Concord School District Suicide Prevention Plan
Draft June 16, 2021

Concord School District Suicide Prevention Contacts

If you have questions or concerns about the Concord School District Suicide Prevention Plan, please contact:

Suicide Prevention Coordinator: Margie Borawska-Popielarz mboraska@sau8.org

School Suicide Prevention Liaisons

These School Psychologists serve as the point of contact when a student is believed to be at an elevated risk of suicide.

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Rundlett Middle School	Deborah Hoyt	603-225-0862	dhoyt@sau8.org
Concord High School	Margie Borawska-Popielarz	603-225-0800	mborawska@sau8.org

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Purpose

Suicide is the second leading cause of death for children, adolescents, and young adults aged 15-to-24-year-olds. Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems.

During the academic year children and youth spend the majority of their day in school where caring and trained adults are available to help them. Schools need trained mental health staff and clear procedures for identifying and intervening with students at risk for suicidal behavior.

The purpose of this plan is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

The Concord School District recognizes that:

- physical and mental health are integral components of student outcomes, both
- educationally and beyond graduation;
- suicide is a leading cause of death among young people;
- the district has an ethical responsibility to take a proactive approach in preventing deaths by suicide;
- the district and individual schools must play a role in providing environments that are sensitive to individual and societal factors that place youth at greater risk for suicide and that help to foster positive youth development and resilience;
- comprehensive suicide prevention plans include prevention, intervention, and postvention components.

Using Accurate Language and Concepts About Suicide

Language

The use of language around suicide has changed in recent years. The Concord School District promotes the use of language that is trauma-informed and non-stigmatizing. By changing the way we talk about suicide, we change the way we think about it. In general, the language used for any other illness-based death or sudden loss (such as a heart attack or car accident) is a guiding principle.

In the past, the term 'committed suicide' has been used. In our society, we generally refer to crimes having been 'committed', which can lead to the criminalization of people who have died by suicide. We also have stopped using the terms 'successful or unsuccessful' suicide attempts, instead just using 'suicide attempt', focusing on factual and direct language that is free of judgment.

TALKING ABOUT SUICIDE	
Use this:	**Instead of this:**
Died by suicide	*Committed suicide*
Suicide death	*Successful attempt*
Suicide attempt	*Unsuccessful attempt*

Definitions and Concepts

At-Risk

Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures in this Plan. The type of referral, and its level of urgency, shall be determined by the student's level of risk.

Crisis Team

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response, and recovery. Crisis Team members at the school level will include one or more administrator, school psychologist, school counselors, school nurse, and others including support staff and/or teachers. These professionals are specifically trained in areas of crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols. Crisis team members who are mental health professionals may provide crisis intervention and services.

Mental Health

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, adverse childhood experiences or trauma or trauma, physical health, and genes.

Safety Screening
An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school counselor, school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide
Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of
an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

NOTE: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior
Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent end one's life.

Suicidal Ideation
Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion
The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention
Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

(From Model School District Policy on Suicide Prevention)

Warning Signs and Risk Factors for Suicide

Warning Signs

Sometimes it is difficult to tell the difference between "normal" adolescent behavior and signs that are cause for concern, or action. Warning signs are changes in a person's behaviors, feelings, and beliefs about oneself, which are maladaptive or out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to differ from individual to individual. Thus, there is no guaranteed script for recognizing when an individual is suicidal. However, there are common traits that have been observed in individuals contemplating suicide.

It is helpful to compare these warning signs with ***Risk Factors*** in assessing the situation at hand. When in doubt, seek assistance/guidance from an informed professional such as family physician, guidance counselor, or mental health professional who can answer your questions and assist you with making a referral or getting connected with services.

If you observe these signs in someone, it is critically important not to ignore or minimize these indicators (particularly the first three) and to seek help immediately.

Warning Signs for Suicide
● **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
● **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
● **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
● Acting impulsively, recklessly or engaging in risky activities – seemingly without thinking or without thinking about consequences
● Increasing alcohol or drug use
● Feeling anxious or agitated, being unable to sleep, or sleeping all the time
● Feeling hopeless
● Feeling rage or uncontrolled anger or seeking revenge
● Feeling trapped – like there's no way out
● Withdrawing from friends, family, and society
● Experiencing dramatic mood changes
● Seeing no reason for living or having no sense of purpose in life
● Not being able to differentiate between reality and fantasy (i.e.: video game) when talking about death, violence or risk taking

Less Direct Verbal Cues	Direct Verbal Cues
● You will be better off without me. ● I'm so tired of it all. ● What's the point of living? ● Here, take this. I won't be needing it anymore. ● Pretty soon you won't have to worry about me. ● Who cares if I am dead anyway?	● I wish I were dead. ● I'm going to end it all. ● I've decided to kill myself. ● I believe in suicide. ● If [such and such] doesn't happen, I'll kill myself. ● I want to be with ___ in heaven. ● I want to go to bed and not wake up.

Risk Factors

Risk factors are characteristics statistically associated with a health risk (suicide). Risk factors do not predict imminent danger for a particular person, rather they are an indication that an individual may be a higher-than-normal risk. Although risk factors often include some of the (observable) behaviors listed above in the ***Warning Sign*** section, risk factors can also include other factors that would not necessarily be readily observable to someone that casually knows the individual. Many risk factors are uncovered during the process of having an assessment done by a qualified physician or mental health provider.

The most frequently cited risk factors are:

- Mental health conditions, including major depression, bipolar disorder, substance use disorders, anxiety disorders and eating disorders
- Feelings of hopelessness, helplessness, powerlessness, or desperation
- Prior suicide attempt(s) (significantly increases risk)
- Problems with impulse control and aggression
- Serious medical condition and/or pain
- Personality traits that create a pattern of intense, unstable relationships, or trouble with the law
- Psychosis (i.e., marked change in behavior, unusual thoughts and behavior, or confusion about reality)
- History of early childhood trauma, abuse, neglect, or loss
- Fascination with death and violence
- Current family stress or transitions

Other risk factors include:

Family Risk Factors:

- Family history of suicide
- Depressed and/or suicidal parents
- Alcoholic and/or drug-addicted parents
- Changes in family structure (e.g., death, divorce, remarriage, etc.)
- Financial difficulties

Community Risk Factors:

- Access to lethal means, e.g., firearms
- High levels of stress
- Stigma associated with help-seeking
- Lack of access to health care, especially mental health, and substance abuse services
- Lack of social support and sense of isolation
- Relational or social loss
- Exposure to, including media, and influence of others who have died by suicide
- Certain religious beliefs (e.g., that suicide is noble)
- History of bullying or interpersonal conflict
- Incarceration or loss of freedom; trouble with the law

Particularly with youth, there are additional indicators to be mindful of, including:

Personal Risk Factors

- Isolation
- Confusion or conflict about sexual orientation
- Deficits in social skills (e.g., decision-making, conflict and anger management, problem solving)
- Exaggerated humiliation or fear of humiliation

Family Risk Factors

- Lack of strong bonding/attachment within the family
- Withdrawal of support
- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behavior

Community Risk Factors

- Frequent moves and changes in living situation
- Social isolation or alienation from peers
- Exposure to suicide of a peer
- High levels of stress, including the pressure to succeed
- High levels of exposure to violence in mass media

Behavioral Risk Factors

- Aggression, rage, defiance
- Running away from home
- School failure, truancy

This list of risk factors was developed by the National Center for Suicide Prevention Training. For more information go to http://www.ncspt.org

Protective Factors

Protective factors are healthy behaviors and coping skills, and positive parts of a person's home and school life. Protective factors help to create resiliency, or an ability to "bounce back" when setbacks are encountered. While they don't remove the risk entirely, protective factors help to lower the risk of suicide and other self-harmful behaviors.

Protective Factors for Suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, and community
- Access to welcoming and affirming faith-based institutions, supportive social groups, and clubs
- Presence of healthy role models
- Development of coping mechanisms, safety plans, and self-care strategies
- The skills and ability to solve problems
- Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking

At-Risk Student Populations

There are several specific student populations that are at elevated risk for suicidal behavior based on various factors.

Youth Living with Mental Health and/or Substance-Use Disorders
Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGB youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

(From Model School Policy on Suicide Prevention)

Prevention

Youth Suicide Prevention Programs

The Concord School District is dedicated to providing a comprehensive, multi-tiered system of supports for our students, with the goal of fostering a culture and climate that provides a sense of safety, belonging and inclusion for all. Beginning at the universal level, all students are provided with opportunities to develop social and emotional skills that support strong mental health and resilience. Social-emotional learning is integrated into the general education classroom using a variety of curricula and structures. Evidence-based interventions are available to students who need additional small group or individual supports and services. Services are provided by a variety of mental health-related staff, including school counselors, school psychologists, social workers, Student Assistance Program counselors, and therapists.

Developmentally appropriate instruction is provided to all students through health classes. The curriculum incudes a focus on the importance of safe and healthy choices and resiliency strategies. Middle school students participate in one quarter of health education classes each year. Lessons focus on skills connected to healthy decision-making, self-awareness and analyzing influences on health, goal setting, communication and advocacy, bullying, conflict-resolution, and stress and mental health. The middle school uses the Signs of Suicide curriculum with students. Students learn to identify warning signs of suicide and depression, as well as seek help when worried about themselves or their peers.

High school students participate in two additional quarter courses, generally in their freshman and junior years. These courses include age-appropriate curriculum connected to supporting positive mental health. Specific teaching about suicide includes a focus on risk factors, signs, resources, how to get help and support, understanding stressors, stress management strategies, topics in mental health, healthy relationships, and substance use/misuse, among others. The high school uses the NAMI NH Connect program to teach youth about recognizing signs and how to respond to suicide risk. In addition, lessons connected to social-emotional well-being are built into the Advisory programs at both the middle and high schools.

The District will use screening processes at each level--elementary, middle and high school--to identify students who may be at risk for social-emotional/mental health challenges, and match them to supportive services. Families are encouraged to contact their child's school counselor if they have any concerns or notice their child exhibiting any of the risk factors identified above.

Mental Health professionals from Riverbend, our community mental health center, provide on-site counseling services to students in our schools. Student Assistance Program counselors at middle and high schools work directly with students, 1:1 or in small groups, to provide support around substance misuse, and strategies for positive social-emotional health and well-being. School staff regularly consult with community partners, including Riverbend, to support referrals for students and families.

Concord School District's Family Center Programs for children, birth through 5, and their families, in cooperation with partner agencies across the city, provide a wide array of services aimed at building a foundation of emotional well-being for these youngest learners. We aim to start as early as possible to provide our learners and their families with opportunities that nurture social and emotional growth.

Employee Training Programs

The district requires two hours of annual professional development on suicide awareness and prevention training for all employees. Topics addressed include risk factors, warning signs, protective factors, response procedures, referral and safety protocols, prevention strategies, postvention, curriculum and other resources regarding youth suicide prevention. In the last several years we have used the National Alliance on Mental Illness-New Hampshire's (NAMI NH) Suicide Connect Program. Connect is designated as a National Best Practice training program in suicide prevention, intervention, and response to a suicide death. In addition, we use NAMI's online Connect E-Learning training program. Concord High School has trained, and will continue to train, cohorts of students in the Suicide Connect Program. These students provide leadership support in the building for on-going prevention work.

Family Programs and Other Local Agencies with Suicide Prevention Programming/Mission

A range of supports and services can be found in the Concord area. The National Alliance on Mental Illness (NAMI) New Hampshire provides community prevention, intervention, and postvention services. Resources include a free webinar 'Strengthening the Community's Safety Net: How You Can Help Prevent Suicide', support for attempt survivors, and support for survivors of suicide loss, and the Suicide Connect program. The Connect program is a comprehensive model for planning and implementing suicide prevention and postvention practices. NAMI resources can be found at www.naminh.org/education/suicide-prevention or by calling their information and resource line, 1-800-242-6264.

Riverbend Community Mental Health Center
Riverbend's Children's Services clinicians provide comprehensive, evidence-based treatment to help young people and their families identify and resolve issues that keep them from success. Counseling is available for a wide variety of issues like anxiety, depression, self-harming behaviors, divorce, blended families, school and/or learning difficulties, autism spectrum disorders, gender identity issues, grief, trauma, abuse, addiction, chronic illness, suicidal thoughts, etc. Services are available at Riverbend offices in Concord, at schools, in clients' homes, and at other community locations. Riverbend Emergency Services can be reached 24/7 at 1-844-743-5748. Non-emergency services can be accessed by calling 228-0547. More information is available at www.riverbendcmhc.org

See the Resource Guide beginning on page 45 for additional family resources.

Intervention

In-School Suicide Concerns

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.
2. School staff shall supervise the student to ensure their safety.
3. Staff shall move all other students out of the immediate area as soon as possible.
4. The school-employed mental health professional or principal shall contact the student's parent or guardian.
5. Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. Staff shall request a mental health assessment for the student as soon as possible

Concord School District Safety Screening Protocols

The Concord School District has created the following Safety Screening Protocols to support intervention in our schools.

Warning Signs

Sometimes it is difficult to tell the difference between "normal" childhood behavior and signs that are a cause for concern, or action. Warning signs are changes in a person's behaviors, feelings, and beliefs about oneself, which are maladaptive or out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to differ from individual to individual. Thus, there is no guaranteed script for recognizing when an individual is suicidal. However, there are common traits that have been observed in individuals contemplating suicide or harm to self.

*If someone is showing one or more of the following signs (particularly the first three), they may be thinking about suicide. It is critically important **not** to ignore or minimize these indicators. Please take a minute to immediately notify the student's school counselor/administrator about your concern.*

Warning Signs for Suicide

- **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
- **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
- Acting impulsively, recklessly, or engaging in risky activities – seemingly without thinking or without thinking about consequences
- Alcohol or drug use
- Feeling anxious or agitated, being unable to sleep, or sleeping all the time
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Feeling trapped – like there's no way out
- Withdrawing from friends, family, and society
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Not being able to differentiate between reality and fantasy [i.e., video game] when talking about death, violence & risk taking

Direct Verbal Cues	Less Direct Verbal Cues
• I wish I were dead. • I'm going to end it all. • I've decided to kill myself. • I want to be with [so & so] in heaven. • If [such and such] doesn't happen, I'll kill myself. • I want to go to bed and not wake up.	• You will be better off without me. • I'm so tired of it all. • What's the point of living? • Here, take this. I won't be needing it anymore. • Pretty soon you won't have to worry about me. • Who cares if I am dead anyway?

Examples of *reported* safety concerns:

- Student shares directly with any adults that they have been thinking about harming/killing themself
- Students posts online that they have been thinking about harming/killing themself
- Student's peer(s) report concerns
- Student's caregiver report concerns about self-harm

Examples of *suspected* safety concerns:

- Student writes about suicide, self-harm, etc.
- Student actively searches for information (i.e., asks questions, internet, etc.) about how to commit suicide
- Student presents with *warning* signs (as described above)

A preliminary, school-based *Safety Screening* is warranted when there is *any* indication of self-harm *reported* or *suspected.*

Clarifying commonly held misperception: inquiring about suicidality does **not** increase suicidal tendencies or ideation.

CSD Elementary School

Safety Screening Protocol (April 2021)

Student's Safety is of Concern

Student does not present in acute (crisis) state: Contact student's school counselor or school psychologist to report concern.

If not able to speak directly to school counselor or school psychologist, contact Main Office to directly speak to an Administrator to make arrangements for student to be seen.

Acute: Student presents as distressed, agitated, or is extremely withdrawn.

DO NOT LEAVE STUDENT UNSUPERVISED – GET HELP

Preliminary *Safety Screening* is completed by two qualified staff (i.e., school counselor/school psychologist; **if** two qualified staff are not available, assessment can be completed by one (qualified staff & a consultation with another qualified staff must be documented)

NO Immediate concerns present

YES Immediate concerns present

Follow Up (COMPLETED by person identified on the *Safety Screening* form):
- communicate with caregiver, informing of initial concern & outcomes of *Safety Screening*
- make recommendations as determined

Please place completed Safety Screening form (post assessment and follow up) in school psychologist's mailbox for record keeping.

Follow Up (COMPLETED by person identified on the form):
- communicate with parent/guardian, informing of initial concern, outcomes of *Safety Screening*, and follow up recommendations
- contact community-based mental health providers (i.e., Riverbend, Mobile Crisis, ER)
- if applicable, contact DCYF if caregiver is not willing to follow up on recommendations
- coordinate supports for student's return to school [complete *Follow Up* section of *Safety Screening]*

CSD Elementary School

Safety Screening Protocol (April 2021)

REMOTE

Student's Safety is of Concern during school hours [student is not physically present in the school building]

<u>Student does not present in acute (crisis) state</u>: Contact student's school counselor to report concern.

If not available, contact Main Office/Administrator to make arrangements for student to be seen remotely.

School Counselor/Administrator contacts student and caregiver to

i) inform of concern
ii) schedule a *Safety Screening*

<u>Acute</u>: Student presents as distressed, agitated, or is extremely withdrawn.

DO NOT LEAVE STUDENT ALONE/UNSUPERVISED – GET HELP

CALL 911 & request an immediate Wellness Check

Teacher/Staff notify Main Office of Concern

School Counselor/Administrator follow up with Family & Authorities [as applicable]

Preliminary *Safety Screening* is completed by two (2) qualified staff (i.e., school counselor/school psychologist; 2 school counselors; assessment can be completed by 1 qualified staff & a <u>consultation</u> with another qualified staff must be documented)

NO Immediate concerns present

<u>Follow Up (COMPLETED by person identified on the *Safety Screening* form):</u>
• communicate with caregiver, informing of initial concern & outcomes of *Safety Screening*
• make recommendations as determined appropriate

YES Immediate concerns present

<u>Follow Up (COMPLETED by person identified on the form)</u>:
• communicate with caregiver, informing of initial concern, outcomes of *Safety Screening*, and follow up recommendations
• contact community-based mental health providers (i.e., Riverbend, Mobile Crisis, ER)
• if applicable, contact DCYF if caregiver is not willing to follow up on recommendations
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Warning Signs

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- Not being able to differentiate between reality and fantasy [i.e., video game] when talking about death, violence & risk taking

Direct Verbal Cues	Less Direct Verbal Cues
• I wish I were dead. • I'm going to end it all. • I've decided to kill myself. • I want to be with [so & so] in heaven. • If [such and such] doesn't happen, I'll kill myself. • I want to go to bed and not wake up.	• You will be better off without me. • I'm so tired of it all. • What's the point of living? • Here, take this. I won't be needing it anymore. • Pretty soon you won't have to worry about me. • Who cares if I am dead anyway?

Examples of *reported* safety concerns:

- Student shares directly with any adults that they have been thinking about harming/killing themself
- Students posts online that they have been thinking about harming/killing themself
- Student's peer(s) report concerns
- Student's caregiver report concerns about self-harm

Examples of *suspected* safety concerns:

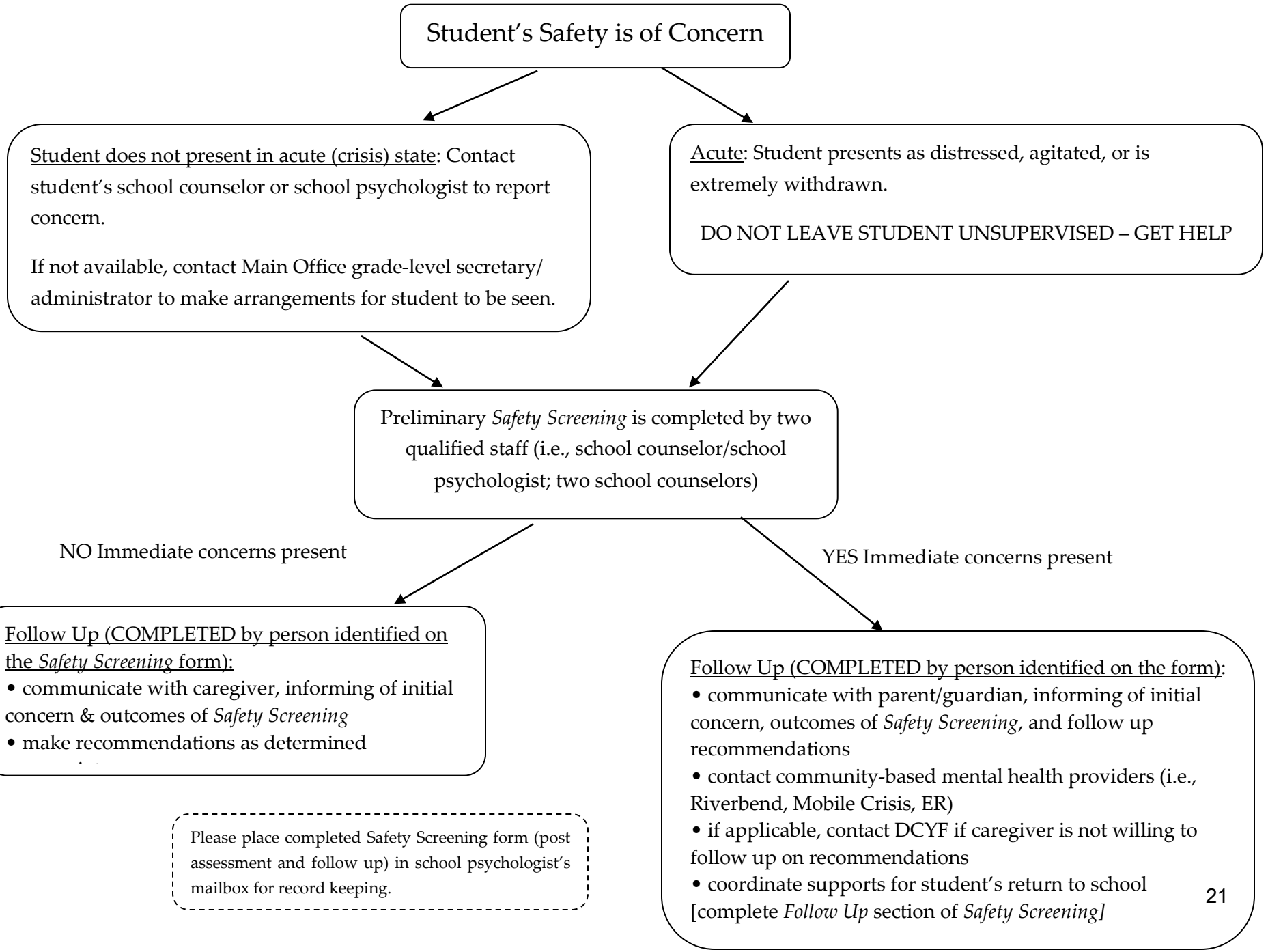
- Student writes about suicide, self-harm, etc.
- Student actively searches for information (i.e., asks questions, internet, etc.) about how to commit suicide
- Student presents with *warning* signs (as described above)

A preliminary, school-based *Safety Screening* is warranted when there is *any* indication of self-harm *reported* or *suspected.*

Clarifying commonly held misperception: enquiring about suicidality does **not** increase suicidal tendencies or ideation.

Rundlett Middle School

Safety Screening Protocol (April 2021)



Rundlett Middle School

Safety Screening Protocol (April 2021)

REMOTE

Student's Safety is of concern during school hours [student is **not** physically present in the school building]

Student does not present in acute (crisis) state: Contact student's school counselor to report concern.

If not available, contact Main Office/Administrator to make arrangements for student to be seen remotely.

School Counselor/Administrator contacts student and caregiver to

i) inform of concern
ii) schedule a *Safety Screening*

Acute: Student presents as distressed, agitated, or is extremely withdrawn.

DO NOT LEAVE STUDENT ALONE/UNSUPERVISED – GET HELP

CALL 911 & request an immediate Wellness Check

Teacher/Staff notify Main Office of Concern

School Counselor/Administrator follow up with Family & Authorities [as applicable]

Preliminary *Safety Screening* is completed by two (2) qualified staff (i.e., school counselor/school psychologist; 2 school counselors; assessment can be completed by 1 qualified staff & a consultation with another qualified staff must be documented)

NO Immediate concerns present

Follow Up (COMPLETED by person identified on the *Safety Screening* form):
- communicate with caregiver, informing of initial concern & outcomes of *Safety Screening*
- make recommendations as determined appropriate

YES Immediate concerns present

Follow Up (COMPLETED by person identified on the form):
- communicate with caregiver, informing of initial concern, outcomes of *Safety Screening*, and follow up recommendations
- contact community-based mental health providers (i.e., Riverbend, Mobile Crisis, ER)
- if applicable, contact DCYF if caregiver is not willing to follow up on recommendations
- coordinate supports for student's return to school [complete *Follow Up* section of *Safety Screening]*

Warning Signs

Sometimes it is difficult to tell the difference between "normal" adolescent behavior and signs that are a cause for concern, or action. Warning signs are changes in a person's behaviors, feelings, and beliefs about oneself, which are maladaptive or out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to differ from individual to individual. Thus, there is no guaranteed script for recognizing when an individual is suicidal. However, there are common traits that have been observed in individuals contemplating suicide or harm to self.

*If someone is showing one or more of the following signs (particularly the first three), they may be thinking about suicide. It is critically important **not** to ignore or minimize these indicators. Please take a minute to immediately notify the student's school counselor/administrator about your concern.*

Warning Signs for Suicide

- **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
- **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
- Acting impulsively, recklessly, or engaging in risky activities – seemingly without thinking or without thinking about consequences
- Increasing alcohol or drug use
- Feeling anxious or agitated being unable to sleep, or sleeping all the time
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Feeling trapped – like there's no way out
- Withdrawing from friends, family, and society
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Not being able to differentiate between reality and fantasy [i.e., video game] when talking about death, violence & risk taking

Direct Verbal Cues	Less Direct Verbal Cues
• I wish I were dead. • I'm going to end it all. • I've decided to kill myself. • I believe in suicide. • If [such and such] doesn't happen, I'll kill myself. • I want to go to bed and not wake up.	• You will be better off without me. • I'm so tired of it all. • What's the point of living? • Here, take this. I won't be needing it anymore. • Pretty soon you won't have to worry about me. • How do you become an organ donor? • Who cares if I am dead anyway?

Examples of *reported* safety concerns:

- Student shares directly with any adults that they have been thinking about harming/killing themself
- Students posts online that they have been thinking about harming/killing themself
- Student's peer(s) report concerns
- Student's caregiver report concerns about self-harm

Examples of *suspected* safety concerns:

- Student writes about suicide, self-harm, etc.
- Student actively searches for information (i.e., asks questions, internet, etc.) about how to commit suicide
- Student presents with *warning* signs (as described above)

A preliminary, school-based *Safety Screening* is warranted when there is *any* indication of self-harm *reported* or *suspected.*

Clarifying commonly held misperception: inquiring about suicidality does **not** increase suicidal tendencies or ideation.

Concord High School

Safety Screening Protocol (April 2021)

Student's Safety is of Concern

Student does not present in acute (crisis) state: Contact student's counselor to report concern.

If not available, contact Commons secretary/ administrator to make arrangements for student to be seen.

Acute: Student presents as distressed, agitated, or is extremely withdrawn.

DO NOT LEAVE STUDENT UNSUPERVISED – GET HELP

Preliminary *Safety Screening* is completed by two qualified staff (i.e., school counselor/school psychologist; two school counselors)

NO Immediate concerns present

YES Immediate concerns present

Follow Up (COMPLETED by person identified on the *Safety Screening* form):
- communicate with caregiver, informing of initial concern & outcomes of *Safety Screening*
- make recommendations as determined

Please place completed *Safety Screening* form (post assessment and follow up) in school psychologist's mailbox for record keeping.

Follow Up (COMPLETED by person identified on the form):
- communicate with parent/guardian, informing of initial concern, outcomes of *Safety Screening*, and follow up recommendations
- contact community-based mental health providers (i.e., Riverbend, Mobile Crisis, ER)
- if applicable, contact DCYF if caregiver is not willing to follow up on recommendations
- coordinate supports for student's return to school [complete *Follow Up* section of *Safety Screening]*

Concord High School

Safety Screening Protocol (April 2021)

REMOTE

Student's Safety is of concern during school hours [student is **not** physically present in the school building]

Student does not present in acute (crisis) state: Contact student's school counselor to report concern.

If not available, contact Main Office/Administrator to make arrangements for student to be seen remotely.

School Counselor/Administrator contacts student and caregiver to

i) inform of concern
ii) schedule a *Safety Screening*

Acute: Student presents as distressed, agitated, or is extremely withdrawn.

DO NOT LEAVE STUDENT ALONE/UNSUPERVISED – GET HELP

CALL 911 & request an immediate Wellness Check

Teacher/Staff notify Main Office of Concern

School Counselor/Administrator follow up with Family & Authorities [as applicable]

Preliminary *Safety Screening* is completed by two (2) qualified staff (i.e., school counselor/school psychologist; 2 school counselors; assessment can be completed by 1 qualified staff & a consultation with another qualified staff must be documented)

NO Immediate concerns present

Follow Up (COMPLETED by person identified on the *Safety Screening* form):
- communicate with caregiver, informing of initial concern & outcomes of *Safety Screening*
- make recommendations as determined appropriate

YES Immediate concerns present

Follow Up (COMPLETED by person identified on the form):
- communicate with caregiver, informing of initial concern, outcomes of *Safety Screening*, and follow up recommendations
- contact community-based mental health providers (i.e., Riverbend, Mobile Crisis, ER)
- if applicable, contact DCYF if caregiver is not willing to follow up on recommendations
- coordinate supports for student's return to school [complete *Follow Up* section of *Safety Screening]*

Riverbend Emergency Services

The district works closely with Riverbend Emergency Services to support students and families. This brief guide provides an overview of those services and what staff, students and families can expect when working together with Riverbend.

RIVERBEND

Riverbend Emergency Services

Riverbend's Emergency Services team (ES) provides 24/7 crisis coverage to members of the community by phone, in homes, in community settings (primarily adults at this point), and at the Concord Hospital Emergency Room. Their main goals are to accomplish the following:

- Provide rapid response for people in crisis,
- Early intervention,
- Provide assessments in the Emergency Services (ES) office or in the community, rather than the hospital emergency department,
- Connect people with mental health services and other community resources.

Any community member can call Emergency Services 24/7 at **1-844-743-5748** and a clinician will answer the call and will assess/triage the level of need.

Emergency/Crisis Supports for Children

When the call is pertaining to a child, ES will complete a phone triage and determine the level of intervention needed. Sometimes a clinician is able to support a parent/guardian over the phone with helping their child to regulate safely and remain at home. If it is determined that a child needs further assessment/intervention, the clinician will arrange for that child to be seen at the ES office or at the Emergency Room at Concord Hospital.

Emergency/Crisis Supports for Adults

When the call is pertaining to an adult, an ES clinician will want to speak directly with the adult who is in need of support. (If that is not possible and the call comes from a concerned family member, ES can walk that person through their options). They will conduct a triage assessment and determine the level of intervention needed, which may include over the phone support, further assessment in the community (at the person's home or at another location mutually agreed upon with the client) or at the Emergency Room at Concord Hospital.

RIVERBEND

What to Expect as a CSD Staff Member Calling Emergency Services

1. When a student is in crisis at school and the safety assessment process has been completed within the school program and a decision is made to have the student evaluated by Riverbend ES staff, school staff should follow their school's protocol for informing the parent/guardian and will call Riverbend's Emergency Services Department at **1-844-743-5748** for further assessment.
2. Staff can call Emergency Services with the student and/or their guardian or if it feels inappropriate to do this with the child/parent present, staff can call without the client, but will need access to the parent to schedule/discuss options.
3. A Riverbend clinician will answer the phone and staff can talk with them about the present situation and tell them that the recommendation is for further assessment.
4. The clinician will then determine how they would like staff and the student/their guardian to proceed. They may schedule a time to see the child at their office for further assessment or they may instruct staff/parent to facilitate transportation to the Emergency Room.
5. It will then need to be determined if the parent/guardian can safely transport the child or if a police/ambulance transport will need to be facilitated. If police/ambulance transport is needed, staff will follow the school's plan.
6. Regardless of the next steps, staff should provide parent/first responder with a copy of any documentation regarding the current situation that would assist in the assessment.

*Please note that in an emergency Riverbend clinicians may ask you for information about the incident prior to the parents' permission being given due to the need to act quickly, much like you may do for a medical emergency for a student.

Potential Questions that may come up during this process:

- Are school staff able to call Riverbend and make appointments for students, in consultation with parents or do parents need to make the appointment?
  - Best practice is for the parent to be involved in the scheduling of the appointment with Emergency Services (ES). There may be times where a school staff may be assisting with communication and may be the "in between" for the clinician and the parent, but it is best practice to have the parent get in touch with ES.
- Can a 13-year-old (and older) make their own appointment without parent involvement?
  - No, anyone under the age of 18 will need a parent/guardian to be involved.
- Can school staff transport students to Pleasant Street or Concord Hospital in the absence of parent?

- Parents/guardians should transport students to Pleasant Street and in most situations to Concord Hospital. If there is a medical emergency level of concern then ambulance transport to the hospital would be appropriate.

RIVERBEND

What to Expect as a Parent Having their Child Assessed by Emergency Services

When your child is in crisis and you are contacted by school staff regarding the need for further assessment by a Riverbend Emergency Services clinician this can create a high-level of concern for you and your family. This is a brief description of what you may expect/experience:

1. When you have phone contact with Emergency Services, you will call **1-844-743-5748** and a clinician will answer the call. They will ask for information about the current situation, history of mental health treatment, and other pertinent information.
    a. In an emergency situation, school staff may have already contacted Riverbend Emergency Services and provided information about the incident prior to obtaining parental permission due to the need to act quickly, much like may be done for a medical emergency.
2. The clinician will then determine next steps with you. This decision will take into account current and past safety concerns, your comfort-level related to the current situation, and potential need for medical intervention. The options are:
    a. Scheduling an assessment with a clinician at the Mobile Crisis Team office at 40 Pleasant Street in Concord.
    b. Being seen in the Emergency Department at Concord Hospital.
3. The clinician will provide contact information for Emergency Services, encourage you to call again if the situation changes, and confirm the plan with you.
    a. School staff will provide you with documentation of the situation that led to the need for further evaluation. Please bring this to the appointment with Emergency Services.

Then what…

- Being seen at 40 Pleasant Street:
    - When you arrive at Pillar House at 40 Pleasant Street you will check in at the window and wait to be seen by a clinician and peer support specialist.
    - The clinician and peer support specialist will meet with you and your child to discuss the current situation, history, treatment engagement, and safety planning.
    - Possible outcomes include:
        - Sent home with a safety plan and follow up by current treatment providers or Emergency Services clinicians.
        - Refer for services if not currently in treatment and provide bridge services with Emergency Services clinician.
        - Sent to Emergency Room to await inpatient psychiatric hospitalizatio

- Emergency Room at Concord Hospital:
    - Before hanging up with the clinician it will need to be determined if you can safely get your child to the Emergency Room or if a police/ambulance transport is necessary. If police/ambulance transport is necessary then the clinician will assist with this.
    - Once at the Emergency Room your child will triaged by Emergency Room staff, assigned to a room, and medically cleared by Concord Hospital medical staff.
    - A referral will then be made to Riverbend's Emergency Services to conduct a safety assessment with potential outcomes ranging from safety planning and discharge home to inpatient psychiatric hospitalization. The Emergency Services clinical team will support you and your child during this time and provide updates as they are available. A Concord Hospital pediatrician will also continue to monitor your child health and mental health needs.

Riverbend Emergency Services

40 Pleasant Street
Concord, NH 03301

Concord Hospital Emergency Room

250 Pleasant Street
Concord, NH 03301

PO Box 2032
Concord, NH 03302-2032
603-228-1600
riverbendcmhc.org

RIVERBEND

What to Expect as a Child being Assessed by Emergency Services

If you are in crisis at school and feeling like you may do something unsafe, your school staff will help you stay safe and spend time with you talking about how you are feeling and why. They may decide that you need to meet with someone else, a counselor at Riverbend's Emergency Services Department. Here is what that may be like:

- Your parent or guardian will come to the school and talk with your school staff about how to keep you safe. They may also talk with a counselor from Riverbend on the phone and you may have a chance to do that too.
- The Riverbend counselor may make a plan for you to meet with them at one of the following places:
    - An office building named Pillar House (because it has big columns out front).
    - At the Emergency Room at Concord Hospital.
- To get you there to meet with the counselor you may ride with your parents or you may ride in an ambulance or police car depending on what your parents and school staff decide is safest.
- When you meet with the counselor you will talk about what is happening, how you are feeling, what unsafe thoughts you are having, and ways that you can stay safe and people can help you.
- The counselor, your parents, and you will make a decision about what happens next. Possible things are:
    - Make a safety plan of ways to be safe and have you follow up with your therapist or an Emergency Services therapist.
    - Talk to you and your parents about seeing a therapist.
    - Go to a psychiatric hospital to get help from doctors, nurses, and social workers.
- You will have your parents/guardians with you or in touch with you every step of the way.

PO Box 2032
Concord, NH 03302-2032
603-228-1600
riverbendcmhc.org

Out-of-School Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian
3. Inform the school suicide prevention coordinator and principal. If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

After a Suicide Death: Postvention Procedures

[The following information is adapted from American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). After a suicide: A toolkit for schools (2nd ed.). Waltham, MA: Education Development Center. The full document, which includes tools and templates to help carry out aspects of the postvention process, can be found at https://www.sprc.org/resources-programs/after-suicide-toolkit-schools.]

The Crisis Response Team

Each of the district's schools will have an identified Crisis Response Team which can be immediately mobilized to implement a coordinated response to achieve the following:

- 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.

To achieve these goals each school's Crisis Response Team will include someone assigned to perform the following roles.

The Response Team Coordinator (usually the principal) has overall responsibility throughout the crisis. The Coordinator:

- Is the central point of contact
- Monitors overall postvention activities throughout the school, and
- Handles communications with the different groups of people within the school (e.g., administration, staff, students, and parents) and the media

It is recommended that the Response Team Coordinator designate a member of the mental health staff to serve as an *Assistant Coordinator* for the team. This person:

- Coordinates communication among the staff, students, and community,
- Shares updates with Crisis Response Team members,
- Works with the mental health team to organize safe rooms for students and staff in need of assistance, and
- Facilitates communication with parents when concerns arise about particular students.

If an *assistant coordinator* is designated, that person can also fill in for the coordinator if he or she is not available. If an *assistant coordinator* is not designated, a back-up coordinator should be assigned by the coordinator for times when the coordinator is not available.

Initial Steps: Procedure Checklist

When the district receives the news that one of our students has died by suicide, the first step is to make sure this news is true. In this age of social media and smartphones, it is easy for rumors to spread. School staff should immediately confirm the death of a student.

Crisis Response Team Coordinator's Tasks

☐ Inform the Principal (if not already notified or designated as team coordinator) and Superintendent of the death.

☐ **Call for support from the Department of Health and Human Services Disaster Behavioral Health Coordinator by calling (603) 271-9454 or (603) 419-0074.**

After 4pm, Monday through Friday, or on weekends, emergency DBHRT services may be requested by calling the Duty Officer at Emergency Management (800) 852-3792.

The Coordinator will provide onsite direction to the Team and will arrange for additional counselor support onsite, as needed.

☐ Contact the deceased's family to:

- Offer condolences.
- Inquire as to what the school can do to assist,
- Ask them to identify the student's friends who may need assistance,
- Discuss what students should be told, and
- Inquire about funeral arrangements.

If possible, make this contact in person.

☐ Call an immediate meeting of the Crisis Response Team to assign responsibilities.

☐ Establish a plan to immediately notify school staff of the death via the school's crisis alert system. If possible, this should be an in-person or phone notification, especially for those who worked directly with the deceased student.

☐ Schedule an initial all-staff meeting as soon as possible—ideally before school starts in the morning (see page 73, Sample Guidelines for Initial All-Staff Meeting).

☐ Arrange for students to be notified of the death in small groups. Do not notify students by public address system or in a large assembly.

- ☐ Disseminate a death notification statement for students to teachers (see page 75, Sample Death Notification Statement for Students). It is suggested that in the class of the deceased student, it might be helpful to have a mental health professional (e.g., school psychologist, counselor, social worker) present as well as the teacher.

- ☐ Identify social media accounts that may need attention or monitoring and designate a member of the crisis team to monitor them.

- ☐ Draft and disseminate a written death notification statement to parents (see page 78 Sample Death Notification Statement for Parents).

- ☐ Disseminate the handouts Facts about Suicide in Adolescents (page 90), Tips for Talking about Suicide (page 84), and Youth Warning Signs (page 92) and What to Do in a Crisis (page 92) to teachers and other relevant school staff to give them more information about suicide and how to help their students.

- ☐ Speak with the Superintendent and Crisis Response Team Assistant Coordinator throughout the day.

- ☐ Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.

Crisis Response Team Assistant Coordinator's Tasks

The following tasks may be delegated as appropriate to specific staff by the team coordinator if an assistant coordinator is not designated:

- ☐ Conduct an initial all-staff meeting.

- ☐ Conduct periodic meetings for the Crisis Response Team members.

- ☐ Monitor activities throughout the school, making sure teachers, staff, and Crisis Response Team members have adequate support and resources.

- ☐ Plan a parents' meeting, if necessary (see the tool Sample Agenda for Parent Meeting).

- ☐ Assign roles and responsibilities to Crisis Response Team members in the areas of safety, support for staff and students, community liaisons, funeral, media relations, and social media.

Other Activities

These activities can be implemented by the Team Coordinator, Assistant Coordinator, and/or other designated staff, depending on the activity and the specific situation:

Safety

- ☐ Keep to regular school hours.
- ☐ Ensure that students follow established dismissal procedures.
- ☐ Call on school resource officers or facilities managers to assist parents and others who may show up at the school with inquiries and to keep media off school grounds.
- ☐ Pay attention to students who are having particular difficulty, including those who are either withdrawing from others or congregating in hallways and bathrooms. Encourage them to talk with counselors or other appropriate school staff.

Support for Staff and Students

- ☐ Assign a staff member to follow the deceased student's schedule to monitor peer reactions and answer questions. It is also important to monitor staff reactions to the death.
- ☐ If possible, arrange for several substitute teachers or "floaters" from other schools within the district (or outside consultants) to be on hand in the building in case teachers need to take time out of their classrooms.
- ☐ If possible, identify an easily accessible mechanism for students to request support (e.g., be able to request a pass to meet with a counselor or others) throughout the day.
- ☐ Arrange for crisis counseling rooms for staff and students.
- ☐ Provide tissues and water throughout the building and arrange for food for teachers and crisis counselors who may be giving up lunch periods to respond to students.
- ☐ Work with the administration, teachers, and school mental health professionals 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.
- ☐ Work with school-based mental health professionals to develop plans to provide counseling and referrals to those who need it.
- ☐ Prepare to track and respond to student and/or family requests for memorialization.

Adapted from American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center.

Cooperation and Collaboration with Community Services

Because schools exist within the context of a larger community, it is very important that before a suicide occurs, they establish and maintain open lines of communication and working relationships with community partners including the police department, clergy, mental health and health care professionals, and community-based agencies. The Concord School District's pre-existing relationships with many key community organizations provides a solid foundation for working together in the event of a crisis.

The district is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family of the deceased student. Even in those realms where the district may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. For example, the district may be able to offer relevant information (such as input on 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.

Police Department

The police are also likely to be an important source of information about the death, particularly if there is an ongoing investigation (e.g., if it has not yet been determined whether the death was a suicide or homicide). The district needs 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 or staff who must be interviewed by the police before the school can debrief or counsel them in any way. If school staff are to be interviewed, the school may want to consult its legal counsel prior to the interview(s).

There may also be situations in which the school has information that is 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 of the deceased student) about what to expect at the funeral or memorial service in terms of turnout and other safety concerns.

A student suicide death may reveal an underlying community-wide problem, such as drug or alcohol use, bullying, gang violence, or a possible suicide cluster. Because schools function within—not separate from—the surrounding community, the police and other local authorities 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. The relationship could include:

- the district giving 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 staff and/or security present

- the district requesting the funeral director to distribute information about local counseling and other resources to attendees at the funeral

- the district seeking guidance from the funeral director to give to students to prepare them for the funeral.

- the district encouraging the funeral director to talk with 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).

Faith Community Leaders

The district can play an important role by encouraging a dialogue with the family and the faith community leaders (or whoever will be officiating at the service) to help them all understand the risk of suicide contagion. For example, the school could explain the importance of not inadvertently romanticizing either the student or the death in the eulogy and emphasize the connection between suicide and underlying mental health issues. It may be helpful to refer faith community leaders to the publication *After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances*

Avoiding Suicide Contagion

Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth 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. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.

When a student dies by suicide our schools will be expected to increase efforts to identify other students who may be at heightened risk of suicide, to actively collaborate with community partners in a coordinated suicide prevention effort, and to consider bringing in outside experts.

Identifying Other Students at Possible Risk for Suicide

In the face of potential contagion, it is important for schools to use mental health professionals 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 (e.g., depression, anxiety, conduct disorder, and/or substance abuse) or who have been exposed to the prior suicide either directly (by witnessing the suicide or by close identification or relationship with the deceased) or indirectly (by extensive media coverage). Of special concern are those students who:

- have a history of suicide attempts
- have a history of depression, trauma, or loss
- 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, significant others, and acquaintances of the deceased)
- received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- had a last very negative interaction with the deceased
- 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. It is advised that schools consult with mental health professionals on appropriate strategies for screening and assessment.

Connecting with Local Mental Health Resources

District and school staff will work closely with local primary care and mental health resources (including pediatricians, community mental health centers, and local private practice mental health clinicians) to refer at-risk youth.

Suicide Clusters

The possibility of contagion resulting in multiple suicides in a community (also known as a suicide cluster) is rare. But if a potential cluster is suspected, at a minimum, school-based mental health professionals and/or trained outside professionals will be available to meet with distraught students for grief counseling and help them connect with other resources in the

community. Schools will collaborate with community partners to effectively manage all aspects of reacting to possible contagion and preventing its spread. Bringing in outside is particularly valuable when contagion occurs or is suspected.

Memorialization

The district will 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 prejudice associated with suicide and may be deeply painful to the student's family and friends. Nevertheless, because adolescents are especially vulnerable to the risk of suicide contagion, we recognize that it is equally important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. We will make all appropriate efforts to focus on how the student lived, rather than how they died. If the student had underlying mental health problems, we will seek opportunities to emphasize the connection between suicide and those problems, such as depression or anxiety, that may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, relevant school representatives should meet with the student's friends and coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss. Every effort will be made to be sensitive to the cultural needs of the students and the family.

Funerals and Memorial Services

We will discourage holding funeral and memorial services on school grounds. The school will instead focus on maintaining its regular schedule, structure, and routine. Using a room or an area of 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.

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 the 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 mental health professionals to attend the service. 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 monitor their children's response, to open a discussion with their children, and to remind them that help is available if they or a friend are in need.

Spontaneous Memorials

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. If spontaneous memorials are created on school grounds, school staff should monitor them for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk. A combination of time limits and straightforward communication regarding the memorials can help to restore equilibrium.

Although it may be necessary in some cases 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 poster boards 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) and have them monitored by school staff.

Memorials may be left in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. Find a way to let the school community know that the posters are going to the family so that people do not think they were disrespectfully removed. For example, post a statement near the memorial on the day it will be taken down.

Confidentiality Considerations

The district's school-based mental health professionals such as school psychologists, school counselors, and school social workers are governed by their respective Code of Ethics, which provides guidelines for confidentiality and limits thereof. School-based mental health professionals recognize that it may be necessary to discuss confidentiality at multiple points in a professional relationship to ensure student's understanding and agreement regarding how sensitive disclosures will be handled. When a child or adolescent is in immediate need of assistance, it is permissible to delay the discussion of confidentiality until the immediate crisis is resolved.

Dissemination of the Plan

The district will use a variety of strategies to disseminate the information contained in this plan to students, parents, faculty, staff, and school volunteers in ways that are accessible and understandable. Strategies will include providing hard copies of the document in school buildings, posting the document on the website, providing a QR-code link to the document in appropriate locations, and including information in student handbooks.

Resources

National Crisis Resources

National Suicide Prevention Lifeline – call 1-800-273-TALK (8255) from anywhere in the US to speak with a trained Crisis Counselor. Free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
www.suicidepreventionlifeline.org

Crisis Text Line
Text HOME to 741741
Other information: www.crisistextline.org

The Trevor Project – a national 24-hour, toll free confidential suicide hotline for LGBTQ youth. If you are a young person in crisis, feeling suicidal, or in need of a safe and judgment-free place to talk, call 1-866-488-7386 to connect with a trained counselor.
TrevorText: Text TREVOR to 1-202-304-1200
www.trevorproject.org

Trans Lifeline – call 1-877-565-8860 for a hotline staffed by transgender people for transgender people. Trans Lifeline volunteers are ready to respond to whatever support needs community members might have.

Disaster Distress Helpline – call 1-800-985-5990 for a 24/7 national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster.

New Hampshire and Local Resources

Riverbend Community Mental Health Center
Riverbend's Children's Services clinicians provide comprehensive, evidence-based treatment to help young people and their families identify and resolve issues that keep them from success. Counseling is available for a wide variety of issues like anxiety, depression, self-harming behaviors, divorce, blended families, school and/or learning difficulties, autism spectrum disorders, gender identity issues, grief, trauma, abuse, addiction, chronic illness, suicidal thoughts, etc. Services are available at Riverbend offices in Concord, at schools, in clients' homes, and at other community locations.

- Emergency Services 24/7 at 1-844-743-5748
- Non-emergency, Children's Services at 228-0547
- www.riverbendcmhc.org

NAMI NH
https://www.naminh.org/
NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education and advocacy for people affected by mental illness and suicide. Comprised of a network of affiliate chapters and support groups, staff and volunteers, NAMI NH provides information, education and support to all families and communities affected by mental illness and suicide.

To connect with NAMI NH's non-emergency NH resources and supports
contact info@naminh.org or 1-800-242-6264

NAMI NH's Connect Program
The Connect program is recognized as a comprehensive model for planning and implementing suicide prevention and postvention practices.
https://theconnectprogram.org/about-us

New Hampshire 24/7 Resources

- Dial 211

211 NH is the connection for New Hampshire residents to the most up-to-date resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access are also available. For those outside of New Hampshire, call 1.866.444.4211.

Connor's Climb Foundation
https://www.connorsclimb.org/resources/
The Foundation works to prevent suicide by raising awareness, reducing the stigma around mental health, and equipping youth, educators, and communities with tools and resources focused on the vulnerable age group of 10-24-year-olds.

State Suicide Prevention Council
The mission of the State Suicide Prevention Council is to reduce the incidence of suicide in New Hampshire by accomplishing the goals of the State Suicide Prevention Plan:

- Raise public and professional awareness of suicide prevention
- Address the mental health and substance abuse needs of all residents
- Address the needs of those affected by suicide; and
- Promote policy change

www.dhhs.nh.gov/dphs/bchs/spc/index.htm

American Foundation for Suicide Prevention, New Hampshire
Focuses on eliminating the loss of life from suicide by: delivering innovative prevention programs, educating the public, raising funds for suicide research and programs, and reaching out to those who have lost someone to suicide.
https://afsp.org/chapter/new-hampshire

Guidebooks and Toolkits

Preventing Suicide: A Toolkit for High Schools
U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

After a Suicide: A Toolkit for Schools
American Foundation for Suicide Prevention and Suicide Prevention Resource Center
afsp.org/schools
https://www.sprc.org/resources-programs/after-suicide-toolkit-schools

Guidelines for School-Based Suicide Prevention Programs
American Association of Suicidology
sprc.org/sites/sprc.org/files/library/aasguide_school.pdf

Suicide Prevention Resource Center, Resources and Programs
Includes evidenced-based prevention programs
https://www.sprc.org/resources-programs

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel
Maine Youth Suicide Prevention Program
maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf

Trevor Resource Kit
The Trevor Project
thetrevorproject.org/resourcekit

Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children
The Family Acceptance Project® (FAP) is directed by Dr. Caitlin Ryan at the Marian Wright Edelman Institute at San Francisco State University, and was developed by Caitlin Ryan and Rafael Dìaz in 2002. It includes the first comprehensive study of LGBTQ youth and their families and the first evidence-informed family support model to help diverse families learn to support their LGBTQ children.
familyproject.sfsu.edu/publications

National Center for School Crisis and Bereavement schoolcrisiscenter.org/
www.schoolcrisiscenter.org/resources/online-resources/

Guidelines For Schools Responding to a Death by Suicide
National Center for School Crisis and Bereavement https://www.schoolcrisiscenter.org/wp-content/uploads/2019/07/guidelines-death-by-suicide.pdf

School Health Resources
Centers for Disease Control and Prevention
An assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics
www.cdc.gov/healthyyouth/index.htm

Resources used in the development of this plan

American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

Connect Youth Suicide Prevention Project. Protocols for Community Response to Suicide Attempts and Threats. 5/ 15/ 09, version 1. N A M I N H .

American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). After a suicide: A toolkit for schools (2nd ed.). Waltham, M A : Education Development Center.

Joshi, H.; Ojakian, M; Lenoir, L; Lopez, J. (2017). Toolkit for Mental Health Promotion and Suicide Prevention. Heard Alliance.

APPENDIX A:
Grief Resources from Kara Services

https://kara-grief.org

C1. A Few Thoughts for Teachers and Parents

C2. Grief and Mourning in Children and Teens

C3. 10 Basic Principles for Grieving for Children and Teens

C4. Ways to Support Children in Coping with Trauma or Loss

C5. Comforting a Grieving Individual

C6. Grief Discussion with Students after a Suicide

C7. Useful Grief Insights for Teachers: A Script

C8. Sample Letter to Parents after a Death

C9. Realistic Expectations

C10. How to Help Someone Who Is Suffering From Loss

C11. Kindness Toward Self

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Moving through grief toward hope and meaning

A Few Thoughts for Teachers and Parents

By Lynn Bennett Blackburn

You are faced with the challenge of helping your class and your children cope with the loss of a classmate. The goal of addressing the student's death with them is to give the children some understanding of what they are experiencing, to give them labels for their feelings, and to let them know they are not alone in having these feelings. The goal is to help them grieve, not to make the grief go away. There are several things to consider:

Be honest about your feelings. Share what you are feeling through simple statements coupled with comments about what you do to express and cope with these feelings. Encouraging the children to share and express what they feel is more effective when you model this behavior.

Be honest with the limits of your knowledge. The death of a classmate may raise questions about why it happened, what it feels like to die, and what happens after death. For many of these you will have no answers. It is important to ask what they think, for often such questions represent other worries or concerns that you can address. Sometimes it will be best to encourage the child to share the question with parents. A simple "I don't know, but I wonder about that, too" may be the most helpful and truthful answer you can give.

Be honest with yourself. Recognize that you are grieving, too. Be an advocate regarding the time you need to deal with this loss. You may need someone to fill in for you while you attend the funeral, visit the family, talk with your children. You'll probably need a few minutes alone, too. Ifyou are uncomfortable with certain topics or aspects of approaching this situation, ask others-- the social worker, school psychologist or counselor. You don't have to do it all and you don't have to do it alone.

Provide opportunities for feeling expression. Grieving is often a mixture of anger and sadness. Allow time for tears. Let the children know that crying is a normal reaction to losing someone or something we value; that saying good-bye to a friend can be very sad. Children often view crying as a sign ofweakness or immaturity. They may need help to see tears as something positive for adults as well as children.

Finding constructive outlets for anger may be your greatest challenge. It is important to help the children define the source --at whom and about what they are angry. Anger can be released through verbal activities such as role-playing or writing down what you wish you could say or do to the subject of the anger. Physical outlets, such as throwing bean bags at a target, throwing a ball at a wall, or working with clay (pounding, pulling, squeezing) can help release the energy that anger creates.

For older children, anger may be channeled into a class project related to the cause of their friend's death. A sense of meaning can be attached to the tragedy through fund raising to support community action such as fire safety, water safety, groups against drunk driving or jnformational

campaigns to increase peer and public awareness such as helmet use.

Maintain class and home routine and rules. Children gain security from structure and routine. While brief interruptions may occur to accommodate a funeral or memorial service, returning to routine provides the comforting reassurance that life will go on.

Don't rush. Some classes have come to school to find a dead schoolmate's desk removed and all evidence of the child hidden away. Let your class decide what to do with the empty desk and other things owned by the class. Making things disappear does not make the death easier. Rather, it gives the children a feeling that they don't really matter.

Add feeling-related ideas to your regular curriculum. The need to express feelings will not end with the funeral. It is important, over the months that follow, to continue to provide opportunities for feeling expression. Art and writing projects can be built around feeling themes--things that make you happy, what you do when you feel sad, drawing or writing about a memorable day. Stories about coping with death, plus losses such as divorce or moving can be incorporated into reading activities.

Recognize and affirm your privileged position. This is a time when you can have a very positive influence on your children. How you help them handle this grief will, in some large or small way, help them in the future. Giving them permission to feel and share those feelings, to cry, to love and to care may be the greatest single gift you ever give them.

About the Author: Lynn Bennett Blackburn has a doctorate in child clinical psychology. She is a Pediatric Neuropsychologist in the Division of Pediatric Neurology at the University of Minnesota. Her work involves assessing children with neurological disorders and learning problems, then working with their families and school staff to help staff and parents better understand and respond to each child's special needs.

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Moving through grief toward hope and meaning

Grief and Mourning in Children and Teens
Compiled by Kara

Developmental Stages and Grief: Children and Teens

Developmental Age:	Infancy--birth to 18 months
Primary Developmental Challenge: Ability Being Developed:	Basic trust vs. mistrust Hope

Child's Beliefs About Death: No concept of death, limited concept of time.
Grief Reactions: General distress, shock, despair, protest, sleeplessness. May show increased needs for holding, touching. May show increased reluctance to be separated from nurturer. Needs: Routines maintained, nurturing from a consistently available caregiver, reassurance, love, secure environment. Meet increased attachment needs for eye contact, facial expressions, touching, rocking, singing.

Developmental Age:	Toddlerhood: infancy to 3

years Primary Developmental Challenge: Autonomy vs. shame/ doubt

Ability Being Developed:	Will and self-control

Child's Beliefs About Death: Death seen as temporary separation; any separation from parent may create anxiety. Repeated explanations do not increase child's understanding, because cognitive ability to understand death is limited. Confuse fantasy/ reality. On an unconscious
and non-verbal level, child may assume what happens is under their control & is therefore "their fault."

Grief Reactions: May relieve anxiety through fantasy or distressed behaviors (regression, aggression, clinging.) May feel guilty. May fear being left alone. May regress to earlier stages, needs. May not understand sadness around him or may seem unaffected. Confusion, agitation at night, nightmares. Repeated questions are common.

Toddlerhood: infancy to 3 years (cont'd)

Needs: Reassure child he will be cared for by maintaining routines, nurturing from a consistently available caregiver, reassurance, love, and a secure environment. Simple, honest words, concrete explanations, repetition, & patience help the child distinguish between fantasy & reality. Assure child he did not cause it to happen & it is not his fault. Offer thopportunity for inclusion in

family rituals such as funeral, and provide a supportive adult to honor the child's wishes if the child changes his mind or wants to leave. Help child acknowledge own feelings- anger, sadness, etc; Accept regressive behavior.

Developmental Age:	Early Childhood:
Primary Developmental Challenge:	Initiative vs. guilt
Ability Being Developed:	Purpose and
direction	

Child's Beliefs About Death: May still be quite similar to that of a toddler in that death is not understood as permanent. Some 4 and 5 year olds may have the beginnings of an understanding, as experience over time with the concrete reality of the deceased not reappearing begins to have meaning. Cognitive ability to understand death is still limited, however.

Grief Reactions: May regress and "act younger." May cling to adult caregiver, show or even verbalize anxiety that the adult may die or become ill. May tell everyone and anyone about
the death. Confusion, agitation at night, nightmares are possible. Repeated questions about the death or the deceased are common. In general, children cycle through their emotions much more rapidly than adults-smiling one minute, crying the next, angry the next, giggling a minute later. Emotions may seem amplified. Frustrations that would have been minor before the loss may result in more frequent major meltdowns that last longer than expected. At other times the child may say "I'm happy," or may seem unaffected.

Needs: Same as above for toddler, plus increased dialog about the deceased and opportunity to participate in the ways to remember the deceased. Helpful to continue to hear stories about the deceased, see pictures of them, and hear about their relationship with them. Give the child age-appropriate, brief information, and then attune to his questions and curiosities, providing frequent opportunities to talk briefly, and answering questions honestly.

Developmental Age:	Middle Childhood: S years to puberty
Primary Developmental Challenge:	Industry vs. inferiority
Ability Being Developed:	Competency

Child's Beliefs About Death: By 5-7 years old, child begins to see death as final & universal for others; neither believes nor denies that he himself will die; may believe he can escape by being good/ trying hard. Death is often perceived as external: a person, a spirit. By 7-11, children perceive the irreversibility, permanence, inevitability of death, and perceive their *own* mortality; they have vivid ideas about what occurs after death, and may be concerned with consequences following death.

Grief Reactions: May act like nothing happened or deny that things are different. Tend to show grief through play or behaviors instead of talking about it: numbness, shock, sorrow, confusion, fears, anxiety, anger, embarrassment, happiness & humor, in short cycles. May desire to conform to peers and present a façade of coping. May act younger than his age. Want to understand: may want lots of information, may become an expert in the disease that caused a death, for example. Peer relationships are increasingly important. Some children find support from their friends, others try to hide the fact that they've experienced a death.

Needs: Simple, honest answers & information; ample reassurance. Models for mourning. Acknowledgment of their feelings, allowing a child to express or withhold, as needed. Support the child's unique style of coping. Safe place, people & time to talk, share their experience. Assistance in remembering the person who died. Support in showing grief in his own unique way. Limits & rules, upheld firmly but with kindness. Reassurance about future & clarity that they are not responsible for it, nor for the death. Choices, inclusion. Respect of their "need to know," as information returns some sense of control. Respect child's increasing need for peer relationships. Physical outlets, play, expressive art, reading; memory book can be helpful. Do not require children to be "brave," "grown-up," "in-control," or to comfort others.

Developmental Age: Adolescence

Primary Developmental Challenge: Identity vs. identity confusion

Ability Being Developed: Individuation

Three Developmental Stages within

Adolescence: Early Adolescence: 11 to 14

years
Challenge: Reunion vs. abandonment/ separation
Ability Being Developed: Emotional separation from parents

Middle Adolescence: 14 to 17 years
Challenge: Independence vs. dependence
Ability Being Developed: Mastery/ control

Late Adolescence: 17 to 21 years
Challenge: Closeness vs. distance
Ability Being Developed: Intimacy and commitment

Child's Beliefs About Death: Recognize their own mortality but may act as though it could never happen to them. Attitudes towards death becoming similar to adults'.

Grief Reactions
Physical: May feel fatigued, sleep more, gain/lose weight, have headaches, get ill more easily, be accident-prone, restless. May be attracted to alcohol, smoking, drugs, excessive risk-taking.

Mental: May experience trouble concentrating in school, forgetfulness, lack of motivation, "negative" attitude, "no one understands". May need to ask "why?" or say "if only," mourning what might have been.

Emotional: Sad, irritable, worried, angry, anxious, fearful, relieved, guilty, lonely, mood swings, crying spells, frustration, revenge. Watch for depression, hopelessness, helplessness. May fill emptiness with intimacy, sex.
Adolescence (cont'd.)

Spirit: May experience loss of direction, future, meaning, faith
Relational: Feeling isolated, less cooperative, withdrawing, or getting very busy, perfectionistic, and social. May lash out or show moods more readily. Friendships may change a lot as the teen wants others to reach out or leave him alone. May have difficulty with others' reactions & what is said about the death, as well as with the everyday content of peer's conversations, which may suddenly seem trivial compared to the death. Can be left feeling isolated in a crowd.

Needs: Balanced, healthy food, water, adequate sleep, exercise, medical check-ups. Professional assistance if alcohol, drug, promiscuity, or eating issues develop. Recognition of the importance of their peer relationships.

Understanding, patience, and assistance of teachers & parents needed if grades suffer, if additional help or time are required for assignments, or if teen needs to step out of classroom during a grief burst.

Respect the teen's need to work through the loss independently. Be available but not intrusive: "I'm here if you want to talk or if you need me." They will be most likely to talk to listeners who make themselves available but don't force talking, who respect the teen's need for privacy, and give the teen a clear sense that they have choices about when & with whom they
feel comfortable expressing grief emotions. Teens benefit from opportunities & support for self-
expression, and need tolerance of conflicting feelings, and push/pull relationship with adults. Even when they protest, they need adults to look after their safety, as well as set and enforce limits.
Even when adults are monolithic in their grief, teens need fun, recreation, and time with peers. They also need inclusion, choices in memorializing the deceased.

The above material was prepared by Liz Powell, adapted from the work of Erik Erikson, J. William Worden, Charles A. Corr, Clyde M. Nabe & Donna M Corr, the Kara community, and hundreds of children and teens served by Kara since 1993. It includes material adapted by Sue Shaffer from the work of John Bowlby, Earl Grollman, Claudia Jewett, Elizabeth Kubler-Ross, Margaret Nagy, J. W. Worden, Alan Wolfolt, and Valerie Young.

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Moving through grief toward hope and meaning

10 Basic Principles of Grieving for Children and Teens:

1. Children are concrete in their thinking: In order to lessen their confusion, use the words "death" and "dying." Describe death concretely. Answer their questions simply and honestly without using euphemisms such as "passed on," "went to sleep," etc. You don't have to add a large number of details. Children will ask if they want to know more. You can see if they are listening because they want to, or if it is for your benefit (they seem agitated, fidgety, and give you little or no eye contact).

2. Children generalize from the specific to the general: If someone died in a hospital, children think that hospitals are for the dying. If someone died in their sleep, children are afraid to go to sleep. If one person died, "someone (or everyone) else will die," or "I will die." They will learn to accommodate new truths on their own if they are allowed to express themselves and try things out (e.g., going to sleep and waking up alive).

3. Children are repetitive in their grief: Children may ask questions repetitively. The answers often do not resolve their searching. The searching itself is a part of their grief work. Their questions are indicative of their confusion and uncertainty. Listen and support their searching by answering repetitively and/or telling the story over and over again.

4. Children are physical in their grief: The older children are, the more capable they are of expressing themselves in words. Younger children simply ARE their feelings. What they do with their bodies speaks their feelings. Grief is a physical experience for all ages, but most especially for younger children. Watch their bodies and understand their play
as their language of grief. Reflect their play verbally and physically so that they will feel that they are "being heard." For example, "You are bouncing, bouncing, bouncing on those pillows. Your face is red and you are yelling loudly."

5. Children grieve cyclically: Their grief work goes in cycles throughout their childhood and their lives. Each time they reach a new developmental level, they reintegrate the important events of their lives, using their newly acquired processes and skills. Example: a one year old, upon losing his mother, will become absorbed in the death again when her language skills develop and as she is able to use words for the expressions of her feelings. She may re-experience the grief again as an adolescent, using her newly acquired cognitive skills of abstract thinking.

6. Children need choices: Death is a disruption in children's lives that is quite frightening.
Their lives will probably seem undependable, unstable, confusing, and out of control. These topsy-turvy feelings can be appeased if children have some say in what they do or don't do to memorialize the person who has died, and to express their feelings about the death.

"Kara" means to grieve with, to care. 457 Kingsley Avenue Palo Alto CA 94301 (650) 321-5272 www.kara-grief.org

7. Children grieve as part of a family: When a family member dies, it will affect the way the family functions as a whole. All the relationships within the family may shift, adjusting to this change in the family structure. Children will grieve for the person who died, as well as the environment in the family that existed before the death. Children may grieve over the changed behavior of family and friends. It is helpful if each family member is encouraged to grieve in his/her own way, with support for individual differences.

8. Children's feelings are their allies: Feelings help children pay attention to their loss. Through this attention comes their own understanding about the death that they grieve. It is important not to shield children from their emotions; offering them the option to stay
or leave will allow them to feel included, and will give them permission to be with the feelings.

9. Children's grief is intertwined with normal developmental tasks: It can be impossible to determine which behaviors are part of developmental phases and which are grief- related (e.g., "Is it adolescence or is it grief'?").

10. Key Tasks of Mourning in Children and Teens:
    a. Understand the death, try to make sense of what happened. b. Express emotional and other strong responses to the loss.
    c. Commemorate the person that's been lost.
    d. Learn how to go on living and loving.

Let children and teens teach you about their grief

Moving through grief toward hope and meaning

Ways to Support Children in Coping with Trauma or Loss

1. Take time to listen to their concerns; help them to feel safe; encourage expression of their feelings.

2. Acknowledge that trauma and loss are hard to handle for everybody.

3. Smile and hug often; use creative ways to help them express complex feelings.

4. Encourage them through their challenges with "I believe in you" messages.

5. Give age appropriate information about the critical event that is honest and direct.

6. Listen to their experience and respond without judgment.

7. Partner with children; help them decide how they want to deal with difficult "adult" things like funerals and remembrance anniversaries.

8. Let children know about YOUR difficult feelings and vulnerability.

9. Honor their uniqueness and individuality.

10. Affirm that all ways of experiencing grief are "normal".

11. Encourage them to take time for themselves and ask for what they need.

12. Let them know that you are available to talk or just to hang out, as they wish.

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Comforting a Grieving Individual

Many people feel inadequate about what to say to a friend or family member who is grieving. This guide to comforting a grieving individual covers both 1) words that offer comfort, and 2) words that, while well intentioned, may harm or stifle the bereaved, making the journey through grief more difficult.

Saying nothing or pretending the death didn't happen also hurts the individual in the long run. It is important for this person to hear words of comfort from you and especially from friends, family members, or colleagues to whom he/she is close.

Words that Do Comfort	Words that May Not Comfort
I'm sorry.	Now she's in a better place.
I'm thinking of you.	Time will heal you.
I care and want to help.	Think of all you have to be thankful for.
You are so important to me.	Just be happy that he's out of his pain.
I'm here for you.	He lived a long life.
If I were in your shoes, I think I'd feel that way too.	Be strong. You are holding up so well.
One of my favorite memories of (use the name of the person or pet) is	Keep busy.
It seems so natural to cry at a time like this.	Try not to think about it.
I don't know what to say but I know this must be very difficult for you.	He wouldn't have wanted you to be sad.
Do you feel like talking for a while?	This is a blessing.
How do you feel today?	Now you have an angel in heaven.
	You shouldn't feel that way.
	Stop acting like a baby.
	You need to be strong.

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GRIEF DISCUSSION WITH STUDENTS AFTER A SUICIDE

Before the Meeting with Students

- Review "TALKING ABOUT SUICIDE" (AFSP Toolkit, Pages 15-16)

Meeting Guidelines

Before having the discussion with students, students are asked to respect one another and that not a lot of detailed information will be shared about the person who died.

Share the information that you have directly and honestly.

Read "SAMPLE DEATH NOTIFICATION STATEMENT FOR STUDENTS" (AFSP Toolkit, Pages 17-18)

Allow students to ask questions. Answer questions as best you can, knowing that it is okay to say "I don't know" when you don't have the answer.

Talk to your class about how grief affects people and encourage them to share how they feel. One way to do this is to discuss what other types of losses or deaths the students in your class have experienced, and what helped them cope.

Psycho-educate students on the facts about suicide (i.e., brain illness, warning signs, symptoms) and resources to support themselves and others- "FACTS ABOUT SUICIDE AND MENTAL DISORDERS IN ADOLESCENTS" (AFSP Toolkit, Pages 26-28) is a great resource

Let students know that if they would like to write a letter and/or draw a picture to support the family that they could do so.

Let students and families know that there are support counselors that they can speak with today who can help with on-going support as well.

Recommended: SHARE "HELPING STUDENTS COPE" (AFSP Toolkit, Pages 29-31) with teachers, counselors, and administrators who will be supporting the students and parents

Kara

Moving through grief toward hope and meaning

Useful Grief Insights for Teachers: A Script

Scene: You are faced with the challenge of helping your students cope with the loss of a classmate. The goal is to help them grieve, not to make the grief go away.

Action: Tell a story of a death you believe the children will understand (a pet, a tree, a bird, etc.)
or use one of the activities from the enclosed notebook.

Setting the scene:

- *Be honest with yourself.* Recognize that you are grieving too. You don't have to do it all. For example, "1 miss Sally too."
- *Be honest about your feelings.* Share what you are feeling with your students, share with them through simple statements and comments about what you do to express and cope. For example, "I sometimes feel better after drawing a picture."
- *Be honest with the limits of your knowledge.* The death may raise questions about what it feels like to die and what happens after death. You won't be able to answer many of their questions. Ask what they think so you can hear what their actual worries or concerns are.
- *Provide opportunities for feeling expression.* When we grieve it is often a mixture of anger and sadness. Allow time for their tears. Let the children know that crying is a normal reaction to the death of a classmate and of a loved one.
- *Maintain class and home routine and rules.* Students need structure and routine. Even with the interruption of a funeral or memorial service, your return to routine will provide reassurance to the students that life does go on.
- *Don,t rush.* If a classmate has died let your students decide what to do with the empty desk and the other things owned by the child who died. The idea is not to make the child disappear, it doesn't make it easier for the children. Rather, it gives children a sense that the child didn't really matter.
- *Add feeling-related activities to your regular curriculum.* Many children are kinesthetic learners. The need to express feelings about the loss will continue for all your students. In particular, the kinesthetic student is particularly comforted by art and writing projects built around feeling themes. Stories about coping with death and loss can be incorporated into the classroom reading activities. It is important to continue to provide opportunities for feeling expression.
- *Honor and affirm your privileged position.* This is a time you have a very healing influence on your students. Showing them how to handle grief in even these small ways will help them in the future.

Finale: Giving permission to feel and to share feelings may be the single most important gift you ever give to them.

Sample Letter to parents after a death

Dear Parents,

A very sad thing has happened in our school community. Last night, we lost..... This loss was sudden and unexpected, and we are all profoundly saddened by his death.

We have shared this information with your children today and had discussions with all the students in their homeroom. Bereavement counselors, teachers, and other support staff have been and will continue to be available to students, teachers, and parents. Please contact the school if you have any questions or concerns.

As a parent, you may want to talk to your child about death because it impacts each person in different ways. How children and teens react wiJl depend on the relationship they had with the person who died, their age, and their prior experience with death.

Your child may:

- Appear unaffected
- Ask questions about the death repeatedly
- Be angry or aggressive
- Be withdrawn or moody
- Be sad or depressed
- Become afraid
- Have difficulty sleeping or eating

We suggest that you listen to your children. If they want to talk, answer their questions simply, honestly and be prepared to answer the same questions repeatedly.

Our thoughts are with (family

name). Sincerely,

Principal xxxxxx

Kara
Moving through grief toward hope and meaning

Realistic Expectations about Grief

Grief will take longer than most people think.

Grief takes more energy than we ever imagine.

Grief shows itself in all spheres of our life, in the emotional , social, physical, and spiritual.

We feel grief not only for the actual person we lost, but also for our hopes, dreams, unfulfilled expectations, and unmet needs.

New losses bring up unresolved grief from our past, often forcing us to cope with an array of confusing feelings at once.

Grief can temporarily affect our decision-making and problem-solving abilities and cause difficulties in concentrating.

Sometimes grief makes us feel we "are going crazy."

Society has unrealistic expectations about grief and the mourning process and people may respond inappropriately to you.

Grief may cause a variety of physical symptoms, like sleeplessness, tightness in the chest, and decreased energy.

Family members may not always provide the support we expect. And their grief may be very different from ours. Sometimes people have the necessary social support to help them through loss. But more often, they need to reach out for support, let others know what they need, and actively build a network that facilitates personal growth and renewal.

https://kara-grief.org/article/realistic-expectations/

Kara
Moving through grief toward hope and meaning

How To Help Someone Who Is Grieving

- **DO** let your genuine concern and caring show.
- **DO** be available... to listen or to help with whatever else seems needed at the time.
- **DO** say you are sorry about what happened and about their pain.
- **DO** allow them to express as much unhappiness as they are feeling at the moment and are willing to share.
- **DO** encourage them to be patient with themselves, not to expect too much of themselves and not to impose any “shoulds” on themselves.
- **DO** allow them to talk about their loss as much and as often as they want to.
- **DO** talk about the special, endearing qualities of the person they've lost.
- **DON'T** let your own sense of helplessness keep you from reaching out.
- **DON'T** avoid them because you are uncomfortable (being avoided by friends adds pain to an already painful experience).
- **DON'T** say that you "know how they feel". (Unless you've experienced their loss yourself you probably don't know how they feel.)
- **DON'T** say "you ought to be feeling better by now" or anything else that implies a judgment about their feelings.
- **DON'T** tell them what they should feel or do. DON'T change the subject when they mention their loss or their loved one.
- **DON'T** avoid mentioning their loss out of fear of reminding them of their pain (You can be sure they haven't forgotten it.
- **DON'T** try to find something positive (e.g. a moral lesson, closer family ties, etc.) about the loss.
- **DON'T** point out “at least they have their other ...”
- **DON'T** say they “can always have another ...”
- **DON'T** suggest that they “should be grateful for their so-and-so...”
- **DON'T** make any comments which in any way suggest that their loss was their fault (there will be enough feelings of doubt and guilt without any help from their friends)

https://kara-grief.org/article/helping-someone-who-is-grieving/

Kara
Moving through grief toward hope and meaning

Kindness Toward Self

Jim Mulvaney, FT

Unkindness Toward Self Happens Through How We:

1. schedule our time
2. push our bodies
3. compare and judge ourselves against others
4. take things personally
5. surrender to too many demands
6. commit to too many projects
7. over-schedule to the point that we rob ourselves of the experience of being alive
8. allocate time in a manner that doesn't reflect our inner priorities
9. want to help everyone in everything
10. go about arranging our lives
11. disregard the signals of imbalance over a long term
12. crave to hold on to what we like
13. crave to get rid of what we find difficult
14. neglect to notice, and to question the truth of, beliefs/expectations that cause us to suffer

Practicing Kindness Toward Self

1. Leave time for the quietness of simply being present with yourself. (mindfulness meditation, music, nature ...)
2. Practice noticing when you are wanting things to be different than the way they are. (Book: Loving What Is, by Byron Katie; thework.org).
3. Stop your thinking or feelings from controlling your life by changing how you perceive them (Byron Katie's Work). Disown them.
4. Do just what has to be done right now, for that's all you can do.
5. Let go of the belief that you should be able to control the 'stormy situations' in your life.

Helpful Thoughts

- Fully accepting what is true in the moment is the only firm ground upon which to make changes in your life and to heal.

- "The internal work and external work of care giving are the same. The more you can develop the internal ability to be a calm, compassionate presence toward yourself, the more you can bring that presence to everyone you serve." ('Emotional Intelligence, Dr. Daniel Goleman)

- "The one who can be present with us in our hours of grief, who can tolerate not knowing, and face with us the reality of our vulnerability, that is the one who gives us our best caring." ('Out of Solitude, Henry Nouwen)

- The more you are able to be with yourself in a kind way, the more kindness/help you will offer to another.

- The true measure of a gift is not in the cost to the giver, but in the need of the receiver.

Appendix B Sample Language for Student Handbook

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, support systems, and seeking help for themselves and friends. The encouragement of help-seeking behavior will be promoted at all levels of the school leadership and stakeholders.

The district has designated a Suicide Prevention Liaison to serve as a point of contact for students in crisis and to refer students to appropriate resources. Our School Psychologist _____ is the Liaison for _____School. The District's Suicide Prevention Coordinator is Margie Borawska-Popielarz. She can be reached at _____.

When a student is identified as being at-risk, a safety screening will be completed by trained school staff who will work with the student and help connect the student to appropriate local resources.

Students will have access to national resources that they can contact for additional support, such as: National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or suicidepreventionlifeline.org

The Trevor Lifeline: 1-866-488-7386 thetrevorproject.org/ get-help-now

Trevor Lifeline Text/ Chat Services, available 24/ 7 Text "TREVOR" to 678-678

Crisis Text Line: Text TALK to 741-741 crisistextline.org

All school personnel and students will be expected to help create a school culture of respect and support, in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they or a friend are feeling suicidal or are in need of help.

While confidentiality and privacy are important, students should know that when there is risk of suicide, safety comes first.

For the full text of the District's policy and plan, [insert link]

Appendix C Concord School District Policy #532 Suicide Prevention and Response

Concord School District is committed to protecting the health, safety, and welfare of its students and school community. This policy supports federal, state, and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide or suicide attempt ("postvention"); and to promote access to suicide awareness, prevention, and postvention resources through collaboration and cooperation with community suicide prevention organizations.

A. District Suicide Prevention Plan and biennial review. The Superintendent shall develop and provide to the Board for approval a coordinated written District Suicide Prevention Plan ("the Plan") to include guidelines, protocols, and procedures with the objectives of prevention, risk assessment, intervention, and response to youth suicides and suicide attempts. The Plan will be completed by March 31, 2021.

1. Specific Requirements for Plan Terms. The Plan shall include terms related to:

a. Suicide prevention (risk factors, warning signs, protective factors, referrals);

b. Response to in- or out-of-school student suicides or suicide attempts (postvention, suicide contagion);

c. Student education about safe and healthy choices, coping strategies, recognition of risk factors and warning signs of mental disorders and suicide; and help seeking strategies;

d. Training of staff, designated volunteers, and contracted personnel on the issues of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community;

e. Confidentiality considerations;

f. Designation of any personnel, in addition to the District Suicide Prevention Coordinator and Building Suicide Prevention Liaisons, to act as points of contact when students are believed to be at an elevated risk of suicide;

g. Information about state and community resources for referral, crisis intervention, and other related information;

h. Dissemination of the Plan or information about the Plan to students, parents, faculty, staff, and school volunteers;

i. Promotion of cooperative efforts between the District and its schools and community suicide prevention program personnel;

j. Such include such other provisions deemed appropriate to meet the objectives of this policy (e.g. student handbook language, reporting processes, "postvention" strategies, memorial parameters).

2. Biennial review. No fewer than every two years, the Superintendent, in consultation with the District Suicide Prevention Coordinator and Building Suicide Prevention liaisons and with input and evidence from community health or suicide prevention organizations, and District health and guidance personnel, shall update the Plan, and present the same to the Board for review. Such Plan updates shall be submitted to the Board in time for appropriate budget consideration.

B. Suicide Prevention Coordinator and liaisons.

1. The District Suicide Prevention Coordinator, under the direction of the Superintendent, shall be responsible for:

a. developing and maintaining cooperative relationships with and coordination efforts among the District and community suicide prevention programs and personnel;

b. annual updating of (i) State and community crisis or intervention referral intervention information, and (ii) names and contact information of Building Suicide Prevention Liaisons, for inclusion in student handbooks and on the District website;

c. developing – or assisting individual teachers with the development – of age-appropriate student educational programing, such that all students receive information on the importance of safe and healthy choices and coping strategies, recognizing risk factors and warning signs of mental disorders and suicide in oneself and others, and providing help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help;

d. developing or assisting in the development of the annual staff training required under section C of this policy;

e. Such other duties as referenced in this policy or as assigned by the Superintendent.

2. Building Suicide Prevention liaison. In each school, the Principal shall designate a Building Suicide Prevention Liaison, who shall serve as the in-building point-of-contact person when a student is believed to be at an elevated risk for suicide. In his/ her absence, the Principal or his/ her designee will assume that role. Employees who have reason to believe a student is at risk of suicide, or is exhibiting risk factors for suicide,

shall report that information to the Building Liaison who shall, immediately or as soon as possible, establish and implement a response plan with the District Suicide Prevention Coordinator.

C. Annual staff training. The Superintendent shall ensure that beginning with the 2020-21 school year, all school building faculty and staff, designated volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party employees, receive at least two hours of training in suicide awareness and prevention. Such training may include such matters as youth suicide risk factors, warning signs, protective factors, intervention, response procedures, referrals, and postvention and local resources.

D. Dissemination. Student handbooks and the District website will be updated each year with the contact information for the Building Suicide Prevention Liaisons, State and community crisis or intervention referral intervention resources. The Plan will be made available on the District website and each school's respective websites.

Legal References

RSA 193-J: Suicide Prevention Education

Adopted January 4, 2021

Corresponds to NHSBA Policy JLDBB

Appendix D Postvention Tools and Templates

From: American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center.
Afsp.org
Sprc.org

1. Sample Guidelines for Initial All-Staff Meeting
2. Sample Death Notifications Statement for Students
3. Sample Agenda for Parent Meeting
4. Tips for Talking about Suicide
5. Sample Media Statement
6. Key Messages for Media Spokesperson
7. Making Decisions abut School-Related Memorials
8. Facts about Suicide in Adolescents
9. Youth Warning Signs and What to Do in a Crisis

Appendix D: Postvention Tools and Templates

This appendix contains tools and templates to help carry out different parts of the postvention process.

Sample Guidelines for Initial All-Staff Meeting

The first meeting with school staff is typically conducted by the Crisis Response Team coordinator and should be held as soon as possible, ideally before school starts in the morning.

However, depending on when the death occurs, there may not be enough time to hold the meeting before students begin to hear the news through word of mouth, social media, or other means. If this happens, the Crisis Response Team coordinator should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. 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 do the following:

- Introduce the Crisis Response Team members.
- Share accurate factual information about the death, honoring the family's request for privacy.
- Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional support and refer them to appropriate resources.
- Have substitute teachers available to replace any teachers who are too upset to teach (a task for the principal).
- Remind staff of the school's policy or response following a student death and any considerations specifically for a suicide death.
- Provide appropriate staff (e.g., homeroom teachers or advisors) with a scripted Sample Death Notification Statement for Students, and arrange coverage for any staff person who is unable to manage reading the statement.
- Prepare for student reactions and questions by providing staff with the handouts Tips for Talking about Suicide and Facts about Suicide in Adolescents.
- Share with staff how to handle parent inquiries and plans for communicating with parents, including who parents should contact for further information and resources.
- Explain plans for the day, including locations of crisis counseling rooms or other supports.
- Remind all staff of the following:
    - How they respond to the crisis can have a strong impact on their students. They need to project that they are in control and are concerned about their students' mental health.
    - They can play an important role in identifying changes in students' behavior. Discuss a 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.
- Let staff know about any outside crisis responders or others who will be assisting.
- Remind staff of student and staff dismissal protocols for the 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 coordinator and/or assistant 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, including any students of particular concern.
- 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

Share this death notification statement with students in small groups, such as homerooms or advisories, ***not*** in assemblies or over loudspeakers. These statements are examples that can be modified by the principal or Crisis Response Team as needed.

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. The cause of death has not yet been determined.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Option 3 – When the Family Has Requested the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, has died. 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 that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER**] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Sample Death Notification Statement for Parents

This death notification statement is to be sent by the most efficient and effective method(s) for the school, including e-mail, text, printed copy sent home with students, or regular mail. It can also be posted on the school's website and social media accounts. If there is a resource about talking to students and children about suicide, it should be shared. It should be translated for parents who may know little or no English. See AFSP's *Children, Teens and Suicide Loss* for information about how to talk to students about suicide.

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, **[NAME]**, 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. Suicide is a very complicated act. Although we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be an option. 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. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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 NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide and how adults can help youth 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.

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

Sincerely,

[PRINCIPAL'S NAME]

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, **[NAME]**, 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 there has been some talk that this might have been a suicide death. Rumors may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. We will 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. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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.

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

Sincerely,

[PRINCIPAL'S NAME]

Option 3 – When the Family Has Requested That the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, **[NAME]**, 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 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. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you or your child is not feeling well in any way to reach out for help. Suicide should not be an option. 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. Note that children who are already vulnerable may be at greater risk due to exposure to the death of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

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.

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

Sincerely,

[PRINCIPAL'S NAME]

Sample Agenda for Parent Meeting

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

Be sure to consider the racial, ethnic, and religious backgrounds of students and parents:

- Address the language needs of parents who speak little or no English.
- Determine if there is any content or format that would feel uncomfortable or inappropriate for those who might attend the meeting. For example, if parents of the deceased are in attendance, how might discussing this in a group setting impact their experience?

Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming.

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.

Part 1 – General Information (45–60 minutes)

Crisis Response Team coordinator, school superintendent, or principal:

- Welcomes all and expresses sympathy
- Introduces the school administration 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 the cause, while remaining aware that adolescents can be vulnerable to the risk of imitative suicidal behavior
- States the importance of balancing the need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide

Principal or Crisis Response Team coordinator:

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

Crisis Response Team coordinator, assistant coordinator, or other designated crisis team member:

- Discusses how the school will help students cope
- Mentions that more information about bereavement after suicide is available on AFSP's website
- Shares the handouts Facts about Suicide in Adolescents, Youth Warning Signs and What to Do in a Crisis, and Tips for Talking about Suicide
- Explains risk factors and warning signs
- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal thoughts or behaviors
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at the school and in the community, such as:
  - School mental health professionals
  - Community mental health agencies
  - Emergency psychiatric screening centers
  - Children's mobile response programs
  - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Part 2 – Small Group Meetings (1 hour)

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

Some Additional Considerations

- Since some parents may arrive with young children, provide onsite childcare.
- Some students may accompany their parents so provide separate discussion groups for them.
- Media should not be permitted access to the small groups. Arrange for the media spokesperson to meet with any media at a separate location away from parents and children.
- In some cases (e.g., if the death has received a great deal of sensationalized media attention), security may be necessary to assist with traffic flow and media and crowd control.

Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

Give accurate information about suicide.	By saying….
Suicide is a complicated behavior. It is not caused by a single event. In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available. Talking about suicide in a calm, straightforward way does not put the idea into people's minds.	"The cause of **[NAME]**'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness." "There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts." "Mental health problems are not something to be ashamed of. They are a type of health issue."

Address blaming and scapegoating.	By saying….
It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.	"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."

Do not focus on the method.	By saying….
Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals. The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.	"Let's talk about how **[NAME]**'s death has affected you and ways you can handle it." "How can you deal with your loss and grief?"

Address anger.	By saying….
Accept expressions of anger at the deceased and explain that these feelings are normal.	"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [**NAME**]. You can be angry at someone's behavior and still care deeply about that person."

Address feelings of responsibility.	By saying….
Help students understand that they are not responsible for the suicide of the deceased. Reassure those who feel responsible or think they could have done something to save the deceased.	"This death is not your fault. We cannot always see the signs because a suicidal person may hide them." "We cannot always predict someone else's behavior."

Promote help-seeking.	By saying….
Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.	"Seeking help is a sign of strength, not weakness." "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?" "If you are concerned about yourself or a friend, talk with a trusted adult."

Sample Media Statement

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

School staff were informed that a **[AGE]**-year-old student at **[SCHOOL NAME]** 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 NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide, how adults can help youth cope, the emotional needs of adolescents, and the risk factors and warning signs for suicide. They will also address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at **[PHONE NUMBER, EXTENSION]** 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.

Following is a list of warning signs and steps to take that were developed specifically for youth.

Youth Warning Signs

Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress

What to Do

If you notice any of these signs in a student, take these recommended steps right away:

1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.
2. Make sure the student is escorted to the school's mental health professional.
3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.

- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
  - Withdrawal from or change in social connections or situations
  - Changes in sleep (increased or decreased)
  - Anger or hostility that seems out of character or out of context
  - Recent increased agitation or irritability

What to Do

1. Ask if the student is okay or if he or she is having thoughts of suicide.
2. Express your concern about what you are observing in his or her behavior.
3. Listen attentively and nonjudgmentally.
4. Reflect what the student shares and let the student know he or she has been heard.
5. Tell the student that he or she is not alone.
6. Let the student know there are treatments available that can help.
7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Resources

Note: The items in brackets are to be added by each school.

Local Community Mental Health Resource(s)
[NAME(S)]

National Suicide Prevention Lifeline
800-273-TALK (8255) or www.suicidepreventionlifeline.org for live chat

Local Hotline Number(s)
[NAME(S)]

Recommendations for Reporting on Suicide

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

Local Media Contact

[NAME]
[TITLE]
[SCHOOL]
[PHONE]
[E-MAIL ADDRESS]

Key Messages for Media Spokesperson

This information is for use by the person designated by the school to speak with the media.

School's 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 and staff starting on **[DATE]** and lasting through **[DATE]** or as long as needed.
- 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's Response to the Media

- The media are strongly encouraged to refer to the document *Recommendations for Reporting on Suicide*.
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.
- Media should also avoid oversimplifying the cause of a suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a complicated issue.
- Remind the public that in a majority of suicide deaths, mental health issues play an important role, underscoring the need to address mental health concerns proactively.
- Media should include links to or information about helpful resources, such as local crisis hotlines and the National Suicide Prevention Lifeline (800-273-TALK (8255).

Information on Suicide

- Suicide is complicated and involves multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition, the most common of which is depression.
- Mental health conditions and substance abuse problems are treatable.
- The best way to prevent suicide is through early detection, diagnosis, and treatment of depression and other mental health conditions, including substance abuse problems.

Making Decisions about School-Related Memorials

This tool poses questions to consider about both planned and spontaneous memorials associated with a school, although not necessarily sponsored by the school. Examples include a school event, student-created memorial, and a page in a yearbook.

- Does the school or school district have a policy (or standard procedure) on memorialization for the death of a student (or school staff person), regardless of the cause?
  - If yes, how would implementing what is usually done for other types of deaths be done for a death by suicide? How might those procedures be interpreted with a suicide? For example:

    If a memorial page in the yearbook is a standard procedure, are there other deaths (from other causes) during the school year that would also have pages or be on the same page? Could a memorial page also have a message to promote help-seeking among students or a similar supportive message?
  - If no, look at districtwide practices or consult with other schools.
- Has the family expressed a desire for or opposition to any public acknowledgment of the death as a suicide?
- How might a memorial on school grounds help facilitate (or impede) grieving of the loss by students and school staff?
- How will the school deal with a spontaneous memorial initiated by students?
- Could a memorial be something other than a physical object, such as a suicide prevention program?
- What other ways are there for students to acknowledge and express their grief following a suicide?
- When would be a good time to memorialize a student's death?
  - Does the plan for memorialization coincide with other student events (e.g., graduation)?
- How might the memorial procedure affect vulnerable students? Teachers and other staff?
  - Is there a way to memorialize so that a life-affirming message is the focus?
- If the school puts up a *physical* memorial, what will the students and staff who were not at the school during the year of the death be told about the memorial?

Facts about Suicide in Adolescents

Suicide is complicated and involves the interplay of multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition. In teens, the behavioral health conditions most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, eating disorders, and substance abuse problems. Although in some cases these conditions 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 "trigger."

Other key risk factors for suicide include the following:

- Personality characteristics, such as hopelessness, low self-esteem, impulsivity, risk-taking, and poor problem-solving or coping skills
- Family characteristics, such as family history of suicidal behavior or mental health problems, death of a close family member, and problems in the parent-child relationship
- Childhood abuse, neglect, or trauma
- Stressful life circumstances, such as physical, sexual, and/or psychological abuse; breaking up of a romantic relationship; school problems; bullying by peers; trouble with the law; and suicide of a peer
- Access to lethal means, especially in the home

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. But 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 health condition, which can increase suicide risk. Conversely, existing mental health conditions may also lead to stressful life experiences, which may then exacerbate the underlying illness and in turn increase suicide risk.

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 the following:

- School-based mental health professionals
- Community mental health providers and clinics
- Emergency psychiatric screening centers
- Children's mobile response programs

Pediatricians and primary care providers can also be a source of mental health referrals. Many of them are also well-versed in recognizing and treating certain mental health conditions like depression.

Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA's National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.

Crisis Lines

A crisis line is a service that provides free, confidential support and resources for people in emotional distress. The service is provided by a trained crisis counselor on the phone and in some cases by text and/or chat. You can call or text for help with someone you're worried about or for yourself. In addition to the resources listed below, some states have their own crisis lines with phone, text, and/or chat services.

National Suicide Prevention Lifeline
Call 800-273-TALK (8255)
Chat service and other information: Go to www.suicidepreventionlifeline.org

Crisis Text Line
Text HOME to 741741
Other information: Go to www.crisistextline.org

Trevor Project
Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13–24
Trevor Lifeline: Call 1-866-488-7386
TrevorText: Text TREVOR to 1-202-304-1200
TrevorChat and other information and resources: Go to www.trevorproject.org

Youth Warning Signs and What to Do in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

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. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See www.youthsuicidewarningsigns.org.

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