



After a Suicide: A Toolkit for Schools

Adapted by BESD to align with BESD
policies and procedures.

Endorsements from Other Organizations

National Association of School Psychologists (NASP)

When a suicide occurs, it can disrupt the foundation of the school and larger community to the core. How school leaders respond can help minimize negative effects and reinforce resilience. In fact, effective postvention efforts serve as the first line for prevention of potential suicide contagion among vulnerable members of the school community.

After a Suicide: A Toolkit for Schools provides step-by-step guidance, templates, and resources all in one place. It is a vital resource to help school administrators and crisis teams plan for and implement appropriate postvention strategies to facilitate communications, support grieving students and staff, identify at-risk individuals, and more.

National Association of Secondary School Principals (NASPP)

The tragedy of suicide affects many schools each year, and it is essential for principals and other school leaders to have the resources they need to help them cope personally and professionally in the event of a student death. During the high-stress period after a suicide, these professionals must provide effective postvention (activities that reduce risk and promote healing after a suicide death) and facilitate an orderly return to the daily operation of the school. That's why the National Association of Secondary School Principals (NASPP) collaborates with organizations like the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. Toolkits like *After a Suicide: A Toolkit for Schools* provide our members with tools and resources designed to help them work with faculty, staff, students, and others to restore the health of the school community. Resources like these are integral in helping principals and other school leaders carry out their mission to serve all students.

American School Counselor Association (ASCA)

A student suicide has a tremendous impact on the entire school as well as the broader community. School administrators, faculty, and staff are called on to provide leadership and strength to students and their families, even though they themselves may be shaken emotionally and unsure of the proper actions to take. They will be grappling with issues such as immediate crisis response, helping students and parents cope, and communicating with the school and wider community, as well as the media. *After a Suicide: A Toolkit for Schools*, developed by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, is a valuable guide to help school personnel prepare for the tumultuous and stressful aftermath of a student suicide and to help prevent future tragedies.

This second edition of *After a Suicide: A Toolkit for Schools* was written in 2018 by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), Education Development Center (EDC).

Authors of the Second Edition

Doreen S. Marshall, PhD

Vice President of Programs, AFSP

Christine Moutier, MD

Chief Medical Officer, AFSP

Laurie B. Rosenblum, MPH

Research Associate/Writer, SPRC

Christine Miara, MS

Former Director of Communications and Resources, SPRC

Marc Posner, PhD

Senior Writer/Editor, SPRC

Reviewers of the Second Edition

Terri A. Erbacher, PhD

School Psychologist, Delaware County Intermediate Unit, Morton, PA; Clinical Associate Professor, Philadelphia College of Osteopathic Medicine, Philadelphia, PA

Madelyn Gould, PhD, MPH

Professor of Epidemiology (in Psychiatry), Columbia University Medical Center, New York, NY

John R. Jordan, PhD

Clinical Psychologist, Private Practice, Pawtucket, RI

Richard Lieberman, MA, NCSP

Lecturer, Graduate School of Education at Loyola Marymount University, Los Angeles, CA

David N. Miller, PhD

Associate Professor of School Psychology, Department of Educational & Counseling Psychology, University at Albany, State University of New York, Albany, NY

Scott Poland, EdD

Professor, College of Psychology, and Co-Director, Suicide and Violence Prevention Office, Nova Southeastern University, Fort Lauderdale, FL

Jonathan B. Singer, PhD, LCSW

Associate Professor, Loyola University School of Social Work, Chicago, IL; Founder and Host, *Social Work Podcast*

Contributors of Vignettes for the Second Edition

Elaine de Mello, LCSW

Training and Services Manager, Connect Suicide Prevention Program, National Alliance on Mental Illness NH, Concord, NH

Shashank V. Joshi, MD

Director of School Mental Health, Division of Child & Adolescent Psychiatry, Stanford University School of Medicine, Stanford, CA

Sarah Estes Merrell, MA

School Counselor, St. Ignatius College Prep, San Francisco, CA

Jeremiah Simmons, MPH, MS

PhD Candidate, RWJ Fellow, Program in Clinical Psychology, Robert Wood Johnson Center for Health Policy at the University of New Mexico, Albuquerque, NM

Erika Zepeda, MA, MEd

School Psychologist, Palo Alto High School, Palo Alto, CA

Authors of the First Edition and Their Affiliation at the Time of Publication (March 2011)

AFSP Co-Chair, Joanne L. Harpel, JD, MPhil

Senior Director for Public Affairs and Postvention, AFSP

SPRC Co-Chair, Peggy West, PhD, MSW

Senior Advisor, SPRC

Gayle Jaffe, MSW, MPH

Senior Prevention Specialist, SPRC

Donna Amundson, LCSW

Program Manager, Traumatic Loss Coalitions for Youth Program, UMDNJ-University Behavioral Health Care, Piscataway, NJ

Primary Reviewers of the First Edition

Annette Beautrais, PhD

Senior Research Scientist, Yale University School of Medicine, New Haven, CT

Karen Dunne-Maxim, MSN, RN

Everest Consulting Associates, Princeton Junction, NJ

Madelyn Gould, PhD, MPH

Professor of Clinical Epidemiology (in Psychiatry), Deputy Director of Research Training Program in Child Psychiatry, New York State Psychiatric Institute, Columbia University, New York, NY

Christopher Gandin Le, MA

CEO, Emotion Technology LLC, Austin, TX

Robert Macy, PhD

Director, International Center for Disaster Resilience and Executive Director, Boston Children's Foundation, Boston, MA

Elizabeth McCauley, PhD

Professor of Psychiatry and Behavioral Science, University of Washington, Seattle, WA

George Scott, EdS, MFT

Middlesex County Coordinator, Traumatic Loss Coalitions for Youth Program, UMDNJ-University Behavioral Health Care, Newark, NJ

Frank Zenere, EdS

School Psychologist and District Crisis Management Specialist, Miami-Dade Public Schools, Miami, FL

For additional first edition acknowledgments, see [Appendix C: Additional Reviewers of the First Edition](#).

After a Suicide: A Toolkit for Schools addresses Objective 10.1 of the *National Strategy for Suicide Prevention* (2012): Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.

This document was funded by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC). SPRC at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), (Grant No. 5U79SM062297). The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

© 2018 Education Development Center and American Foundation for Suicide Prevention. All rights reserved.

This publication may be copied, reproduced, and distributed provided the copyright notice, author credit, and website addresses for both SPRC (sprc.org) and AFSP (afsp.org) are included. For additional rights, such as adapting or excerpting a portion of the material for publication, please contact permissions@edc.org and include the citation below.

Suggested citation

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

Additional copies of this publication can be downloaded from <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>.

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy. AFSP's mission is to save lives and bring hope to those affected by suicide. afsp.org

The Suicide Prevention Resource Center (SPRC) is the nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*. It enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. sprc.org

Introduction

The suicide of a student can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. In this situation, schools need reliable information, practical tools, and pragmatic guidance to help them protect their students, to communicate with the public, and to return to their primary mission of educating students.

In 2011, the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) produced *After a Suicide: A Toolkit for Schools* to assist schools in the aftermath of a suicide in the school community. This second edition includes updated information and new material.

This toolkit reflects consensus recommendations developed in consultation with national experts, including school-based administrators and staff, clinicians, researchers, and crisis response professionals. It provides guidance and tools for *postvention*, a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma that could lead to further suicidal behavior and deaths, especially among people who are vulnerable.

This resource was developed primarily for administrators and staff in middle and high schools, but it can also be useful for parents and communities. Although some of the guidance can be used by schools serving other age groups, the developmental differences between students in elementary, middle, and high school, and college must be taken into account when using the toolkit to respond to a death in a school.

After a Suicide focuses on how to respond in the immediate aftermath of a suicide death of a student. Ideally, schools should have a crisis response and postvention plan in place before a suicide occurs. That will enable staff to respond in an organized and effective manner. But whether or not a school has such a plan, this toolkit contains information schools can use to initiate a coordinated response. For information on developing protocols for responding to a suicide, see Chapter 3 in [Preventing Suicide: A Toolkit for High Schools](#).¹

The following principles have guided the development of the toolkit:

- Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased student's family and close friends.
- Adolescents are vulnerable to the risk of suicide contagion, that is, when a struggling student experiences the loss of another student to suicide and becomes at greater risk. Therefore, it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Adolescents are also resilient. With the proper information, guidance, and support from school staff, students can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.
- Suicide has multiple causes. However, a student who dies by suicide was likely struggling with significant concerns, such as a mental health condition that caused substantial psychological pain even if that pain was not apparent to others. But it is also important to understand that most people with mental health conditions do not attempt suicide.

¹ There are some differences in terminology and roles between *Preventing Suicide: A Toolkit for High Schools* and this toolkit. We provide additional explanation in this toolkit's section "Crisis Response."

Crisis Response

When a school receives the news that one of its 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.
- Upon confirmation, the school should immediately implement a coordinated crisis response to achieve the following:
 - o Effectively manage the situation
 - o Provide opportunities for grief support
 - o Maintain an environment focused on normal educational activities
 - o Help students cope with their feelings
 - o Minimize the risk of suicide contagion

Mobilize a Crisis Response Team

It is most effective for schools to have an identified Crisis Response Team set up and ready to respond to a crisis before one occurs. This team is responsible for implementing the elements of your school's crisis response plan.

Before a crisis occurs, find out whether your school district has a Crisis Response Team that can provide additional support to your school if needed. Many districts have a Crisis Response Team to handle larger crisis events, with each school having its own Crisis Response Team. This allows schools to pull from the district-wide team if they require additional support staff to meet the needs of their staff and students in the aftermath of a suicide. A district team is also beneficial if the school's Crisis Response Team is emotionally impacted in a way that makes it difficult for team members to engage in postvention activities effectively, or if they need extra support.

Depending on the size of the school or district, the school Crisis Response Team should have at least 5 or 6 people (but no more than 15), chosen for their skills, credentials, and ability to work compassionately and effectively under pressure with all members of the school community. Ideally the team will be a combination of administrators, counselors, social workers, psychologists, nurses, and school resource officers. It can also be useful to include a member of the school's information technology staff to help with social media. The team should have the ability to work with all of the cultures represented by the students and their families.

If You Have Used *Preventing Suicide: A Toolkit for High Schools*

Note: *Preventing Suicide: A Toolkit for High Schools* uses the term "Suicide Response Team." In this toolkit on postvention, we use "Crisis Response Team" instead because this term is now more widely known, accepted, and used in school safety plans. Some schools have a Suicide Response Team that is part of a larger Crisis Response Team. Even if you have a Suicide Response Team, consider mobilizing the entire Crisis Response Team after a suicide, since effective postvention requires the expertise, roles, and knowledge of the entire team.

The Crisis Response Team coordinator is usually the principal. The team coordinator:

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

Depending on the needs of the school and its Crisis Response Team, the team coordinator may find it helpful to designate a member of the mental health staff to serve as an assistant coordinator for the team. This person assists the coordinator in the following activities:

- Coordinate communication among the staff, students, and community
- Share updates with Crisis Response Team members
- Work with the mental health team to organize safe rooms for students and staff in need of assistance
- Facilitate 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.

Comparison of Roles in This Toolkit and *Preventing Suicide: A Toolkit for High Schools*

This toolkit updates the roles listed in *Preventing Suicide: A Toolkit for High Schools*.

<i>After a Suicide: A Toolkit for Schools</i>	<i>Preventing Suicide: A Toolkit for High Schools</i>
Crisis Response Team coordinator	Suicide Response Team coordinator
Assistant coordinator (optional)	N/A
Back-up coordinator if no assistant coordinator	Back-up coordinator

Get the Facts

A postvention plan should emphasize a single point of contact for information if the school learns of a student death. For example, the school principal would likely be the first person notified when anyone in the school learns of a student death.

Although it may not always be possible to immediately determine all of the details about a death, confirming as much factual information as possible before communicating with students is important. Speculation and rumors can exacerbate the emotional upheaval within the school. Time is also of the essence in confirming factual information

since social media and other forms of communication may be occurring simultaneously, and it is possible that others, including students, may already have some information about the death.

It can be challenging for a school to determine how to proceed if the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed. The school's principal or the superintendent should first check with the family, the coroner, and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death.

If the Cause of Death Is Unconfirmed

If there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there may be rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person and his or her family and friends.

Given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social media), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..." For a more complete example of how to talk with students about this, see [Sample Death Notification Statement for Students: Option 2 – When the Cause of Death Is Unconfirmed](#).

The school attorney may wish to first research the applicable state law regarding discussing the cause of death before the school issues a statement. In addition, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

If the Family Does Not Want the Cause of Death Disclosed

Although the fact that a student has died may be disclosed immediately, official information about the cause of death should not be disclosed to students until the family has been consulted. The need to share information should be carefully balanced with honoring the family's request. Therefore, the school may choose to initially release a more general, factual statement without using the student's name if the family does not give permission (e.g., "We have learned that a ninth-grade student died over the weekend.").

There may be cases where the death has been declared a suicide, but the family does not want this communicated, perhaps due to prejudice, privacy concerns, or fear of risking contagion or because they simply do not (yet) believe or accept that it was suicide. If this situation occurs, someone from the administration or mental health staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death among themselves, and that having adults in the school community talk with students about suicide and its causes can help keep students safe.

Schools have a responsibility to balance the need to be truthful with the school community with the need to be sensitive to the family. If the family refuses to permit disclosure, schools can state, "The family has requested that information about the cause of death not be shared at this time." But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example:

We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal.

Share the News with the School Community

The principal or Crisis Response Team coordinator should use care in sharing the information about the death with staff and parents in the school community. This communication should be done separately from communications with students. Also, what is said publicly may be limited to some degree by the family's wishes, and it is important to distinguish what might be said in a public meeting (e.g., with parents) versus a meeting of necessary school staff (e.g., teachers who taught the deceased student).

In any communication about suicide, it is important to follow guidelines on safe messaging about suicide. It is particularly important to avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner. Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the student's struggles are not mentioned, it may cause confusion as well as give the impression that suicide is an effective way of addressing one's distress—especially among the other students.

For more suggestions on how to talk about suicide, see the tool [Tips for Talking about Suicide](#).

Address Cultural Diversity

Postvention efforts need to take into consideration the cultural diversity of everyone affected by a suicide, including the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability. Culture may significantly affect the way people view and respond to suicide and death.

Key points involving cultural differences include the following:

- Be aware that the extent to which people are able to talk about suicide varies greatly, and in some cultures suicide is still seen as a moral failing.
- Be sensitive to the beliefs and customs regarding the family and community, including rituals, funerals, the appropriate person to contact, etc.
- Be sensitive to how the family or community may need to respond to the death before individuals outside of the family or community intervene to provide support.
- Engage a "cultural broker" to act as a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the person who died by suicide.
- Bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for parents.

Activities for Responding to a Crisis

Crisis Response Team Coordinator's Tasks

- Inform the principal (if not already notified or designated as team coordinator) and school superintendent of the death.
- 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

- o Discuss what students should be told
- o Inquire about funeral arrangements

Note: Schools may establish a better rapport with the family if they 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 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 the tool [Sample Guidelines for Initial All-Staff Meeting](#)).
- Arrange for students to be notified of the death in small groups, such as in homerooms. Do *not* notify students by PA (public address) system or in a large assembly.
- Disseminate a death notification statement for students to homeroom teachers (see the tool [Sample Death Notification Statement for Students](#)). It is suggested that in the homeroom 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 (for more information, see the [Social Media](#) section).
- Draft and disseminate a written death notification statement to parents (see the tool [Sample Death Notification Statement for Parents](#)).
- Disseminate the handouts [Facts about Suicide in Adolescents](#), [Tips for Talking about Suicide](#), and [Youth Warning Signs and What to Do in a Crisis](#) to teachers and other relevant school staff to give them more information about suicide and how to help their students.
- Speak with the school 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.

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 Key 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](#).

Community Liaisons

- Several team members will be needed, each serving as the primary contact for working with community partners of various types, including:
 - o Coroner/medical examiner – To ensure accuracy of information disseminated to school community
 - o Police – As necessary, particularly if an investigation about the death occurs, and the police wish to speak with school staff
 - o Mayor's office and local government – To facilitate a community-wide response to the suicide death
- o Mental health and medical communities and grief support organizations – To plan for student, staff, and community needs.

- o Mental health and medical communities and grief support organizations – To plan for student, staff, and community needs
- Arrange for outside trauma responders, if necessary, and brief them as they arrive on scene.

Media Relations

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

Social Media

- Oversee the school's use of social media as part of the crisis response.
- See the [Social Media](#) section for details on monitoring social media.

Tools for Crisis Response

These tools are in [Appendix A: Tools and Templates](#):

- [Sample Guidelines for Initial All-Staff Meeting](#)
- [Sample Death Notification Statement for Students](#)
- [Sample Death Notification Statement for Parents](#)
- [Sample Agenda for Parent Meeting](#)
- [Tips for Talking about Suicide](#)
- [Facts about Suicide in Adolescents](#)
- [Youth Warning Signs and What to Do in a Crisis](#)

For more resources on crisis response, see [Appendix B: Additional Resources](#).

Helping Students Cope

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

Key Considerations

Adolescence is a time of increased risk for difficulties with emotional regulation given the intensification of responses that come with puberty and the structural changes in the brain that occur during this developmental period. Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged in the face of a suicide. Young people may not yet have learned how to recognize complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia.

It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as in group and individual counseling sessions. Schools can also help students balance the timing and intensity of their emotional expression. Staff can use the information in the tool [Tips for Talking about Suicide](#) to help students understand and manage their emotions.

If there are concerns about a student's emotional or mental health, the parent(s) or guardian(s) should be notified, and a referral should be made to a mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available in addition to school-based mental health professionals (e.g., school psychologists, counselors, social workers) include community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals. In addition, it may be useful for school staff to identify and reach out to families of students who are not coming to school.

When implementing these strategies, leadership will most likely be provided by the school psychologist, counselor, social worker, school nurse, and/or possibly a community mental health partner, all of whom may be members of the school's Crisis Response Team and likely trained in culturally competent counseling strategies. However, all adults in the school community can help by modeling calm, caring, and thoughtful behavior.

Schedule Meetings with Students in Small Groups

Schools will likely need to adjust the regular academic schedule to allow time for helping students address their emotional needs. It is preferable to reach out to students in a deliberate and timely way, rather than allow the emotional environment to escalate, and to do so in homerooms and small group meetings.

All students should be provided with the opportunity to go to a small group meeting where they can express their feelings about the death of their classmate and obtain support. This type of group would be optional for students and should take place outside their classroom in private offices within the school. Ideally, these groups would be facilitated by a school mental health professional or another person experienced in postvention. However, if that is not possible, it is important that the staff who meet with students are comfortable with students' grief and know the school's

procedure for addressing a student who is in distress and the importance of referring the student for help. Such small groups also provide a chance for adults to identify youth who appear in need of additional support.

These group meetings can either have a structured agenda and keep to a time limit or be open-ended and focus more on addressing the students' specific needs. It is important to provide each student with an opportunity to speak. The groups should focus on helping students identify and express their feelings and discuss practical coping strategies (including appropriate ways to memorialize the loss) so that they can return their focus to their regular routines and activities.

In addition to the small groups, it might be helpful to have mental health professionals visit classrooms to:

- Give all students accurate information about suicide
- Prepare students for the kinds of reactions that can be expected after hearing about a peer's suicide death
- Provide them with safe coping strategies they can use to help them in the coming days and weeks
- Answer questions students may have and dispel any rumors

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

Help Students Identify and Express Their Emotions

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. How they express their emotions may also be influenced by their cultural background. Acknowledge the diversity of experiences and the wide range of feelings and reactions to a crisis that students may have, and emphasize the importance of being respectful of others.

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

- What is your biggest concern about the immediate future?
- What would help you feel safer right now?

It may help establish rapport to open a conversation by asking students what their favorite memories are of the student.

Practical Coping Strategies

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

- Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place
- Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie

- Exercise
- Think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now
- Write a list of people they can turn to for support
- Write a list of things they are looking forward to
- Focus on personal goals, such as returning to a shared class or spending time with mutual friends

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

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

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

Reach Out to Parents

Parents may need guidance on how to talk about suicide with their children and how best to support them at this difficult time. They may also need reliable information such as that found in [Facts about Suicide in Adolescents, Youth Warning Signs and What to Do in a Crisis](#), and [Tips for Talking about Suicide](#). Encourage parents to contact school mental health staff if they are concerned about their children or other students.

Anniversary of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death. This is not to say that an anniversary is purposefully and publicly acknowledged. Just that others be sensitive to those who are affected by the anniversary.

For more resources on helping students cope, see [Appendix B: Additional Resources](#).

Working with the Community

Because schools exist within the context of a larger community, it is very important that before a suicide or other death occurs they establish and maintain open lines of communication and working relationships with community partners, such as the coroner/medical examiner, police department, local government office, funeral director, clergy, mental health and health care professionals, and community-based agencies. In many communities, schools and community partners may have established a memorandum of understanding (MOU) to clarify requirements and responsibilities. With these relationships already set up, schools and community partners will be ready to work together in the event of a crisis. If these relationships and MOUs are not in place, reach out to the partners described in this section as soon as possible after a suicide occurs to help clarify roles.

Key Considerations

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

Mental Health and Health Care

Most schools have mental health professionals on staff, and it is important that these individuals are linked to other mental health professionals in the community. If there are concerns that a student needs additional supports, school staff should notify the parent(s) or guardian(s) and make a referral to an appropriate mental health professional for assessment, diagnosis, and possible treatment.

Schools should also establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of a suicide death, schools will want to notify the center to ensure seamless referrals if students show signs of distress. Schools will also want to publicize crisis hotline numbers, including the [National Suicide Prevention Lifeline](#): 800-273-TALK (8255). In addition, schools can encourage the local health care community, including primary care doctors and pediatricians, to screen affected youth they see for depression, substance abuse, and other relevant disorders and refer them to a mental health professional as needed.

Schools can also help students, staff, and families find local bereavement support groups through community mental health and health care centers. Another way to find suicide bereavement support groups is through [AFSP's listing](#) of suicide loss survivor groups across the country.

Outside Postvention Specialists

Working with students in the aftermath of a suicide death can easily exhaust a school's crisis team members, which can interfere with their ability to effectively assist the students. Bringing in postvention specialists or trauma responders from other school districts or local mental health or crisis centers to work alongside the school's crisis team members—and to provide care for the caregivers—can be quite helpful. See the section [Bringing in Outside Help](#) for more information.

Building a Community Coalition

If a community does not already have a coalition focused on suicide prevention, it may be helpful to create one. Box Elder County has a Suicide Coalition.

Working with the Media

A death by suicide of a school-age student can attract a lot of media attention. And when multiple suicide deaths have occurred, media interest can be particularly intense. It is important for a school to develop safe messages in order to avoid contagion. The school should appoint a media spokesperson to ensure that news is released to the media in a deliberate and consistent manner and to disseminate the document [Recommendations for Reporting on Suicide](#) to the media.

The risk of contagion is related to the amount, duration, prominence, and content of media coverage. Therefore, it is extremely important that schools strongly encourage the media to adhere to the recommendations for safe reporting, which were developed by the nation's leading suicide prevention organizations.

These recommendations include the following:

- Do not glamorize or romanticize the victim or the suicide.
- Do not oversimplify the causes of suicide.
- Do not describe the details of the method.
- Do not include photographs of the death scene or of devastated mourners, which can draw in vulnerable youth who may be desperate for attention and recognition.
- Use preferred language, such as “died by suicide” or “killed himself or herself” rather than a “successful” suicide.
- Include messages of hope and recovery.
- Consult suicide prevention experts.
- Include a list of [warning signs](#), since most (but not all) people who die by suicide show warning signs.
- List the [National Suicide Prevention Lifeline](#) number (800-273-8255) and include information on local mental health resources in each article.
- Include up-to-date local and national resources.

Tools for Working with the Media

The following tools are in [Appendix A: Tools and Templates](#):

- [Sample Media Statement](#)
- [Key Messages for Media Spokesperson](#)

For more resources on working with the media, see [Appendix B: Additional Resources](#).

Memorialization

Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk.

BESD Policy

It is very important that schools develop a policy on memorialization before a suicide death occurs and ensure that the policy is in the school's suicide prevention procedures. Schools should 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.

See Policy 5045 on BESD District Website.

Funerals and Memorial Services

The school should focus on maintaining its regular schedule, structure, and routine

It is strongly advised that the service be held outside of school hours. If the family does hold the service during school hours, the school will remain open and 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.

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.

It is recommended that schools discourage requests to create and distribute images of the deceased, such as on T-shirts or buttons. Although these items may be comforting to some students, they may be quite upsetting to others. Repeatedly bringing images of the deceased student into the school can also be disruptive and inadvertently glamorize suicide. The school should prioritize protecting students who might be vulnerable to contagion over what might comfort students who want to remember the deceased student. If students come to school wearing such items, it is recommended that they be allowed to wear the items only for that day, and that staff explain to students the rationale for the school's policy. Some schools have found a middle ground with students, for example, by allowing them to wear wristbands that portray a positive message (i.e., Faith, Hope, Love) as a way to honor and remember the deceased.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died, while at the same time returning the focus back to the classroom curriculum. Students may be involved in planning how to respectfully move or remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

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

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

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

Online Memorial Pages

Posting on online memorial pages and messaging sites has become common practice in the aftermath of a death. Schools will not post online memorials on its website.

It is recommended that online memorial pages remain active only for up to 30 to 60 days after the death of the

School Newspapers

Articles may be used to educate students about suicide warning signs and available resources. Having some focus on healthy coping, resilience, and recovery is also helpful. Any such coverage should be reviewed by an adult to ensure it conforms to the standards set forth in [Recommendations for Reporting on Suicide](#).

Events

While it is understandable that bereaved parents would wish to prevent another suicide death, schools are strongly advised to explain that both presenting this content and holding assemblies or other large events for students is not an effective approach to suicide prevention and may actually be risky. Students suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended, and they may be even more likely to act on their suicidal thoughts. In addition, students are very reluctant to speak in an assembly and may be more trusting in a small group or classroom. A more helpful option is to encourage parents to work with the school to bring an appropriate educational program to the school, such as *More Than Sad: Teen Depression*, a DVD that educates teens about the signs and symptoms of depression, or others listed on the websites of SPRC and AFSP.

Yearbooks

The focus should be on mental health and/or suicide prevention. Underneath the student's picture it might say, "In your memory, we will work to erase the prejudice surrounding mental health problems and suicide." The page might also include pictures of classmates engaging in a suicide prevention event, such as an AFSP Out of the Darkness Walk.

Graduation

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

Creative Suggestions

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the impact that the proposed activity will likely have on students, particularly on those who might be vulnerable to contagion.

Suicide Contagion

Key Considerations

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.

If there appears to be contagion, schools should consider taking additional steps beyond the basic crisis response outlined in this toolkit to avoid suicidal behavior and deaths. It is advisable for schools to increase efforts to identify other students who may be at heightened risk of suicide, actively collaborate with community partners in a coordinated suicide prevention effort, and possibly bring 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

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

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 should be available to meet with distraught students for grief counseling and help them connect with other resources in the community.

Schools need to collaborate with community partners to effectively manage all aspects of reacting to possible contagion and preventing its spread. Many communities may already have a coalition focused on suicide prevention. It is often helpful for school officials and other designated persons to join these coalitions, particularly if contagion occurs. If a coalition does not exist at the local level, it is strongly recommended that the community [build a community coalition](#) as described in the section [Working with the Community](#), or at least convene a coordinating committee that meets on a regular basis to work on these efforts.

Bringing in outside help can also be particularly valuable when contagion occurs or is suspected. See the next section for more detailed information.

If multiple suicides do occur, media coverage will likely be more extensive, and journalists may try to interview students, school administrators, and staff. A designated school spokesperson should proactively reach out to media outlets to ensure that [media recommendations](#) are followed.

For more resources on suicide contagion, see [Appendix B: Additional Resources](#).

Bringing in Outside Help

School crisis team members should remain mindful of their own limitations and consider bringing in crisis team members from other parts of their school district (if there are any), trained trauma responders from other school districts, and/or staff from local mental health centers to help them as needed. Often, crisis team members are also impacted by a suicide death, and it is important that they respond in a way that protects the school community while not diminishing or ignoring their own reactions to the death.

In especially complicated situations, schools may even consider bringing in local or national experts in school suicide postvention for consultation and assistance (provided that sufficient funding is available). Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references and clearances checked.

Following is a list of national organizations that provide crisis response, postvention consultation, and training, and/or that can put schools in touch with appropriate experts:

- The National Association of School Psychologists' [School Safety and Crisis Response Committee](#) provides phone, e-mail, and onsite consultation.
- [The National Institute for Trauma and Loss in Children \(TLC\)](#) provides schools, agencies, and parents with names of TLC-certified trauma practitioners in their area who are available for consultation and referrals. TLC also has certified trauma trainers who can come to a school, organization, or community to provide training on suicide crisis response and postvention as well as other trauma-related topics. Call 877-306-5256 or e-mail info@starr.org.
- [The Dougy Center: National Center for Grieving Children & Families](#) provides phone and onsite consultation and onsite training.
- Many states also have resources available. SPRC's website provides suicide prevention contacts in every state who can assist you in identifying local experts (www.sprc.org/states). You can also check with your state's office of education.

Going Forward

After a school has addressed the needs arising directly from a suicide, it should consider implementing a comprehensive suicide prevention program, if it does not already have one. This is also a good time to develop or review policies and procedures for dealing with all deaths, including deaths by suicide.

There are no specific guidelines regarding how long a school should wait after a death to implement such a program. However, a school should not use a prevention program as a substitute for responding to how students and others in the school community have been impacted by the death. Students and staff will likely be more ready to receive prevention information after grief needs have been appropriately addressed. Some experts suggest waiting several months or a semester before providing prevention education to students, teachers, and other school staff.

A useful resource for developing a school-based suicide prevention plan is [Preventing Suicide: A Toolkit for High Schools](#). It offers guidance on implementing key components of a comprehensive plan, including creating protocols on identifying and responding to students at risk of suicide; educating staff, students, and parents; and establishing postvention policies and programs. Another useful tool is [Model School Policy on Suicide Prevention](#), which provides model language, explanations, and resources to help schools develop a suicide prevention policy.

The [Resources and Programs](#) section of SPRC's website has information on and links to suicide prevention programs, many of which are designed for schools. Programs with evidence of effectiveness are flagged.

Some schools may also wish to take collective action to address the problem of suicide, such as participating in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center. AFSP has [chapters in all 50 states](#) that can help connect individuals to volunteer suicide prevention opportunities in their communities. For more information on national opportunities, see [AFSP's website](#).

Appendix A: 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:
 - o School mental health professionals
 - o Community mental health agencies
 - o Emergency psychiatric screening centers
 - o Children's mobile response programs
 - o 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.

<p>Give accurate information about suicide.</p> <p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>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.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people's minds.</p>	<p>By saying...</p> <p>"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."</p> <p>"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."</p> <p>"Mental health problems are not something to be ashamed of. They are a type of health issue."</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>By saying...</p> <p>"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."</p>
<p>Do not focus on the method.</p> <p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>By saying...</p> <p>"Let's talk about how [NAME]'s death has affected you and ways you can handle it."</p> <p>"How can you deal with your loss and grief?"</p>
<p>Address anger.</p> <p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>By saying...</p> <p>"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."</p>

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

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

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



- 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

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.

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?
 - o 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?
 - o 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?
 - o 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?
 - o 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.

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none">• Talking about or making plans for suicide• Expressing hopelessness about the future• Displaying severe/overwhelming emotional pain or distress	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none">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.
<ul style="list-style-type: none">• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none">○ 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	<h3>What to Do</h3> <ol style="list-style-type: none">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).

Appendix B: Additional Resources

Appendix B contains links to materials that provide additional information on the topics covered in the toolkit. Resources are organized by the section of the toolkit to which they are the most relevant.

Crisis Response

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Kerr M. M., Brent D. A., McKain B., & McCommons P. S. (2003). *Postvention standards manual: A guide for a school's response in the aftermath of sudden death* (4th edition). Retrieved from <https://www.starcenter.pitt.edu/Files/PDF/Manuals/Postvention.pdf>

Lieberman, R., Poland, S., & Kornfeld, C. (2014). *Best practices in suicide intervention*. In A. Thomas & P. Harrison (Eds.), *Best practices in school psychology*. Bethesda, MD: National Association of School Psychologists.

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

National Association of School Psychologists. (2004). *Culturally competent crisis response: Information for school psychologists and crisis teams*. Retrieved from https://schoolcounselor.org/asca/media/asca/Crisis/cc_crisis.pdf

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. Retrieved from <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Suicide Prevention Resource Center. (2016). Provide for immediate and long-term postvention. Retrieved from <http://www.sprc.org/comprehensive-approach/postvention>

Suicide Prevention Resource Center. (2012). *The role of school mental health providers in preventing suicide*. Retrieved from <http://www.sprc.org/sites/default/files/resource-program/SchoolMentalHealth.pdf>

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <http://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>

Underwood, M., Fell, F. T., & Spinazzola, N. A. (2010). *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=54103

Helping Students Cope

Dougy Center, The National Center for Grieving Children & Families, & American Foundation for Suicide Prevention. (n.d.). *Children, teens and suicide loss*. Retrieved from <https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/children-teens-suicide-loss/>

To purchase this resource: <https://stores.kotisdesign.com/afspexternal/resources/children-teens-and-suicide-loss/40691>

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York, NY: Routledge.

Evans, R., & National Association of Independent Schools. (2004). Helping students cope with suicide. (2004). Retrieved from <http://www.nais.org/Articles/Pages/Helping-Students-Cope-with-Suicide-145734.aspx>

Lieberman, R. (2010). Save a friend: Tips for teens to prevent suicide. In A. Canter, L. Paige, M. Roth, I., Romero, & S. A. Carroll (Eds.), *Helping children at home and school III: Handouts for families and educators*. Bethesda, MD: National Association of School Psychologists.

Lieberman R., & Poland, S. (2017). After a suicide: Postvention for schools: Answering student questions and providing support. *Communiq  : Newspaper of the National Association of School Psychologists*, 45(7), 8–12. Retrieved from <http://www.nova.edu/suicideprevention/forms/after-a-suicide-postvention.pdf>

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. New York, NY: Guilford.

Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after a suicide: U.S. national guidelines*. Retrieved from <https://www.sprc.org/sites/default/files/migrate/library/RespondingAfterSuicideNationalGuidelines.pdf>

Underwood, M. Fell, F. T., & Spinazzola, N. A. (2010) *Lifelines postvention: Responding to suicide and other traumatic death*. For a description: <http://www.sprc.org/resources-programs/lifelines-postvention-responding-suicide-and-other-traumatic-death>

To purchase this manual and CD-ROM: http://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=54103

Working with the Community

Berkowitz, L., McCauley, J., & Mirick, R. [n.d.]. Riverside Trauma Center postvention guidelines. Retrieved from <http://traumacenter.wpengine.com/wp-content/uploads/2015/03/Postventionguidelines.pdf>

Connect. [n.d.]. Suicide postvention training. Trainings of different lengths and tailored for different audiences. Retrieved from <http://www.theconnectprogram.org/training/reduce-suicide-risk-and-promote-healing-suicide-postvention-training>

Substance Abuse and Mental Health Services Administration. (2008). *Supporting survivors of suicide loss: A guide for funeral directors*. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4375/SMA09-4375.pdf>

Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Retrieved from <http://www.sprc.org/resources-programs/after-suicide-recommendations-religious-services-and-other-public-memorial>

Working with the Media

~~Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>~~

~~National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging*. Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>~~

Memorialization

~~Centre for Suicide Prevention (Calgary). (2004). *School memorials after suicide: Helpful or harmful?* Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/Alert54.pdf>~~

~~Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9), 1269–1284.~~

~~Jellinek, M., Bostic, J. Q., & Schlozman, S. C. (2007). When a student dies. *Educational Leadership*, 65(3), 78–82.~~

~~Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>~~

Social Media

~~Entertainment Industries Council's TEAM Up. (2014). *Social media guidelines for mental health promotion and suicide prevention*. Retrieved from <http://www.ciconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>~~

~~Know the Signs. [n.d.]. *How to use social media for suicide prevention user guide*. Retrieved from <http://ciconline.org/teamup/wp-content/files/13-CALM-0106-Socialmedia-Guide-FNL.pdf>~~

~~National Suicide Prevention Lifeline. (2010). *Lifeline online postvention manual*. Retrieved from <http://www.sprc.org/resources-programs/lifeline-online-postvention-manual>~~

~~Riverside Trauma Center. [n.d.]. *Trauma center resources: Social media and suicide*. Retrieved from <http://riversidetraumacenter.org/trauma-center-resources/>~~

Suicide Contagion

~~Insel, B. J., & Gould, M. (2008). Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America*, 31(2), 293–316.~~

~~Lake, A. M., & Gould, M. S. (2013). Suicide clusters and suicide contagion. In S. Koslow, C. Nemeroff, & P. Ruiz (Eds.), *A concise guide to understanding suicide: Epidemiology, pathophysiology and prevention*. Cambridge, UK: Cambridge University Press.~~

~~National Action Alliance for Suicide Prevention. [n.d.]. *Framework for successful messaging*. Retrieved from <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>~~

~~Recommendations for reporting on suicide. (2015). Retrieved from <http://reportingonsuicide.org/>~~

Zenere, F. J. [n.d.]. *Suicide postvention in the school community*. Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/SchoolPostvention.pdf>

Zenere, F. J. (2009, October). Suicide clusters and contagion: Recognizing and addressing suicide contagion are essential to successful suicide postvention efforts. *Principal Leadership*, 12–16. Retrieved from http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide_Clusters_NASSP_Sept_%2009.pdf

