

Los Angeles Unified School District

Safe School Plan, Volume 3 - Recovery

SECTION 5

Suicide Prevention, Intervention and Postvention

- A. BUL-2637.1 Suicide Prevention, Intervention and Postvention (Students), including attachments**
- B. After A Suicide: A Toolkit for Schools**
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Los Angeles Unified School District

Safe School Plan, Volume 3 - Recovery

SECTION 5

**A. BUL-2637.1 Suicide Prevention,
Intervention and Postvention
(Students)**



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Suicide Prevention, Intervention and Postvention (Students)

NUMBER: BUL-2637.1

ISSUER: Michelle King, Senior Deputy Superintendent
School Operations

Rene Gonzalez, Executive Director
Student Health and Human Services

DATE: July 16, 2012

POLICY: The Los Angeles Unified School District (LAUSD) is committed to providing a safe, civil and secure school environment. It is the District’s charge to respond appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow-up in the aftermath of a completed suicide.

This policy is applicable to all schools, District and school-related activities and in all areas within the District’s jurisdiction.

For guidelines regarding adults with suicidal ideation or behaviors, refer to BUL-5798.0 *Workplace Violence, Bullying and Threats (Adult-to-Adult)*, July16, 2012.

MAJOR CHANGES: This Bulletin replaces BUL-2637.0 *Youth Suicide Prevention Program*, on the same subject issued by Student Health and Human Services, dated July 1, 2006. This bulletin also incorporates MEM-3342.0 *Forms of the Youth Suicide Prevention Program*, issued by Student Health and Human Services, dated October 3, 2006. It provides updated information and clarification of guidelines and practices for addressing suicide prevention, intervention, postvention and self-injury in youth.

PURPOSE: The purpose of this bulletin is to outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.

BACKGROUND: In 2009, LAUSD’s Youth Risk Behavior Survey indicated that over 30% of students reported a prolonged sense of sadness or hopelessness over the past year and nearly 13% of students seriously considered attempting suicide. Furthermore, 8.8% of LAUSD students reported they actually attempted suicide over the past year compared to 6.3% of students nationwide.

Suicide is not the result of one issue, but is a manifestation of multiple, complex problems of child/adolescent development and adjustment. School personnel are instrumental in helping to save lives by identifying students at-risk and linking them to essential school and community mental health resources.

ROUTING
All Employees
All Locations



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GUIDELINES:

I. DEFINITIONS

Self-Injury

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration.

Warning Signs

Warning signs are behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury. Warning signs include the following: suicide threat; suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; changes in behavior, appearance, thoughts and/or feelings.

II. RESPONSIBILITIES OF DISTRICT EMPLOYEES

All District employees are expected to:

- Inform the school site administrator/designee immediately or as soon as possible of any concerns, reports or behaviors relating to student suicide or self-injury.
- Adhere to the Suicide Prevention, Intervention and Postvention (SPIP) policy and act in accordance with the policy.

A. Administrator or Designee must:

1. Respond to reports of students at risk for suicide immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Establish a safe, respectful and welcoming school environment.
4. Ensure that the SPIP policy is implemented.

B. Educational Service Center (ESC) Administrators and Staff must:

1. Be responsible for enforcing the SPIP policy.
2. Designate ESC staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.

C. Central Office Staff must:

1. Support the SPIP policy by assisting ESCs and schools with guidance and consultation, as needed.
2. Align this policy with related District initiatives.



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III. PREVENTION

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment and strengthen protective factors that reduce risk for students. Prevention includes:

- A. Promoting and reinforcing the development of desirable behavior such as help seeking behaviors and healthy problem-solving skills.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.
- D. Modeling and teaching desirable skills and behavior.
- E. Promoting access to school and community resources.

For information and resources related to suicide prevention, visit <http://suicideprevention.lausd.net>.

IV. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE AND/OR SELF-INJURY

The following are general procedures for the administrator/designee to respond to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors in schools, at District and school-related activities and in all areas within the District's jurisdiction. (See Attachment A, Protocol for Responding to Students At Risk for Suicide/Self-Injury for an abbreviated version of the protocol indicated below.)

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

A. Respond Immediately

1. Report concerns or incidents to the administrator/designee immediately or as soon as possible. Make direct contact with the administrator/designee. For example, do not leave a note in their mailbox, send an e-mail, leave a voicemail or wait until the end of the day to report concerns about a student at risk for suicide.
2. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student. Do not leave the student unsupervised.

B. Secure the Safety of the Student

1. Supervise the student at all times.
2. For immediate, emergency life threatening situations call 911.
3. If a student is agitated, unable to be contained or for immediate



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- assistance, contact the Los Angeles School Police Department (LASPD) (213) 625-6631 or the local law enforcement agency.
- 4. District employees should not transport students exhibiting the behaviors noted above. This does not pertain to LASPD officers.
- 5. Contact law enforcement to conduct a welfare check, as appropriate.
- 6. For technical assistance and consultation, contact School Mental Health Crisis Counseling and Intervention Services (SMH CCIS) at (213) 241-3841.

C. Assess for Suicide Risk

- 1. The administrator/designee collaborates with the designated school site crisis team member and at least one other school site crisis team member to determine level of risk (see Table 1, Levels of Suicide Risk).
- 2. The student should be supervised at all times by another designated staff member.
- 3. The administrator/designee or designated crisis team member should gather essential background information that will help with assessing the student’s risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings or drawings).
- 4. Phone calls for consultation should be made in a confidential setting and not in the presence of the student of concern.
- 5. The administrator/designee or the designated school site crisis team member should meet with the student to complete a risk assessment using Attachment B, Suicide Risk Assessment Checklist. The questions should be used as a guide while assessing the student and should not be read directly to them.
- 6. For assistance and consultation, contact ESC Operations Staff, call SMH CCIS at (213) 241-3841 or see Attachment C, Resource List for additional phone numbers.

The privacy of all students should be protected at ALL times, disclose information only on a need to know basis.

Table 1. Levels of Suicide Risk

LEVELS	DEFINITION	INDICATORS
Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect; evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).



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Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).
High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.

D. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student’s current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District’s *Child Abuse and Reporting Requirements*, BUL-1347.2. This report should include information about the student’s suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel.

E. Determine Appropriate Action Plan

1. The administrator/designee should collaborate with the designated school site crisis team member and at least one other school site crisis team member to determine appropriate action based on level of risk (see Table 2, Action Plan).
2. If the Psychiatric Mobile Response Team (PMRT) or law enforcement determines that the student will be transported to an emergency mental health hospital, the school site administrator should designate a certificated staff member to accompany the student.
3. The administrator/designee or designated school site crisis team member should contact the parent/guardian or consult the emergency card for an appropriate third party. Communication with parent/guardian may include:



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- a. Communicating concerns and making recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, razor blades).
- b. Providing school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
- c. Facilitating contact with community agencies and following-up to ensure access to services.
- d. Providing a copy of Attachment D, General Guidelines for Parents (Elementary) or Attachment E, General Guidelines for Parents (Secondary). For handouts in additional languages, visit <http://suicideprevention.lausd.net>.
- e. Obtaining parent/guardian permission to release and exchange information with community agency staff using Attachment F, Parent Authorization for Release/Exchange of Information.

Table 2. Action Plan

LEVEL OF RISK	ACTION PLAN
Low Risk	Reassure and supervise student; communicate concerns with parent/guardian (see Section IV E 3); assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed.
Moderate and High Risk	Supervise student at all times (including restrooms); contact the Los Angeles County Department of Mental Health ACCESS (800) 854-7771 for a mental health evaluation to evaluate for possible hospitalization; notify and hand off student to parent/guardian who commits to seek immediate mental health assessment (see Section IV D, Suspected Child Abuse or Neglect), law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed.

F. Determine Appropriate Follow-up Plan

The follow-up plan will be based upon severity and potential risk. There are circumstances that might increase a student’s suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias (see Section VII-Responding to Students Who Are Targets of LGBTQ Bias).

The follow-up plan determined by the team should be documented and managed by the school site administrator/designee. Actions may include:



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1. Develop a safety plan.
 - a. Identify caring adults in the school, home and community environment.
 - b. Discuss and identify helpful coping skills.
 - c. Provide after hours resource numbers, Suicide Prevention Crisis Line (877) 727-474. For additional resources, see Attachment C, Resource List.
 2. Mobilize a support system and provide resources.
 - a. Connect student and family with social, school and community supports.
 - b. For mental/physical health services, refer the student to School Mental Health, a community resource provider, or their health care provider.
 3. Monitor and manage.
 - a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
 - b. Maintain consistent communication with appropriate parties on a need to know basis.
 - c. Plan for re-entry, as needed (see Section IV G, Student Re-entry Guidelines).
- G. Student Re-entry Guidelines
1. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, must have written permission by the health care provider to attend school (see Attachment H, Medical Clearance for Return to School).
 2. If the student has been out of school for any length of time, including mental health hospitalization, the school site administrator/designee may consider holding a re-entry meeting with key support staff, parents, and student to facilitate a successful transition. See Attachment G, Student Re-entry Guidelines for a checklist of action items to consider.
 3. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational program (see REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011).
 4. If the student is transferred to another school or location, the site administrator/designee should communicate with the receiving school to assist with the transition and ensure continued support services for the student. See Attachment G, Student Re-entry Guidelines for a checklist of action items to consider.



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H. Document All Actions

1. The administrator/designee shall maintain records and documentation of actions taken at the school for each case by completing an incident report and Risk Assessment Referral Data (RARD) in the Incident System Tracking Accountability Report (iSTAR).
2. If the student is assessed by a member of the crisis response team who does not have reporting access to iSTAR, the crisis team member should complete Attachment I, RARD and submit it to the school site administrator within 24 hours or by the end of the next school day, for submission on iSTAR. The RARD should no longer be mailed to School Mental Health.
3. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.
4. If a student for whom a RARD has been completed transfers to a school within or outside the District, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition.

V. **RESPONDING TO STUDENTS WHO SELF-INJURE**

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

A. Indicators of Self-Injury

- Frequent or unexplained bruises, scars, cuts or burns.
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)
- Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks)
- Evidence of self-injury (e.g., journals, drawings, social networking sites)

B. Protocol for Responding to a Student who Self-Injures

1. Respond immediately or as soon as possible.
2. Supervise the student.
3. Assess for suicide risk using the protocol outlined in Section IV.
4. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible. Provide the handout Self-Injury and Youth - General Guidelines for Parents (see Attachment J). For handouts in additional



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languages, visit <http://suicideprevention.lausd.net>.

5. Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
6. Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
7. Provide resources.
8. Identify a support system at home and at school.
9. Document all actions in the RARD on iSTAR.

C. Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

1. Respond immediately or as soon as possible.
2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
3. As students are identified, *they should be supervised in separate locations.*
4. *Each student should be assessed for suicide risk individually* using the protocol outlined in Section IV.
5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

D. Other Considerations for Response to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

1. Self-injury should be addressed with students individually and never in settings, such as student assemblies, public announcements, school newspapers, the classroom, or even in groups.
2. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/guardian(s) only (see Attachment K for a sample parent letter).
3. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information, as needed.
4. For consultation and assistance with parent information meetings, contact ESC Operations staff or call SMH CCIS (213) 241-3841.



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VI. [RESPONDING TO STUDENTS WITH DISABILITIES](#)

For matters related to students with disabilities whose behavioral and emotional needs are documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, follow guidelines as indicated in REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

For matters related to students with disabilities who are self-injurious, but the behavior is not related to suicide or suicidal ideation, follow guidelines as indicated in BUL-5376.0, *Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems*, January 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

VII. [RESPONDING TO STUDENTS WHO ARE TARGETS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING \(LGBTQ\) BIAS](#)

For matters related to students who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or behaviors, the following should be considered:

- A. Assess the student for suicide risk using the protocol in Section IV.
- B. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- C. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- D. Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- E. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- F. Provide LGBTQ-affirming resources (see Attachment C, Resource List).
- G. Ensure safe campuses (see REF-1557.1 *Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination*, September 9, 2011).

VIII. [RESPONDING TO THREATS AND SCHOOL VIOLENCE](#)

For matters related to students exhibiting threatening and/or violent behaviors towards other, follow guidelines as indicated in BUL-5799.0 *Threat Assessment and Management (Student-to-Student, Student-to-Adult)*, July 16, 2012 or contact the ESC Operations staff.



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IX. [RESPONDING TO BULLYING AND HAZING](#)

For matters of student-to-student, adult-to-student, and student-to-adult bullying or hazing follow guidelines as indicated in BUL-5212.1 *Bullying and Hazing Policy*, August 27, 2010 or contact the ESC Operations staff.

X. [RESPONDING TO HATE VIOLENCE](#)

For incidents or threats related to hate-motivated violence follow guidelines as indicated in BUL-2047.0 *Responding to and Reporting Hate-Motivated Incidents and Crimes*, dated October 10, 2005 or contact the ESC Operations staff.

XI. [POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE](#)

The following are general procedures for the administrator/designee in the event of a completed suicide. (See Attachment L, Protocol for Responding to a Student Death by Suicide for an abbreviated version of the protocol indicated below.)

A. Gather Pertinent Information

1. Confirm cause of death is the result of suicide, if this information is available.
2. The administrator/designee should designate a certificated staff member to be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has been consulted and has consented to disclosure.

B. Notify on a Need to Know Basis

1. ESC Operations Staff.
2. Office of Communications (213) 241-6766.
3. Other offices, as appropriate (see Attachment C, Resource List).

C. Mobilize the School Site Crisis Team

Concerns and wishes of family members regarding disclosure of the death and cause of death should always be taken into consideration when providing facts to students, staff and parents.

1. Assess the extent and degree of psychological trauma and impact to the school community (see BUL-962.1 *Organizing for Crisis Intervention*, December 7, 2005, for protocol on responding to school-wide crisis).
2. Develop an action plan and assign responsibilities.
3. Establish a plan to notify staff of the death, once consent is obtained



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- by the family of the deceased.
- a. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school or after school).
 - b. To dispel rumors, share accurate information and all known facts about the death.
 - c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
 - d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.
4. Establish a plan to notify students of the death, once consent is obtained from the family of the deceased.
- a. Discuss plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
 - b. Provide staff with a scripted notification of death for students, including possible reactions, questions and activities students may engage in (e.g., writing, drawing, referral to crisis counselor)
 - c. Review student support plan, making sure to clarify procedures and locations for crisis counseling
5. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Prepare and disseminate a death notification letter for parents.
6. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:
- a. Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.
 - b. Identify locations on campus to provide crisis counseling to students, staff and parents, as needed.
 - c. Request substitute teachers, as needed.
 - d. Maintain sign-in sheets and documentation on individuals serviced for follow-up, as needed (refer to BUL-962.1 *Organizing for Crisis Intervention*, December 7, 2005, for crisis response forms).
 - e. Provide students, staff or parents with after hours resource numbers such as the 24/7 Suicide Prevention Crisis Line (877) 727-4747 (see Attachment C, Resource List).
 - f. Request crisis counseling support from ESC Operations, as needed.
7. Refer students or staff who require a higher level of care for additional services such as School Mental Health, a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support and/or referral may include the following:
- a. Persons with close connections to the deceased (e.g., siblings,



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- relatives, teacher).
 - b. Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member).
 - c. Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when majority are expressing sadness.
 - d. Persons unable to control crying.
 - e. Persons with multiple traumatic experiences may have strong reactions that require additional assistance.
8. Consult with SMH CCIS (213) 241-3841 for support and/or guidance.

D. Document

The administrator/designee shall maintain records and documentation of actions taken at the school by completing an incident report and RARD in iSTAR. For more information regarding documentation, see Section IV H, Document All Actions.

E. Monitor and Manage

1. The administrator/designee, with support from the school crisis team, should monitor and manage the situation as it develops to determine follow up actions.
2. Maintain consistent communication with appropriate parties.
3. Update all actions taken at the school in iSTAR, as needed.

F. Important Considerations

1. Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either the student or the death. If students initiate a memorial, the administrator/designee should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

- a. Memorials should not be disruptive to the daily school routine.
- b. Monitor memorials for content.
- c. Placement of memorials should be time limited. For example, they may be kept in place until the services, after which the memorial items may be offered to the family.

2. Social Networking

Students may often turn to social networking sites as a way to communicate information about the death; this information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts, positive and negative, about the death and/or about their own feelings regarding suicide. Some considerations in regard to social networking include:



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- a. Encourage parents to monitor internet postings regarding the death, including the deceased's wall or personal profile pages.
 - b. Social networking sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents and/or law enforcement (see BUL-5688.0 *Social Media Policy for Employees and Associated Persons*, February 1, 2012).
3. Suicide Contagion
- Suicide contagion is the process by which one suicide may contribute to another. Some considerations for preventing suicide contagion are:
- a. Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased.
 - b. Provide mental health resources (see Attachment C, Resource List)
 - c. Monitor media coverage. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information, as needed.
4. School Culture & Events
- It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide, as significant events transpire that the deceased student would have been a part of, such as culmination, prom or graduation. Depending on the impact, such triggering events may require planning for additional considerations and resources.

XII. CONFIDENTIALITY

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of the District's reporting procedures and investigative process. The District will not tolerate retaliation against anyone for filing a complaint or participating in the complaint investigation process.

AUTHORITY:

This is a policy of the Superintendent of Schools. The following legal authorities are applied in this policy:

California Civil Code sections 56-56.10, 1798;
California Constitution Article 1, §28(c);
California Education Code §32210 et seq.;
California Education Code §35160;
California Education Code §44808 ;



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California Education Code §48900 et seq.;
California Education Code §48950 ;
California Education Code sections 49060 et seq.;
California Health & Safety Code section 123100-123149.5, 124260;
California Penal Code §626 et seq.;
Code of Civil Procedure §527.6;
Family Educational Rights and Privacy Act;
Health Insurance Portability and Accountability Act; and
Los Angeles Municipal Code §63.94.

RELATED RESOURCES:

Acceptable Use Policy (AUP) For District Computer and Network Systems, BUL-999.5, dated May 1, 2012.

Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems, BUL-5376.0, dated January 17, 2011.

Bullying and Hazing Policy (Student-to-Student, Adult-to-Student, and Student-to-Adult), BUL-5212.0, dated August 27, 2010.

Discipline Foundation Policy: School-Wide Positive Behavior Support, BUL-3638.0, dated March 27, 2007.

Enrollment of Students Returning from Juvenile Justice Facilities and Other Placements, BUL-5553.0, dated September 6, 2011.

Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities, REF-5578.0, dated October 17, 2011.

Guidelines on Use of Privately Owned Vehicles for Authorized School District Business, BUL-5310.0, dated October 20, 2010.

Incident System Tracking Accountability Report, BUL-5269.0, dated November 12, 2010.

Information Protection Policy, BUL-1077.1, dated December 5, 2006.

Organizing for Crisis Intervention, BUL-962.1, December 7, 2005.

Parent Student Handbook, Los Angeles Unified School District, 2012-2013.

Pupil Records: Access, Confidentiality, and Notice of Education Rights, BUL-2469, dated April 24, 2006.

Records Retention and Destruction (Other than Pupil Records), BUL-5503.0, dated July 1, 2011.



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Responding to and Reporting Hate-Motivated Incidents and Crimes, BUL-2047.0, dated October 10, 2005.

Safe School Plans Update for 2012-2013, REF-5511.0, Revised Annually.

Section 504 and Students/Other Individuals with Disabilities, BUL-4692.0, dated May 15, 2009.

Social Media Policy for Employees and Associated Persons, BUL-5688.0, dated February 1, 2012.

Threat Assessment and Management, BUL-5799.0, dated July 16, 2012.

Title XI Policy/Complaint Procedures, BUL-2521.1, dated June 7, 2006.

Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination, REF-1557.1, dated September 9, 2011.

Uniform Complaint Procedures (UCP), BUL-5159.1, dated July 1, 2011.

ATTACHMENTS: Attachment A – *Protocol for Responding to Students at Risk for Suicide/Self-Injury*

Attachment B – *Suicide Risk Assessment Checklist*

Attachment C – *Resource List*

Attachment D – *General Guidelines for Parents (Elementary)*

Attachment E – *General Guidelines for Parents (Secondary)*

Attachment F – *Parent Authorization for Release/Exchange of Information*

Attachment G – *Student Re-Entry Guidelines*

Attachment H – *Medical Clearance for Return to School*

Attachment I – *Risk Assessment Referral Data (RARD)*

Attachment J – *Self-Injury and Youth-General Guidelines for Parents*

Attachment K – *Sample Letter to Parent/Guardian RE: Self-Injury*

Attachment L – *Postvention: Protocol for Responding to a Student Death by Suicide*



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ASSISTANCE: For assistance and information, please contact any of the following offices:

LAUSD RESOURCES

Crisis Counseling and Intervention Service, School Mental Health (213) 241-3841 - for assistance with threat assessments, suicide prevention and mental health issues.

Division of Special Education (213) 241-8051– for assistance with cases involving students with disabilities.

Education Equity Compliance Office (213) 241-7682 – for assistance with alleged student discrimination and harassment complaints.

Human Relations, Diversity and Equity (213) 241-5337 – for assistance with issues of bullying, conflict resolution, and diversity trainings.

Los Angeles School Police Department (213) 625-6631 – for assistance with any law enforcement matters.

Office of Communications (213) 241-6766 – for assistance with media requests.

Office of General Counsel (213) 241-7600 – for assistance/consultation regarding legal issues.

School Operations Division (213) 241-5337 – for assistance with school operations and procedures concerning students and employees.

NON-LAUSD RESOURCES

Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – collaborates with Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes.

Mental Evaluation Unit (MEU), including Staff Management Advisory and Response Team (SMART) (213) 996-1300 or 1334 – for law enforcement and mental health response, when an individual is a flight risk, violent, or high risk for harm to self or others.

National Suicide Prevention Lifeline (800) 273-8255 – a 24 hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Suicide Prevention Crisis Line (877) 727-4747 – a 24 hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and



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friends.

Trevor Project (866) 488-7386 – a 24/7 hotline providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

Valley Coordinated Children’s Services (818) 708-4500 – a county funded resource to provide crisis intervention, assessment, short term stabilization and treatment, and evaluation and referral for psychiatric mobile response team. This agency serves children ages 3 - 17 years old in the San Fernando Valley.

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PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE / SELF-INJURY

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency of the situation will dictate the order in which the subsequent steps are followed.

For a complete description of each procedure, refer directly to the Bulletin 2637.1.

- A. RESPOND IMMEDIATELY
 - Report concerns to administrator/designee immediately or as soon as possible.
 - Do not leave the student unsupervised.

- B. SECURE THE SAFETY OF THE STUDENT
 - Supervise the student at all times.
 - This may include calling law enforcement, the Los Angeles County Department of Mental Health or consulting with Crisis Counseling and Intervention Services, School Mental Health.

- C. ASSESS FOR SUICIDE RISK (see Attachment B, Suicide Risk Assessment Checklist)
 - Administrator/designee or designated crisis team member meets with the student at risk for suicide.
 - The administrator/designee collaborates with the designated school site crisis team member and at least one other school site crisis team member to determine level of risk.

- D. SUSPECTED CHILD ABUSE (When reporting child abuse, include information about the student's suicide risk)

- E. DETERMINE APPROPRIATE ACTION PLAN (see Table 2, Action Plan in BUL-2637.1)
 - Determine action plan based on level of risk.
 - If student is transported to hospital, designated staff should accompany student.
 - Communicate with parent/guardian.

- F. DETERMINE APPROPRIATE FOLLOW-UP PLAN
 - Develop a safety plan.
 - Mobilize a support system and provide resources.
 - Monitor and manage.

- G. STUDENT RE-ENTRY GUIDELINES
 - Re-entry plan when student out of school, such as for hospitalization.
 - If student transfers to new school, coordinate re-entry with that school.

- H. DOCUMENT ALL ACTIONS ((Maintain records and complete RARD on iSTAR.)

RESPONDING TO STUDENTS WITH DISABILITIES

For matters related to students with disabilities whose behavioral and emotional needs are documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, follow guidelines as indicated in REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

For matters related to students with disabilities who are self-injurious, but the behavior is not related to suicide or suicidal ideation, follow guidelines as indicated in BUL-5376.0, *Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems*, January 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

RESPONDING TO STUDENTS WHO ARE TARGETS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ) BIAS

For matters related to *students* who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or behaviors, the following should be considered:

- H. Assess the student for suicide risk using the protocol in Section IV.
- I. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- J. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- K. Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- L. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- M. Provide LGBTQ-affirming resources (see Attachment C, Resource List).
- N. Ensure safe campuses (see REF-1557.1 *Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination*, September 9, 2011).

RESPONDING TO THREATS AND SCHOOL VIOLENCE

For matters related to students exhibiting threatening and/or violent behaviors towards other, follow guidelines as indicated in BUL-1119.2 *Threat Assessment and Management*, XX-XX-XXXX or contact the ESC Operations staff.

RESPONDING TO BULLYING AND HAZING

For matters of student-to-student, adult-to-student, and student-to-adult bullying or hazing follow guidelines as indicated in BUL-5212.1 *Bullying and Hazing Policy*, August 27, 2010 or contact the ESC Operations staff.

RESPONDING TO HATE VIOLENCE

For incidents or threats related to hate-motivated violence follow guidelines as indicated in BUL-2047.0 *Responding to and Reporting Hate-Motivated Incidents and Crimes*, dated October 10, 2005 or contact the ESC Operations staff.

SUICIDE RISK ASSESSMENT CHECKLIST

Student Name/DOB: _____ Location: _____ Date: _____

The administrator/designee or the designated school site crisis team member will meet with the student to complete a risk assessment. The questions below should not be read to the student, but rather should be used as a guide while assessing the student:

CATEGORY	ASSESSMENT QUESTIONS	YES	NO	*
1. Current Ideation	Is the student thinking of suicide now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication of Intent	Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plan	Does the student have a plan to harm/ kill themselves now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Means and Access	Does the student have the means/access to kill themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past Ideation	Has the student ever had thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Changes in Mood / Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated abrupt changes in behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated recent, dramatic changes in mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stressors	Has the student ever lost a loved one by suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student had a recent death of a loved one or a significant loss (e.g., death of family member, parent separation/divorce, relationship breakup)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced a traumatic/stressful event (i.e. domestic violence, community violence, natural disaster)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced victimization or been the target of bullying/harassment/discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental Illness	Does the student have a history of mental illness (i.e. depression, conduct or anxiety disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Substance Use	Does the student have a history of alcohol/substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Protective Factors	Does the student have a support system of family or friends at school and/or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the student have a sense of purpose in his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can the student readily name plans for the future, indicating a reason to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = NEED MORE INFORMATION

ASSESSMENT RESULTS:

RISK LEVEL	DEFINITION	INDICATORS	ACTIONS
<input type="checkbox"/> Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; depressed mood/affect; evidence of thoughts in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise student; communicate concerns with parent/guardian (see Section IV E3 in BUL-2637.1); assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed. *Document all actions in RARD on iSTAR.
<input type="checkbox"/> Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).	SEE HIGH RISK. *Document all actions in RARD on iSTAR.
<input type="checkbox"/> High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g. giving away prized possessions, good-bye messages in writing, text, on social networking sites; isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.	Supervise student at all times (including rest rooms); contact the Los Angeles County Department of Mental Health ACCESS (800) 854-7771 for a mental health evaluation to evaluate for possible hospitalization ; notify and hand off student ONLY to parent/guardian who commits to seek immediate mental health assessment, law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed. *Document all actions in RARD on iSTAR

***Please refer to BUL-2637.1, Section IV for guidelines on determining an appropriate follow-up/re-entry plan and for protocol on documenting actions in RARD on iSTAR.**

RESOURCE LIST

This list includes selected offices and community resources that can be helpful before, during and after a crisis. **Remember that your first call in a life-threatening emergency should be to 911.** To reach specific personnel, refer to the LAUSD Guide to Offices at www.lausd.net, under “Offices”.

EMERGENCY RESOURCES

LA County Department of Mental Health ACCESS (Psychiatric Mobile Response Team) - 24/7 -collaborates with Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes.	(800) 854-7771
LA County INFO Line (24 hour hotline) – for community resources and information within Los Angeles County.	211
Mental Evaluation Unit (MEU), including SMART - for law enforcement and mental health response, when an individual is a flight risk, violent, or high risk for harm to self or others.	(213) 996-1300 (213) 996-1334
National Suicide Prevention Lifeline (24 hour hotline) – a crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(800) 273-8255
Parents, Families and Friends of Lesbians & Gays (PFLAG) Helpline -for individuals or families experiencing issues related to sexual orientation and/or gender identity	(888) 735-2488
Suicide Prevention Crisis Line (24 hour hotline) - a 24 hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(877) 727-4747
Teen Line (6PM – 10PM) - a hotline for teens operated by teens.	(800) 852-8336 (800) TLC-TEEN
Trevor Project (24 hour hotline) - providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth, www.trevorproject.org .	(866) 488-7386
Valley Coordinated Children’s Services - a county funded resource to provide crisis intervention, assessment, short term stabilization and treatment, and evaluation and referral for psychiatric mobile response team. This agency serves children ages 3 - 17 years old in the San Fernando Valley.	(818) 708-4500

LAUSD RESOURCES

School Mental Health (including Crisis Counseling & Intervention Services, Suicide Prevention and Trauma Informed Services)	(213) 241-3841
Division of Special Education, Behavior Support Unit	(213) 241-8051
Education Equity Compliance Office	(213) 241-7682
Human Relations, Diversity and Equity – School Operations	(213) 241-5337
Educational Service Center (ESC) Operations Coordinators	Refer to ESC Directory
Los Angeles School Police Department (LASPD) Watch Commander (24/7-entire year)	(213) 625-6631
Office of Communications	(213) 241-6766
Office of General Counsel	(213) 241-7600
School Operations Division	(213) 241-5337
Student Discipline Proceedings and Expulsion Unit	(213) 202-7555

WEBSITES

Crisis Counseling and Intervention Services, Los Angeles Unified School District - <http://ccis.lausd.net>

Family Acceptance Project – <http://familyproject.sfsu.edu> - for research-based, culturally grounded approaches to helping ethnically, socially and religiously diverse families decrease rejection and increase support for their LGBT children.

School Mental Health, Los Angeles Unified School District – <http://smh.lausd.net>

Suicide Prevention Services, School Mental Health, Los Angeles Unified School District - <http://suicideprevention.lausd.net> – for resources, guidelines and parent handouts in multiple languages related to youth suicide prevention and self-injury.

Suicide Prevention for Schools in Los Angeles County - <http://preventsuicide.lacoe.edu> – for resources, training modules, handouts, data, and research as it relates to youth suicide prevention, intervention, postvention and self-injury.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

General Guidelines for Parents (Elementary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports, 57(14).



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

General Guidelines for Parents (Elementary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child’s school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents / caregivers

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Risk taking, such as intentional running in front of cars or jumping from high places
- Intense/excessive preoccupation with death



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT E
(Page 1 of 2)

General Guidelines for Parents (Secondary)

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- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
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- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your child. **Help** them to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- **Supervise** constantly. Do not leave your child alone.
- **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports, 57(14).

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

General Guidelines for Parents (Secondary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crises
- Family history of suicide or suicide in community
- Hopelessness
- Impulsivity
- Incarceration

Suicide Warning Signs

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

- ***Suicide threats.*** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- ***Suicide notes and plans.*** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- ***Prior suicidal behavior.*** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- ***Making final arrangements.*** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- ***Preoccupation with death.*** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- ***Changes in behavior, appearance, thoughts, and/or feelings.*** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

Parent Authorization for Release/Exchange of Information

Date: To Parent/Guardian (s) of :

We are requesting your written authorization for release/exchange of information from the individual, agency, or institution indicated below.

The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: Name / Title RE: Student Last Name First Name

Agency, Institution, or Department Date of Birth: Month Day Year

Street Address Street Address

City State Zip City State Zip

I hereby give you permission to release/exchange the following information:

- Medical/Health Speech & Language Educational
Psychological/Mental Health Other - Specify:

The information will be used to assist in determining the needs of the pupil.

THIS INFORMATION IS TO BE SENT TO:

Name Title

Address & Telephone Number

This authorization shall be valid until unless revoked earlier.

I request a copy of this authorization: Yes No

Signature: Date: Parent/Legal Guardian

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



Consentimiento de Padres Para Dar/Intercambiar Información

Fecha: _____ A los Padres/Tutores de : _____

Les estamos pidiendo su autorización por escrito para poderles dar/intercambiar información sobre su niño/a a el individuo, agencia, o institución indicado abajo.

La información recibida será revisada únicamente por profesionales apropiados en acuerdo con Los Derechos Educativos Familiares y Acto de Privacia de 1974.

TO: _____ RE: _____
Nombre / Titulo Apellido del Estudiante Primer Nombre

_____ Fecha de Nacimiento: _____ / _____ / _____
Agencia, Institucion, o Departamento Mes Dia Ano

_____ Direccion _____
Direccion

_____ Ciudad _____ Estado _____ Codigo Posta _____ Ciudad _____ Estado _____ Codigo Postal

I hereby give you permission to release/exchange the following information:

- Médica/Salud Hablar y Lenguaje Educacional
- Psicológico/Salud Mental Otra Cosa: _____

La información será usada para determinar las necesidades del alumno.

ESTA INFORMACIÓN SERÁ ENVIADA A:

_____ Nombre _____ Titulo

_____ Direccion y Numero de Telefono

Esta autorización será válida hasta _____ solo que sea revocada antes.

Yo requiero una copia de esta autorización: Si No

Firma: _____ Fecha: _____
Padre / Tutor Legal

Nota: Esta información se hará parte de los archivos educativos del alumno y estará a disposición de los padres o alumno a la edad de 18 años o mayor.

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB: _____ Location: _____ Date: _____

In planning for the re-entry of a student who has been out of school for any length of time, including mental health hospitalization, or if the student will be transferring to a new school, the school site administrator/designee may consider any of the following action items:

Returning Day	<input type="checkbox"/> Have parent escort student on first day back. Develop a re-entry communication and safety plan in the event of future emergencies.
Hospital Discharge Documents	<input type="checkbox"/> Request discharge documents from hospital or Medical Clearance for Return to School (see Attachment H) from parent on first day back.
Meeting with Parents	<input type="checkbox"/> Engage parents, school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting. <input type="checkbox"/> Identify on-going mental health resources in school and/or in the community. <input type="checkbox"/> Modify academic programming, as appropriate. <input type="checkbox"/> Consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational program (see REF-5578.0 <i>Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities</i> , October 17, 2011) <input type="checkbox"/> If the student is prescribed medication, monitor with parent consent. <input type="checkbox"/> Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed. <input type="checkbox"/> Notify student’s teachers, as appropriate.
Identify Supports	<input type="checkbox"/> Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff	<input type="checkbox"/> Designate staff (e.g., Psychiatric Social Worker, Pupil Services and Attendance Counselor, School Nurse, Academic Counselor) to check in with the student during the first couple weeks periodically.
Release/Exchange of Information	<input type="checkbox"/> Obtain consent by the parent to discuss student information with outside providers using the Parent Authorization for Release/Exchange of Information (see Attachment F).
Manage and Monitor	<input type="checkbox"/> Case management and monitoring – ensure the student is receiving and accessing the proper mental health and educational services needed.



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

CONFIDENTIAL
ATTACHMENT H

Medical Clearance for Return to School
Following Mental Health Intervention Services or Hospitalization

Date: _____

Dear Doctor:

The student named below was either hospitalized or received mental health services recently for being a danger to himself/herself, danger to others and/or gravely disabled. Medical information from you is essential in planning for the student's safety, educational and health needs.

Student: _____ DOB: _____ Grade: _____

Please complete the following information and return to school nurse. Your cooperation is much appreciated.

Diagnosis/description of problem:

Please indicate any prescribed medications and dosages:

If the student no longer poses a threat to self or others at the time of discharge and can return to school, please sign below and indicate restrictions, if any.

The above named student does not pose a threat to self and/or others at the time of discharge and may return to school:

[] without restrictions [] with the following modifications/restrictions (indicate below)

Restrictions: _____

Doctor's Name (print) _____ Doctor's Signature _____

Return to School Nurse: _____ Contact Number: _____

AUTHORIZATION TO RECEIVE/RELEASE MEDICAL INFORMATION

Practitioner/Agency/Clinic _____ Re: _____ Last Name First Name

Name (Last, First) _____ Student Address: Street, City, Zip _____

Agency/Practitioner Address: Street, City, Zip _____ Chart # _____ DOB _____

Purpose for which information may be used: _____

School /Office _____ Address _____ City _____ Zip _____

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: [] Yes [] No

Parent/Legal Guardian Signature _____ Date _____

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

RISK ASSESSMENT REFERRAL DATA (RARD)

CONFIDENTIAL

TO BE COMPLETED BY THE SCHOOL SITE CRISIS TEAM MEMBER

LOCATION OR COST EDUCATIONAL
CENTER NAME: _____ SERVICE CENTER: _____ DATE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

INCIDENT OCCURRED: ON CAMPUS OFF CAMPUS EXACT LOCATION OF INCIDENT: _____
 DISTRICT FACILITY DISTRICT SCHOOL BUS/VEHICLE

NAME OF STUDENT: _____ STUDENT ID: _____
(Last, First Name) (10-digit number ONLY)

TYPE OF INCIDENT/ISSUE (An Injury Report must also be completed for issue in red.)

SUICIDAL BEHAVIOR

- 5150 Hospitalization
- Self-Injury/Cutting
- Suicidal Behavior/Ideation (injury)
- Suicidal Behavior/Ideation (non-injury)

INFORMATION FOR RARD TAB ON ISTAR

Reason for Referral: (Check one or more)

- Current Attempt
- Sudden changes in behavior
- Frequent complaints of illness/body aches
- Direct Threat
- Drug or alcohol abuse
- Indirect Threat
- Self-injury
- Psychosocial stressors
- Giving away prized possessions
- Mood swings
- Previous attempt(s)
- Signs of depression
- Truancy or running away
- Other (Specify)

Student Referred By: (Check one or more)

- Self
- Administrator
- PSA Counselor
- Parent
- Teacher
- Psychologist
- Student/Friend
- Psychiatric Social Worker
- Nurse
- K-12 Counselor
- Other (Specify)

Was a previous RARD submitted for this student? Yes Date: _____ No Unknown

**DO NOT MAIL. SUBMIT COMPLETED RARD TO SCHOOL SITE ADMINISTRATOR
WITHIN 24 HOURS OR BY THE END OF THE NEXT SCHOOL DAY FOR SUBMISSION ON ISTAR.**



RISK ASSESSMENT REFERRAL DATA (RARD)

INFORMATION FOR RARD TAB ON ISTAR

The following action items are MANDATORY.

Refer to BUL-2637.1 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

Was the student assessed for risk using the District guidelines and procedures?

Yes No If NO, please explain:

Was the parent/guardian notified?

Yes Name of person notified: Relationship to student:

No If NO, please explain:

If parent/guardian was not notified due to suspected child abuse, please follow the mandates of BUL-1347.2 Child Abuse and Neglect Reporting Requirements, by completing the Suspected Child Abuse (SCAR) form and calling the appropriate authorities.

Was the parent/guardian provided the appropriate handouts – General Guidelines for Parents?

Yes No If NO, please explain:

What services were provided and/or resources offered to the student/family: (Check one or more)

- Contacted Psychiatric Mobile Response Team for evaluation
Referral to School Mental Health Clinic
Referral to school-based group counseling
Referral to school-based individual counseling
Referral to Community Mental Health Agency
Recommendation for program modification (i.e., smaller class, IEP,...)
Other (please specify)

Assessed by Crisis Team Member:

Employee No.: Email Address:

Name: Contact No.:

Date student was assessed: Date RARD was completed:

Assessor Job Title:

- PSW Psychologist Counselor
Nurse Administrator Other (please specify)
PSA School Police

DO NOT MAIL. SUBMIT COMPLETED RARD TO SCHOOL SITE ADMINISTRATOR WITHIN 24 HOURS OR BY THE END OF THE NEXT SCHOOL DAY FOR SUBMISSION ON ISTAR.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT J
(Page 1 of 2)

Self-Injury and Youth - General Guidelines for Parents*

GENERAL INFORMATION

- Self-injury (SI) is a complex behavior, separate and distinct from suicide.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair and burning.
- The majority of students who engage in SI are adolescent females, though research indicates that there are minimal gender differences. Students of all ages and socio economic backgrounds engage in SI behavior, as it is commonly mentioned in media, social networks and other means of communication.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.
- Tattoos and body piercing are not usually considered self-injurious behaviors, unless they are done with the intention to hurt the body.

SIGNS OF SELF-INJURY

- Frequent or unexplained bruises, scars, cuts, or burns.
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen).
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class).
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas.
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the “choking game”).
- General signs of depression, social-emotional isolation and disconnectedness.
- Possession of sharp implements (razor blades, shards of glass, thumb tacks).
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites.
- Risk taking behaviors such as gun play, sexual acting out, jumping from high places or running into traffic.

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

SUGGESTIONS FOR PARENTS

LISTEN

- Address the behavior as soon as possible by asking open questions and listening to what they say and how they act.
- Talk to your son/daughter with compassion, calm and caring.
- Understand that this is his/her way of coping with pain.

PROTECT

- Foster a protective home environment by maintaining structure, stability, and consistency.
- Maintain high expectations for behavior and achievement.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidelines and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with the support services at your child's school. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

MODEL

- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior. Lecturing, expressing anger or shock can cause your child to feel guilt or shame.

TEACH

- Teach about normal changes that can occur when experiencing stressful events.
- Teach your child about common reactions to stress and help them identify alternative ways to cope.
- Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

***REFERENCES**

Lieberman, R., Toste, J.R., & Heath, N.L. (2008). Prevention and intervention in the schools. In M.K. Nixon & N. Heath (Eds.), *Self injury in youth: The essential guide to assessment and intervention*. New York, NY: Routledge.

Lieberman, R. & Poland, S. (2006). Self-mutilation. In G.G. Bear & K.M. Minke, *Children's Needs III*. Bethesda, MD: National Association of School Psychologists.

Sweet, Miranda & Whitlock, Janis (2011) *Self-Injurious Behavior in Adolescents and Young Adults*. Cornell University Research.

USE SCHOOL LETTERHEAD

Sample Letter to Parent/Guardian RE: Self-Injury

DATE

Dear Parents/Guardians:

On _____, many students in a ____ grade classroom were involved in hurting themselves outside of their classrooms. These students were involved in using razor blades to cut themselves. Our mental health staff has advised us that this is known as a “rite of togetherness” in which students choose to bond together by hurting themselves. The _____ School Crisis Team and staff are working collaboratively with the Department of Mental Health, Los Angeles School Police Department and Educational Service Center Office staff. We believe we have identified all the students involved and have responded to each individually.

I would like to take this opportunity invite you to attend an important informational meeting for parents regarding youth who self-injure and how we can help our children. We hope you can join us. The parent meeting will be held as follows:

SCHOOL NAME
LOCATION
DATE
TIME

Also, please see the attached handout “Self-Injury and Youth – General Guidelines for Parents” for suggestions on how to respond to your child. At _____ School, the safety of every student and staff member is very important to us. Should you or your child have any concerns, please feel free to contact _____ (school psychologist, nurse, or administrator) at (XXX) XXX-XXXX. We are all involved in creating a safe environment for our students.

Sincerely,

NAME, Principal

For a copy of the sample letter in Microsoft Word, visit <http://suicideprevention.lausd.net>.

POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond in the event of a completed suicide.

For a complete description of each procedure, refer directly to the Bulletin 2637.1.

- A. GATHER PERTINENT INFORMATION
 - Confirm death and cause of death, if this information is available.
 - Contact family of the deceased.
- B. NOTIFY
 - ESC Operations Staff
 - LAUSD Office of Communications
 - Other offices
- C. MOBILIZE THE SCHOOL SITE CRISIS TEAM
 - Review information and assess impact.
 - Develop an action plan and assign responsibilities.
 - Establish a plan to notify staff.
 - Establish a plan to notify students.
 - Establish a plan to notify parents.
 - Define triage procedures.
 - Know indicators of those who may need additional support.
 - Consult with Crisis Counseling and Intervention Services, School Mental Health, as needed.
- D. MONITOR AND MANAGE (When reporting child abuse, include information about the student's suicide risk)
- E. IMPORTANT CONSIDERATIONS
 - Memorials
 - Social Networking
 - Suicide Contagion
 - School Culture and Events

Los Angeles Unified School District

Safe School Plan, Volume 3 - Recovery

SECTION 5

B. After a Suicide : A Toolkit for Schools

Suicide Prevention Resource Center,
American Foundation for Suicide Prevention

C. Los Angeles County Suicide Prevention Website Informational Flyer (<http://suicideprevention.lausd.net>)

After a Suicide: A Toolkit for Schools



American Foundation
for Suicide Prevention



This document was created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup:

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We are greatly appreciative of the many people listed here who have taken time to review drafts and to provide suggestions in the development of this Toolkit. Their expertise has provided us with a broad consensus regarding the best ways to deal with a tragic loss in a school community and to promote a coordinated crisis response in order to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on normal educational activities, help students cope with their feelings, and minimize the risk of suicide contagion.

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After a Suicide: A Toolkit for Schools addresses Objective 4.2 of the National Strategy for Suicide Prevention: Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

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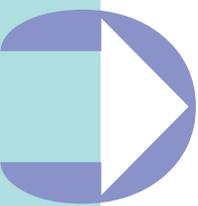
Cite as: American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. *After a Suicide: A Toolkit for Schools*. Newton, MA: Education Development Center, Inc.

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. www.afsp.org

The Suicide Prevention Resource Center (SPRC) promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. www.sprc.org

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Introduction and Executive Summary

Suicide in a school community is tremendously sad, often unexpected, and can leave a school with many uncertainties about what to do next. Faced with students struggling to cope and a community struggling to respond, schools need reliable information, practical tools, and pragmatic guidance.

The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), two of the nation's leading suicide prevention organizations, have collaborated to produce this toolkit to assist schools in the aftermath of a suicide (or other death) in the school community. Both organizations have often been contacted by schools in the aftermath of a suicide death. Because neither AFSP nor SPRC have the capacity to provide customized technical assistance in these circumstances, this toolkit was created to help schools determine what to do, when, and how. It is a highly practical resource for schools facing real-time crises. While designed specifically to address the aftermath of suicide, schools will find it useful following other deaths as well.

The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance. It is not, however, intended to be a comprehensive curriculum. For more resources, see [Additional Information](#).

After a Suicide: A Toolkit for Schools includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities. Principles that have guided the development of the toolkit include the following:

- Schools should strive to treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the unfortunate stigma that still surrounds suicide and may be deeply and unfairly painful to the deceased student's family and close friends.
- At the same time, schools should be aware that adolescents are vulnerable to the risk of suicide contagion. It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death.
- Schools should emphasize that the student who died by suicide was likely struggling with a mental disorder, such as depression or anxiety, that can cause substantial psychological pain but may not have been apparent to others (or that may have shown as behavior problems or substance abuse).
- Help is available for any student who may be struggling with mental health issues or suicidal feelings.

Specific areas addressed in the toolkit are listed below:

Crisis Response

A suicide death in a school community requires implementing a coordinated crisis response to assist staff, students, and families who are impacted by the death and to restore an environment focused on education. Whether or not there is a Crisis Response Plan already in place, the toolkit contains information that can be used to initiate a coordinated response once the basic facts about the death have been obtained. Included are a Team Leader's Checklist (who does what), talking points for use with students, staff, parents, and the media; sample handouts; meeting guidelines; and links to additional resources.

Helping Students Cope

Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day, but these skills may be challenged in the face of a school suicide. Moreover, adolescence marks a time of increased risk for difficulties with emotional regulation, given the intensification of responses that come with puberty and the structural changes in the brain that occur during this developmental period. Schools should provide students with appropriate opportunities to express their emotions and identify strategies for managing them, so that the school can return to its primary focus of education.

Working with the Community

Because schools exist within the context of a larger community, it is important that in the aftermath of a suicide (or other death) the school administrative team establish and maintain open lines of communication with community partners such as the coroner/medical examiner, police department, mayor's office, funeral director, clergy, and mental health professionals. Even in those realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. A coordinated approach can be especially critical when the suicide receives a great deal of media coverage and when the community is looking to the school for guidance, support, answers, and leadership.

Memorialization

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. It can be challenging for schools to strike a comfortable balance between compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. In the case of suicide, schools must also consider how to appropriately memorialize the student who has died without risking suicide contagion among those surviving students who may themselves be at risk. It is very important that schools strive to treat all deaths in the same way.

Social Media

Social media such as texting, Facebook, and Twitter are rapidly becoming the primary means of communication for people of all ages, especially youth. While these communications generally take place outside of school (and may therefore fall outside of the school's control or jurisdiction), they can nevertheless be utilized as part of the school's response after a student's suicide. By working in

partnership with key students to identify and monitor the relevant social networking sites, schools can strategically use social media to share prevention-oriented safe messaging, offer support to students who may be struggling to cope, and identify and respond to students who could be at risk themselves.

Suicide Contagion

Contagion is the process by which one suicide may contribute to another. In fact, in some cases suicide(s) can even follow the death of a student from other causes, such as an accident. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. If there appears to be contagion, school administrators should consider taking additional steps beyond the basic crisis response, including stepping up efforts to identify other students who may be at heightened risk of suicide, collaborating with community partners in a coordinated suicide prevention effort, and possibly bringing in outside experts.

Bringing in Outside Help

School crisis team members should remain mindful of their own limitations and consider bringing in trained trauma responders from other school districts or local mental health centers to help them as needed.

Going Forward

In the ensuing months, schools may wish to consider implementing suicide awareness programs to educate teachers, other school personnel, and students themselves about the causes of suicidal behavior in young people and to identify those who may be at risk.



Additional Information*

American Foundation for Suicide Prevention (AFSP) and others. Reporting on suicide: Recommendations for the media. (2001). <http://www.afsp.org/media>

Centers for Disease Control (CDC). CDC recommendations for a community plan for the prevention and containment of suicide clusters. (1988). <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm> (Note: These recommendations were drafted in 1988, and some of them—specifically those relating to memorialization and announcing the suicide death over the school loudspeaker—have been updated in this toolkit to better reflect current knowledge and practices in the field of suicide postvention.)

Kerr M. M., Brent D. A., McKain B., McCommons P. S. A guide for a school's response in the aftermath of sudden death. 4th edition. (2003).

<http://www.starcenter.pitt.edu/files/document/Postvention.pdf>

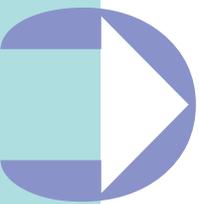
Suicide Prevention Resource Center (SPRC.) At-a-glance: Safe reporting on suicide. (2005)

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Suicide Prevention Resource Center (SPRC). Safe and effective messaging for suicide prevention. (2006)

<http://www.sprc.org/library/SafeMessagingfinal.pdf>

*See also Additional Information resources at the end of each section.



Get The Facts First

In the event of a possible suicide death within a school community, it is critical that the school first obtain confirmed and accurate information.

KEY CONSIDERATIONS

While it may not always be possible to immediately ascertain all of the details about the death, confirming as much information as possible is important because speculation and rumors can exacerbate emotional upheaval within the school. If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed, it can be challenging for a school to determine how to proceed.

Confirm the Cause of Death

The school's principal or superintendent should first check with the coroner and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death. If the death has been ruled a suicide, the school can proceed to communicate as described in the [crisis response](#) section.

If the Cause of Death Is Unconfirmed

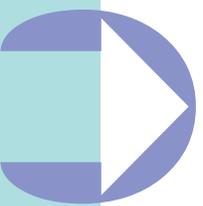
If the body has not yet been recovered or if there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there are rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person, their family, and their friends.

If there is an ongoing investigation, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

If the Family Does Not Want the Cause of Death Disclosed

While the fact that a student has died may be disclosed immediately, information about the cause of death should not be disclosed to students until the family has been consulted. If the death has been declared a suicide but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, schools can state, *"The family has requested that information about the cause of death not be shared at this time"* and can nevertheless use the opportunity to talk with students about the phenomenon of suicide: *"We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."*



Crisis Response

Once a suicide death has been confirmed, the school should immediately implement a coordinated crisis response in order to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on normal educational activities, help students cope with their feelings, and minimize the risk of **suicide contagion**. What follows can be used by any school, regardless of whether there is a pre-existing Crisis Response Plan in place.

KEY CONSIDERATIONS

The Crisis Response Team Leader (usually the school psychologist or counselor) has overall responsibility for the duration of the crisis. She or he should immediately assemble a Crisis Response Team, which will be responsible for implementing the various elements of the crisis response.

The Crisis Response Team should be composed of at least five or six (but no more than 15) people chosen for their skills, credentials, and ability to work compassionately and effectively under pressure—ideally a combination of administrators, counselors, social workers, psychologists, nurses, and/or school resource officers. It can also be useful to include a member of the school's information technology or computer lab staff.

The Crisis Response Team Leader should designate one individual as the Team Coordinator.

Crisis Response Team Leader's Checklist

- Inform the school superintendent of the death.
- Contact the deceased's family to offer condolences, inquire what the school can do to assist, discuss what students should be told, and inquire about funeral arrangements.
- Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- Establish a plan to immediately notify faculty and staff of the death via the school's crisis alert system (usually phone or e-mail).
- Schedule an **initial all-staff meeting** as soon as possible (ideally before school starts in the morning).
- Arrange for students to be notified of the death in small groups such as homerooms or advisories (not by overhead announcement or in a large assembly) and disseminate a **death notification statement for students** to homeroom teachers, advisors, or others leading those groups.
- Draft and disseminate a **death notification statement for parents**.
- Disseminate handouts on **Facts About Suicide and Mental Disorders in Adolescents** and **Talking About Suicide** to faculty.
- Speak with school superintendent and Crisis Response Team Coordinator throughout the day.
- Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.

Team Coordinator's Checklist

The tasks below may be delegated as appropriate to specific staff or faculty in the school.

- Conduct **initial all-staff meeting**.
- Conduct periodic meetings for the Crisis Response Team members.
- Monitor activities throughout school, making sure teachers, staff, and Crisis Response Team members have adequate support and resources.
- Plan **parent meeting** if necessary.
- Assign roles and responsibilities to Crisis Response Team members in the areas of Safety, Operations, Community Liaisons, Funeral, Media Relations, and Social Media.

Safety

- Keep to regular school hours.
- Ensure that students follow established dismissal procedures.
- Call on school resource officers or plant manager to assist parents and others who may show up at the school and to keep media off of school grounds.
- Pay attention to students who are having particular difficulty, including those who may be congregating in hallways and bathrooms, and encourage them to talk with counselors or other appropriate school personnel.

Operations

- Assign a staff or faculty member to follow the deceased student's schedule to monitor peer reactions and answer questions.
- If possible, arrange for several substitute teachers or "floaters" from other schools within the district to be on hand in the building in case teachers need to take time out of their classrooms.
- Arrange for crisis counseling rooms for staff and students.
- Provide tissues and water throughout the building and arrange for food for faculty and crisis counselors.
- Work with administration, faculty, and counselors to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality; and work with school counseling staff to develop plans to provide psychological first aid to them.
- Prepare to track and respond to student and/or family requests for **memorialization**.

Community Liaisons

- Several Team members will be needed, each serving as the primary contact for **working with community** partners of various types, including:
 - **coroner/medical examiner**, to ensure accuracy of information disseminated to school community
 - **police**, as necessary, to ensure student safety

- [mayor's office and local government](#), to facilitate community-wide response to the suicide death
- [mental health and medical communities](#), as well as grief support organizations, to plan for service needs
- arranging for [outside trauma responders](#) and briefing them as they arrive on scene

Funeral

- Communicate with the [funeral director](#) about logistics, including the need for crisis counselors and/or security to be present at the funeral. Encourage family to consider holding the funeral off school grounds and outside of school hours if at all possible.
- Discuss with the family the importance of communicating with [clergy](#) or whomever will be conducting the funeral to emphasize the importance of connecting suicide to underlying mental health issues (such as depression) and not romanticizing the death in ways that could risk contagion.
- Depending on the family's wishes, help disseminate information about the funeral to students, parents and staff, including:
 - location
 - time of the funeral (keep school open if the funeral is during school hours)
 - what to expect (for example, whether there will be an open casket)
 - guidance regarding how to express condolences to the family
 - policy for releasing students during school hours to attend (i.e., students will be released only with permission of parent, guardian, or designated adult)
- Work with school counselors and community mental health professionals to arrange for counselors to attend the funeral.
- Encourage parents to accompany their child to the funeral.

Media Relations

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

Social Media

- Oversee school's use of [social media](#) as part of the crisis response.
- Consider convening a small group of the deceased's friends to work with school administration to monitor social networking sites and other social media.



Additional Information

Federal Emergency Management Agency (FEMA). Introduction to incident command structure for schools. (2010). <http://training.fema.gov/EMIWeb/is/is100sca.asp>

Federal Emergency Management Agency (FEMA). Resources for parents and teachers. <http://www.fema.gov/kids/safes6.htm>

SPAN USA and Suicide Prevention Resource Center (SPRC). Help at hand: Supporting survivors of suicide loss. A guide for funeral directors. (2008). <http://www.sprc.org/library/funeraldirectors.pdf>

TOOLS FOR CRISIS RESPONSE (beginning on the following page):

[Sample Agenda for Initial All-Staff Meeting](#)

[Sample Death Notification Statement for Students](#)

[Sample Death Notification Statement for Parents](#)

[Sample Media Statement](#)

[Key Messages for Media Spokesperson](#)

[Sample Agenda for Parent Meeting](#)

[Talking About Suicide](#)

[Facts about Suicide and Mental Disorders in Adolescents](#)



Sample Agenda for Initial All-Staff Meeting

This meeting is typically conducted by the Crisis Response Team Leader and should be held as soon as possible, ideally before school starts in the morning.

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

Goals of Initial Meeting

Allow at least one hour to address the following goals:

- Introduce the Crisis Response Team members.
- Share accurate information about the death.
- Allow staff an opportunity to express their own reactions and grief. Identify anyone who may need additional support and refer them to appropriate resources.
- Provide appropriate faculty (e.g., homeroom teachers or advisors) with a scripted **death notification statement** for students. Arrange coverage for any staff who are unable to manage reading the statement.
- Prepare for student reactions and questions by providing handouts to staff on **Talking About Suicide** and **Facts About Suicide and Mental Disorders in Adolescents**.
- Explain plans for the day, including locations of crisis counseling rooms.
- Remind all staff of the important role they may play in identifying changes in behavior among the students they know and see every day, and discuss plan for handling students who are having difficulty.
- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Apprise staff of any outside crisis responders or others who will be assisting.
- Remind staff of student dismissal protocol for funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

End of the First Day

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

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



Sample Death Notification Statement for Students

Use in small groups such as homerooms or advisories, not in assemblies or over loudspeakers.

Option 1 – When the death has been ruled a suicide

It is with great sadness that I have to tell you that one of our students, _____, has taken [his/her] own life. All of us want you to know that we are here to help you in any way we can.

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

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

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

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

Please remember that we are all here for you.

Option 2 – When the cause of death is unconfirmed

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

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Option 3 – When the family has requested that the cause of death not be disclosed

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

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

We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.



Sample Death Notification Statement for Parents

To be sent by e-mail or regular mail

Option 1 – When the death has been ruled suicide

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

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

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

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

The school will be hosting a meeting for parents and others in the community at [date/time/location]. Members of our Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how adults can help youths cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

Option 2 – When the cause of death is unconfirmed

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

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

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we have asked the students not to spread rumors since they may turn out to be inaccurate and can be deeply

hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

Option 3 – When the family has requested that the cause of death not be disclosed

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

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

The family has requested that information about the cause of death not be shared at this time. We are aware that there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about the problems in his or her life and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of additional school and community mental health resources.

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

Please do not hesitate to contact me or the school counselors with any questions or concerns.

Sincerely,

[Principal]



Sample Media Statement

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

School personnel were informed by the coroner's office that a []-year-old student at [] school has died. The cause of death was suicide.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at [date/time/location]. Members of the school's Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how adults can help youths cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [e-mail address] for more information.

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

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

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

Local Community Mental Health Resources

[To be inserted by school]

National Suicide Prevention Lifeline

800-273-TALK (8255)

[Local hotline numbers to be inserted by school]

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 (“copycat” suicides), particularly among youth. Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and http://www.sprc.org/library/at_a_glance.pdf.

Media Contact

NAME:

TITLE:

SCHOOL:

PHONE:

E-MAIL ADDRESS:



Key Messages for Media Spokesperson

For use when fielding media inquiries.

Suicide/Mental Illness

- Depression is the leading cause of suicide in teenagers.
- About 6 percent of teenagers will develop depression yearly. Sadly, more than 80 percent of these kids will not have their illness properly diagnosed or treated, which can also lead to school absenteeism, failing grades, dropouts, crimes, and drug and alcohol abuse.
- Depression is among the most treatable of all mood disorders. More than three fourths of people with depression respond positively to treatment.
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental disorders, including addictions.

School's Response Messages

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to [his/her] family and friends, and the entire community.
- We will be offering grief counseling for students, faculty and staff starting on [date] through [date].
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on [date/time/location]. Experts will be on hand to answer questions.
- No TV cameras or reporters will be allowed in the school or on school grounds.

School Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and http://www.sprc.org/library/at_a_glance.pdf.
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion.
- Media should also avoid oversimplifying cause of suicide (e.g., “student took his own life after breakup with girlfriend”). This gives the audience a simplistic understanding of a very complicated issue.
- Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental disorder such as depression.
- Media should include links to or information about helpful resources such as local crisis hotlines or the National Suicide Prevention Lifeline 800-273-TALK (8255).



Sample Agenda for Parent Meeting

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

A word of caution: Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming. Instead, the meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counselors for questions and discussion. The following is a sample meeting agenda.

First Part: General Information (45 to 50 minutes)

Crisis Response Team Leader or School Superintendent

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

Principal

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

Crisis Response Team Leader (or other appropriate Crisis Team member)

- Discusses how school will [help students cope](#).
- Mentions that more information about bereavement after suicide is available at <http://www.afsp.org/survivingsuicidloss>.
- Shares handout [Facts about Suicide and Mental Disorders in Adolescents](#) emphasizing risk factors and warning signs and noting that over 90 percent of suicides are linked to underlying mental disorders such as depression or anxiety that can cause substantial psychological pain but may not have been apparent to others (or that may have shown up as behavior problems or substance abuse).

- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal feelings.
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at school and in the community, such as:
 - school counselors
 - community mental health agencies
 - emergency psychiatric screening centers
 - children’s mobile response programs
 - National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Second Part: Small Group Meetings (1 hour)

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

Some Additional Considerations

- Since some parents may arrive with young children, provide onsite childcare.
- Provide separate discussion groups for students who may accompany parents.
- Media should not be permitted access to the small groups; arrange for the media spokesperson to meet with any media.
- In some cases (for example, when the death has received a great deal of sensationalized media attention), it may be necessary to arrange for security to assist with the flow of traffic and with media and crowd control.



Talking About Suicide

from *After a Suicide: A Toolkit for Schools*

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. Sometimes this turns into blaming others for the death.

Do not focus on the method or graphic details.

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, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should be not on *how* someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

by saying . . .

“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 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 the symptoms go away.”

by saying . . .

“The reasons that someone dies by suicide are not simple, and are related to mental disorders that get in the way of the person thinking clearly. Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a mental disorder.”

by saying . . .

“It is tragic that he died by hanging. 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?”

Talking About Suicide (continued from previous page)

Address anger.

Accept expressions of anger at the deceased and explain that these feelings are normal.

by saying . . .

“It is okay to feel angry. These feelings are normal and it doesn’t mean that you didn’t care about _____. You can be angry at someone’s behavior and still care deeply about that person.”

Address feelings of responsibility.

Reassure those who feel responsible or think they could have done something to save the deceased.

by saying . . .

“This death is not your fault.”

“We can’t always predict someone else’s behavior.”

“We can’t control someone else’s behavior.”

Encourage help-seeking.

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.

by saying . . .

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”

“There are effective treatments to help people who have mental disorders or substance abuse problems. Suicide is never an answer.”

“This is an important time for all in our [school, team, etc.] community to support and look out for one another. If you are concerned about a friend, you need to be sure to tell a trusted adult.”



Facts About Suicide and Mental Disorders in Adolescents

from *After a Suicide: A Toolkit for Schools*

Suicide is not inexplicable and is not simply the result of stress or difficult life circumstances. The key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental disorder. Research shows that over 90 percent of people who die by suicide have a mental disorder at the time of their death.

In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, substance use disorder, and eating disorders. While in some cases these disorders may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “reason.”

Suicide is almost always complicated. In addition to the underlying disorders listed above, suicide risk can be affected by personality factors such as impulsivity, aggression, and hopelessness. Moreover, suicide risk can also be exacerbated by stressful life circumstances such as a history of childhood physical and/or sexual abuse; death, divorce, or other trauma in the family; persistent serious family conflict; traumatic breakups of romantic relationships; trouble with the law; school failures and other major disappointments; and bullying, harassment, or victimization by peers.

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

Warning Signs of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

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

What to Do in a Crisis

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Resist the temptation to argue the person out of suicide by saying, "You have so much to live for" or "Your suicide will hurt your family and friends." Instead, seek professional help.

In an acute crisis:

- Call 911.
- Do not leave the person alone.
- If safe to do so, remove any firearms, alcohol, drugs, or sharp objects that could be used.
- Call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.

Symptoms of Mental Disorders Associated with Suicide Risk

Most adults are not trained to recognize signs of serious mental disorders in teens, and symptoms are therefore often misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, or immaturity. Diagnosis of a mental disorder should always be made by a qualified mental health professional.

The key symptoms of *major depressive disorder* in teens are sad, depressed, angry, or irritable mood and lack of interest or pleasure in activities the teen used to enjoy, lasting at least two weeks. Symptoms represent a clear change from the person's normal behavior and may include changes in appetite or sleep, feelings of worthlessness/guilt, inability to concentrate, slowed or agitated movement, recurrent thoughts of death or suicide, fatigue/loss of energy, and self-harm behavior.

Sometimes referred to as manic depression, *bipolar disorder* includes alternating episodes of depression and mania. Symptoms of mania last at least one week, cause clear social or academic problems, and include extreme distractibility, lack of need for sleep, unusually rapid speech or motor activity, excessive talking, and involvement in risky activities such as gambling or irresponsible sexual behavior.

The key characteristic of *generalized anxiety disorder* is excessive, uncontrolled worry (for example, persistent worry about tests or speaking in class) occurring on most days for a period of six months. Symptoms may include restlessness or feeling keyed up, irritability, being easily fatigued, muscle tension, difficulty concentrating, and sleep disturbances.

Teens with *substance use disorder* show a problematic pattern of drug or alcohol use over 12 months or more, leading to significant impairment or distress. Symptoms include taking larger amounts, over a longer period, than intended; continued use despite knowing that it is causing problems; increased irritability and anger; sleep disturbances; and family conflict over substance use.

Conduct disorder is a repetitive, persistent pattern in children or adolescents of violating the rights of others, rules, or social norms, occurring over 12 months. Symptoms include bullying or threatening others, physical fights, fire-setting, destroying property, breaking into houses/cars, physical cruelty to people or animals, lying, shoplifting, running away from home, and frequent truancy.

Anorexia nervosa and bulimia are *eating disorders* that are strongly linked to other mental disorders, especially depression and anxiety. Symptoms of anorexia nervosa include refusal to maintain body

weight at a minimally normal level for age and height, intense fear of gaining weight, and a denial of low body weight. Symptoms of bulimia include repeated episodes of binge eating (at least twice a week for three months) combined with recurrent inappropriate behaviors to avoid gaining weight such as vomiting, misuse of laxatives, or excessive exercise.

Help Is Available

If there are concerns about a student's emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include school counselors, community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals.

Some depressed teens show improvement in just four to six weeks with talk therapy alone. Most others experience a significant reduction of depressive symptoms with antidepressant medication. Medication is usually essential in treating severe depression and other serious mental disorders, such as bipolar disorder and schizophrenia. Since 2004, an FDA warning has recommended close monitoring of youth taking antidepressants for worsening of symptoms, suicidal thoughts or behavior, and other changes. Risks of medication must be weighed against the risks of not effectively treating depression or other serious mental disorders.

(Adapted with permission from *More Than Sad: Preventing Teen Suicide*, American Foundation for Suicide Prevention, <http://www.morethansad.org>.)



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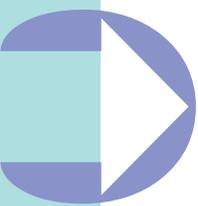
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Helping Students Cope

In the aftermath of a suicide, students and others in the school community may—not surprisingly—feel emotionally overwhelmed, which can disrupt the school’s ability to return to its primary function of educating students, and can increase the risk of prolonged stress responses and even **suicide contagion**. The following are strategies that schools can use to help students balance the timing and intensity of their emotional expression and restore the school’s ability to function effectively.

KEY CONSIDERATIONS

The term *emotional regulation* refers to a person’s ability to appropriately experience and express intense emotions such as grief and fear. Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged in the face of a suicide. In addition, young people may not yet have learned how to recognize complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia. Moreover, adolescence marks a time of increased risk for difficulties with emotional regulation, given the intensification of emotional responses that come with puberty and the structural changes in the brain that occur during this developmental period.

It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, so the school can continue its primary focus of education. It may also be useful for school staff to identify and reach out to families of students who are not coming to school.

When implementing these strategies, leadership will most likely be provided by the school counselor, school nurse, and/or community mental health partner, all of whom should be members of the school’s Crisis Response Team. However, all adults in the school community can help by modeling calm, caring, and thoughtful behavior.

Schedule Meetings with Students in Small Groups

It will likely be necessary to adjust the regular academic schedule in order to spend time with students to help address their emotional needs. It is preferable to reach out to students in a deliberate and timely way rather than to allow the emotional environment to escalate. It is also preferable to meet with students in small groups, which enables adults to identify those youth who appear in need of additional attention.

If possible, have counselors go into the classrooms to give students accurate information about suicide, the kinds of reactions that can be expected after hearing about a peer’s suicide death, and safe coping strategies to help them in the coming days and weeks.

Wherever possible, group meetings should follow a structured outline, keep to a time limit, and provide each student with an opportunity to speak. The meetings should focus on helping students identify and express their feelings and discuss practical coping strategies (including appropriate ways to memorialize the loss) so they may return their focus to their regular routines and activities.

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

Help Students Identify and Express Their Emotions

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. Acknowledge the breadth of feelings and diversity of experiences and emphasize the importance of being respectful of others.

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

What is your biggest concern about the immediate future?

What would help you feel safer right now?

Practical Coping Strategies

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

- simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favorite calm and relaxing place
- engaging in favorite activities or hobbies such as music, talking with a friend, reading, or going to a movie
- exercising
- thinking about how they've coped with difficulties in the past and reminding themselves that they can use those same coping skills now
- writing a list of people they can turn to for support
- writing a list of things they're looking forward to
- focusing on individual goals, such as returning to a shared class or spending time with mutual friends

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

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

Reach Out to Parents

Parents may need guidance on [Talking About Suicide](#) with their children and how best to support them at this difficult time. They may also need reliable information relating to the document [Facts About Mental Disorders and Suicide in Adolescents](#).

Anniversary of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died.



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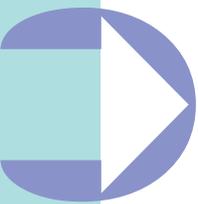
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Working with the Community

Because schools exist within the context of a larger community, it's very important that in the aftermath of a suicide or other death they establish and maintain open lines of communication with community partners such as the coroner/medical examiner, police department, mayor's office, funeral director, clergy, and mental health professionals.

KEY CONSIDERATIONS

The school is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family.

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

Coroner/Medical Examiner

The coroner or medical examiner is the best starting point for confirming that the death has in fact been declared a suicide. (In some cases, it may also be necessary to contact the police department to verify the information). It is important that schools **Get The Facts First** and ascertain that all information is accurate before communicating with students.

However, given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social networking sites), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..."

There may also be cases in which there is disagreement between the authorities and the family regarding the cause of death. For example, the death may have been declared a probable suicide but the family believes it to have been a homicide or an accident. Or the death may have been declared a suicide, but the family does not want this communicated, perhaps due to stigma, for fear of risking contagion, or because they simply do not (yet) believe or accept that it was suicide.

Schools have a responsibility to balance the need to be truthful with the school community while remaining sensitive to the family. They can take this opportunity to educate the community (including potentially vulnerable students) about the causes and complexity of suicide and to identify available mental health resources. For example, a school might say, "According to the medical examiner, the death has been declared a suicide. It can sometimes be difficult for us to be absolutely sure whether a death was intentional or not (for example, in the case of a drug overdose or a motor vehicle accident involving a single vehicle). While we may never know all of the details, we are deeply saddened, and want to take this opportunity to teach you some important information about suicide and where you can find help."

Of course, if a legal gag order is in effect, the school attorney should first research the applicable state law regarding discussing the cause of death before the school issues a statement.

Police Department

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it has not yet been determined whether the death was suicide or homicide). The school will need to be in close communication with the police to determine (a) what they can and cannot say to the school community so as not to interfere with the investigation, and (b) whether there are certain students who must be interviewed by the police before the school can debrief or counsel them in any way.

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

Mayor's Office and Local Government

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

Funeral Director

The school and funeral home are complementary sources of information for the community. Schools are often in an excellent position to give the funeral director a heads-up about what to expect at the funeral in terms of the number and types of students likely to attend, and the possible need to have additional security present. The school can also provide information about local counseling and other resources to the funeral directors, with the request that the information be made available to attendees at the funeral.

Schools can ask the funeral director to provide (or recommend) materials that the school could provide to students to help them prepare for the funeral. Schools can also encourage the funeral director to talk to the family about the importance of scheduling the service outside of school hours, encouraging students' parents to attend, and providing counselors to meet with distraught students after the service (and the need for a quiet area in which to do so).

Clergy

Because the school may be in the best position to understand the risk of contagion, it can play an important role by encouraging a dialogue between the family and the clergy (or whomever will be officiating at the service) to help sensitize them to the issue. This dialogue may provide an opportunity to explain the importance of not inadvertently romanticizing either the student or

the death in the eulogy, but instead emphasizing the connection between suicide and underlying mental health issues such as depression or anxiety, which can cause substantial psychological pain but may not be apparent to others (or may manifest as behavioral problems or substance abuse).

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

Mental Health and Medical Communities

Most schools have counselors on staff, and it is important that these individuals are linked to other mental health professionals in the community. In particular, it is advisable that the school establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of a suicide death, schools will want to notify the center to ensure seamless referrals if students show signs of distress. Schools will also want to publicize crisis hotline numbers such as Lifeline: 800-273-TALK (8255).

In addition, schools can encourage the local medical community, including primary care doctors and pediatricians, to screen for depression, substance abuse, and other relevant disorders in the youth they see.

Outside Trauma Responders

Working with schools in the aftermath of a suicide death can easily exhaust school crisis team members, which can interfere with their ability to effectively assist the students. Bringing in trained trauma responders from other school districts or local mental health or crisis centers to work alongside the school's crisis team members—and to provide care for the caregivers—can be quite helpful.

Community Organizations

Schools may also wish to network with their local chapter of the American Foundation for Suicide Prevention and with suicide bereavement support groups (see <http://www.afsp.org>).

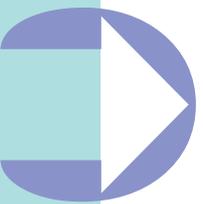


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Memorialization

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. It can be challenging for schools to strike a balance between compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. In the case of suicide, schools must consider how to appropriately memorialize the student who died without risking suicide contagion among other students who may themselves be at risk.

KEY CONSIDERATIONS

It is very important that schools strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of **suicide contagion**, it's equally important to memorialize the student in a way that doesn't inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicide and underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should both meet with the student's friends and coordinate with the family, in the interest of identifying a meaningful, safe approach to acknowledging the loss. This section includes several creative suggestions for memorializing students who have died by suicide.

Funerals and Memorial Services

All the recommendations made here focus on keeping the regular school schedule intact to the maximum extent possible for the benefit of the entire student body (including those who may not have known the deceased).

While at first glance schools may appear to provide an obvious setting for a funeral or memorial service because of their connection to the community and their ability to accommodate a large crowd, it is strongly advised that such services *not* be held on school grounds, to enable the school to focus instead on maintaining its regular schedule, structure, and routine. Additionally, using a room in the school for a funeral service can inextricably connect that space to the death, making it difficult for students to return there for regular classes or activities.

In situations where school personnel are able to collaborate with the family regarding the funeral or memorial service arrangements, it is also strongly advised that the service be held *outside* of school hours.

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

If possible, the school should coordinate with the family and funeral director to arrange for counselors to attend the service. A guide for funeral directors is available at <http://www.sprc.org/library/funeraldirectors.pdf>. In all cases, the principal or another senior administrator should attend the funeral.

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

Spontaneous Memorials

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

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. In all cases, schools should have a consistent policy so that suicide deaths are handled in the same manner as any other deaths. A combination of time limits and straightforward communication can help to restore equilibrium and avoid glamorizing the death in ways that may increase the risk of contagion. Although it may in some cases be necessary to set limits for students, it is important to do so with compassion and sensitivity, offering **creative suggestions** whenever possible. For example, schools may wish to make posterboard and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be avoided by those who don't wish to participate (i.e., not in the cafeteria or at the front entrance). After a few days, the posters can be removed and offered to the family.

When a memorial is spontaneously created on school grounds, schools are advised to monitor it for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk. Schools can leave such memorials in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. It is generally not necessary to prohibit access to the site or to cordon it off, which would merely draw excessive attention to it.

It is recommended that schools discourage requests to create and distribute t-shirts and buttons bearing images of the deceased by explaining that, while these items may be comforting to some students, they may be quite upsetting to others. If students come to school wearing such items without first seeking permission, it is recommended that they be allowed to wear the items for that day only, and that it should be explained to them that repeatedly bringing images of the deceased student into the school can be disruptive and can glamorize suicide.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died while at the same time returning

the focus back to the classroom curriculum. The students can be involved in planning how to respectfully remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

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

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

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

School Newspapers

Coverage of the student's death in the school newspaper may be seen as a kind of memorial; also, articles can be used to educate students about suicide warning signs and available resources. It is strongly recommended that any such coverage be reviewed by an adult to ensure that it conforms to the standards set forth in **Reporting on Suicide: Recommendations for the Media**, which was created by the nation's leading suicide prevention organizations.

Events

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

Often, the parents of the deceased student express an interest in holding an assembly or other event to address the student body and describe the intense pain the suicide death has caused to their family in the hopes that this will dissuade other students from taking their own lives. While it is surely understandable that bereaved parents would wish to prevent another suicide death, schools are strongly advised to explain that this is *not* an effective approach to suicide prevention and may in fact even be risky, because students who are suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended, and may even become more likely to act on their suicidal thoughts. Instead, parents should be encouraged to work with the school to bring an appropriate educational program to the school, such as *More Than Sad: Teen Depression*, a DVD that educates teens about the signs and

symptoms of depression (available at <http://www.morethansad.org>) or others that are listed in the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry (available at <http://www.sprc.org>).

Yearbooks

Again, the guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbook) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that final editorial decisions are made by an adult.

Whenever possible, the focus should be on mental health and/or suicide prevention. For example, underneath the student's picture it might say, "In your memory we will work to erase the stigma surrounding mental illness and suicide." The page might also include pictures of classmates engaging in a suicide prevention event such as an Out of the Darkness community walk (<http://www.outofthedarkness.org>).

Graduation

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

Permanent Memorials and Scholarships

Some communities wish to establish a permanent memorial (sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship). Others are afraid to do so.

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

Creative Suggestions

Some schools may resist allowing any kind of memorialization at all, clamping down on any student desire to publicly acknowledge the death for fear of glamorizing suicide and risking **suicide contagion**. But simply prohibiting any and all memorialization is problematic in its own right—it is deeply stigmatizing to the student's family and friends, and can generate intense negative reactions, which can exacerbate an already difficult situation and undermine the school's efforts to protect the student body's emotional regulation.

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the

impact that the proposed activity will likely have on students, particularly those who were closest to the student who died.

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

It can also be helpful for schools to come equipped with specific, constructive suggestions for safe memorialization, such as:

- holding a day of community service or creating a school-based community service program in honor of the deceased
- putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., <http://www.outofthedarkness.org>), or holding a local fundraising event to support a local crisis hotline or other suicide prevention program
- sponsoring a mental health awareness day
- purchasing books on mental health for the school or local library
- working with the administration to develop and implement a curriculum focused on effective problem-solving
- volunteering at a community crisis hotline
- raising funds to help the family defray their funeral expenses
- making a book available in the school office for several weeks in which students can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the school community



Additional Information

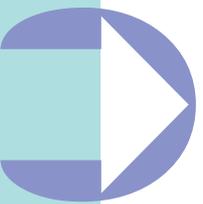
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Social Media

The term *social media* refers to the various Internet and mobile communications tools (such as texting, Facebook, Twitter, YouTube, MySpace and others) that may be used to communicate information extremely rapidly, often to large numbers of people. In the emotionally charged atmosphere that can follow a suicide death, schools may be inclined to try to control or stifle such communications by students—a task that is virtually impossible in any event, since they generally take place outside of school hours and property. Schools can, however, utilize social media effectively to disseminate information and promote suicide prevention efforts.

KEY CONSIDERATIONS

Following a suicide death, students may immediately turn to social media for a variety of purposes, including transmitting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky), and posting messages (both appropriate and hostile) about the deceased.

Although schools may initially consider social media to be outside of its traditional jurisdiction, they can in fact collaborate with students and utilize these tools to disseminate important and accurate information to the school community, identify students who may be in need of additional support or further intervention, share resources for grief support and mental health care, and promote safe messages that emphasize suicide prevention and minimize the risk of suicide contagion.

Involve Students

It can be very beneficial for a designated member of the Crisis Response Team (ideally someone from the school's information technology department) to reach out to friends of the deceased and other key students to work collaboratively in this area. Working in partnership with student leaders will enhance the credibility and effectiveness of social media efforts, since the students themselves are in the best position to help identify the particular media favored by the student body, engage their peers in honoring their friend's life appropriately and safely, and inform school staff about online communications that may be worrisome.

Students who are recruited to help should be reassured that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication. They should also be made aware that staff are available and prepared to intervene if any communications reveal cause for concern.

Disseminate Information

Schools may already have a website and/or an online presence (or page) on one or more social media sites; students can help identify others that are currently popular. These can be used to proactively communicate with students, teachers, and parents about:

- the funeral or memorial service (schools should of course check with the student's family before sharing information about the funeral)
- where students can go for help or meet with counselors

- mental illness and the causes of suicide
- local mental health resources
- the National Suicide Prevention Lifeline number: 800-273-TALK (8255)
- national suicide prevention organizations such as the National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org>), the American Foundation for Suicide Prevention (<http://www.afsp.org>), and the Suicide Prevention Resource Center (<http://www.sprc.org>).

Schools should emphasize help-seeking and suicide prevention. More specific guidance for safe message content may be found at <http://www.sprc.org/library/SafeMessagingfinal.pdf>. Students can also be enlisted to post this information on their own online pages.

Online Memorial Pages

Online memorial pages and message boards have become common practice in the aftermath of a death.

Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. As with all **memorialization** following a suicide death, such pages should take care not to glamorize the death in ways that may lead other at-risk students to identify with the person who died. It is therefore vital that memorial pages utilize safe messaging, include resources, be monitored by an adult, and be time-limited.

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

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

Monitor and Respond

To the extent possible, social media sites (including the deceased's wall or personal profile pages) should be monitored for:

- rumors
- information about upcoming or impromptu gatherings
- derogatory messages about the deceased
- messages that bully or victimize current students
- comments indicating students who may themselves be at risk

Responses may include posting comments that dispel rumors, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, the appropriate response may go beyond simply posting a comment, safe message, or resource information. It may extend to notifying parents and local law enforcement about the need for security at a late-night student gathering, for example.

In some cases it may be necessary to take action against so-called trolls who may seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most sites have a report mechanism or comparable feature, which enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site. Because the available options vary from site to site and can evolve over time, schools are advised to contact the particular site for instructions.

The National Suicide Prevention Lifeline has developed an in-depth online postvention manual that details how to find various social media sites and other online groups, post resources, and reach out to parents. It also includes case examples and resource links and is available at <http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>.

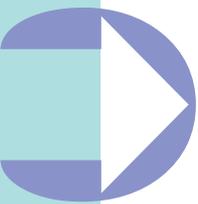
On occasion, schools may become aware of posted messages indicating that another student may be at risk of suicide. Messages of greatest concern may suggest hopelessness or refer to plans to join the deceased student. In those instances, it may be necessary to alert the student's family and/or contact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



Additional Information

National Suicide Prevention Lifeline. Lifeline online postvention manual. <http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>

Suicide Prevention Resource Center (SPRC). Safe and effective messaging for suicide prevention. (2006) <http://www.sprc.org/library/SafeMessagingfinal.pdf>



Suicide Contagion

While it is outside the scope of this toolkit to fully explore the phenomenon of imitative suicidal behavior (see [Additional Information](#)), what follows are general guidelines for school communities facing possible contagion.

KEY CONSIDERATIONS

Contagion is the process by which one suicide death may contribute to another. In fact, suicide(s) can even follow the death of a student from other causes, such as an accident. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers.

If there appears to be contagion, schools should consider taking additional steps beyond the basic [crisis response](#) outlined in this toolkit, including identifying other students who may be at heightened risk of suicide and actively collaborating with community partners in a coordinated suicide prevention effort.

Identifying Other Students at Possible Risk for Suicide

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

Of special concern are those students who:

- have a history of suicide attempts
- are dealing with stressful life events such as a death or divorce in the family
- were eyewitnesses to the death
- are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, and acquaintances of the deceased)
- received a phone call, text, or other communication from the deceased foretelling the suicide
- may have fought with or bullied the deceased

Schools can also seek to identify those in the general student body who may be at heightened risk by using a mental health screening tool (a process sometimes called case finding) such as TeenScreen Schools and Communities of the National Center for Mental Health Checkups (<http://www.teenscreen.org>), Signs of Suicide (<http://www.mentalhealthscreening.org>), or others listed in the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry (<http://www.sprc.org>).

Connecting with Local Mental Health Resources

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

Managing Heightened Emotional Reactions at School

The possibility of a suicide cluster can be exceedingly upsetting. At a minimum, school counselors and/or trained outside professionals should be available to meet with distraught students for grief counseling and to help them make linkages with other resources in the community.

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

Monitoring Media Coverage

Particularly when there have been multiple suicides, media interest in the deaths will be intense. The school should delegate one spokesman for public statements, disseminate the document [Reporting on Suicide: Recommendations for the Media](#), and follow the safe messaging guidelines at <http://www.sprc.org/library/SafeMessagingfinal.pdf>. The risk of contagion is related to the amount, duration, and prominence—as well as the content—of media coverage, so it is extremely important that schools strongly encourage the media to adhere to the parameters set forth by the nation's leading suicide prevention organizations. These recommendations include:

- not glamorizing or romanticizing the victim or suicide itself
- not oversimplifying the causes of suicide
- not detailing the method
- not including photographs of the death scene or of devastated mourners, which can be attractive for vulnerable youth who may be desperate for attention and recognition
- including hotline numbers (such as Lifeline: 800-273-8255) and information about local mental health resources in each article

Building a Community Coalition

Schools cannot possibly manage all aspects of reacting to possible contagion and preventing its spread without collaborating with community partners. It is strongly recommended that the community convene a coordinating committee that can meet on a regular basis and serve as a decision-making body and identify a leader for these efforts. The committee should include senior

representation from the school, together with representatives from as many of the following as possible:

- law enforcement
- government, such as the mayor's office, medical examiner's office, and public health department
- parents who have demonstrated community leadership in addressing drug and alcohol abuse, bullying, or other related issues
- mental health community, such as community mental health centers, psychiatric screening centers, private practitioners, and substance abuse treatment centers
- social service agencies
- clergy
- funeral directors
- first responders and hospital emergency room personnel
- media (as coalition members, not to cover it as a news event)
- students
- suicide bereavement support group facilitators
- primary health care providers/clinics

The committee's initial goals should include:

- Identifying a leader or lead agency
- Identifying any particular risk factors within the community, such as widespread drug and alcohol use, bullying, or easy access to means of suicide
- Mobilizing existing mental health and primary care resources to identify and help young people who may be at high risk
- Mobilizing law enforcement to patrol locations where youth may gather to memorialize the deceased and/or engage in risky behaviors such as drinking or drug use
- Mobilizing parents to assist in monitoring youth who come to their homes and neighborhoods
- Reaching out to other groups and businesses in the community where youths gather, such as recreation centers, religious organizations, sports leagues, movie theaters, and diners

The committee should also consider the gaps in existing resources and identify additional resources that may be needed, such as:

- Creating a position for a suicide prevention resource coordinator
- Hiring or contracting for additional counseling staff in affected schools
- Hiring staff to provide screening programs in affected schools, such as Columbia Teen Screen
- Developing alcohol and drug programs for youth
- Developing teen centers where youth can come together and engage in social and recreational activities with caring adults
- Creating a public awareness campaign or website to educate the community about mental disorders, substance abuse, and other at-risk behaviors, and to decrease stigma and increase help-seeking. Examples of safe messaging can be found at <http://www.sprc.org/library/SafeMessagingfinal.pdf>
- Creating public service campaigns to educate the community about suicide risk factors, warning signs, and local resources for those at risk

- Identifying ways to reach at-risk youth who are not in the education system, such as recent graduates, dropouts, or those in the juvenile justice system
- Identifying and implementing ways to reduce access to means
- Exploring eligibility for additional sources of funding, such as a U.S. Department of Education School Emergency Response to Violence (SERV) grant, awarded to school districts that have experienced a traumatic event and need additional resources to respond.

Additional Information

Gould, M. S., Wallenstein, S., Kleinman, M. H., et al. Suicide clusters: An examination of age-specific effects. *American Journal of Public Health* 1990; 80(2): 211-12.

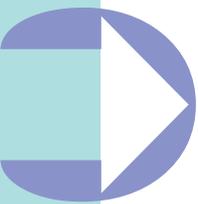
Insel, B. J., and Gould, M. Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America* 2008; 31: 293-316.

Centers for Disease Control (CDC). CDC recommendations for a community plan for the prevention and containment of suicide clusters. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm> (Note: These recommendations were drafted in 1988, and some of them—specifically those relating to memorialization and announcing the suicide death over the school loudspeaker—have been updated in this toolkit to better reflect current knowledge and practices in the field of suicide postvention.)

National Association of School Psychologists. Times of tragedy: Preventing suicide in troubled children and youth. Part II: Tips for school personnel or crisis team members (2002). http://www.nasponline.org/resources/crisis_safety/suicidept2_general.aspx

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Zenere, Frank J. Suicide postvention in the school community. Help Promote Hope (Florida Statewide Office of Suicide Prevention). http://www.helppromotehope.com/documents/Zenere_Postvention.pdf



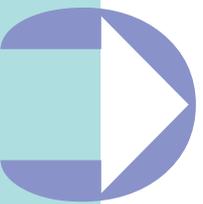
Bringing in Outside Help

Particularly when dealing with possible suicide contagion, school crisis team members should remain mindful of their own limitations, and consider bringing in trained trauma responders from other school districts or local mental health centers to help them as needed.

In particularly complicated situations (and provided that sufficient funding is available to cover any applicable fees), schools may even consider bringing in local or national experts in suicide prevention for additional consultation and assistance. Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references checked. Organizations that can provide crisis response, prevention consultation, training, and/or can put schools in touch with appropriate experts include:

- National Emergency Assistance Team of the National Association of School Psychologists http://www.nasponline.org/resources/crisis_safety/neat.aspx
- National Institute for Trauma and Loss sponsors a TLC Referral Directory of certified trauma and loss specialists and consultants. Note that directory is accessible to TLC members only. <http://www.starrtraining.org/online-referral-directory>.
- The Dougy Center: National Center for Grieving Children & Families <http://www.dougy.org>
- Riverside Trauma Center <http://www.riversidetraumacenter.org>
- Boston Children's Foundation <http://www.bostoncf.org>
- Services for Teens at Risk (STAR) Center, University of Pittsburgh <http://www.starcenter.pitt.edu>

Many states have other resources available; check with your state office of education. The Suicide Prevention Resource Center maintains contact information for selected individuals working in suicide prevention in each state who may be able to assist you in identifying local experts (<http://www.sprc.org/stateinformation/index.asp>). We regret that neither AFSP nor SPRC are able to provide individual technical assistance in these circumstances.



Going Forward

In the ensuing months, schools should consider implementing:

- Suicide awareness programs to educate teachers and other school personnel about the symptoms of depression and the causes of suicidal behavior in young people
- Programs to educate students themselves about the symptoms and risks of depression, anxiety, substance abuse, and conduct disorder
- Gatekeeper training programs, which teach laypeople the practical skills for identifying and referring those who may be at risk, and can be made available to those in the community who work with young people such as youth group leaders, coaches, clergy, and parents
- A school-based suicide prevention program

A database of such programs that have been determined by expert peer review to reflect best practices is available at the Best Practices Registry for Suicide Prevention (BPR), maintained by SPRC and AFSP and available at <http://www.sprc.org>.

Another source is the National Registry of Evidence-Based Programs and Practices, maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. While few of the programs are specific to suicide prevention, this database includes mental health interventions that have been scientifically tested. Available at <http://www.nrepp.samhsa.gov>.

Some schools may also wish to take collective action to address the problem of suicide, such as participating as a team in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center.

Suicide Prevention Resource Center, Education Development Center, Inc.

March 2011

Providing outreach and support to districts, schools, parents and high risk youth populations.

I WILL THRIVE

THE PROJECT

The *Suicide Prevention for Schools* Web site is dedicated to educating school district personnel, parents and students on the subject of suicide prevention.

The Suicide Prevention Web site is a joint effort between the Los Angeles County Department of Mental Health (LACDMH), the Los Angeles County Office of Education (LACOE) Center for Distance and Online Learning (CDOL), and the Los Angeles Unified School District (LAUSD) School Mental Health Services (SMHS). This project is supported by funds provided through Proposition 63, the Mental Health Services Act (MHSA).

- **FACT SHEETS/FAQs**
- **INTERVENTION GUIDELINES**
- **LOCAL/STATE/NATIONAL RESOURCES**
- **ORGANIZATIONS AND REFERENCES**
- **SPECIAL POPULATIONS/ISSUES**



**SUICIDE PREVENTION
FOR SCHOOLS**

SUICIDE PREVENTION FOR SCHOOLS in Los Angeles County. <http://preventsuicide.lacoe.edu>

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Los Angeles County Office of Education
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