIL]**
 - **[DESCRIBE SUPPORT AVAILABLE]**
- **National Suicide & Crisis Lifeline**
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

After a Loss - FAQ for Students



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings. Pushing away or dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support.

Q: Even though I didn't know the person who died very well, I feel upset. Is that normal?

This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don't judge yourself or others for how they feel.

When something traumatic happens, it is normal to want more information about what exactly happened and why it happened. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. Rather than fixating on the circumstances of the person's death, try to focus on the person's life and memory. Try to focus not on how someone died, but rather on coping with the loss.

Q: Will knowing more details about the person's death give me closure?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with you to honor the person's memory in ways that are safe and consistent.

Q: How will the school remember the person and honor their memory?

Being a good listener and connecting to an adult who can help are the best things you can do when your friend is struggling. Offering to go with your friend to the counselor's office, or making a phone call for help with them, can really make seeking help easier.

Q: A friend of mine or someone I know is really struggling. How can I help them?

After a loss in the community, your friend and peers may be at higher risk of crisis and suicide.

Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone and immediately notify an adult to connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

After a Loss - FAQ for Parents



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings and your child's feelings. Dismissing feelings can lead to deeper issues in the future. Bear in mind that this loss might bring up difficult emotions or reminders of personal experiences for your child, even if they were not close with the person who died.

Q: Will the school share more information about the person's death?

When something traumatic happens, it is normal to want more information about what happened and why. However, our community has a responsibility to respect the family who lost a loved one. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. We encourage students to focus on the person's life and memory and coping with the loss.

Q: What are signs that my child may be struggling and may need more help?

After a loss in the community, students may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person unsupervised and immediately connect them to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly

- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I support my child?

It is normal to worry about saying the “right” or “perfect” thing after a loss. It is more important to keep some key principles in mind.

- Be empathetic and kind to your child. Try to understand their reactions.
- Be honest with your child when you don’t have an answer to a question.
- Reach out for support. You can reach out to the school for support services during school hours. If you or your child are in crisis and need support outside of school - please call, text, or chat 988 (National Suicide & Crisis Lifeline)

Q: How can I support the grieving family and the school?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. If your child wishes to attend services, we ask that at least one parent and/or trusted adult attends with them. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Resources are available for you and your child. If you need assistance or support, please reach out.

Points of Contact for Questions or Concerns

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- Command Center - **[LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member

Points of Contact for Student Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

Navigating a Suicide Loss - FAQ

Q: Is there a right way to feel or react to a suicide death?

There's no "right" or "correct" way to feel. When someone dies by suicide, there can be especially complicated feelings of sadness, confusion, shock, numbness, and more. It can be difficult to find closure. If you were close with the person, you might experience feelings of guilt or anger. Even if you were not close with the person who died, this loss might bring up difficult emotions or reminders of personal experiences.

Suicide is complex, and is not caused by any one factor. You are not responsible for the person's decision, and we may never know why the person chose to end their life. Be gentle with yourself and with others, and reach out for support.

Q: Why did the person choose to end their life? Who is responsible for a suicide death?

It is normal to have questions after someone dies by suicide, but it is important to recognize the limits of the information we have. We may never know why the person chose to end their life. It is not helpful to assign blame to specific causes, or to shame people. Pointing fingers is not helpful. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones.

Q: Is it okay to ask someone if they are thinking about suicide, if I am worried about them?

Yes, it is okay to ask! In fact, it is best to ask directly. Having compassionate conversations about suicide when you are worried about someone does not "plant the idea" of suicide in their head. It can actually help a person at risk open up about how they are feeling. If you don't think you can ask the person, please let someone else who can help (counselor, trusted adult, etc.) know about your concerns.

Q: What can I do to prevent suicide?

On an individual level, you can help prevent suicide by seeking help if you are struggling. There is always hope, and help is available.

On an interpersonal level, you can help prevent suicide by noticing worrisome changes in behavior and asking directly about suicide if you are concerned. If someone is thinking about hurting or killing themselves or others, it is not helpful to "keep their secret." If you are worried about someone, get help as soon as possible. If the person has a plan for suicide, that you immediately connect them to care. Make sure that they do not have access to the method (or "lethal mean") that they were planning to use. You can get training to become more comfortable with having caring conversations about suicide.

On a school or district level, you can help to make your school a more accepting and compassionate place. You might consider starting a student group focused on mental health promotion and suicide prevention, or participating in a community awareness event. As a community, there are many ways to make a difference.

Guidance for Memorials

A standard memorialization procedure ensures deaths are treated equally, regardless of cause or other factors.

Short-Term Memorialization

- Encourage and allow students, with parental permission, to attend the memorial services held by the bereaved family, if services are open for attendance. Encourage staff attendance at services to support the family and students.
- Consult with the family on any religious or cultural memorial practices they wish to incorporate, and be sensitive to cultural norms around memorialization.
- With family permission, consider involving faith/cultural leaders in planning.
- Contribute to suicide prevention efforts in the community.
- Develop living memorials that address risk factors in local youth.
- Implement a Hope Squad in memory of the suicide victim. More information on this peer-to-peer program is available at hopesquad.com.
- Prohibiting memorials can upset grieving students and parents. Instead:
 - Strike a balance between the needs of students and returning to stability.
 - Meet with students and be creative and compassionate.
 - Leave spontaneous memorials at school in place until after services. Materials from memorials can be given to the bereaved family, or students can keep a piece. Do NOT take down memorials without communicating with students.
 - Avoid holding memorial services on school grounds, and suggest that services be held after school so parents can accompany their children.
 - Monitor student gatherings off campus, and send support staff if possible.
 - Student newspaper coverage needs to follow media reporting guidelines available at save.org and at reportingonsuicide.org

Long-Term Memorialization

Yearbook and graduation dedication or tributes should be similar, regardless of the cause of death. Memorials should celebrate the life of the individual, rather than focusing on the death itself. At events, it is recommended to avoid physical symbols (like “empty chairs” or plaques). Instead, honor those who passed away in remarks and/or through a moment of silence.

- Host a prevention event like an Out of Darkness Walks to raise funds for suicide prevention. Information about these awareness events is available at afsp.org
- Permanent memorials on campus are discouraged. If a permanent memorial is desired by the community, consider implementing off school grounds.
- Some campuses already have permanent memorials in place. Because it is important to treat all deaths equally, this may be a good area to have a permanent memorial.

Schools should continue to support bereaved loved ones, especially around milestones.

Suicide Loss During the Summer



During the summer months, members of school communities may not have the same access to caregivers, peers, resources, and school-based mental health professionals. It is imperative for your school to devise policies and procedures specific to your community for a suicide loss during the summer.

Best Practices

Bereavement Planning: It is important to work directly with the bereaved family, friends, and students who are directly affected by the suicide loss. Create a plan that both respects the wishes of the bereaved as well as the policies and procedures your school has in place.

Share Resources: It is important to share the resources your school has available during the summer months with the bereaved. Resources could be brochures, websites, the reduced summer schedule of School Mental Health Team services, referrals to: non-school affiliated behavioral health providers, mobile crisis teams, crisis drop-in centers, bereavement support groups, etc. You can also discuss what resources will be available when school starts as well.

Social Media: Reach out to your school's Communication Officer or School Mental Health Team to coordinate efforts and monitoring social media. It is important to make sure the messaging about the suicide loss is both safe and that no misinformation is getting spread. Continue to work with the bereaved during this process.

Press Release: If there is a lot media attention, consider releasing a statement sooner than the beginning of school year. If there is not a lot of media attention, consider

delaying the statement release at the beginning of the school year. Continue to work with the bereaved during this process.

Helpful Tools

The following tools are helpful resources for navigating a suicide loss during the summer months. This list is not exhaustive. Please use the Table of Contents, Appendices, and section headers for more information.

- [Tool 19 - Postvention Response Procedures](#)
- [Tool 20 - Delegating Roles for Loss Response](#)
- [Tool 21 - Establishing Supportive Contact with a Bereaved Family](#)
- [Tool 22 - Key Postvention Support Principles](#)
- [Tool 23 - School Supports After Loss](#)
- [Tools 24 - 28 - Postvention Communications Disclosing Cause of Death](#)
- [Tools 29 - 31 - Postvention Communications Not Disclosing Cause of Death](#)
- [Tool 65 - Helping Someone in Crisis](#)
- [Tool 66 - Navigating the Behavioral Health System](#)
- [Tool 67 - Behavioral Health Treatment - FAQ](#)
- [Tool 68 - First Mental Health Appointment - What to Expect](#)

Share Information about 988

The 988 Suicide and Crisis Line provides 24/7, 365 assistance for behavioral health concerns. 988 Suicide and Crisis Line can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility. Visit the 988 website at 988lifeline.org.



TEACHERS & SUPPORT STAFF

Teachers and support staff see students daily. When equipped with tools and information, they can be among the first to notice any warning signs of suicidal ideation or behavior.

THE ROLE OF TEACHERS & STAFF



School teachers and support staff have a strong interest in preventing suicide. They see students every day and may be the first to notice concerning behavior. Schools need to have plans and protocols for addressing suicidal ideation and behavior for staff to follow.

Teachers and support staff need to be aware of the warning signs, and equipped to refer a student to a school mental health professional. Staff need to be aware of policies for a student at risk of suicide. Staff also help to support responses if there is a death by suicide in the school community.

Effective suicide prevention strategy for Teachers & Support Staff covers three key areas:

❖ **PREVENTION** (p. 172 – 173)

- I want to be familiar with the warning signs of suicide. I will attend yearly training sessions. I want to follow my school's plans and protocols.

❖ **INTERVENTION** (p. 172 - 173)

- I want to effectively identify and refer at-risk youth to help. I recognize the importance of taking all suicidal statements and behavior seriously, regardless of the student's age.

❖ **POSTVENTION** (p. 174 -179)

- I want to respond to a death by suicide in my school community, and support those impacted.

Helping a Student At Risk of Suicide



There are warning signs that someone is at risk of suicide, and ways that you can connect them to support.

What are signs that someone is at risk of suicide?

- Talking about wanting to die;
- Isolation behaviors;
- Increased anxiety;
- Substance use/misuse;
- Talking about being a burden or feeling trapped;
- Extreme mood swings;
- Increased anger or rage;
- Expressing hopelessness;
- Talking about being in unbearable pain;
- Sleeping too much or too little;
- Looking unkempt or disheveled;
- Grades dropping;
- Not partaking in activities that once brought them joy;
- Giving away important or meaningful items; and
- Making a plan for suicide by looking for a way to access lethal means (firearms, medications, rope, local tall buildings and bridges, etc.)

What do I do if I see these signs?

If someone shows these signs, be kind, non-judgmental, and direct. Speaking about suicide will not put the thought into someone's head. Oftentimes, the person will feel a sense of relief because they can finally speak about their pain with a trusted person. If you notice these signs, it is best to talk to the student as soon as possible privately. Let the student know you are concerned about them.

Ask direct questions.

- “Are you thinking about killing yourself?” or “Are you thinking about ending your life?” or “Are you thinking about suicide?”

Listen to their story. Accept what they're saying and take them seriously. Try to be nonjudgmental, and avoid minimizing their problems or try to solve their problems.

If the student say they are thinking about suicide, or if you have reason to believe they may be at risk, do NOT leave the student alone. Escort the student to a school mental health professional, or whomever is designated in your school's protocol. If a student is at risk of suicide, it is essential that they are supervised. Make sure they are not alone when you return to class.

Document & Follow Up

Follow your school's procedure for documenting your referral of the student. As a teacher or support staff member, you can be a supportive presence for the student. However, you are not responsible for helping the student alone. If you follow up with the student and you see signs that the student needs additional support, refer them to help using your school's protocols again.

Talking About Suicide from *After a Suicide: A Tool for Schools*



Teachers and support staff need to be prepared when a student returns to school after a suicide attempt, or after a death by suicide that has happened in their community. Answering questions knowledgeably and accurately will help reduce the stigma around talking about suicide. Refer to your school's guidelines about recommended language.

Give accurate information about suicide.

- Suicide is a complicated behavior. It is not caused by a single event such as a bad grade, an argument with parents, or the breakup of a relationship.
- In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of, and help is available.
- Talking about suicide in a calm, straightforward manner does not put ideas into kids' minds.

Address blaming and scapegoating.

- It is common to try to answer the question “why?” after a suicide death. We may never know why, and it isn't helpful to blame others.

Do not focus on the method or graphic details.

- It is common to try to answer the question “why?” after a suicide death. We may never know why, and it isn't helpful to blame others. Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth.
- If asked, the focus should not be on how someone killed themselves but rather on coping with the loss. It is okay to give basic facts about the method, but don't give graphic details or talk at length about it. Focus on how someone killed himself or herself, but rather on how to cope with feelings of sadness, loss, anger, etc.

There is also convincing evidence that exposure to suicide is a significant risk factor for future suicidal behaviors. Estimates show that if a suicide of a student occurred, the chances of another suicide increase as much as 300%. Therefore, many students are at increased risk of suicide following the suicide of a classmate.

It is very important that schools recognize that after suicide, those now more at risk may not know the suicide victim well. They may view their life as parallel and having as many, or even more, problems as they believe the suicide victim had. It is crucial that staff take warning signs of suicide, or reports of suicidal behavior, seriously.

Some sample statements can include:

- ❑ “The cause of ____’s death was suicide. Suicide is most often caused by serious mental disorders like depression, combined with other complications.”
- ❑ “____ was likely struggling with a mental health issue like depression or anxiety, even though it may not have been obvious to other people.”
- ❑ “There are treatments to help people who are having suicidal thoughts.”
- ❑ “Since 80-90 percent of people who die by suicide have a mental disorder at the time of their death, it is likely that ____ suffered from a mental disorder that affected [his/her] feelings, thoughts, and ability to think clearly and solve problems in a better way.”
- ❑ “Mental disorders are not something to be ashamed of, and there are very good treatments to help manage the symptoms.”
- ❑ “The reasons that someone dies by suicide are not simple. Blaming others — or blaming the person who died — does not acknowledge the reality that the person was battling many challenges, likely including mental health challenges.”
- ❑ “It is tragic that he died. Let’s talk about how ____’s death has affected you and ways for you to handle it.”
- ❑ “How can we figure out the best ways to deal with our loss and grief?”

After a Loss - FAQ for Staff



Q: Is there a right way to feel or react when someone at my school dies?

As a member of the staff, you may feel a pressure to “get over it” quickly, so that you can support students or other staff in need. Dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support. This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don’t judge yourself or others for how they feel.

Q: Students are asking a lot of questions. How can I make sure I say the right thing?

It is normal to worry about saying the “right” or “perfect” thing to students who ask questions. It is more important to keep some key principles in mind.

- Be empathetic and kind to students. Try to understand why they are asking.
- Keep the bereaved family and loved ones in mind. Students may be frustrated with limited information, but be firm about what can be shared. Do not engage with rumors and speculation.
- Be honest with students when you don’t have an answer to a question.

Q: How will the school honor the memory of the person who died?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Someone at my school is really struggling. How can I help them?

Being a good listener and getting help are the best things to do when someone is struggling. After a loss in the community, your students and peers may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone. Immediately connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I help a student or a staff member who is struggling?

You are not alone, and you are not expected to handle student or staff concerns alone. Be a good listener and refer individuals who need additional support, or who have questions that you can't answer. If you or someone needs help right away outside of school, call or text the National Suicide and Crisis Lifeline by calling or texting 988, call 911, or take the person to the nearest crisis center or emergency department.

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- **Command Center - [LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member
- **Staff Support Rooms - [LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- **Employee Assistance Program (EAP) - [CONTACT NAME, PHONE NUMBER, EMAIL]**
 - **[DESCRIBE SUPPORT AVAILABLE]**
- **National Suicide & Crisis Lifeline**
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

Cultural Considerations



What is Culture?

Culture can be defined as the integrated pattern of human behavior that includes:

- Thoughts
- Communications
- Languages
- Practices
- Beliefs
- Values
- Customs
- Courtesies
- Rituals/Routines
- Roles
- Relationships
- Expected behavior

Culture encompasses the ways in which people from different backgrounds perceive and interact with the world around them. Culture can influence how people perceive mental health, their help-seeking behaviors, and whom they approach for assistance.

What is Cultural Linguistic Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

How Do I Become Culturally and Linguistically Competent?

Cultural linguistic competency involves understanding cultural patterns and effectively communicating with individuals from diverse cultural backgrounds. It requires not only awareness of one's own cultural lens, but also an appreciation and respect for the

cultural perspectives of others. Respecting cultural differences is crucial in promoting equity and preventing misunderstandings or biases.

- Be respectful
- Be aware of one's own cultural biases
- Listen non-judgmentally
- Focus on the individual's perspective
- Adapt communication styles
- Reflect back what was said to ensure comprehension
- Develop strategies to bridge cultural gaps
- Use inclusive language and create inclusive activities, with consideration for dietary restrictions and religious observances
- Recognize cultural influences on behavior and trusted supports
- Recognize, value, and show interest in other cultures
- Remember that culture is not static; it evolves with societal changes and influences

Practical Applications in Schools

- **Implementing Culturally Responsive Practices:** School administrators should implement culturally responsive teaching practices, promote bilingual education or language support services, and organize cultural competency training for staff. Additionally, involving parents and community members in decision-making processes ensures that diverse perspectives are represented and valued.
- **Continuous Learning and Adaptation:** Maintaining cultural linguistic competency requires ongoing learning and adaptation. School administrators should stay informed about cultural developments and be open to evolving their approaches to meet the changing needs of their communities. This commitment to continuous improvement helps create a more inclusive and supportive educational environment for everyone.
- **Impact on Responses to Suicide:** Views and practices related to suicide vary across cultures. Cultural and/or religious communities may serve as primary support networks for students and families. Some religious traditions require burial within 24 hours of death (Islam, Judaism, etc.), which may impact notifications, responses, and services after a suicide loss. Involving families and their trusted supports, including faith and cultural community leaders, ensures that responses to suicide are respectful and affirming.



STUDENTS & PEERS

It is important for students to learn the warning signs of suicide, as well as the importance of seeking help from adults when they or a friend are at risk of suicide.

THE ROLE OF STUDENTS & PEERS



Students and their peers interact with other students for more time every day than teachers, administrators, and sometimes even parents. A student could be the first to notice that a friend or peer may need help. By telling a trusted adult about their concerns for themselves or a fellow student, students and peers can save lives.

Students need to be aware of the warning signs as it may help them notice and understand what is happening within them or others. If warning signs are found, the student can refer themselves or another student to a staff member in school. Adults in the school will then make sure the student at risk is safely brought to a school mental health professional to be assessed and connected to help.

Effective suicide prevention strategy for Students & Peers covers three key areas:

❖ **PREVENTION** (p. 182 - 186)

- I want to be familiar with the warning signs of suicide. I will go to an adult with any concerns about a friend, peer, or myself.

❖ **INTERVENTION** (p. 182 - 186)

- I want to listen to my peers and seek help from a trusted adult or school mental health professional when I have concerns about a friend, peer, or myself.

❖ **POSTVENTION** (p. 187 - 192)

- I want to respond to a death by suicide in my school community, and support those impacted.

Supporting a Peer At Risk of Suicide



There are warning signs that someone is at risk of suicide, and ways that you can connect them to support.

What are signs that someone is at risk of suicide?

- Talking about wanting to die;
- Isolation behaviors;
- Increased anxiety;
- Substance use/misuse;
- Talking about being a burden or feeling trapped;
- Extreme mood swings;
- Increased anger or rage;
- Expressing hopelessness;
- Talking about being in unbearable pain;
- Sleeping too much or too little;
- Looking unkempt or disheveled;
- Grades dropping;
- Not partaking in activities that once brought them joy;
- Giving away important or meaningful items; and
- Making a plan for suicide by looking for a way to access lethal means (firearms, medications, rope, local tall buildings and bridges, etc.)

What do I do if I see these signs in a peer or within myself?

If you or someone you know shows these signs, be kind, non-judgmental, and direct. Speaking about suicide will not put the thought into someone's head. Oftentimes, the person will feel a sense of relief because they can finally speak about their pain with a trusted person. It can be scary to feel these emotions or to have a friend or peer speak about suicide. Remember, it is not your responsibility to solve these challenges alone. Instead, you can find a trusted adult who can help with these challenges.

Ask direct questions.

- “Are you thinking about killing yourself?” or “Are you thinking about ending your life?” or “Are you thinking about suicide?”

Talk to them in private, and listen to their story. Try to be nonjudgmental, and avoid minimizing their problems or try to solve their problems. Encourage them to connect to help and tell an adult. If the person tells you that they are thinking about suicide, or if you think they are at risk, tell an adult immediately. Do NOT keep concerns about suicide a secret. It is important to take all mention of suicide seriously.

Find a Trusted Adult

A trusted adult can provide comfort, guidance, and support. You are not responsible for helping anyone alone. If there is a concern about suicide, adults at your school can get a student assessed for suicide risk and connected to the most helpful resources.

- **Who Can Be a Trusted Adult?** This could be a parent, family member, teacher, school counselor, coach, faith/cultural leader, or any adult you feel comfortable with and trust.
- **How to Start the Conversation:** It can be as simple as, "I'm going through a tough time/I am worried about someone and I need to talk. Can we chat?"
- **Keep Trying:** Sometimes the first adult you talk to might not be helpful. Don't give up! There are adults who will help. You can go to mental health professionals at your school, or reach out to 988 for help.
- **Keep Yourself Safe:** It is important during these difficult situations to not only ensure the safety of your peer, but yourself as well.

Call, Text, or Chat 988

988 Suicide and Crisis Line provides 24/7, 365 assistance for behavioral health concerns. 988 can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility. 988lifeline.org

Understanding and Discussing Suicide (A Resource for Young Children)



What is Suicide?

Sometimes, people feel so sad, hurt, mad, or scared that they think about ending their own life. This is called suicide. It's a very serious thing and can make us feel confused, sad, angry, or scared. It's important to remember that if someone is feeling this way, they need help from people who care about them.

What to Say to an Adult You Trust

If you or someone you know is feeling very sad and talking about wanting to die, it's very important to tell a trusted adult right away. Trusted adults can be your caregivers, teachers, or school counselors. Here's how you can talk to them:

- **Right Time and Place:** Choose a time when you can talk alone without interruptions, maybe after school or when your caregiver is not busy.
- **Start:** You can say, "I need to talk to you about something important." This lets the adult know you have something serious to talk about.
- **Explain:** You can say, "I heard someone talking about wanting to hurt themselves," or "I'm feeling really sad and thinking about bad things."
- **Be Honest:** It's okay to share your feelings. The adult will want to help you feel better. You can also try writing what you want to share down on paper.

How to Ask Questions About Suicide

You might want to understand more about suicide or how to help a friend. Here's how you can ask questions:

- **Ask Open-Ended Questions:** These are questions that need more than a "yes" or "no" answer. For example, you can ask, "Why do people feel so sad sometimes?" or "What should I do if I hear someone talking about wanting to die?"
- **Be Calm and Kind:** It's important to ask questions in a nice way. You can say, "Can you help me understand why people feel this way?" This shows you care and want to help.
- **Listen Carefully:** When the adult answers your questions, listen carefully to what they say. They might give you important information on how to help.

Remember: It's Not Your Fault

If someone you know is feeling like they want to die, it's not your fault. People feel this way because of many different reasons, and it's important they get help from grown-ups who know how to support them.

Getting Help

If you ever feel really sad or hear someone talking about wanting to hurt themselves, always tell a trusted adult. They can help keep everyone safe and find the right support. You can say, "I'm worried about my friend." or "My friend said something that scared me," or "I need help because I'm feeling really sad."

Talking about feelings, especially very sad ones, can be hard, but it's always okay to ask for help. Grown-ups are there to support you and make sure you feel safe and happy.

Call, Text, or Chat 988

988 Suicide and Crisis Line provides 24/7, 365 assistance for behavioral health concerns. 988 can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility. 988lifeline.org

Navigating the Digital World



Electronic communication, digital tools, and the internet have an impact on all of our lives. Here are some things to consider when navigating the digital world.

As with any set of powerful tools, electronic communication and social media have risks and benefits. It's important to be aware of the risks, so that you can enjoy the benefits! If you see or experience any of the following, connect with a trusted adult immediately:

Online Bullying

- If someone is being harassed, threatened, embarrassed, or targeted on a digital platform, report them on the platform and tell an adult you trust. This can include aggressive or mean comments or messages, or content of a sexual nature posted without a person's consent. Cyberbullying is serious, and bullying online can be punishable by law.

Warning signs of suicide

- You might see warning signs that someone you know is at risk of suicide before anyone else does. If you see someone posting content about feeling hopeless, saying goodbye, or otherwise indicating that they might need help, reach out to them and let an adult know immediately.

Scams or predatory behavior

- If you see content that appears to be a scam, or you see a person behaving in an inappropriate manner online, report them through the platform you are using. You should also alert your peers and trusted adults, if they are impacted by the content. If you accidentally fall for a scam or for predatory behavior online, tell a trusted adult immediately. There's no need to feel ashamed or guilty - with help, you can resolve the issue and secure your personal information.

For more tips about safety online, check out this quick guide:

it.nc.gov/resources/online-safety-privacy/tips-guidance/online-safety-tips-teens

Navigating Grief After A Suicide Loss for Peers



Losing someone to suicide is a challenging and confusing experience. There are ways to understand your feelings, find support, and be there for your friends who are also grieving. Remember, you're not alone, and it's okay to seek help and talk about what you're going through.

Understanding Your Grief & Seeking Support

Grief after the loss of a peer to suicide can feel overwhelming and isolating. Give yourself grace and seek support when you need it.

- **Acknowledge Your Grief:** Grief manifests in many ways, including sadness, anger, guilt, and shock. These feelings are normal. It is okay to feel them. Grieve at your own pace.
- **Lean on Loved Ones:** Share your feelings with loved ones who listen to and support you.
- **Professional Help:** Seeking the help of a mental health professional can offer significant relief and guidance. Use the resources that are available in your school and community.
- **Community and Faith-Based Support:** Cultural and faith communities can provide meaningful support. Consider reaching out to cultural leaders, your place of worship, or faith leaders.
- **Maintain Healthy Routines:** Try to maintain your normal daily routines as much as possible, including regular meals and sleep patterns.

- **Give Yourself Permission:** It is okay to engage in activities you love, and continue living your life. This is not a betrayal of your grief - it is a part of healing.
- **Practice Self-Care:** Engage in activities that make you feel good and relaxed. This could be reading, sports, art, or just hanging out with friends.

Helping Friends After a Suicide Loss in Your Community

The loss of someone to suicide can affect the entire community. Supporting each other can make a significant difference in healing.

- **Be There for Them:** Sometimes, just being there and listening is the most helpful thing you can do.
- **Encourage Memories:** Sharing positive memories about the person who died can be a comforting way to remember them.
- **Stay Connected:** Keep in touch with your friends. A simple message asking how they are can mean a lot.
- **Help Others:** Some find comfort in helping others handle similar losses or by getting involved in suicide prevention efforts. You may find respite in sharing your story, or participating in awareness events in your area.

Moving Forward

Moving forward after a loss doesn't mean forgetting them; it means finding a way to carry their memory with you as you continue your life's journey.

- **Find a New Normal:** Try to find a new normal that includes the memory of the person you lost. Your experience of grief will likely not be linear; you might feel better some days and worse on other days. Lean on the supportive people and resources in your life.
- **Hold onto Hope:** Allow yourself to believe in the possibility of healing and happiness in the future. Your path may not be clear now, but each step forward is a step toward finding peace.

Experiencing a suicide loss is deeply painful, and it's normal to feel a range of emotions. Remember, it's important to talk about your feelings, seek support, and take care of yourself. It is also important to take your feelings and the feelings of others seriously. By supporting each other, we can navigate through this difficult time together. If you or someone you know is struggling, don't hesitate to reach out to a trusted adult for help.

Strategies for Coping After a Loss



It can be difficult to move forward after someone dies. Often, there can be feelings of guilt about having fun or thinking about other things after a loss. Remember, it is healthy for you to engage in activities that will help you feel better.

Simple Coping Strategies

If you would like to do something to remember the person who died, there are many ways you can honor their memory. Ideas may include writing a personal note to the family, attending the memorial service, creating a memory book, or doing something kind for another person in honor of that friend. There are also some simple strategies that can help you feel better.

- ❑ Try some relaxation techniques
 - Take three deep, slow breaths
 - Count up to 10 and back down
 - Picture yourself in a favorite calm and relaxing place
- ❑ Exercise
 - Take a walk or hike in nature
 - Play a sport
 - Try a new physical activity
- ❑ Engage in favorite activities or hobbies
- ❑ Write a list of people you can turn to for support
- ❑ Write a list of things you are looking forward to
- ❑ Talk to others about how they have coped with difficulties in the past, and see if they have any new strategies for you to try

After a Loss - FAQ for Students



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings. Pushing away or dismissing your feelings can lead to deeper issues in the future. Please use the resources available to you and seek support.

Q: Even though I didn't know the person who died very well, I feel upset. Is that normal?

This loss might bring up difficult emotions or reminders of personal experiences, even if you were not close with the person who died. Don't judge yourself or others for how they feel.

When something traumatic happens, it is normal to want more information about what exactly happened and why it happened. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. Rather than fixating on the circumstances of the person's death, try to focus on the person's life and memory. Try to focus not on how someone died, but rather on coping with the loss.

Q: Will knowing more details about the person's death give me closure?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. The school prioritizes the health of the community with regards to memorials, and will work with you to honor the person's memory in ways that are safe and consistent.

Q: How will the school remember the person and honor their memory?

Being a good listener and connecting to an adult who can help are the best things you can do when your friend is struggling. Offering to go with your friend to the counselor's office, or making a phone call for help with them, can really make seeking help easier.

Q: A friend of mine or someone I know is really struggling. How can I help them?

After a loss in the community, your friend and peers may be at higher risk of crisis and suicide.

Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person alone and immediately notify an adult to connect to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Q: What are other signs that someone might need help?

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: Resources are available for you. If you need assistance or support, please reach out.

Points of Contact for Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

The Trevor Project



thetrevorproject.org

Did you know that 41% of LGBTQ+ youth seriously considered attempting suicide in the past year? LGBTQ+ youth are not inherently at higher risk of suicide, but are placed at higher risk because of how they are mistreated and stigmatized.

The Trevor Project is the leading national suicide prevention and crisis intervention nonprofit for LGBTQ+ youth. They provide resources and support for LGBTQ+ youth. The Trevor Project also performs vital LGBTQ+-specific research.

Read their 2023 annual survey here: thetrevorproject.org/survey-2023

The Trevor Project Resources

TrevorLine

The Trevor Lifeline is a nationwide 24/7 crisis and suicide prevention helpline for LGBTQ+ youth in the United States. It is a free and confidential service from trained counselors. Call 1-866-488-7386.

TrevorText

TrevorText is a confidential text messaging service that is available 24/7 by texting 678-678. Text 678-678.

TrevorSpace

TrevorSpace is an affirming, online social community for LGBTQ+ youth (ages 13-24 years old). LGBTQ+ youth can find advice, support groups, and make friends in a moderated online safe space intentionally designed for them. Visit thetrevorproject.org/visit-trevorspace

Trevor Project Resource Page

thetrevorproject.org/resources



CAREGIVERS

Caregivers have a crucial role in suicide prevention for youth. Caregivers must be prepared to address suicide-related concerns when they arise.

THE ROLE OF CAREGIVERS



Caregivers are essential to preventing suicide in schools. Students are in school for only a fraction of their year, while caregivers are with them throughout their lives. A caregiver is well-positioned to notice changes in their child's behavior, and may be one of the first people to notice when their child is in distress or needs help. Caregivers are responsible for connecting their child to appropriate care if their child is at risk of suicide.

Schools and caregivers need to work together to support children and adolescents. For caregivers, schools can provide important insight, and connections to essential resources.

Effective suicide prevention strategy for Caregivers covers three key areas:

❖ **PREVENTION** (p. 195 - 206)

- I want to be familiar with the warning signs of suicide. I will monitor changes in behavior and be open to conversations about mental health.

❖ **INTERVENTION** (p. 195 - 206)

- I want to listen to my child and support them when they are at risk of suicide. I want to connect my child to appropriate help.

❖ **POSTVENTION** (p. 207 - 216)

- I want to respond to a death by suicide in my child's school community, and support those impacted.

Recognizing Suicide Risk At Home



Caregivers have critical roles to play in suicide prevention. Caregivers are often in a position to notice if a young person in their family or community is displaying warning signs of suicide. You can prevent suicide by recognizing when someone is at risk of suicide, securing the home environment, and connecting to help.

What are signs that someone is at risk of suicide?

- Talking about wanting to die;
- Isolation behaviors;
- Increased anxiety;
- Substance use/misuse;
- Talking about being a burden or feeling trapped;
- Extreme mood swings;
- Increased anger or rage;
- Expressing hopelessness;
- Talking about being in unbearable pain;
- Sleeping too much or too little;
- Looking unkempt or disheveled;
- Grades dropping;
- Not partaking in activities that once brought them joy;
- Giving away important or meaningful items; and
- Making a plan for suicide by looking for a way to access lethal means (firearms, medications, rope, local tall buildings and bridges, etc.)

What do I do if I see these signs?

If someone exhibits these signs, approach the situation with sensitivity, directness, and a non-judgmental listening ear. If someone is displaying any warning signs, and they have access to a weapon, medication, or another way to kill themselves (a “lethal mean”) - secure and/or remove the lethal means from the home. It is important to also be aware of your own biases and fears surrounding suicide. Speaking about suicide will not put the thought into someone’s head. Oftentimes, the person will feel a sense of relief because they can finally speak about their pain with a trusted person.

Ask direct questions.

- “Are you thinking about killing yourself?” or “Are you thinking about ending your life?” or “Are you thinking about suicide?”
- “Have you planned how you would kill yourself? What did you plan to use?”

Asking direct questions like “Are you thinking about killing yourself?” in a non-judgmental manner can open a dialogue. It's vital to stay calm, listen attentively and non-judgmentally, offer reassurance, and encourage self/professional help. Immediate risks need to be assessed, and if necessary, contact the 988 Suicide and Crisis Lifeline for support. Seek immediate help from a mental health professional. Following up and ensuring the person's safety in the short term can also be lifesaving.

Call, Text, or Chat 988

988 Suicide and Crisis Line provides 24/7, 365 assistance for behavioral health concerns. 988 can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility. Learn more at 988lifeline.org

Making Home Safer for a Child at Risk of Suicide



If there is a child at risk of suicide in your home, there are steps that you can take to make the environment safer. Securely storing weapons, medications, and toxic chemicals can be lifesaving.

How to Create a Safe Home Environment

A “lethal mean” is something that can be used to kill a person, either themselves or others. “Lethal Means Safety” is an effective practice that makes a suicide attempt method less available or more difficult to access immediately, therefore less likely to cause a fatal suicide attempt.

Even if there is not someone currently at risk of suicide in your home, safely securing and storing “lethal means” in your home can be lifesaving. Do you lock up your medications and firearms? If not, consider obtaining a gun lock and/or medication lock boxes. Local agencies often have free lethal means safety devices to provide, and often host medication take-back events. Putting time and space between someone experiencing suicidal thoughts and their access to lethal means can save lives.

Bear in mind that children often know more than we think they do! If you have a current way of safely storing firearms or medications, consider changing the password or the lock. Do not use the same code for everything, make sure that keys are not accessible, and do not share the information for access.

Tips for General Lethal Means Safety

There are many different types of lethal means, but there are some easy ways to make the environment safer in your home.

Firearms

- Use a gunlock
- Take firearms apart and store in a safe/lockbox
- Store firearms unloaded and separate from ammunition

Medication

- Purchase medication in “blister packs” or in individual packaging
- Throw out expired/unused medication
- Keep medication in a locked or secured location
- Portion out medication and store excess in a secure location

Ligatures (cords, ropes, etc.)

- Use tear-resistant sheets and bedding
- Use and purchase cordless devices
- Remove or safely store rope or cords
- Sharps (knives, blades, etc.)
- Use knife covers
- Keep sharp blades in a secure location
- Remove or substitute for blunter instruments

Chemicals/Poisons

- Purchase non-toxic or safer cleaning products and pesticides
- Store highly toxic or caustic chemicals in a locked/secure location
- Remove or safely store gas canisters
- Check carbon monoxide detectors

Tips for Lethal Means Safety During a Crisis

Remove lethal means from the home completely when someone is in crisis. You can ask a trusted loved one to store the lethal mean(s) for you, until the crisis has resolved.

For medication, you can use the Deterra Drug Deactivation and Disposal System. This system offers a permanent disposal solution for medications. If you have any unused or expired medications, you can use a Deterra bag, put your medications in the bag, mix in water, and follow the instructions. The medicines will be destroyed and you can dispose of the entire bag in your normal trash. For more information, please visit the Deterra System website at deterrasystem.com

For firearms, you can voluntarily store your firearms with trusted members of the firearm-owning community until the crisis has resolved. For more information, please visit the Maryland Safe Storage Map website at mdpgv.org/safestoragemap

Additional tips can be found in the Maryland Department of Health Firearm Safe Storage and Youth Suicide Prevention Guide at health.maryland.gov/pha/Pages/firearm-safety.aspx

Navigating the Digital World for Parents and Caregivers

Digital tools and the internet have an impact on all of our lives. Young people are often quick to adopt new ways of communicating with each other and with the world. Here are some ways to help your child navigate the digital world safely.

Have Supportive Conversations

As with any set of powerful tools, electronic communication and social media have risks and benefits. Have supportive conversations with youth about the digital world.

- **Discuss online activity and safety openly with your child.** Engage your child directly for their perspectives about privacy, safety, and wellbeing online. Open discussion can be more effective than being harsh about limits. Questions to consider asking include:
 - What are the things you like to do online? Do you use it socially? Do you use it for entertainment? Do you enjoy gaming online?
 - What platforms are you using the most? What do you like about them?
 - How do you feel about your screentime? Do you feel like you have enough time to do the things you have to do, or the non-digital things you enjoy?
 - How do you keep yourself safe online? What are some ways I can help?
- **Monitor unusual activity.** If you become aware that your child is looking up information related to harming themselves and/or suicide, or if your child is posting messages online that display warning signs for suicide, ask your child if they are considering suicide. Connect to help as soon as possible.
- **Reassure your child that they can ask you for help.** Assure your child that if they ever feel unsafe or make a mistake online, they can come to you for support.
- **For more about digital safety for your child, visit the Family Digital Wellness Guide** developed by the Boston Children's Hospital and Harvard Medical School at digitalwellnesslab.org/family-digital-wellness-guide

Responding to Online Bullying and Other Risks

According to Maryland criminal statute, maliciously bullying and/or harassing a minor through use of electronic communication that results in physical injury or serious emotional distress is punishable by law. See [Appendix B \(p. 228-235\)](#) for more.

Engage your child in conversations about appropriate behavior online. For tips about safety online, visit the Internet Matters website at internetmatters.org

Helping Someone in Crisis



There are ways to determine if someone is experiencing crisis, and options for how you can connect them effectively to help.

Signs of Crisis

Crisis can look and feel different, depending on the individual. Here are some signs that a person is in need of immediate help.

- Attempts and/or expressing desire to harm or kill oneself or others
- Delusions or hallucination, seeing or hearing things that are not there
- Not sleeping or eating for days
- Extreme agitation, talking rapidly
- Extreme energy or lack of energy
- Rapid mood changes

“Yes, they are currently in crisis.”

Call 911. When you connect to the operator, please give them all of the information you have. You can ask for a Mobile Crisis Response Team or a Crisis Intervention Team to come out to your location with Law Enforcement.

What is a Mobile Crisis Team? Mobile Crisis Response and Stabilization Services (MCRSS) are mobile, face-to-face, home, and community-based interventions that serve children, youth, and families experiencing a mental health or substance-use-related crisis. MCRSS is intended to better serve individuals in crisis, and reduce officer involvement in

behavioral health-related dispatches. The team's composition varies. A Mobile Crisis Response Team usually includes a social worker, a peer, and a clinician.

What is a Crisis Intervention Team (CIT)? The CIT program is an approach to improve the outcomes of behavioral health-related encounters with law enforcement. Through community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. The CIT team is comprised only of law enforcement officers. For some calls, law enforcement is required to come to assess risk to self or others and secure the scene. However, some CIT programs can offer to come in an unmarked vehicle and dress down to reduce anxiety.

“No, they are not currently in crisis.”

Even if the person does not have a plan or access to lethal means, it does not mean they are not at risk for death by suicide. If you are worried about someone, it is still very important to get them into the care they need and want.

You can call, text, or chat 988 to speak with a crisis counselor who can connect you to local mental health resources. 988 offers a Veteran line, a Spanish line, and an ASL line. You can get more information at their website 988lifeline.org.

Please read the “Navigating the Behavioral Health System” section for more information, resources, and options for finding care.

Navigating the Behavioral Health System



Navigating the behavioral health system can be complicated. If you or a loved one needs care, particularly for a suicide-related concern, there are a few key points to consider.

Where Do I Start?

There are many behavioral health provider options that suit different needs. It may take time to find the best provider for your child. Professionals who can help include:

- Medical Doctors, including Pediatricians and Psychiatrists (MD)
- Nurse Practitioner (NP)
- Psychologist (Ph.D. and Psy.D)
- Social Worker (LCSW)
- Counselor (LCPC)
- Marriage and Family Therapist (MFT)
- Crisis Support Specialist
- Peer Specialist

How Do I Find Help?

Your health insurance company will be able to guide you towards a provider that is in your network. In-network providers are typically less expensive than out-of-network providers. If you do not have insurance, you can sign up for Medicaid or low-cost insurance. Your Local Behavioral Health Authority, Core Service Agency, or Local Addiction Authority can also help you find a local provider.

Therapy to Consider

Some therapy modalities have been shown to reduce suicidal ideation and suicidal behavior. Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) are two of the top evidence-based therapy modalities that help with suicidal ideation and suicidal behaviors.

Types of Treatment Options

There are many types of treatment options that fulfill different behavioral health needs. Here are some options to consider.

- **Individual Therapy:** One-on-one therapy between the therapist and the individual seeking help.
- **Family Therapy:** Family members work together under the supervision of a therapist with the main purpose of improving familial relationships.
- **Group Therapy:** A group of people meet to describe and discuss their problems together under the supervision of a therapist.
- **Medication Therapy:** One-on-one consultations with a psychiatrist to discuss how medication can assist, typically in combination with psychotherapy.
- **Targeted Case Management (TCM) Provider:** Supports clients with mental health needs through connections to community partners to achieve life goals. A TCM Case Worker can offer parenting support, school support, and a connection to transportation.
- **Assertive Community Treatment (ACT):** ACT teams serve individuals who have been diagnosed with serious and persistent forms of behavioral health challenges. The team is usually comprised of a clinician and a peer. Promotes independence, rehabilitation, community integration, and recovery.
- **Psychiatric Rehabilitation Services:** Individualized psychiatric rehabilitation services often include attending a day program, as well as a wide range of programs designed to promote independent living skills.
- **Residential Rehabilitation Services (16 years and older):** An adolescent moves into a community that has staff on-site anywhere between 40 hours a week to 24/7. Staff assist with administering medications, and teaching daily living and coping skills.
- **Intensive Outpatient Program:** Structured non-residential psychological treatment program that addresses concerns that do not require detoxification through a combination of group and individual psychotherapy, family counseling, groups, and strategies for encouraging engagement in treatment.
- **Residential Treatment Center:** Provides intensive help for youth with serious behavioral health challenges. Children temporarily live outside of their homes and in a facility where they can be supervised by trained staff 24/7.
- **Behavioral Health Walk-In & Urgent Care Centers:** Non-crisis patients typically receive a mental health evaluation by a Mental Health Clinician or Psychiatric Nurse Practitioner. Patients in crisis will be typically be referred to the emergency department.
- **Hospitals/Emergency Departments:** Emergency stabilization during crisis. It is important to note that wait times and costs can be a limiting factor. Your local hospital may have a crisis counselor or a walk-in crisis wing. Consider looking into these services if you have a child at risk of a crisis.

Additional Services That May Help

Every county in Maryland has different programs available. Your Local Behavioral Health Authority, Core Service Agency, Local Addiction Authority, your doctor, or therapist can guide you to the programs that are available in your county. Below is a list of potential programs to ask about.

- **Maryland Coalition of Families (MCF)** is the first and only statewide nonprofit organization that offers family peer support to people and families who have a loved one experiencing mental health, substance use, or problem gambling challenges. Using their personal experience caring for their own loved one, our Family Peer Support Specialists offer emotional support, resource connection, and systems navigation at no cost.
mdcoalition.org
- **The American Foundation for Suicide Prevention (AFSP)** is a voluntary health organization that advocates for research and education about suicide. The organization's stated mission is to "save lives and bring hope to those affected by suicide".
afsp.org
- **The National Alliance on Mental Illness (NAMI)** is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The NAMI organization operates at the national, state, and local level. NAMI
namimd.org
- **988 Suicide and Crisis Line** provides 24/7, 365 assistance for behavioral health concerns. 988 Suicide and Crisis Line can connect you to local mental health resources near you. You can call, text, or chat 988. 988 also offers multiple language options for accessibility.
988lifeline.org
- **The Maryland Department of Social Services** offers many family-oriented programs.
 - **Family Preservation Services:** Enhances the parent's ability to create a stable and nurturing home environment. They also provide, refer to, and coordinate services needed to achieve or maintain family safety, stability, independence, and unity.
 - **Integrative Therapeutic Family Services:** ITFS provides support services to youth who experience symptoms or behaviors that threaten to disrupt their current placement. ITFS staff work with the families in their homes. Grant-funded services are provided at no cost to the families.
- **MENTOR Maryland (MM):** MM serves children and adolescents who are facing a range of challenges and their families. MM offers services and supports that lead to growth and independence, regardless of the physical, intellectual or behavioral challenges that individuals face.
md-mentor.com
- **Parent CRAFT** is an online video course that teaches parents the skills they need to meet the risks of substance misuse. This course is free for residents of Maryland who want help getting their child to accept substance use treatment.
cadenceonline.com/Maryland

Behavioral Health Treatment – FAQ

Q: How long is a therapy session?

The session length varies depending on what you want, what the behavioral health professional offers, and what costs the insurance will cover. They typically range anywhere from 40 minutes to an hour.

Q: How often will I go to a therapist?

The frequency varies on what you want, what the behavioral health professional suggests for your specific needs, and what costs the insurance company will cover.

Q: How much does therapy cost?

Cost varies widely depending on the provider, your income, and what costs your insurance company will cover. If you only have to pay a co-pay, therapy could be as little as \$20/session. It can be as much as \$240 a session for psychiatry visits. Some professionals offer a sliding scale cost based on income level. It is important to ask for the cost upfront.

Q: How do I set up my first appointment?

Follow these steps:

- Call your mental health provider. Ask them how to prepare for your first appointment. Each provider has their own process.
- Collect any documentation the mental health provider requested. This may be identification, insurance card, past medical history, new client forms, medication and supplement list, etc.
- Consult your insurance company for cost and coverage information
- If you are doing a telehealth appointment, make sure you have the proper program downloaded. It may be useful to test the program with a friend or family member beforehand.
- Before your appointment, it may be helpful to write down notes about your signs and symptoms, and list of questions you may have
- Put it on your calendar! You may want to arrive early to complete paperwork.



First Mental Health Appointment - What to Expect

Preparing for and attending your first mental health appointment can be stressful. The following is a list of what to expect at a typical mental health appointment.

- ❑ Bring a pen and paper, and any documentation that your provider requires.
- ❑ Check in at the front desk. Let them know why you are there and what your name is.
- ❑ Fill out any paperwork they may hand you.
- ❑ Sit down and wait until your name is called.
- ❑ Your first session is typically an intake session. The provider will ask questions about your history to identify the best treatment for you.
- ❑ Once you have completed the intake questions, and therapy has started, it is important to be open, non-judgmental, and take care of yourself. Therapy can heighten emotions and it is natural to feel overwhelmed, or even exhausted. Try to remain open and take it one step at a time. It may take several sessions to feel comfortable. Always advocate for yourself.
- ❑ Ask for assignments, workbooks, and books that you can work through.
- ❑ Therapy works best if you are honest about what is and is not helping. After a few sessions, evaluate if this provider is right for you. If needed, you can find a new provider who may connect with you better.
- ❑ There is hope and recovery is possible! There is no exact timeline on improving your mental health. Try to trust the process and ask for additional support if you need it.



Navigating Grief After Losing a Child to Suicide



The loss of a child to suicide is a profound, deeply personal, and life-altering experience. While everyone's experience is unique, you are not alone on this journey. Here are some steps to consider in moving towards healing.

Understanding Your Grief & Seeking Support

Grief after the loss of a child to suicide can feel overwhelming and isolating. Give yourself grace and seek support when you need it.

- **Acknowledge Your Grief:** Grief manifests in many ways, including sadness, anger, guilt, and shock. These feelings are normal. It is okay to feel them. Grieve at your own pace.
- **Lean on Loved Ones:** Share your feelings with loved ones who listen to and support you.
- **Join a Support Group:** Consider joining a group for those who have lost a child to suicide. Sharing your experience with others who understand can be healing.
- **Professional Help:** Seeking the help of a mental health professional who specializes in grief counseling can offer significant relief and guidance.
- **Maintain Healthy Routines:** Try to maintain your normal daily routines as much as possible, including regular meals and sleep patterns.
- **Give Yourself Permission:** It is okay and healthy to engage in activities you love, and continue living your life. This is not a betrayal of your grief - it is a part of healing.

Memorializing Your Child & Communicating with Family

Communicating with family members who are also grieving can be challenging, especially while you are still healing. Finding a way to remember and honor your child can be a meaningful part of the healing process for you and for your family.

- **Maintain Your Boundaries:** Family members who are grieving may struggle to say the right thing, or may have questions or ideas that are upsetting. It is okay to say no and to be firm about what you are able to do as you grieve.
- **Open Dialogue:** Encourage open discussions about memories of the person who passed away within the family. Being able to share happy memories of the person can be healing. Be honest about what happened, using age-appropriate explanations if children have questions.
- **Create a Memory Box:** Fill a box with mementos, photos, and other items that remind you of your child.
- **Plant a Tree or Garden:** Creating a living memorial can offer a sense of ongoing connection.
- **Celebrate Their Life:** Hold a memorial service or gather with loved ones on important dates to celebrate and remember your child's life and legacy.

Memorializing Your Child & Communicating with Schools

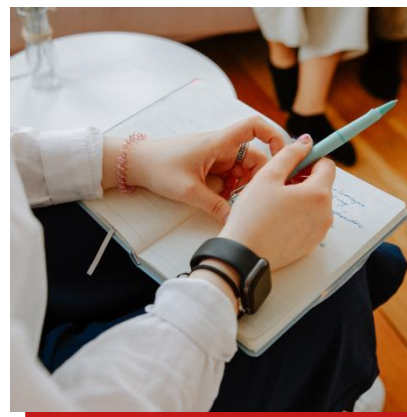
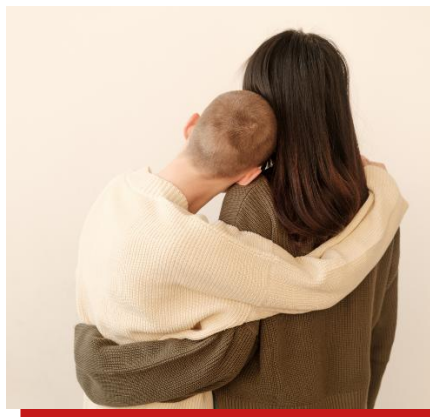
Communicating with the school system can also be challenging, especially while you are still healing. It is important to contact them and let them know your bereavement plan and let them know how you would like information to be shared. This can be done even if the suicide loss is during the summer months.

Moving Forward

Moving forward after the loss of a child to suicide doesn't mean forgetting them; it means finding a way to carry their memory with you as you continue your life's journey.

- **Find a New Normal:** Try to find a new normal that includes the memory of your child. Your experience of grief will likely not be linear; you might feel better some days and worse on other days. Lean on the supportive people and resources in your life.
- **Help Others:** Some find comfort in helping others handle similar losses or by getting involved in suicide prevention efforts. You may find respite in sharing your story, or participating in awareness events in your area.
- **Hold onto Hope:** Allow yourself to believe in the possibility of healing and happiness in the future. Your path may not be clear now, but each step forward is a step toward finding peace.

Losing a Child to Suicide – Resources



The loss of a child to suicide is a heart-wrenching experience. Remember, you are not alone in your grief. There are resources available to support you.

- **Support Groups:** Grieving a suicide loss can be complex and difficult. Participating in support groups with other suicide loss survivors can give you a place to be honest about your feelings, and feel less alone in the experience of grieving. Support groups can increase well-being and decrease the negative effects of traumatic grief.
 - **American Foundation for Suicide Prevention (AFSP)**
 - In-person and virtual suicide loss support group locator
 - afsp.org/find-a-support-group
 - **Suicide Awareness Voices of Education (SAVE)**
 - In-person and virtual suicide loss support group locator
 - save.org/our-work/bereavement
 - **Alliance of Hope**
 - Online healing support group for suicide loss, forum available 24/7
 - allianceofhope.org/find-support
- **Books and Literature:** Seek out books written by other suicide loss survivors. They can offer personal insights and coping strategies. The American Foundation for Suicide Prevention (AFSP) has a book list that may be helpful.
 - afsp.org/books-for-loss-survivors
- **Online Resources:** Websites and online forums dedicated to suicide loss can provide ongoing support and information.
 - Maryland Grief and Loss Resources
 - health.maryland.gov/bha/Pages/Grief-and-Loss-Resources.aspx

Supporting Each Other After a Suicide Loss in the Community



The impact of a child's suicide within a community is profound. After a loss, it is important that community members support each other and work together toward healing.

Recognize the Impact & Offer Support

A child's suicide can leave a community in shock, grappling with grief, confusion, and unanswered questions. Offering and seeking support within the community can foster a sense of solidarity and collective healing.

- **Acknowledge the Loss:** It's important for the community to come together and acknowledge the loss openly and compassionately.
- **Understand Varied Reactions:** Recognize that individuals within the community will react differently. Patience and understanding are crucial.
- **Be There for Each Other:** Simple acts of kindness can mean a lot. You can ask others how they would like to receive support.
- **Organize Support Groups:** Community centers, schools, and places of worship can organize support groups for those affected by the loss.
- **Encourage Professional Help:** Promote the use of professional grief counseling and mental health services within the community. Share resources and information.

Communicate with Children & Teens

Children and teens may struggle to process the suicide of a peer. It's vital to communicate with them openly and provide the support they need.

- **Open Lines of Communication:** Encourage children and teens to express their feelings and ask questions. Offer clear, concise, and truthful information about suicide, tailored to their age and understanding. Be available to listen to their thoughts without judgment.
- **Maintain Routines:** Keeping to a regular schedule can provide a sense of stability and normalcy.
- **Monitor Media Consumption:** Be mindful of exposure to media reports and social media discussions to ensure that content is appropriate.
- **School Involvement:** Schools can provide resources, counseling, and assemblies to address the loss and offer support.

Foster a Supportive Environment

Creating a community culture that promotes mental health awareness and open dialogue can promote healing.

- **Build Mental Health Awareness:** Coordinate and/or participate in awareness and training events on mental health, suicide prevention, and grief.
- **Promote Inclusivity:** Ensure that all members of the community feel welcome and included, regardless of their direct connection to the loss.
- **Support Families Directly Affected:** Provide practical support to the families impacted by the loss. This can include meals, chores, or simply being there to listen. It is best to ask the family how to best support them during this difficult time.
- **Open Conversations:** Encourage open, honest, and age-appropriate discussions about suicide and grief. This can reduce stigma and promote healing.
- **Respect Privacy:** While it's important to offer support, also respect the privacy and wishes of the bereaved family. Follow their lead on how much they wish to share.
- **Engage in Community Projects:** Initiatives that promote mental health, support local youth, or enhance communal spaces can foster a sense of purpose and togetherness.
- **Commit to Ongoing Support:** The journey of healing is ongoing. Commit as a community to continue supporting each other, promoting mental health, and remembering those lost.

After a Loss - FAQ for Parents



Q: Is there a right way to feel or react when someone at my school dies?

There's no "right" or "correct" way to feel. When someone passes away unexpectedly, there can be feelings of sadness, anger, confusion, shock, numbness, and more. The most important thing is to acknowledge your feelings and your child's feelings. Dismissing feelings can lead to deeper issues in the future. Bear in mind that this loss might bring up difficult emotions or reminders of personal experiences for your child, even if they were not close with the person who died.

Q: Will the school share more information about the person's death?

When something traumatic happens, it is normal to want more information about what happened and why. However, our community has a responsibility to respect the family who lost a loved one. The information shared with you is what the family is comfortable sharing. Rumors and speculation about why the person died can be really hurtful, especially for their family and their loved ones. We encourage students to focus on the person's life and memory and coping with the loss.

Q: What are signs that my child may be struggling and may need more help?

After a loss in the community, students may be at higher risk of crisis and suicide. Some signs indicate a person is at IMMEDIATE risk of suicide. If these signs are observed, do not leave the person unsupervised and immediately connect them to help:

- Talking about wanting to die or suicide
- Expressing hopelessness about the future
- Talking about feeling unbearably overwhelmed, trapped or in unbearable pain
- Looking for ways or making plans to die, such as obtaining access to a gun or medications; researching suicide online

Other worrisome changes in behavior can be a sign that someone may be in distress and at risk of suicide. Refer individuals who display these signs to support:

- Changes in sleep (increased or decreased sleeping, difficulty falling asleep, etc.)
- Dramatic changes in eating or appetite
- Increasing the use of alcohol or drugs
- Engaging in non-suicidal self-injury
- Withdrawing or isolating self
- Acting anxious or agitated, or behaving recklessly

- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings
- Talking about being a burden to others

Q: How can I support my child?

It is normal to worry about saying the “right” or “perfect” thing after a loss. It is more important to keep some key principles in mind.

- Be empathetic and kind to your child. Try to understand their reactions.
- Be honest with your child when you don’t have an answer to a question.
- Reach out for support. You can reach out to the school for support services during school hours. If you or your child are in crisis and need support outside of school - please call, text, or chat 988 (National Suicide & Crisis Lifeline)

Q: How can I support the grieving family and the school?

The school will share information about memorialization services when they are available, if they are open to students and staff to attend. If your child wishes to attend services, we ask that at least one parent and/or trusted adult attends with them. The school prioritizes the health of the community with regards to memorials, and will work with students and staff to honor the person’s memory in ways that are safe and consistent.

Q: Resources are available for you and your child. If you need assistance or support, please reach out.

Points of Contact for Questions or Concerns

- **[Lead Administrator] - [NAME, PHONE NUMBER]**
- **[Deputy Coordinator] - [NAME, PHONE NUMBER]**
- Command Center - **[LOCATION, PHONE NUMBER]**
 - Central location for loss response, always staffed with a trained School Mental Health Team Member

Points of Contact for Student Support

- Student Support Rooms - **[LOCATIONS]**
 - Private room to decompress or talk to a mental health professional alone/with peer
- Student Small Groups - **[LOCATIONS, SCHEDULE]**
 - Small discussion groups facilitated by a trained professional, where you can express your feelings and get support with a group of peers
- National Suicide & Crisis Lifeline
 - If you are in crisis and need support outside of school - please call, text, or chat online with 988 (National Suicide & Crisis Lifeline) at 988lifeline.org

The Trevor Project



thetrevorproject.org

Did you know that 41% of LGBTQ+ youth seriously considered attempting suicide in the past year? LGBTQ+ youth are not inherently at higher risk of suicide, but are placed at higher risk because of how they are mistreated and stigmatized.

The Trevor Project is the leading national suicide prevention and crisis intervention nonprofit for LGBTQ+ youth. They provide resources and support for LGBTQ+ youth. The Trevor Project also performs vital LGBTQ+-specific research.

Read their 2023 annual survey here: thetrevorproject.org/survey-2023

The Trevor Project Resources

TrevorLine

The Trevor Lifeline is a nationwide 24/7 crisis and suicide prevention helpline for LGBTQ+ youth in the United States. It is a free and confidential service from trained counselors. Call 1-866-488-7386.

TrevorText

TrevorText is a confidential text messaging service that is available 24/7 by texting 678-678. Text 678-678.

TrevorSpace

TrevorSpace is an affirming, online social community for LGBTQ+ youth (ages 13-24 years old). LGBTQ+ youth can find advice, support groups, and make friends in a moderated online safe space intentionally designed for them. Visit thetrevorproject.org/visit-trevorspace

Trevor Project Resource Page

thetrevorproject.org/resources

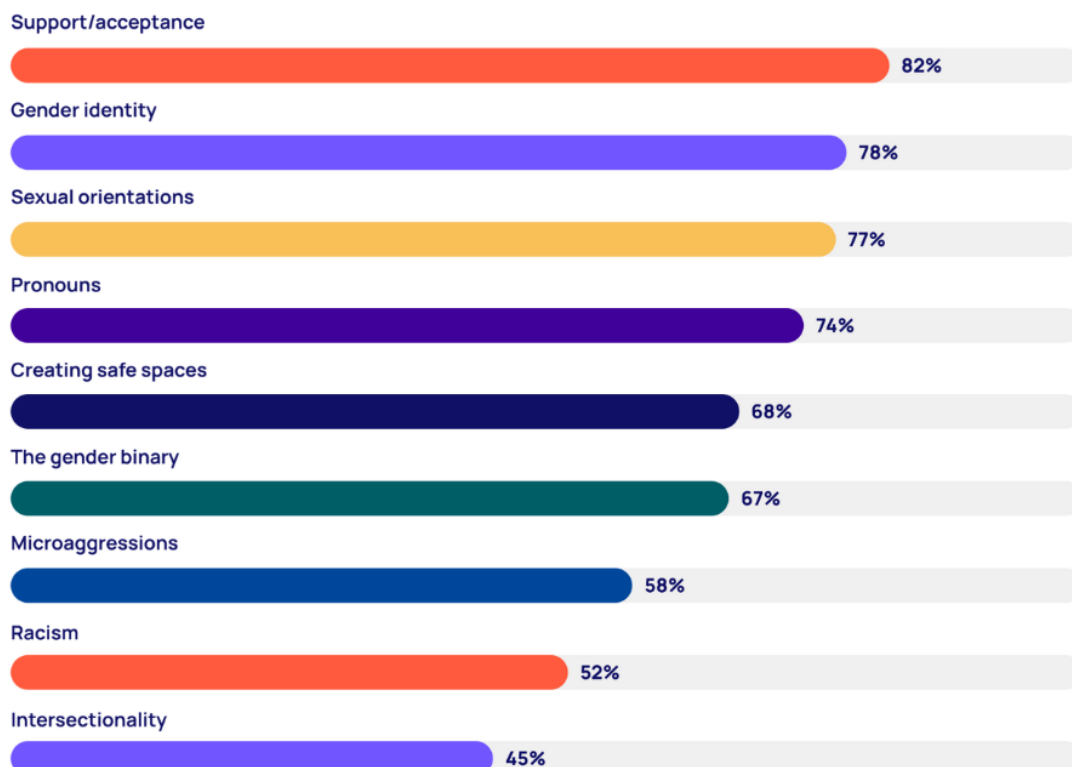
Supporting LGBTQ+ Young People in Maryland

Tragically, 43% of LGBTQ+ youth in Maryland seriously considered suicide in the past year, including nearly half of transgender and nonbinary youth. However, research consistently finds that LGBTQ+ youth who live in accepting communities and feel high social support from family and friends report significantly lower rates of attempting suicide.

What makes a space affirming for LGBTQ young people in Maryland?: In their own words

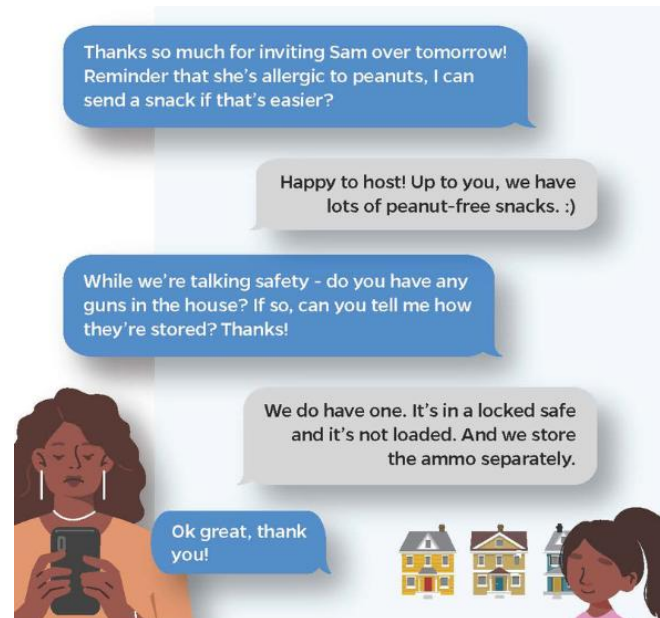
- ☐ Out LGBTQ people in places of power
- ☐ The employees have pronoun pins
- ☐ LGBTQ programs or safe spaces
- ☐ Publicly states support for the LGBTQ community
- ☐ Visible support of the LGBTQ community
- ☐ Advocate for LGBTQ rights
- ☐ If I feel safe there
- ☐ They treat me the same as everyone else

LGBTQ young people reported that the following LGBTQ topics would be helpful for the people in their lives to know more about:



How to Talk to Other Parents about Guns in the Home

The Johns Hopkins Center for Gun Violence Solutions provides guidance about talking to other parents about firearms. Asking about firearm storage may feel awkward at first, but it's just as important as other safety topics we're used to talking about, like allergies and pets. Keeping guns unloaded and locked up prevents unauthorized users – including children – from accessing and then being injured by firearms.



Safe & Secure Gun Storage Reduces Injury

- **1 in 3** children in the US lives in a home with a gun
- **55%** of gun owners with children in the home do not practice safe firearm storage
- **Around 82%** of adolescent firearm suicides involve a gun belonging to a family member

Important Questions You Can Ask

- Do you have any guns in your home?
- How are they stored? Are they unloaded and locked up in a gun safe or lock box?
- Is ammunition stored separately?
- Are they stored in an area where kids don't have general access?
- What are your rules for accessing guns without supervision?

If You Don't Feel Comfortable Based on their Answers

- Offer to host the playdate at your house instead
- Suggest a destination for the get-together like a park or the movies
- Remember that it's ok to postpone or cancel

Learn more at the Johns Hopkins Bloomberg School of Public Health's Center for Gun Violence Solutions at publichealth.jhu.edu/gun-violence-solutions



APPENDICES

A Conversation with **Dr. Scott Poland**

Dr. Scott Poland has decades of experience in suicide prevention, and has worked with schools all over the world. He worked in schools as a psychologist and a director of psychological services for twenty-six years. He has also provided on-site assistance for schools in the aftermath of a suicide. In this conversation, Dr. Poland has answered some frequently asked questions as a survivor of the suicide of his father, and as a leading expert in school suicide prevention.

At what age should we begin talking to our students about suicide?

It's a challenge to figure out when to talk to a young person about suicide, both in our homes and in our schools. We need to tell the truth when we have lost a loved one to suicide. Upper elementary school counselors across this country have emphasized that even 4th and 5th graders often have expressed suicidal thoughts. However, most suicide prevention programs are middle school and high school programs. One program at the elementary level is the PAX Good Behavior Game (GBG), which focuses on appropriate behavior and social skills (not specifically on suicide prevention), but it has demonstrated promising results for suicide prevention. I think 988, the national crisis helpline, must be shared with all elementary students. I believe strongly that we must get across to elementary students that if something doesn't feel right, they need to get adult help. There is one elementary classroom program that uses direct language about depression and suicide with students. The program *Riding the Waves* is for 5th graders and several schools that I have consulted with are pleased with the program. More information is available at www.crisisconnections.org

How can schools/parents help students develop coping skills?

The modeling that adults do in our families is very important to help our children bounce back from adversity. What is resiliency? Resiliency is learned. Skills that support resiliency need to be emphasized beginning at the elementary school level through activities. Schools should highlight successful people who overcame obstacles in their lives. Parents often wrestle with how much they should share with their children about their own challenges and mistakes. As a parent, you will be in the best position to determine when to share. For example, my own children know that I was kicked out of school. I shared with them in the hope that they would not repeat my poor scholarship in their early days of college, and none did. The most important thing is the following: the worth of our children or a student at school should never be in question, nor should our love for them ever be questioned. This means that we need to be very careful in moments of anger and frustration. We should clearly state, "I am disappointed in your misbehavior. However, my love and appreciation for you as a person is never in question. But there will be a consequence." This

means that calling a child “stupid” and yelling at them should never take place. Only statements such as, “What can you learn from this? How can you do something to make this right?”

What are some factors that contribute to stress for teenagers?

The research is very clear that unfortunately, many adolescents are not getting enough sleep. Many secondary schools in this country start too early. The national recommendation is that no secondary school starts before 8:30 in the morning. Another factor that contributes significantly to teenagers’ sleep deprivation is their technological devices. National research has estimated that as many as 1/3 of teenagers wake in the middle of the night to check to see what might have been posted about them. Taking charge of technology is something parents must do to ensure that their child is getting adequate sleep. Inadequate sleep is connected to anxiety, frustration, hopelessness, and depression for young people.

Anxiety may also be the result of academic demands and pressure on young people. College admissions have gotten more competitive. This has added much pressure on young people. The sentiment that needs to be echoed by staff and parents is that not everything is going to work out perfectly, but there are always options available.

The school district in Palo Alto, California that I worked with really wrestled with whether they should have “zero hour”. I worked with this district to implement suicide prevention strategies. I was told “zero hour” was an opportunity to go to school an hour before everyone else and take an extra AP class. My advice was to do away with “zero hour”, therefore lessening some of the academic pressure on students. Initially, the district eliminated it. However, “zero hour” was eventually re-implemented because some parents wanted students to be able to get an extra AP class into their schedule. The conversation about “zero hour” is symbolic of the challenges around extremely high academic expectation. Schools should consider implementing more flexible homework practices and keeping track of how much afterschool work is being demanded of students. It’s important to look at total well-being of our students and I recommend, when possible, to lessen the academic pressure.

My child is stressed a lot. How can I tell if this is “normal” stress or a mental health concern?

Anxiety, depression, and other mental health challenges can be impacted by many factors, and one of those things is stress. For school staff and parents, keep an eye on changes in behavior or concerning patterns of getting “stressed out.” Consistent stress can contribute to longterm mental health challenges for children. For parents, perhaps your child is so anxious about a test in their class tomorrow and you noted they didn’t eat well or sleep well, or they were up all night studying for the exam. Or perhaps they are telling you they can’t go to school today because they are not ready for that important test. If this happens once, this may be a “normal” level of stress. If there is a consistent pattern of these behaviors, please don’t hesitate to get professional help for your child and share concerns about academic expectations with your child’s school administration.

How does bullying impact suicide in later years?

I do want to emphasize that the literature indicates we have underestimated the impact of being a bullying victim. Bullying victims may be affected for decades, and the role of schools and parents is very important to be able to reduce and eliminate bullying. There is a strong

association between bullying and suicide. It is almost impossible to rule out all the other contributing factors to a youth suicide, but it would also be impossible for us to say that being a bullying victim did not contribute to the death by suicide. My strongest hope is that schools have suicide and bullying prevention programs. Staff should not hesitate to ask a student known to be a victim of bullying if they are having thoughts of suicide, and referring the student to help as soon as possible.

Do students who engage in repetitive self-injury (i.e. cutting, burning) ever become suicidal?

Non-suicidal self-injury (NSSI) is a coping mechanism as a way of regulating emotions and releasing endorphins to feel better. The literature emphasizes that engaging in NSSI is a way of acquiring the capability of suicide as students become comfortable with harming their bodies. In many of the NSSI cases that I know well, a suicide attempt uncovered a long pattern of a student's cutting behavior. A review of the literature says we should keep these things in mind when trying to determine which students engaging in NSSI might ultimately make a suicide attempt. Have they engaged in self-injury over an extended period? Have they utilized multiple methods to self-injure? Do they experience a little pain when they self-injure themselves? Do they disassociate when engaging in self-injury? I believe it's very important when we know a student is engaging in NSSI to ask them directly about suicidal thoughts, plans, and actions.

What are the best suicide prevention apps?

A few that came to mind immediately:

- BeTheITo – website that outlines five steps to help someone in a crisis.
- Virtual Hope Box - multi-media coping skill application designed for individuals struggling with depression. It has four main sections distractions, inspirations, relaxation, and coping skills.
- My3 – application that provides a support system, safety plan, and mental health resources for an individual to use in a time of need.
- A Friend Asks – application from the Jason Foundation stresses that suicide can be prevented and the importance of getting adult help.

How much attention should the school pay to student writing and art about suicide?

The first suicide that I responded to in a school was nearly 40 years ago and the teacher showed me two suicidal poems written by the suicide victim. I know that the teacher wishes all these years later that she had sat down with the student, asked if these were her thoughts, and helped the student connect to help. The suicidal writing in the student's class journal and failure to notify his parents were the key issues in the lawsuit, *Brooks V. Logan* (1997) that was decided by the Idaho Supreme Court for the district after a student suicide. I strongly recommend that if a student is writing about suicide, school referral procedures need to be followed, an initial school suicide assessment conducted, and parents notified.

What communication should take place within the school when a student is suspected of being suicidal?

School personnel must communicate with each other whenever a student is suspected of being suicidal. This communication is designed to increase the circle of care around the student. I was called in after the tragic suicide of a student who died by suicide at school, in one case. The school nurse stated in her deposition that if someone had told the nurse that the student was known to be suicidal, the nurse would've never let the student go into the clinic bathroom where the nurse could not unlock the door. Hopefully, there will be no more tragedies like that in our schools. I believe it's important to share information with teachers when a student is suspected of being suicidal so they can be alert for warning signs.

What if a parent tells me that I can't speak to their child about suicide?

This scenario has occurred most often when a parent is angry about being notified that their child is suicidal. The school principal needs to be consulted. The school policy should be that the school counselor can and will talk to any student anytime we suspect them to be suicidal, and that parents will be notified after the initial suicide assessment was done by the counselor.

I find it very difficult to discuss gun ownership with parents even though I am aware that their child is suicidal. How do I approach this?

It is critical that everyone knows that perhaps the single greatest suicide prevention strategy is to reduce access to lethal means for a student. I acknowledge this is a sensitive issue and would approach it directly by stating to parents, "I know that your child and their safety is very important to you as a parent. Your child has mentioned the availability of a gun in your home. Is it possible to ensure that the gun is safely stored, and removed from the home while your child is in crisis?" Consider additional training. Counseling on Access to Lethal Means training (CALM) is available free at www.sprc.org.

How can we engage parents who are in denial or who don't want to talk about youth suicide in our community?

The topic of suicide is a very difficult one. In my career, I have found many parents, school leaders, and even personal friends and colleagues are very reluctant to talk about suicide. Many people believe the myth that if we talk about suicide with someone who we are worried about, we will plant the idea of suicide in a person's mind. Nothing could be further from the truth. Asking the question can open up a life-saving conversation.

If you are aware of a family in your community that is very hesitant to talk about suicide, then the best way to open that conversation is through listening. Begin with a simple question like, "I'm sorry that a suicide has affected your family. How can I help?" Just asking and listening can be powerful. The greatest problem we have that limits suicide prevention is the misinformation and the myths surrounding this subject, and our reluctance to talk about it.

As a counselor, should I tell the parents of an 18-year-old student that he or she is suspected of being suicidal?

I believe strongly that the parents of any high school student regardless of their age should be notified of suspected suicidal behavior. I have never known of an 18-year-old who provided all

their own support such as filing tax returns and earning the income for their housing and welfare. I recommend that if an 18-year-old is suspected of being suicidal that their parents be notified. In an emergency, everybody who needs to know should be notified for the safety and welfare of all concerned. FERPA and related regulations support this stance.

As a counselor in an elementary school, I am experiencing more and more fourth and fifth-grade students making suicidal statements. How seriously should I take these statements?

The short answer is yes, take it seriously every single time, ask the student direct questions about suicidal thoughts actions, and plans, and notify their parents each time. I recognize this is time-consuming and frustrating. However, there is national research indicating that suicide rates have increased for young children and it is important to take the risk seriously.

How do I assess suicidal ideation and plans with young children?

There is much concern about how to phrase questions about suicidal thoughts and plans with primary elementary-age children. Please utilize all your understanding of the developmental level of the child and your skills. A few phrases that may be helpful to ask the child, "Have you thought about going away and never coming back? Have you thought you don't want to be here anymore? Have you done anything/thought about doing anything that would hurt you?"

When should children be told the truth that a death was suicide?

It is very important not to lie to children, and to tell them the truth in developmentally appropriate language. I have met several students in my career who found out years later about the suicide of their favorite aunt, for example. I told my son at age 8 about the suicide of the grandfather that he would never meet. My son said that I lied to him as I had told him that my father had suffered a heart attack. I responded that I did not lie as he had a heart attack a few weeks before his suicide. I was waiting until I thought he was old enough to understand the word suicide and I wanted him to hear the complete story from me not from someone else.

What are the most common questions that students ask in the aftermath of a suicide?

- Students always want to know why the suicide occurred, and it is important for the school psychologist to emphasize, "Only the person who died knows why. We will never have all the answers, which is why it is so hard to grieve."
- Students often asked directly about the method that was used for suicide. We have found it best to simply acknowledge the method (if it is already known) but not to dwell on any graphic details. Always focus the conversation back to helping students.
- Students also often ask why God did not stop him or her. We do not claim to be religious experts; however, numerous members of the clergy have stated, "Unfortunately, God could not stop him or her, but God has embraced them in whatever afterlife you believe in. But God is sad that they did not stay on this earth and do God's work over their natural lifetime." We like this approach because it emphasizes that the victim has been embraced but was not chosen at a young age to die.

How can schools help survivors of suicide?

Supporting students who have lost a friend or a loved one to suicide is very challenging. The support that the affected student needs is often beyond what the school can provide. It is important that schools refer affected students to practitioners skilled in supporting families impacted by suicide. Survivor groups where everyone attending lost a loved one to suicide have provided the most support to suicide survivors. Many survivors have told me that when they went to a general loss group they felt out of place when they shared that their loved one died by suicide, not in an accident or from cancer. A few major cities have suicide survivor groups for teens. Schools need to know the best support for survivors available in the community, and personnel such as school counselors should check frequently on the student affected by a suicide and their parents. Schools should also reach out to affected students and families prior to key milestone events (anniversary date for death, birthdays, anticipated graduation date, etc.).

How much screen time is okay for my child and is social media affecting the mental health of our youth?

There's increasing national concern that extensive screen time, especially for adolescents is impacting their mental health and increases both anxiety and depression. We have national recommendations that all children over the age of eight be screened for anxiety and that all children twelve to eighteen be screened for depression and suicide. The U. S. Surgeon General released an advisory recently about children and social media. The advisory emphasized that social media is wreaking havoc with their lives and is causing them to think they're not smart enough, rich enough, nor good enough. It is thought that girls are more affected by social media than boys. There's a striking difference between the recommended daily screen time limits for children and adolescents from medical associations and the reality of the amount of time they spend on screens. The term screen time is used to encompass all technology devices and television. The leading medical associations have all stressed no more than one hour a day for a child under the age of 5 (five) and no more than 2 (two) hours a day for adolescents. One rule of thumb that I have shared with parents is 10 minutes per year of age, thus a 16 year-old could have a screen time limit of 160 minutes daily and a seven-year-old would have screen time of 70 minutes.

I gave a talk to parents recently about the challenge of raising children today. I shared with them that surveys of adolescents have indicated that they're online for seven or more hours a day and some reported being online almost constantly. Parents are asking what can be done about this. There is no simple answer but with smaller children, parents are strongly encouraged to limit their overall screen time. I've become a big fan of an organization called Wait Until 8th. More information is available at www.waituntil8th.org

The organization recommends no smartphones until eighth grade and it connects like-minded parents so they will not feel like they're the only parent taking a stand against smartphones. Students in grades below 8th should either have a flip phone or a watch that allows them to make a few calls. I recommend to parents that they should navigate social media with their child, the same way that they approach teaching their child to drive. They need to sit side-by-side with them as they initially begin to navigate social media much like initial driving lessons. Many states have driving laws that reduce the hours and provide numerous safeguards for young drivers, and the analogy is very apt for a child learning to navigate social media.

Technology for children should be viewed as a privilege and not right with parents always knowing passwords and reviewing their child's time on screens and their social media posts. There are numerous researchers that stressed over the last few decades, we went from a play-based childhood to a phone-based childhood and I think unfortunately they are correct. Most adolescents have a smart phone and exceed the recommended screen time for their age per day. The question is what could the parent and adolescent do together to move in the direction of reducing their child's screen time.

My suggestions are really twofold. It's very important that the parents model not letting technology consume their own lives. Secondly, it's important to have discussions with their child and gently ask, "do you ever feel like you're missing out on anything that you want to do because of all your time on screens?" I've asked that question to adolescents and often got the responses of not getting enough sleep, or reduced exercising or not spending enough time face-to-face in the same room with friends. We can help children and adolescents be more mindful and more intentional on how they use their technology devices and to set a goal of reducing their screen time.

You have stressed the need for parents to pay a lot more attention to the amount of daily screen time for their children, but what if anything can schools do?

I have very specific suggestions for schools as they can help parents navigate this challenge by providing them information about the impact of technology on children. This could be done by providing parents information from the U. S. Surgeon General's advisory through presentations in-person or virtually and articles and suggestions in school newsletters. Schools could also utilize parent associations such as the PTA to get out basic information. All school mental health professionals should be aware of the U. S. Surgeon General's advisory and the organization Wait Until Eighth. I have one more very specific recommendation and that is every October there are student and parent teacher conferences in every school. Those conferences primarily have focused on academics and student behavior. After those two areas have been thoroughly discussed the classroom teacher should ask, "would you mind if we talk about the amount of daily screen time for your child?" Some parents might immediately state they do not want to talk about screen time but the majority of parents would respond indicating some worry about screen time and seek advice. This would give the teacher the opportunity to share the recommendation of daily no more than ten minutes per year of the age for their child.

Is a face-to-face conversation required after a death by suicide?

Face-to-face contact with the family that lost their child to suicide is either preferred or strongly recommended. I emphasize this because I've had good luck when I sit down with the family first of all to provide support to the family and surviving siblings, but also to help them understand that if we can share the fact that the cause of death was suicide this opens it up for us to talk about suicide prevention.

Appendix A:

Training & Education

Training for School Mental Health Professionals

For license renewal, school counselors are required to take courses that include youth suicide prevention information. School mental health professionals may also wish to supplement their knowledge with additional training.

Maryland State Department of Education (MSDE) – School Counselor Renewal Requirements

MSDE page that outlines license renewal requirements and provides some training recommendations.

marylandpublicschools.org/about/Pages/DEE/Certification/School-Counselor-Renewal-Course-Options.aspx

Maryland School Counselor Association

Professional association that provides resources, including training opportunities, for counselors.

mscaonline.org

CAMS-Care and CAMS-4Teens

Organization that provides training and certification in the Collaborative Assessment and Management of Suicidality (CAMS) framework. CAMS is an evidence-based assessment and treatment model. CAMS-4Teens is a specialized pathway for working with younger patients.

cams-care.com

Question, Persuade, Refer (QPR) for School Health Professionals

Interactive course that teaches school health professionals how to detect, screen and refer youth at risk of suicide.

qprinstitute.com/qpr-for-school-health-professionals

Using the Columbia Protocol (C-SSRS) Training Options

Interactive module, webinar, and/or live training offerings through The Columbia Light House Project about using the C-SSRS screening tool for suicide prevention.

cssrs.columbia.edu/training/training-options

Counseling on Access to Lethal Means (CALM) – Online Course

Virtual self-paced module available for free through the ZERO Suicide Institute.

zerosuicidetraining.edc.org

Training for School Staff & School Community

School staff are required to receive annual training in suicide prevention. There are many evidence-based training offerings that can fulfil or supplement this requirement. Many of these organizations also provide general education trainings that can be made available to parents/caregivers and the wider community.

Youth Mental Health First Aid – National Council for Mental Wellbeing

A training designed to teach adults who work with youth how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.

mentalhealthfirstaid.org

More Than Sad – American Foundation for Suicide Prevention

An approximately 120-minute program that teaches educators to recognize signs of mental health distress in students and refer them for help.

afsp.org/more-than-sad

Question, Persuade, Refer – QPR Institute

QPR teaches participants how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

qprinstitute.com

Signs of Suicide (SOS) for School Staff – MindWise Innovations

Uses video and interactive tools to teach adults how to recognize warning signs and risk factors for suicide; engage in appropriate, caring conversations; and keep a student safe, while connecting them to qualified school staff.

mindwise.org/school-staff

Start, safeTALK, & ASIST – LivingWorks

LivingWorks provides a variety of training options for suicide prevention, ranging from recognizing warning signs to applied intervention skills training.

livingworks.net/who-we-train/education-youth

Mental Health Education and Support Groups – NAMI Maryland

NAMI Maryland provides community and peer education opportunities that focus on mental health. NAMI Ending the Silence is specifically designed for middle schools and high schools.

namimd.org

Training for Students & Youth

Emerging research points to the positive impact of universal training for youth suicide prevention. Creating a culture of support and “helping friends” among peers in a school can help to promote mental wellbeing and prevent suicide. Prior to implementing any peer training programs, it is essential to ensure that policy is in place for referrals and that adults in the school are trained.

Teen Mental Health First Aid – National Council for Mental Wellbeing

Training program that teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges among friends and peers.

mentalhealthfirstaid.org/individuals/help-youth/

Youth Aware of Mental Health – Mental Health in Mind

Program for young people ages 13 to 17, in which they learn about and explore the topic of mental health. Students actively engage through role-play and student-led discussions.

y-a-m.org

Sources of Strength

Youth mental health promotion and suicide prevention program, available for secondary schools and elementary schools. Designed to harness the power of peer social networks to create healthy norms and culture.

sourcesofstrength.org

Signs of Suicide (SOS) for Students – MindWise Innovations

Designed for grades 6-12, SOS teaches students how to identify signs of depression and suicide in themselves and their peers.

mindwise.org/sos-signs-of-suicide

PAX Good Behavior Game – PAXIS Institute

The Good Behavior Game is a team-based classroom behavior management strategy designed for early grades. Follow up studies found that students who participated in the GBG had lower rates of suicide attempt in later years than those who did not participate in the program.

paxis.org/school-based-programming

Hope Squad

A Hope Squad is a group nominated by their peers, who are then trained and interact with advisors and fellow students. Hope Squads use peer engagement and intentional outreach to prevent suicides in schools.

hopesquad.com

Appendix B:

Law & Policy

Regulations - Suicide Prevention Training Requirements

All certificated school personnel are required by regulation to receive training in suicide prevention and student safety on an annual basis. Additionally, school counselors are required to take training to renew licensure.

Code of Maryland Regulations (COMAR) 13A.07.11 - as of 03/21/2022

School Personnel – Student Suicide Prevention and Safety Training

01. SCOPE

This chapter establishes a program of training in suicide prevention and student safety for all certificated school personnel who have direct contact with students on a regular basis.

02. DEFINITIONS

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) “Behavioral Health” means:

- (a) Promotion of mental health, resilience, and well-being;
- (b) Treatment of mental and substance use disorders; and
- (c) Support for individuals who experience these conditions or are in recovery from these conditions, and for their family and community.

(2) “Certificated school personnel” means an individual who holds a certificate from the Maryland State Department of Education in:

- (a) Early childhood education;
- (b) Elementary education;
- (c) Middle school education;
- (d) General secondary content areas;
- (e) Special education;
- (f) Specialty areas, such as art, dance, English for Speakers of Other Languages, environmental education, and health;
- (g) Administrative or supervisory areas;
- (h) Specialist areas; and
- (i) Student support personnel

(3) “Trauma” means when an individual is exposed to an overwhelming event, or series of events, and is rendered helpless in the face of intolerable danger, anxiety, or instinctual arousal.

03. REQUIRED TRAINING

- A. All certificated school personnel who have direct contact with students on a regular basis shall complete training on or before December 1 of each year, by a method determined by each county board, in the skills required to:
 - (1) Understand and respond to youth suicide risk;
 - (2) Understand and respond to student mental health, student trauma, student safety and other topics related to student social and emotional well-being;
 - (3) Identify professional resources to help students in crisis;
 - (4) Recognize student behavioral health issues;
 - (5) Recognize a student experiencing trauma or violence out of school and refer the student to behavioral health services, which includes, but is not limited to, the school counselor, school psychologist, school nurse, school social worker, and student support team; and
 - (6) If the school is a community school, support any students needing the services at a community school.
- B. The training required by §A of this regulation shall be:
 - (1) Provided to certificated school personnel during an in-service program; or
 - (2) A professional development requirement that may be met during time designated for
- C. professional development.

04. NO DUTY OF CARE

- A. The training requirement set forth in Regulation .03 of this chapter may not be construed to impose a duty of care on certificated school personnel who complete the training.
- B. Unless the acts or omissions of a certificated school employee who completed the training required by Regulation .03 of this chapter are willful, wanton, or grossly negligent, a person may not bring an action against a county board for personal injury or wrongful death caused by an act or omission resulting from:
 - (1) Any training or lack of training of certificated personnel under Regulation .03 of this chapter; or
 - (2) The implementation of the training under Regulation .03 of this chapter.

05. DOCUMENTATION OF TRAINING

The training requirement set forth in Regulation .03 of this chapter shall be monitored through documentation submitted annually to the State Superintendent from the local superintendents by school on the type of training, the number of certificated school personnel trained, the dates of the training, and the materials used for the training.

ACCESS COMAR FULL TEXT:

regs.maryland.gov/us/md/exec/comar

Code of Maryland Regulations (COMAR) 13A.12.04.13D - as of 04/01/2024

Educator Licensure – Specialists - Renewal and Advancement of a Specialist License

11D. Renewal Requirements that May Not Be Waived

School counselors shall present 1 semester hour of coursework from an institution of higher education, one Department-approved continuing professional development credit; or an equivalent number of continuing education units that address the following:

- (1) Depression;
- (2) Trauma;
- (3) Violence;
- (4) Youth suicide;
- (5) Substance Abuse; and
- (6) The identification of professional resources and best practices for distributing resources to parents or guardians to help students in crisis.

ACCESS COMAR FULL TEXT:

regs.maryland.gov/us/md/exec/comar

Legal Background – Balancing Student Privacy and Safety

Risk of suicide is considered a health and safety emergency. Schools need to thoroughly document their responses to suicide risk, along with notifying caregivers promptly. ***Responding inappropriately to suicide risk or a failure to notify caregivers can result in legal action.***

Federal General Education Provision Act - Family Educational Rights and Privacy (FERPA) 34 CFR 99.36 – as of 12/09/2008

§99.36 What conditions apply to disclosure of information in health and safety emergencies?

- (a) An educational agency or institution may disclose personally identifiable information from an education record to appropriate parties, including parents of an eligible student, in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.
- (b) Nothing in this Act or this part shall prevent an educational agency or institution from—
 - a. Including in the education records of a student appropriate information concerning disciplinary action taken against the student for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of the school community;
 - b. Disclosing appropriate information maintained under paragraph (b)(1) of this section to teachers and school officials within the agency or institution who the agency or institution has determined have legitimate educational interests in the behavior of the student; or
 - c. Disclosing appropriate information maintained under paragraph (b)(1) of this section to teachers and school officials in other schools who have been determined to have legitimate educational interests in the behavior of the student.
- (c) In making a determination under paragraph (a) of this section, an educational agency or institution may take into account the totality of the circumstances pertaining to a threat to the health or safety of a student or other individuals. If the educational agency or institution determines that there is an articulable and significant threat to the health or safety of a student or other individuals, it may disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals. If, based on the information available at the time of the determination, there is a rational basis for the determination, the Department will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.

Case Review and Analysis - School Suicide Lawsuits

There are many resources for information about the legal and ethical implications of a failure to respond to suicide.

1. When bullied students end their lives, parents are suing. And schools are paying. Washington Post. Published November 10, 2023. Accessed March 15, 2024. [washingtonpost.com/education/2023/11/10/school-bullying-suicide-lawsuit/](https://www.washingtonpost.com/education/2023/11/10/school-bullying-suicide-lawsuit/)
2. Poland S, Hall R. Suicide and School Liability. *Communique*. 2023;52(3):25-27. nasponline.org/publications/periodicals/communique/issues/volume-52-issue-3
3. Zirkel PA. Liability for Student Suicide: An Updated Empirical Analysis of the Case Law. *Communique*. 2019;48(1). nasponline.org/publications/periodicals/communique/issues/volume-48-issue-1
4. Student Suicide: Legal and Ethical Implications - American School Counselor Association (ASCA). Accessed April 3, 2024. schoolcounselor.org/Magazines/May-June-2012/Student-Suicide-Legal-and-Ethical-Implications
5. Suicide: Err on the Side of Caution - American School Counselor Association (ASCA). Accessed April 3, 2024. schoolcounselor.org/Magazines/September-October-2013/Suicide-Err-on-the-Side-of-Caution

Legislation Related to Mental Health, Athletics and Coaches

Legislation has passed that addressed the role of coaches in student/athlete mental wellbeing.

Education - Coaches - Mental Health Training (SB165, 2024)

Requires the Maryland Higher Education Commission and the State Department of Education to develop guidelines for public institutions of higher education and public schools to train coaches to recognize signs of behavioral distress and mental illness in student athletes who participate in athletic programs in public schools and public institutions of higher education; requiring public schools and public institutions that offer athletic programs to provide a certain mental health training to coaches; etc..

Coaches at public schools and public institutions of higher education will be trained to recognize indicators of mental illness and behavioral distress in students, including:

- (1) DEPRESSION;
- (2) TRAUMA;
- (3) VIOLENCE;
- (4) YOUTH SUICIDE; AND
- (5) SUBSTANCE ABUSE.

This bill became effective on July 1, 2024.

The Office of Suicide Prevention is offering an evidence-based training to coaches in Maryland known as Question, Persuade, Refer (QPR). People who are trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. This training will be offered to Maryland coaches across the state of Maryland at no cost to them.

Legislation – Cyberbullying and Suicide (Grace's Law 2.0)

Maliciously bullying and/or harassing a minor through the use of electronic communication violates criminal statute in Maryland, and can result in legal action.

Maryland Code, Criminal Law § 3-805 - as of 06/01/2024

Misuse of electronic communication of interactive computer service

(a)

- (1) In this section the following words have the meanings indicated.
- (2) "Electronic communication" means the act of transmitting any information, data, writing, image, or communication by the use of a computer or any other electronic means, including a communication that involves the use of e-mail, an instant messaging service, an Internet website, a social media application, a network call, a facsimile machine, or any other Internet based communication tool.
- (3) "Electronic conduct" means the use of a computer or a computer network to:
 - (i) build a fake social media profile;
 - (ii) pose as another, including a fictitious person in an electronic communication;
 - (iii) disseminate or encourage others to disseminate information concerning the sexual activity, as defined in § 3-809 of this subtitle, of a minor;
 - (iv) disseminate a real or doctored image of a minor;
 - (v) engage or encourage others to engage in the repeated, continuing, or sustained use of electronic communication to contact a minor;
 - (vi) make a statement to provoke a third party to stalk or harass a minor; or
 - (vii) subscribe a minor to a pornographic website.
- (4) "Instant messaging service" means a computer service allowing two or more users to communicate with each other in real time.
- (5) "Interactive computer service" means an information service, system, or access software provider that provides or enables computer access by multiple users to a computer server, including a system that provides access to the Internet and cellular phones.
- (6) "Social media application" means any program, software, or website that allows a person to become a registered user for the purpose of establishing personal relationships with one or more other users through:
 - (i) direct or real-time communication; or
 - (ii) the creation of websites or profiles capable of being viewed by the public or other users.
- (7) "Social media profile" means a website or profile created using a social media application.

(b)

- (1) A person may not maliciously engage in a course of conduct, through the use of electronic communication, that alarms or seriously annoys another:
 - (i) with the intent to harass, alarm, or annoy the other;
 - (ii) after receiving a reasonable warning or request to stop by or on behalf of the other; and
 - (iii) without a legal purpose.
- (2) A person may not use an interactive computer service to maliciously engage in a course of conduct that inflicts serious emotional distress on a minor or places a minor in reasonable fear of death or serious bodily injury with the intent:
 - (i) to kill, injure, harass, or cause serious emotional distress to the minor; or
 - (ii) to place the minor in reasonable fear of death or serious bodily injury.
- (3) A person may not maliciously engage in an electronic communication if:
 - (i) the electronic communication is part of a series of communications and has the effect of:

1. intimidating or harassing a minor; and
 2. causing physical injury or serious emotional distress to a minor; and
- (ii) the person engaging in the electronic communication intends to:
 1. intimidate or harass the minor; and
 2. cause physical injury or serious emotional distress to the minor.
- (4) A person may not maliciously engage in a single significant act or course of conduct using an electronic communication if:
 - (i) the person's conduct, when considered in its entirety, has the effect of:
 1. intimidating or harassing a minor; and
 2. causing physical injury or serious emotional distress to a minor;
 - (ii) the person intends to:
 1. intimidate or harass the minor; and
 2. cause physical injury or serious emotional distress to the minor; and
 - (iii) in the case of a single significant act, the communication:
 1. is made after receiving a reasonable warning or request to stop;
 2. is sent with a reasonable expectation that the recipient would share the communication with a third party; or
 3. shocks the conscience.
- (5) A person may not maliciously engage in electronic conduct if:
 - (i) the act of electronic conduct has the effect of:
 1. intimidating or harassing a minor; and
 2. causing physical injury or serious emotional distress to a minor; and
 - (ii) the person intends to:
 1. intimidate or harass the minor; and
 2. cause physical injury or serious emotional distress to the minor.
- (6) A person may not violate this section with the intent to induce a minor to commit suicide.

(c)

It is not a violation of this section for any of the following persons to provide information, facilities, or technical assistance to another who is authorized by federal or State law to intercept or provide electronic communication or to conduct surveillance of electronic communication, if a court order directs the person to provide the information, facilities, or technical assistance:

- (1) a provider of electronic communication;
- (2) an officer, employee, agent, landlord, or custodian of a provider of electronic communication; or
- (3) a person specified in a court order directing the provision of information, facilities, or technical assistance to another who is authorized by federal or State law to intercept or provide electronic communication or to conduct surveillance of electronic communication.

(d)

Subsection (b)(1) through (5) of this section does not apply to a peaceable activity:

- (1) intended to express a political view or provide information to others; or
- (2) conducted for a lawful purpose.

(e)

- (1) A person who violates subsection (b)(1), (2), (3), (4), or (5) of this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 3 years or a fine not exceeding \$10,000 or both.
- (2) A person who violates subsection (b)(6) of this section is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 10 years or a fine not exceeding \$10,000 or both.

Appendix C:

Resources & References

The Maryland Action Plan to Prevent Suicide in Schools (MAPS) builds upon best practices in the fields of school suicide prevention and youth mental health promotion. Additional national and state-level resources are available for reference.

Key Resources

All certificated school personnel are required by regulation to receive training in suicide prevention and student safety on an annual basis. Additionally, counselors are required to take training to renew licensure.

Maryland State Department of Education (MSDE) – Student Support and Federal Programs

Division of MSDE that provides leadership and support for student services, including socioemotional and mental health services

marylandpublicschools.org/about/Pages/DSFSS/index.aspx

Maryland School Mental Health Response Program Resource Guide

Comprehensive resource packet for Maryland schools of mental health programs and services

marylandpublicschools.org/about/Documents/DSFSS/MentalHealth/Maryland-School-Mental-Health-Response-Program-Resource-Guide-A.pdf

Maryland Department of Health Behavioral Health Administration - Primary Behavioral Health and Early Intervention Division

Division responsible for statewide planning, development, administration and monitoring of provider performance to assure quality in the delivery of services for youth.

health.maryland.gov/bha/Pages/Child%2cAdolescent%20and%20Young%20Adult%20Services.aspx

American School Counselor Association

Framework and tools for school counselors regarding suicide prevention

schoolcounselor.org/Publications-Research/Publications/Free-ASCA-Resources/Suicide-Prevention-and-Response

National Association of School Psychologists

Mental health resources and information about managing school crises

nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources

SHAPE - School Health Assessment and Performance Evaluation System

Tools to assess school mental health quality along with resources to improve services

theshapesystem.com

Suicide Prevention Resource Center

National resource center implementing suicide prevention, repository for best practices

sprc.org

Reporting on Suicide

National resource on safe messaging and reporting about suicide

reportingonsuicide.org

The Trevor Project

National suicide prevention and crisis intervention organization for LGBTQ+ young people

thetrevorproject.org

The Jed Foundation

National nonprofit for emotional health and suicide prevention for teens and young adults

jedfoundation.org

Seize the Awkward

National campaign for teens and young adults to start conversations about mental health, with practical tips on how to support themselves or a peer

seizetheawkward.org

NAMI Teen & Young Adult Helpline

A free nationwide peer-support service providing information, resource referrals, and support to teens and young adults. The Helpline can be accessed by call, text, or chat.

nami.org/Support-Education/NAMI-HelpLine/Teen-Young-Adult-HelpLine/

988 Suicide & Crisis Lifeline

National resource for crisis response services and information

988lifeline.org/how-we-can-all-prevent-suicide

Maryland Coalition of Families

Statewide nonprofit organization that offers family peer support to people and families who have a loved one experiencing mental health, substance use, or problem gambling challenges

mdcoalition.org

Partnership to End Addiction - Helpline for Child's Substance Use

Helpline to support families in addressing child's substance use.

drugfree.org/article/helpline-get-one-on-one-help

Other National and State Reference Guides

Preventing Suicide: A Toolkit for High Schools

(National, SAMHSA)

Foundational toolkit for suicide prevention in schools

After a Suicide: A Toolkit for Schools

(National, AFSP)

Postvention-focused foundational toolkit for suicide prevention in schools

afsp.org/after-a-suicide-a-toolkit-for-schools

Florida School Toolkit for K-12 Educators to Prevent Suicide

(Florida, Nova Southeastern University)

nova.edu/publications/florida-toolkit/2021/florida-school-toolkit-educators-to-prevent-suicide/

Suicide Prevention, Intervention, Reintegration, and Postvention

(Kansas, Kansas State Department of Education)

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

Healing Our Schools After a Loss

(Utah, Utah State Board of Education)

liveonutah.org/resources/

Firearm Safe Storage and Youth Suicide Prevention

(Maryland, Maryland Department of Health)

health.maryland.gov/pha/Pages/firearm-safety.aspx

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health.maryland.gov/bha