



## Best Practices: Suicide Prevention in Schools

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## Outline for the day

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- AB2246
  - CDE Model policy
  - Prevention
    - Training crisis teams\*
    - Training staff\*
    - Training parents\*
    - Educating students and reducing stigma\*
    - Depression Screening
    - Hotlines/Resources
    - Means restriction
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## Outline for the day

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- Intervention
    - Collaboration/Supervision
    - Suicide Prevention Liaisons (Crisis Team!)
    - Spells out process for assessment first then parent notification if appropriate
    - Referral process disseminated to staff & parents
    - Parent notification and involvement
    - Involving protective services
- 

## Outline for the day

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- Intervention
    - Action plans for in/out school suicide attempts
    - Interventions for low, moderate-high risk
    - Local resources & Law enforcement
    - Re-entry planning
    - Safety planning
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## Outline for the day


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- Postvention
    - Crisis team!
    - Confirm death
    - Triage staff & notify in person or phone
    - Reaching out to the family
    - Communications/Notifications
    - Psychological triage & Screening
    - Identify students at risk
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## Outline for the day

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- Postvention
    - All staff meeting/roles of the educator
    - Memorials
    - Media & Social media
    - Safe messaging
    - Long term postvention (Ongoing support for siblings and referred; anniversary, birthday, graduation planning)
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# Part 1

## Pupil Suicide Prevention Policy (AB 2246)

## AB 2246, O'Donnell. Pupil Suicide Prevention Policy



- **Author:** Assemblymember Patrick O'Donnell, 70th District (D-Long Beach)  
**Cosponsors:** Equality California, The Trevor Project
- **Legislation approved by Governor Brown and chaptered by Secretary of State Padilla: September 26, 2016**
- **Signed into law during National Suicide Prevention Awareness Month, AB 2246 represents an effort to address rising youth suicide rates.**

## AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **Requirement of all local educational agencies (LEA): County Offices of Education, school districts, state special schools, or charter schools.**
- **The pupil suicide prevention policy must:**
  - Be implemented by all LEAs that serve 7th to 12th grade students before the beginning of the 2017-2018 school year. This means LEAs adopt their pupil suicide prevention policies prior to the commencement of the 2017-2018 school year (i.e. prior to July 1, 2017).
  - Be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts and
  - Address procedures relating to suicide prevention, intervention, and postvention and
  - Adoption of policies occur at a regular (rather than a special) meeting.

## AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **The pupil suicide prevention policy must specifically address:**
- **High-Risk Groups**
  - (A) Youth bereaved by suicide.
  - (B) Youth with disabilities, mental illness, or substance use disorders.
  - (C) Youth experiencing homelessness or in out-of-home settings, such as foster care.
  - (D) Lesbian, gay, bisexual, transgender, or questioning youth.
- **Suicide Awareness and Prevention Training**
  - Teachers of pupils in grades 7 to 12.
  - Identify appropriate mental health services: school-based and community services.
  - Instructions on how to refer to these services.
  - Self-review suicide awareness and prevention training materials.

## AB 2246, O'Donnell. Pupil Suicide Prevention Policy

**The pupil suicide prevention policy must specifically state:**

- **School Employee**
  - Acts only within the authorization and scope of the employee's credential or license.
  - Not performing non-credentialed or licensed diagnosis or treatment.
- **The California Department of Education will**
  - Develop and maintain a model policy in accordance with this policy (AB 2246) to serve as a guide for local educational agencies.

## AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **Commission on State Mandates (CSM) for cost reimbursements**  
"If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code."  
  - No guaranteed costs repayments.
  - LEAs with a policy? Possible incremental reimbursement.
  - LEAs without a policy? Reasonable costs reimbursement.
  - The CSM decision making is on a case by case basis.


## Policy, Procedures, and Administrative Regulations

- **LEA Board Policies and procedures authorize and direct the governing actions within a school district.** In this case, the student suicide prevention policies should be clearly defined for students, parents, staff, and community stakeholders.
- **Policies and procedures help avoid legal liabilities**
  - *Student Suicide: Could You Be Held Liable?*
  - *Student Suicides and School System Liability*
- **The CDE Model Policy will not only meet the minimum requirements of AB 2246, but also give LEAs best practice guidance.**

Cafaro, C.S. (2000). *Student suicides and school system liability*. School Law bulletin, 2(3), 17-25.  
Taylor, K.R. (2001). *Student suicide: Could you be held liable?* Principal Leadership, 2(1), 74-78.

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## Policy, Procedures, and Administrative Regulations

- **Go to Board Policy Section of your School Board of Education website**
    - Use Gamut (an online tool that tracks school district's policies), if available, to access
- 
- Check for BP 5141.52 and AR 5141.52. The California School Board Association (CSBA) provides templates for:
    - Standard suicide prevention Board Policy (BP 5141.52)
    - Administrative Regulation (AR 5141.52)
  - **While CSBA's templates may be used as a starting point, it should be cautioned that this policy, in its current form, may not meet all the requirements of AB 2246.**

## Complying with AB 2246

- **LEAs without an existing suicide prevention policy:**
  - Find guidance from a soon-to-be released California Department of Education model policy
  - Develop a policy that includes all AB 2246 criteria
  - LEAs can add more than the minimum criteria as in best practices
  - You can refer to **A Model School Policy on Suicide Prevention: Model language, commentary, and resources.**

OR

- **LEAs with an existing suicide prevention policy:**
  - Review to see if it complies with AB 2246 criteria
  - Modify/amend to comply with AB 2246 criteria

American Foundation for Suicide Prevention (AFSP), American School Counselors Association (ASCA), National Association of School Psychologists (NASP), & The Trevor Project (2014). *A model school policy on suicide prevention: Model language, commentary, and resources.*

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## Part 2

### Pupil Suicide Prevention Policy CDE Model Policy

GOAL:  
Appreciate the mandates of AB 2246

## CDE Model Policy

- "In an attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or Designee **shall develop strategies for suicide prevention, intervention, and postvention**, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior.
- These strategies shall include **professional development for all school personnel in all job categories** who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, expanded learning staff (afterschool) and other individuals with regular contact with students such as crossing guards, tutors, and coaches".

## Model Policy: Strategic planning

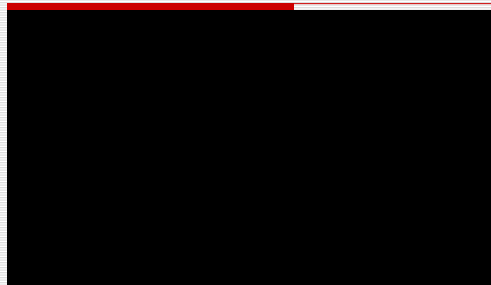
- Shall involve school employed mental health professionals, local agencies, law enforcement, community organizations for implementation and evaluation.
- Create suicide prevention task force with chair as point of contact for district
- Each school to appoint staff liaison to TF
- Policy to review and revise annually

## Model policy: Prevention

- ❑ Safe messaging about suicide prevention
- ❑ Suicide prevention training & education
  - Training crisis teams\*
  - Training staff
  - Training students
- ❑ Specialized staff training
  - Assessment of risk
- ❑ Parents/guardians & caregiver participation & education

\*Not included in Model policy

## Directing Change Video: "If We All Speak Loud Enough"



## Model Policy: Prevention Safe Messaging

- ❑ National Action Alliance for Suicide Prevention Framework for Successful Messaging <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>
- ❑ Toolkit: Making Headlines: A Guide to Engaging the Media in Suicide Prevention <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>
- ❑ How to Use Social Media for Suicide Prevention <http://resource-center.yourvoicecounts.org/content/how-use-social-media>

## Model Policy: Prevention Safe Messaging

- ❑ Unsafe messaging can lead to contagion
- ❑ Media: "Committed suicide"/"Died by suicide"
- ❑ Suicide is preventable
- ❑ There are evidenced based treatments for all the risk factors of youth suicide
- ❑ Everyone plays a role in suicide prevention
- ❑ Resilience and recovery are possible

## Directing Change Video: "All You Need Is Words"



## Suicide Cluster Contributing factors

- ❑ Media coverage
  - ❑ Number/placement of stories
  - ❑ DETAILS
  - ❑ Sensational/glamorous/romanticized coverage
- ❑ Unsafe messaging such as simplifying the causes of suicide
- ❑ Glorifying suicide or those that die by suicide
- ❑ Presenting suicide as a tool for achieving certain goals

## Netflix's 13 Reasons Why

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- ❑ It's based on a book by Jay Asher and focuses on a fictional character 17 year-old Hannah Baker who died by suicide.
  - ❑ Hannah, who has been the victim of bullying and rape, leaves behind a series of 13 tapes blaming others.
  - ❑ The compelling program presents as a mystery with dark themes and graphic images of rape and suicide with many unsafe messages about suicide.
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## 13 Reasons Why: Criticisms

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- ❑ The graphic scenes of Hannah's suicide violate all known media guidelines.
  - ❑ The program ignored the topics of mental illness and suicide contagion and will very likely increase suicides.
  - ❑ Binge watching may drive up ideation intensity
  - ❑ Teens were depicted as leading secret lives that adults were unaware of and teens were not portrayed as going to adults for help.
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## What should schools do?

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- ❑ Be proactive and advise parents of the dangers of the program and specify that vulnerable youth regardless of their age should not watch it.
  - ❑ Encourage adults whose children watch the program to watch it with them and provide opportunities for discussion.
  - ❑ Ensure that no segments of 13 Reasons Why are shown in K-12 classrooms.
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## What should schools do in classrooms?

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- ❑ Carefully plan curriculum units about youth suicide prevention.
  - ❑ Provide teachers with talking points when the program comes up: the importance of mental health treatment, going to adults for help, Hannah had alternatives to suicide, no one is at fault for her death, and bullying alone does not cause suicide.
  - ❑ Ask students to identify what they could do if they or a friend are ever suicidal.
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## Model Policy: Prevention Safe Messaging

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***Suicide and the grief that follows a death by suicide are very complex and no one person, no one thing is ever to blame.***

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## Model policy: Prevention Staff Training

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- ❑ ALL STAFF SHALL receive training in risk factors and warning signs of suicide, suicide prevention, intervention, referral and postvention ANNUALLY
  - ❑ Training shall be offered under direction of school mental health professionals
  - ❑ Adjusted year to year based on emerging best practices
  - ❑ Core components identified
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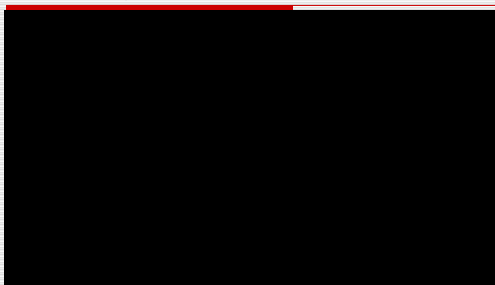
## Staff Training: Core Components

- Common myths about suicide
- Protective factors
- Risk factors & warning signs of youth suicide
- Appropriate ways to interact with at risk youth
- Procedures for responding to suicide risk
- Procedures for responding in aftermath of suicide
- Resources
- Emphasis on immediate referrals & supervision

## Model policy: Intervention for staff

- Do not be afraid to talk to students about suicide
- Know the risk factors & warning signs
- Begin the chain of supervision
- Refer immediately and have student escorted to crisis team
- Join crisis team to provide background information

## Directing Change Video: "The Signs"



## Model policy: Prevention Specialized Staff Training

- Training for school employed mental health professional in suicide risk assessment
- Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. <http://www.sprc.org/training-events/amsr>

## Each Mind Matters/SanaMente



Pain Isn't Always Obvious

**KNOW  
THE SIGNS**

Suicide Is Preventable

El Sufrimiento No Siempre Se Nota

**RECONOZCA  
LAS SEÑALES**

El Suicidio Es Prevenible

- <http://www.suicideispreventable.org/>
- <http://www.elsuicidioesperenible.org/>

## Student Prevention

- Student Instruction, Activities, and Messaging
  - Implementation of SEL Curriculum
  - \*Health Education & Psychology Courses
  - Activities – NCHS, YMHA, Directing Change, Peer Helpers
  - Messaging through media outlets

\*CA Health Education Framework and Curriculum update!



## NAMI Club Training



## NAMI ON CAMPUS CLUBS

### NAMI On Campus Clubs

- ❑ Partnership between CalMHSA, California Department of Education, and the National Alliance of Mental Illness.
- ❑ NAMI High School Club Mission Statement (created by student members):
  - "To raise mental health awareness, provide a safe student environment for all students, **prevent student suicide**, and reduce stigma and discrimination against mental illness, and promote student mental health on campus through peer advocate led activities and education"
  - [https://youtu.be/HYs1\\_vcZr4](https://youtu.be/HYs1_vcZr4)

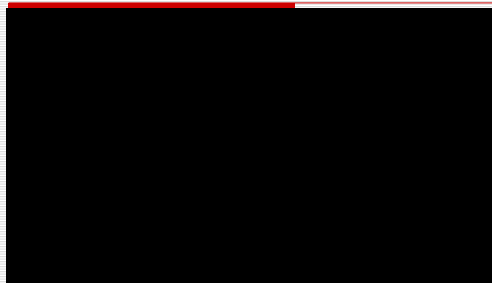
### Model policy: Prevention Parent/Guardian/Caregiver Training

- ❑ Parents should be included in all suicide prevention efforts
- ❑ District must share all policies and procedures
- ❑ Policies easily accessed on webpages of school district that list warning signs of suicide, crisis helpline numbers and who to contact in the district for assistance

### Model policy: Prevention Parent/Guardian/Caregiver Training

- ❑ Access to training that emphasizes:
  - Risk factors/warning signs
  - Protective factors
  - How to respond
  - Services available through the school
  - Emphasis on reducing stigma and other obstacles to accessing mental health services.

### Directing Change Video: "Escuchen"



## Suicide prevention: Cultural considerations

- ❑ Identify cultural-related needs of community.
- ❑ Obtain community resources to meet diverse needs.
- ❑ Have prevention materials translated into native languages
- ❑ Have translators available.
- ❑ Know the traditions, rituals, and belief systems of your diverse population.

Preventing Suicide Toolkit, Tool 1.H, pgs. 50-51

## Model policy: PREVENTION RESOURCES

- ❑ **Youth Mental Health First Aid (YMHFA)** teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>
- ❑ Free YMHFA Training available through the CDE <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- ❑ **Question, Persuade Refer (QPR)** is a gatekeeper training that can be learned online. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. <http://www.qprinstitute.com/>

## Model policy: PREVENTION RESOURCES

- ❑ **SafeTALK** is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. <https://www.livingworks.net/programs/safetalk/>
- ❑ **Applied Suicide Intervention Skills Training (ASIST)** is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. <https://www.livingworks.net/programs/asist/>
- ❑ **Kognito At-Risk** is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and template to ensure that the program is easy to disseminate and measure success at the elementary, middle, and high school levels. <https://www.kognito.com/products/pk12/>

## Suicide Prevention: Suicide Prevention Curriculum



- ❑ **SOS: Depression Screening and Suicide Prevention**
  - <http://shop.mentalhealthscreening.org/collections/youth-programs>
  - "The main **teaching tool** of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help-seeking.



SOS Signs of Suicide®  
MS/HS Program  
\$395



## Suicide Prevention: Suicide Prevention Curriculum



- ❑ **Signs of Suicide**
  - Depression Screening
  - ACT (Acknowledge, Care, Tell)
- ❑ **QPR**
  - Gatekeeper training
  - QPR (Question, Persuade, Refer)
- ❑ **SafeTALK**
  - Gatekeeper training
  - TALK (Tell, Ask, Listen, Keep safe)

Aseltine & DeMartino (2004)

## Model policy: Intervention

- ❑ **Intervention**
  - Collaboration/Supervision
  - Suicide Prevention Liaisons (Crisis Team!)
  - Spells out process for assessment first then parent notification if appropriate
  - Referral process disseminated to staff & parents
  - Parent notification and involvement
  - Involving protective services



## Model policy: Intervention

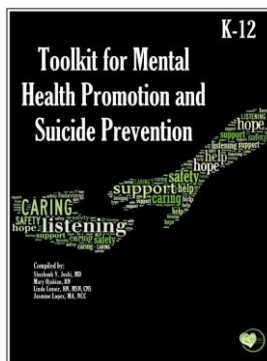
- Intervention
  - Action plans for in/out school suicide attempts
  - Interventions for low, moderate-high risk
  - Local resources & Law enforcement
  - Re-entry planning
  - Safety planning

## Model policy: Postvention

- Postvention
  - Crisis team!
  - Confirm death
  - Triage staff & notify in person or phone
  - Reaching out to the family
  - Communications/Notifications
  - Psychological triage & Screening
  - Identify students at risk

## Model policy: Postvention

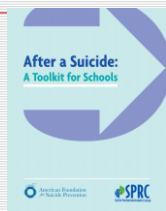
- Postvention
  - All staff meeting/roles of the educator
  - Memorials
  - Media & Social media
  - Safe messaging
  - Long term postvention (Ongoing support for siblings and referred; anniversary, birthday, graduation planning)



Toolkit for Mental Health Promotion and Suicide Prevention

**SAMHSA**

**SPRC / AFSP**



Preventing Suicide:  
A Toolkit for High Schools

After a Suicide:  
A Toolkit for Schools

## Part 3

### Best Practices: Suicide Intervention and Postvention

## Staff Training: Core Components

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- Common myths about suicide
  - Protective factors
  - Risk factors & warning signs of youth suicide
  - Appropriate ways to interact with at risk youth
  - Procedures for responding to suicide risk
  - Procedures for responding in aftermath of suicide
  - Resources
  - Emphasis on immediate referrals & supervision
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## International Symposium on Youth Suicide

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- Alarming increases
  - Media sensationalism of suicide
  - Clusters of suicides occur
  - Schools are the best place to intervene
  - Students are under extreme pressure
  - Guns are too available
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## Just the facts

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- Suicide is the second leading cause of death for 10-24 year olds in the US (CDC, 2015).
  - Almost one in ten youth deaths by suicide in the US occur in California.
  - More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED.**
  - Each day in our nation, there are an average of over 5,240 attempts by young people grades 7-12.
  - Four** out of **Five** teens who attempt suicide have given clear warning signs
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## Myths/facts of youth suicide

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- Talking about suicide increases risk
  - All depressed youth are suicidal and all suicidal youth are depressed
  - Suicide occurs out of the blue. Young people do not show warning signs
  - Suicide among 5-11 does not exist and elementary school children are too young to be suicidal
  - Once a youth is suicidal, nothing can stop them from attempting
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## What protects youth from suicide?

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- Good relationships with other youth
  - Seeks adult help when needed
  - Lack of access to suicidal means
  - Access to mental health care
  - Religiosity
  - School environment that encourages help seeking and promotes health
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## Protective factors

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- Family cohesion and stability
  - Coping and problem solving skills
  - Positive self worth and impulse control
  - Positive connections to school and extracurricular participation
  - Successful academically
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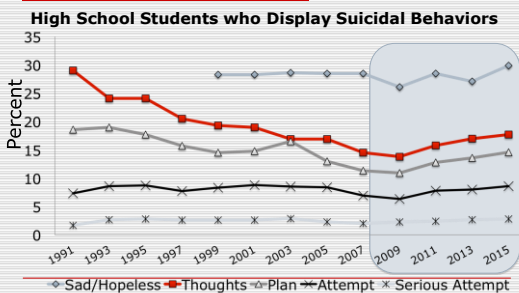
### Risk factors of youth suicide

- ❑ There is no single predictor of youth suicide
- ❑ Risk factors come together in a perfect storm
  - Alcohol & substance abuse\*
  - Accessibility to means (firearms)\*
  - Depression/Co-morbidity\*
  - Previous suicidal behaviors
  - History of trauma or exposure to suicide\*
  - Hopelessness
  - Impulsivity
  - NSSI

### Youth Risk Behavior Surveillance Survey California 2015

- ❑ 29.7% felt sad or hopeless
  - ❑ 17.9% seriously considered suicide
  - ❑ 15.2% made a plan
  - ❑ 8.2% made one or more attempts
  - ❑ 1.9% actually got to medical help
- |       | US   |
|-------|------|
| 29.7% | 29.9 |
| 17.9% | 17.7 |
| 15.2% | 14.6 |
| 8.2%  | 8.6  |
| 1.9%  | 2.8  |

### Statistics & Demographics



### Youth suicide in CA: 2015

- ❑ 3<sup>rd</sup> leading cause of death for 10-24 year olds
- ❑ Over twice as many people die by suicide than by homicide in CA
- ❑ Rate all ages 10.7 #44 in US (13.8)
- ❑ Rate 10-24 8.8 #45 in US (12.5)
  - ❑ Steady increases since 2007
- ❑ Roughly one in ten suicides in the US occur in CA
- ❑ Most common method: strangulation
- ❑ Highest risk youth: Hispanic & White; LGBT

### High risk youth: Cultural issues

- ❑ Hispanic youth
  - ❑ Latina
  - ❑ Highest in reporting of suicidal thoughts and behaviors
- ❑ African American youth
  - ❑ The suicide rate among children ages 5 to 11 doubled 1993-2013 .
- ❑ Native American/Alaskan Native youth
  - ❑ Although suicide rates vary widely among individual tribes, it is estimated that 14 to 27 percent of AI/AN adolescents have attempted suicide.

### High risk youth

- ❑ Exposed to suicide
- ❑ Bullies and victims
- ❑ Lesbian, gay, bisexual, or transgender
- ❑ Depressed
- ❑ NSSI
- ❑ Traumatized
- ❑ Alcohol/substance abuse
- ❑ Homeless/Runaway children
- ❑ Children in foster care

## High risk youth: Those exposed to suicide

- ❑ Research based estimate suggests that for each death by suicide **147 people are exposed** (6.3 million annually), and among those, **18 experience a major life disruption** (loss survivors; earlier, non-research based estimates were 6)
- ❑ A loss by suicide can be a traumatic loss

## High risk youth: Bullies & Victims

- ❑ Children who have been bullied have reported a variety of behavioral, emotional and social problems.
- ❑ Highest risk has been both bully/victim
- ❑ Key factor is pre-existing psychopathology
- ❑ Some gender differences in response to bullying
- ❑ High risk groups include: LGBT, Disabled, Race & Religion

## High risk youth: LGBT

- ❑ Higher rates of family rejection & peer victimization
  - 3X more likely to report suicidal ideation
  - 8X more likely to have attempted suicide
  - 6X more likely to have higher levels of depression
  - Compared to non-LGB youth LGBT youth suicide attempts *may* be more serious

## High risk youth: Depressed youth

- ❑ 30% youth in Los Angeles report feeling so sad or hopeless over the past year that they affected their daily activities.
- ❑ The majority do not receive services
- ❑ Co-occurring disorders
- ❑ Ignited by precipitating events
- ❑ Effective treatments include talk therapy and medications

## High risk youth: NSSI

- ❑ Maladaptive coping strategy
- ❑ Generally assess at low risk for suicide
- ❑ Episodic associated with emotional regulation
- ❑ Repetitive NSSI associated with history of trauma, ACEs
- ❑ Suicidal risk increases with number of years engaging in self injurious behaviors and number of methods
- ❑ Treatment: Dialectical Behavior Therapy

## High risk youth: The impact of traumatic loss

- ❑ One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.
- ❑ Trauma can impact school performance
- ❑ Trauma can impact learning
- ❑ Traumatized children can experience physical and emotional distress
- ❑ Treatments include TF-CBT & CBITS

National Child Traumatic Stress Network:  
Child Trauma Toolkit for Educators

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## Warning signs of youth suicide

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- Suicide notes/social media posts
  - Threats
  - Plan/method/access
  - Depression (helplessness/hopelessness)
    - Los of energy & enthusiasm/isolation
    - Risk taking behaviors such as gun play, alcohol/substance abuse)
  - Giving away prized possessions/making final arrangements
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## Warning signs of youth suicide

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- Isolation and a lack of belonging/connections
  - Sudden changes in behaviors, personality, friends
    - Changes to eating or sleeping habits
  - Death and suicidal themes in writings, readings, websites
  - Elementary school age children may:
    - Threaten to run into traffic
    - Jumping from high places
    - Cutting/scratching or marking the body
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## Model policy: Intervention for staff

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- Do not be afraid to talk to students about suicide
  - Know **the** risk factors & warning signs
  - Begin the chain of supervision
  - Refer immediately and have student escorted to crisis team
  - Join crisis team to provide background information
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## Model policy: Tips for Parents

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- Do not be afraid to talk to your child
  - Know the risk factors and warning signs
  - Act immediately to get help
  - Turn to school and community mental health resources
  - Tighten the circle of care that surrounds your child
  - Remove all lethal means: Get the gun out of the house
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## Intervening with Suicidal Students Guidelines for Crisis Teams

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## Model policy: Intervention

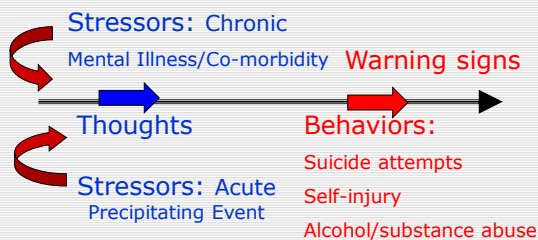
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## Model policy: Intervention

- Intervention
  - Action plans for in/out school suicide attempts
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  - Re-entry planning
  - Safety planning

## Continuum of Self-destructive Behavior



## Risk factors of youth suicide

- There is no single predictor of youth suicide
- Risk factors come together in a perfect storm
  - Alcohol & substance abuse\*
  - Accessibility to means (firearms)\*
  - Depression/Co-morbidity\*
  - Previous suicidal behaviors
  - History of trauma or exposure to suicide\*
  - Hopelessness
  - Impulsivity
  - NSSI

## Risk factors of youth suicide

- Situational crises: Precipitating events
  - Loss (Death, divorce, transience, romance, dignity)
  - Victimization/exposure to violence
  - School crisis (disciplinary, academic)
  - Family crisis (abuse, domestic violence, running away, argument with parents)
  - Exposure to suicide

## Warning signs of youth suicide

- Suicide notes/social media posts
- Threats
- Plan/method/access
- Depression (helplessness/hopelessness)
  - Los of energy & enthusiasm/isolation
  - Risk taking behaviors such as gun play, alcohol/substance abuse)
- Giving away prized possessions/making final arrangements

## Warning signs of youth suicide

- Isolation and a lack of belonging/connections
- Sudden changes in behaviors, personality, friends
  - Changes to eating or sleeping habits
- Death and suicidal themes in writings, readings, websites
- Elementary school age children may:
  - Threaten to run into traffic
  - Jumping from high places
  - Cutting/scratching or marking the body

## Suicide Intervention in the Schools

- ❑ No absolute predictors of youth suicide so we must be vigilant even with low risk
- ❑ Kids are not suicidal 24/7 and levels of risk can change within hours
- ❑ Youth population is vulnerable to contagion
- ❑ Try to create a circle of care between child, parent, school, community agencies
- ❑ Brief suicide assessment in the schools
- ❑ Collaborating with school site crisis teams

## SUICIDE INTERVENTION IN THE SCHOOLS: Case Study

- ❑ ***"I have a 9<sup>th</sup> grade, hysterical girl in my office who says her friend brought a knife to school today to kill herself. She convinced her friend to give her the knife while they were talking on the quad during nutrition but the security guy saw it and now her friend is handcuffed in the AP's office and they're talking about arrest and expulsion because of zero tolerance. What should I do?"***

School Counselor

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SUICIDE INTERVENTION IN THE SCHOOLS:

## Procedures School Site Crisis Team

- ❑ Maintain Supervision throughout
- ❑ School Crisis Team Collaboration:
  - School-employed MH professional
  - Administrator
  - Support personnel
- ❑ Assess risk and Advise
- ❑ Collaborate with law enforcement and local mental health resources

SUICIDE INTERVENTION IN THE SCHOOLS:

## Procedures School Site Crisis Team

- Supervision
  - Assessment of risk
  - Duty to notify
  - Duty to refer/provide resources
  - Documentation
- Collaboration** is your **liability insurance**

SUICIDE INTERVENTION IN THE SCHOOLS:

## Brief suicide assessment

- ❑ **Question:** *Have you ever thought about suicide (harming yourself)?* **LOW**
- ❑ **Question:** *Have you ever tried to kill (hurt yourself) before?* **MODERATE**
- ❑ **Question:** *Do you have a plan to kill (harm) yourself today?* **HIGH**

## Columbia Suicide Severity Rating Scale

- ❑ Researched and increasingly used by hospitals/schools/law enforcement
- ❑ Brief assessment C-SSRS has 2-5 direct questions on suicide thoughts, method, and intent
- ❑ Appropriate for all ages and its free with translation for over 100 languages
- ❑ Training Video available at [https://www.youtube.com/watch?v=Ted\\_gI-UXi8](https://www.youtube.com/watch?v=Ted_gI-UXi8)

[www.cssrs.columbia.edu](http://www.cssrs.columbia.edu)

*SUICIDE INTERVENTION IN THE SCHOOLS:***C-SSRS Brief: Questions**

- 1. Have you wished to be dead?
- 2. Have you actually thought of killing yourself? If Yes ask questions 3, 4 and 5. If no go to directly to question 6.
- 3. Have you been thinking of how to do this?

*SUICIDE INTERVENTION IN THE SCHOOLS:***C-SSRS Brief: Questions**

- 4. Have you had thoughts and some intention to act on them?
- 5. Do you have a plan to kill yourself?
- 6. Have you ever done or prepared to do anything to harm yourself? If Yes ask in the last 3 months?

*SUICIDE INTERVENTION IN THE SCHOOLS:***Longer suicide assessment**

- Assess protective factors
  - Internal
    - Ability to cope with stress
    - Religious beliefs
    - Frustration tolerance
  - External
    - Positive therapeutic relationships
    - Social supports
    - School connectedness
    - Responsibility to children or beloved pets

Suicide Safe:  
<http://store.samhsa.gov/apps/suicidesafe/>

*SUICIDE INTERVENTION IN THE SCHOOLS:***Longer suicide assessment**

- Suicide inquiry
  - Ideation
    - Frequency, intensity, duration (48 hrs; past month)
  - Plan
    - Lethality, availability of means; preparatory acts
  - Behaviors
    - Past attempts; rehearsals
  - Intent
    - Explore ambivalence; reasons to die vs. reasons to live
  - Parent/teacher feedback (i.e. previous attempts, changes in behaviors)

*SUICIDE INTERVENTION IN THE SCHOOLS:***C-SSRS and the SAFE-T**

- Same 6 questions as Brief but adds
  - Current and past psychiatric diagnosis?
  - Presenting symptoms?
  - Family history?
  - Precipitating events/stressors?
  - Treatment changes?
  - Protective factors?
  - Specific questions about frequency, duration and controllability of suicidal thoughts?

Download the APP!

*SUICIDE INTERVENTION IN THE SCHOOLS:***SAFE-T from SAMHSA**

- Suicide Assessment Five-step Evaluation and Triage
  - Identify risk factors especially those that can be reduced
  - Identify protective factors that can be modified
  - Conduct suicide inquiry
  - Determine level of risk
  - Document assessment, intervention and follow up



SUICIDE INTERVENTION IN THE SCHOOLS:

## Intervention

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- Notifying parents
    - Involve student
    - Obtain relevant mental health history
    - Insurance information
    - History of traumatic losses; victimization;
    - Obtain signed release of information
    - Assess family support
    - Assess protective factors
- 

SUICIDE INTERVENTION IN THE SCHOOLS:

## Intervention

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- Interventions for Moderate or High risk
    - Maintain supervision
    - Handoff ONLY to:
      - Parent/guardian
      - Law Enforcement
      - Psychiatric Mobile Response Team (PMRT)
      - Never transport a suicidal student alone
    - Re-entry and Safety planning upon return to school
- 

## Safety planning

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- Utilize safety planning
    - Therapy appointments
    - Medication management
    - Identify circle of care of adults/peers
    - Promote help-seeking behaviors
    - Promote communication skill building
    - Provide relevant hotlines/websites/resources
- 

## Safety Planning: App Resources

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A Friend Asks App  
[www.jasonfoundation.com](http://www.jasonfoundation.com)

MY3 App  
[www.my3app.org](http://www.my3app.org)



SUICIDE INTERVENTION IN THE SCHOOLS:

## Intervention

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- Community resources
    - Emergency response teams
    - Collaborating with law enforcement
    - Culturally appropriate mental health agencies
    - Gay and Lesbian mental health agencies
    - Annually updated
  - School district resources (Special Ed)
    - 504 plans
- 

SUICIDE INTERVENTION IN THE SCHOOLS:

## Case Study

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- ***"I have a 8<sup>th</sup> student who has just returned to school after a 72 hr. hold. Her mother just dropped her off today. How should I proceed?"***

Assistant Principal

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## Re-entry Guidelines

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- ❑ Have parent escort student back to school first morning following hospitalization and conduct re-entry meeting.
  - ❑ Collaborate with members of crisis team
  - ❑ Obtain any records from hospital and have parent sign a release of information form.
  - ❑ Provide interventions:
    - ❑ Modify academic programming as appropriate
    - ❑ Identify on-going counseling resources at school or in the community
    - ❑ Medication follow up plan with parent permission
- 

## Re-entry Guidelines

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- ❑ Debate about notifying student's teachers
  - ❑ Monitor student to make certain no bullying takes place in the classroom as many students may know the student was hospitalized and word spread through social networking.
  - ❑ Monitor social networking sites with cooperation of the parent.
  - ❑ Identify circle of adults at school and at home
  - ❑ Check in frequently during the first week the student returns to school.
- 

## Risk Monitoring "Tool"

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- Reviews suicide ideation, intent and warning signs.
  - Determines current risk level.
  - Identifies reasons for living and supportive people.
  - Reviews safety plan and crisis resources
  - Determines what if any actions need to be taken?
- 

Erbacker T. A., Singer, J. B., and Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge.

*SUICIDE INTERVENTION IN THE SCHOOLS:*

## Documentation

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- ❑ Establish Documentation procedures
    - ❑ Risk Assessment Referral Document
  - ❑ Document all actions of crisis team response
  - ❑ NO Immediate Timelines! (fill out later!)
  - ❑ Keep in a confidential file (not CUM folder)
  - ❑ Documentation never leaves district
  - ❑ Coordination when student transfers or graduates to other schools within district
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## Model policy: Postvention

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- ❑ Postvention
    - Crisis team!
    - Confirm death
    - Triage staff & notify in person or phone
    - Reaching out to the family
    - Communications/Notifications
    - Psychological triage & Screening
    - Identify students at risk
- 

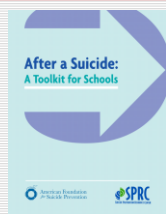
## Model policy: Postvention

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- ❑ Postvention
    - All staff meeting/roles of the educator
    - Memorials
    - Media & Social media
    - Safe messaging
    - Long term postvention (Ongoing support for siblings and referred; anniversary, birthday, graduation planning)
-

## After a Suicide: A Toolkit for Schools

Suicide Prevention Resource  
Center  
American Foundation for Suicide  
Prevention



## Why Postvention in Schools?

- ❑ Schools are often unsure about how to respond after a suicide and there has been debate as to best practice response
- ❑ Certain practices may put some students at greater risk
- ❑ An effective response can reduce the risk of suicide contagion and restore a safe, healthy learning environment

## Suicide Contagion

- ❑ Contagion is rare but adolescents and young adults are more susceptible than other age groups
- ❑ A death by suicide or suicidal behavior in youth may increase the likelihood of suicidal ideation or attempts in other youth.
- ❑ Contagion can lead to a cluster

## Suicide Cluster

- ❑ Multiple suicides within a defined geographical area within an accelerated time frame.
- ❑ 1-5% of teenage deaths by suicide occur in a cluster (100-200 deaths annually)
- ❑ Can occur in institutional settings such as psychiatric settings, schools, prisons, military.
- ❑ Gould has identified 53 suicide clusters (defined as 3-11 victims, ranging in age from 11-20, within a year)
- ❑ Victims appear to be influenced by earlier deaths but do not have to know previous victims

## Suicide Cluster Contributing factors

- ❑ Media coverage
  - ❑ Number/placement of stories
  - ❑ DETAILS
  - ❑ Sensational/glamorous/romanticized coverage
- ❑ Unsafe messaging such as simplifying the causes of suicide
- ❑ Glorifying suicide or those that die by suicide
- ❑ Presenting suicide as a tool for achieving certain goals

## Goals of Suicide Postvention

- ❑ Assist survivors in the grief process
- ❑ Identify and refer individuals who may be at risk following the suicide
- ❑ Provide accurate information while minimizing the risk of suicide contagion
- ❑ Implement ongoing prevention efforts

## Practical Suggestions

- Intervene only when indicated
- Do not inform staff or students by intercom
- Triage staff and make appropriate notification in person (not by memo or e mail)
- Have substitutes to relieve staff during the day
- Facilitate social support systems for HS/Secondary students

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## Suicide Postvention Checklist

1. Verify that a death has occurred and confirm cause
2. Mobilize the Crisis Response Team
3. Assess the suicide's impact on the school and estimate the level of postvention response
4. Notify other involved school personnel
5. Contact the family of the suicide victim
6. Determine what information to share about the death
7. Determine how to share information about the death

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## Suicide Postvention Checklist

8. Identify students significantly affected by the suicide and initiate a referral mechanism
9. Conduct a faculty planning session
10. Initiate crisis intervention services
11. Conduct daily planning sessions
12. Memorials
13. Social Media
14. Prevention messaging
15. Debrief the postvention response

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## Item 5: Contact the Family of the Suicide Victim

Contact should be made in person within 24 hours of the death. Purposes include...

- Express sympathy
- Offer support
- Identify the victim's friends who may need assistance
- Discuss the school's postvention response
- Identify details about the death that could be shared with outsiders
- Discuss funeral arrangements and whether the family wants school personnel and/or students to attend.

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## Item 6: Sample Letters

- Three scenarios:
- Death has been ruled a suicide
- Cause is unconfirmed (ask that rumors not be spread)
- Family has requested cause of death not be disclosed (rumors of suicide and since that subject has been raised it's complex but mental illnesses such as depression are usually the cause)

## Item 8: Identify those significantly affected by the suicide & initiate referral procedures

- Risk Factors for Imitative Behavior
  - Backed out of pact
  - Had a negative interaction with victim
- Physically** proximal to suicide
- Emotionally** proximal to victim
- Psychologically vulnerable** due to history of depression; previous suicidal behavior; suicide in family; history of trauma or loss.

## Item 9: Conduct a Staff Planning Session

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- ❑ Replacing rumors with facts and honoring the family's request for privacy
- ❑ Encouraging the ventilation of feelings
- ❑ Stressing the normality of grief and wide array of stress reactions children demonstrate
- ❑ Discouraging attempts to romanticize the suicide
- ❑ Identifying students at risk for an imitative response
- ❑ Making the appropriate referrals
- ❑ Address staff reactions and student perceptions
- ❑ Prevention messaging

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## Item 12: Memorials

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- ❑ Strive to treat all student deaths the same way
- ❑ Encourage and allow students, with parental permission, to attend the funeral
- ❑ Reach out to the family of the victim
- ❑ Contribute to a suicide prevention effort in the community
- ❑ Develop living memorials, such as student assistance programs, that address risk factors in local youth

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## Item 12: Memorials

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- ❑ Prohibiting all memorials is problematic
- ❑ Recognize the challenge to strike a balance between needs of distraught students and fulfilling the primary purpose of education
- ❑ Meet with students and be creative and compassionate
- ❑ Spontaneous memorials should be left in place until after the funeral
- ❑ Avoid holding services on school grounds

## Item 12: Memorials

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- ❑ Schools may hold supervised gatherings such as candlelight memorials
- ❑ Monitor off campus gatherings
- ❑ Student newspaper coverage should follow media reporting guidelines
- ❑ Yearbook and graduation dedication or tributes should all be treated the same
- ❑ Grieving friends and family should be discouraged from dedicating a school event and guided towards promoting suicide prevention
- ❑ Permanent memorials on campus are discouraged

## Item: 13 Social Media

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- ❑ Appoint a Social Media Manager to assist PIO
- ❑ Utilize students as "cultural brokers" to help faculty and staff understand their use of social media
- ❑ Train students in gatekeeper role, and specifically identify what suicide risk looks like when communicated via social media.
- ❑ Have staff monitor social networks and provide safe messaging when important (this will require that districts not completely block these networks)
- ❑ Have parents get involved in their child's social media

## Item: 13 Social Media

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- ❑ Monitor for high risk students
- ❑ Psycho-education: Make use of social media to post prevention messages, hotlines and community mental health resources.
- ❑ Give students specific helpful language to include when making use of social media
- ❑ Work with YouTube and Facebook to take down messages, disturbing images or language
- ❑ Utilize the Facebook application for concerns or issues with content.

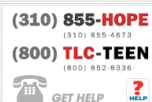
## Model policy: Hotline Resources



## Youth Suicide: Local Resources



Didi Hirsch Mental Health Services: Suicide Prevention Center  
<http://www.didihirsch.org/spc>



## Youth Suicide: Resources



<https://afsp.org/chapter/afsp-greater-los-angeles/>



National Alliance on Mental Illness

## Youth Suicide: National Resources

- ❑ The Trevor Project  
[www.thetrevorproject.org](http://www.thetrevorproject.org)
- ❑ National Suicide Prevention Lifeline  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- ❑ Suicide Prevention Resource Center  
[www.sprc.org](http://www.sprc.org)
- ❑ Centers for Disease Control  
[www.cdc.gov](http://www.cdc.gov)

