TOOL 1: Suicide Risk Report

Documentation of Suicide Screening and Steps for Student Safety

Student Suicide Risk Report

Screened level of risk: Low_____ Medium_____ High_____

Student Name:	Grade:
School-Based Mental Health Provider:	School:
Administrator:	
Risk Screen Completed by:	Date

Notification of Student's Counselor ❑ Yes ❑ No

Actions Taken

Date	Action	Members Present	Notes
	Student Conference		
	Notified Principal, Key Personnel		
	Parent Contacted		
	Parent Conference		
	Student Safety Plan Written		
	Parent Notification Form Signed		
	Release of Information Signed		
	Mental Health Referral for Community-Based Services made		

Follow-up documentation:

Student _____

_____

_____

_____

_____

_____

Parent / Caregiver _____

_____

_____

_____

_____

_____

Community Resource _____

_____

_____

_____

_____

_____

Copy for student's SMHP and designated administrator.

TOOL 2: Brief Screening CSSR-S

Columbia-Suicide Severity Rating Scale CSSR-S Brief

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are **bolded** and **underlined**.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, *"I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan. **Have you actually had any thoughts of killing yourself?**		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."* **Have you been thinking about how you might do this?**		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* **Have you had these thoughts and had some intention of acting on them?**		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **Have you started to work out or worked out the details of how to kill yourself?** **Do you intend to carry out this plan?**		
6) Suicide Behavior Question: **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: Were any of these in the past 3 months?**	**Past Month** **Lifetime**	

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
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T3

TOOL 3: SAFE-T and Resource

SAFE-T
SUICIDE ASSESSMENT

Five-Step
EVALUATION AND TRIAGE

1. **IDENTIFY RISK FACTORS**
   Note those that can be modified to reduce risk
2. **IDENTIFY PROTECTIVE FACTORS**
   Note those that can be enhanced
3. **CONDUCT SUICIDE INQUIRY**
   Suicidal thoughts, plans, behavior, method, and intent
4. **DETERMINE RISK LEVEL & INTERVENTION**
   Determine risk. Choose appropriate intervention to address and reduce risk.
5. **DOCUMENT**
   Assessment of risk, rationale, intervention, and follow-up

Suicide assessments should be conducted (1) at first contact; (2) with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; (3) prior to changes in behavioral health treatment; and (4) at inpatient discharge.

SAMHSA
Substance Abuse and Mental Health Services Administration

1. RISK FACTORS[1]

- Prior suicide attempt(s)
- Alcohol or substance use
- History of mental health concerns, particularly depression and other mood disorders
- Access to lethal means, including firearms
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and/or disability
- Lack of access to behavioral health care
- Prolonged feelings of hopelessness

POPULATIONS AT INCREASED RISK FOR SUICIDE

- American Indian, Alaska Native, and Tribal communities
- Black youth
- Rural communities
- LGBTQI + youth and young adults
- Middle-aged men
- Older adults

2. PROTECTIVE FACTORS[1]

Note: Protective factors, even if present, may not counteract significant acute risk

- Connectedness to people, family, community, and social supports
- Effective behavioral health care
- Life skills (including problem-solving skills, coping skills, emotional regulation, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- No access to lethal means

[1] https://sprc.org/risk-and-protective-factors

3. SUICIDE INQUIRY

Specific questioning about thoughts, plans, behaviors, intent

- **Ideation:** Frequency, intensity, duration—in last 48 hours, past month, and worst ever
- **Plan:** Timing, location, lethality, availability, preparatory acts
- **Behaviors:** Past attempts, aborted attempts, rehearsals versus non-suicidal self-injurious actions
- **Intent:** Extent to which the patient (1) expects to carry out the suicide plan and (2) believes the plan/act to be lethal. Explore ambivalence: reasons to die versus reasons to live

For Youth: Ask parent/guardian about history of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition.

4. RISK LEVEL/INTERVENTION

- **Assessment of risk** level is based on clinical judgment, after completing steps 1–3
- **Reassess** as patient or environmental circumstances change
- **Develop** a safety plan for all individuals at low, moderate, and high risk levels

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
HIGH	Individuals experiencing severe behavioral health symptoms or acute precipitating event; protective factors not relevant	Suicidal ideation with plan (when and where), method (how), and intent to carry out the suicide plan	Emergency psychiatric treatment in a secure setting may be necessary unless a significant change reduces risk
MODERATE	Multiple risk factors, experiences some elevated behavioral health symptoms, and few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Give emergency/crisis numbers to include the 988 Lifeline
LOW	Manageable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral with a warm handoff, symptom reduction. Give emergency/crisis numbers, 988 Lifeline

Note: This chart is intended to serve as an example of a range of risk levels and interventions, not actual determinations.

5. DOCUMENT

Document: Risk level and rationale; treatment plan to address/reduce current risk (e.g., safety plan, medication, psychotherapy, contact with significant others, consultation, etc.); counseling on access to lethal means; follow-up plan. Patients/clients should receive a copy of their safety plan. For youth, the treatment plan should include roles for parent/guardian/supportive adult.

SUICIDE PREVENTION RESOURCES

988 Suicide & Crisis Lifeline, call or text 988 or chat at 988lifeline.org for 24/7 support
samhsa.gov/find-help/988

- Download this and additional resources at store.samhsa.gov
- SAMHSA's Suicide Prevention webpage: samhsa.gov/mental-health/suicide
- The 2024 National Strategy for Suicide Prevention and Federal Action Plan: hhs.gov/programs/prevention-and-wellness/mental-health-substance-abuse/national-strategy-suicide-prevention/index.html
- Suicide Prevention Resource Center: https://sprc.org
- National Action Alliance for Suicide Prevention: https://theactionalliance.org
- American Foundation for Suicide Prevention: https://afsp.org
- 988 End Cards for Media: samhsa.gov/find-help/988/partner-toolkit/end-cards-media

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TOOL 4: The Parent Conference

This conference is best held in person if at all possible and school procedures may require it to be in person.

1. Begin by asking the parent or caregiver how their child has been doing, and if they have noted any changes in their child's behavior.

2. There may be language barriers that may necessitate the SMHP utilizing an interpreter during the notification conference.

3. State what you have noticed in their child's behavior and ask how that fits with what they have seen in their child.

4. Provide an overview of your interaction with their child and the importance of safety planning and give the parent or caregiver a copy of the written safety plan **Tool 7**.

5. It may be difficult and even shocking for the parent to hear that their child is suicidal. It will be important to ensure the parent or caregiver understands the seriousness of the situation. It may be necessary to educate them on the scope of the problem of youth suicide and even to share a recent suicide of a student in the district or a nearby school.

6. Emphasize there are evidenced-based treatments for suicide and suicide can be prevented.

7. Advise parents to remove or secure lethal means from the home as their child is suicidal. You can equate this to how you would advise taking car keys from a youth who had been drinking. Key school personnel such as SMHPs are encouraged to ask the parent or caregiver directly about their child's access to a gun and to recommend strongly that guns and other lethal means be removed or safely stored. Go over **Tool 6**, Suicide Proofing the Home.

8. Acknowledge the emotional state of the parents. Provide empathy for the situation and comment on its likely scary nature for parents.

9. Acknowledge that it is essential for schools, parents, and community mental health and medical service personnel to collaborate to keep a suicidal child safe.

10. If the parent is uncooperative or unwilling to take certain actions, find out their beliefs about youth suicide risk/behavior and see if there are any myths they believe that are blocking them from taking the proper needed actions.

11. Acknowledge and explore any cultural, religious, or other concerns that might reduce their acceptance of the need for mental health treatment for their child.

12. When possible, align yourself with the parent or caregiver. It is important for them to understand the stress and depression their child is experiencing and to discuss ways to alleviate stress for their child and how to obtain the needed community-based mental health assistance for their child.

13. Refer the parent or caregiver to local community mental health providers that the school has previously worked well with and explain what parents can expect in the suicide assessment and the treatment of their child. If finances or insurance coverage are a family concern, then share information about either a sliding scale for services or any contractual community-based mental health services that the school has in place.

14. Assist the parent or caregiver in managing their own emotions and encourage them to truly listen to their child, increase supervision, and to avoid getting in an argument with their child.

15. Clarify the role of the school and the follow-up that will be done at school.

16. Utilize **Tool 5** and request the parent or caregiver sign the Parent Notification Form. If they refuse to sign the form then request another school staff member to witness their refusal to sign the form.

17. Utilize **Tool 10** and persuasively request that parent or caregiver sign the Release of Information Form so that designated school personnel can speak directly with community mental health professionals. State clearly that you will be checking with the student and their parents to verify that community-based mental health services were obtained.

18. Request that parent or caregiver take their child home and supervise them closely.

19. The SMHP should find the school administrator and provide them a summary of the parent or caregiver notification conference, and the steps taken for student safety.

20. If the parent or caregiver does not acknowledge the seriousness of the situation the SMHP should notify the administrator and discuss contacting South Dakota Child Protective Services at 1-877-244-0864.

21. The SMHP should fill out **Tool 1** for documentation which is the Suicide Risk Report.

TOOL 5: Parent Notification Form

School:

Date:

Student:

As the parent/caregiver of the student whose name is _____, I have authority to make decisions on behalf of my child and have the authority to sign this document. I acknowledge that I have been advised by school staff member _____ on _____ (date) that my child has expressed suicidal ideation and may be at risk of suicide.

I have been asked to remove or secure all lethal means of suicide in my home to ensure they are not accessible to my child. I understand that removal or securing all lethal means is an essential suicide prevention strategy. I acknowledge that the Suicide Proofing the Home Form has been shared with me.

I understand that I have been advised to take my child to an appropriate medical and/or mental health providers for evaluation and treatment. I understand that the school would like to be able to communicate with the medical and/or mental health providers for the safety of my child.

_____(name of school staff member) will follow up with me and my child within one week from the date of this letter as well as other times that the staff member determines a need.

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and not a requirement that I use these providers. I am free to select other providers of my choice.

The school is not responsible for evaluation expenses for any service providers.

Parent/Caregiver Signature:_____ Date _____

Print Name: _____

Parent/Caregiver current address and phone contact information _____

_____

_____

Staff member signature: _____ Date _____

Witness if parent/caregiver refuses to sign the form. Date: _____

**Copies provided for parent or caregiver, SMHP, and administrator*

TOOL 6: Suicide Proofing the Home

School personnel have notified you that your child is at risk of suicide, and they recognize this is very difficult information for you to hear. Please supervise your child closely and find opportunities for your child to truly talk to you about their suicidal thoughts. One important thing you can do is remove or secure lethal means available in your home and especially those means that your child has already mentioned they would use in a suicide attempt. Removing or securing lethal means for suicide in your home is an essential and a very effective strategy to prevent suicide. Gun locks and medication lock boxes are provided free by the state and information to obtain them can be accessed on the SD Suicide Prevention Request Materials webpage.

The following are recommendations for suicide proofing your home.

- It is very desirable that all knives, firearms, and ammunition be removed from the home. If that is not possible, lock these items securely away to deny your child access. If these items are locked in a safe, ensure that your child does not have the key or knows the safe combination. Store ammunition in a separate place from the firearm.
- Search your house and your child's room. Look for any items that could be used for suicide. These items include weapons, sharp objects, over-the-counter and prescription medicines, belts, ropes, and cords. Learn more on suffocation and strangulation by accessing the SD Suicide Prevention Ligature Safety Infographic.
- Lock up or remove all prescription and over-the-counter medicines. Safe medication storage and disposal tips are available on the SD Suicide Prevention Safe Medication Storage & Disposal Infographic.
- Your child should not have access to alcohol, cleaning supplies, pesticides, poisons, and power tools. View more information on How to Safeguard Your Home: A Guide to Crisis Prevention in the Home.
- There are other items in your home that may be difficult to remove that also could be used in a suicide attempt and those include: plastic bags, belts, and cords of any kind.
- If your child is old enough to drive, deny them access to a car until your child has received a suicide assessment done by a community-based mental health professional.

TOOL 7: Safety Plan

Student Name: _____ School Staff: _____ Date: _____

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a suicidal crisis may be developing:

1. _____
   _____
2. _____
   _____
3. _____
   _____

Step 2: How can I keep myself safe? How can I keep my environment safe?

1. _____
   _____
2. _____
   _____
3. _____
   _____

3. Thankfully, something has kept you alive thus far and what is that? _____
   _____

Step 3: Trusted adults at school, home, or in my community whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 4: Internal coping strategies- Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____

   _____

2. _____

   _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: _____ Phone: _____

   Clinician Pager or Emergency Contact#: _____

2. Local Urgent Care Services:_____

   Address: _____ Phone: _____

Suicide Prevention Lifeline 24 hour phone Number is 988
CrisisTextLine.org 24 hour text help to 741 741
Have an iPhone? Talk to Siri and ask for help.

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Note: Emphasis is on the safety plan being developed jointly with the student. If the plan is for an older student, they fill it out with the help of the SMHP. The SMHP and the student should sit side by side to fill it out. If a student refuses to sign the safety plan, then hospitalization may be warranted. The parent or caregiver should be given a copy of the signed safety plan. For follow-up at school, students should be continually asked if they still have their written copy and is the safety plan stored on their phone, and do they have anything to add to it to increase their safety? If the safety plan has been lost by the student, another one should be developed. It is noted that it is not uncommon for a suicidal student receiving community-based treatment or even who has received hospitalization services not to have a written safety plan. If that is the case, then the SMHP should immediately develop a safety plan jointly with the student, give them a copy and have the student store a picture of their safety plan on their phone and provide the parent or caregiver a copy.

TOOL 8: School Re-entry After Hospitalization of Suicidal Student

- The principal and SMHP meet with student, their parent/caregiver and ideally the hospital representative to discuss re-entry and steps needed to ensure the student has a successful and safe return to school.
- Review student's progress with the hospital and any other mental health provider outside of school. Hopefully, a release of information form has been signed, and if not, then discuss the necessity of sharing information for the safety and well-being of the student.
- Review all information from the mental health provider especially with regards to safety planning and support services needed at school.
- Plan the follow-up services within the school community that will be available to the parent/caregiver and the student.
- Discuss any foreseeable social and/or academic challenges the student will experience and plan for easing those challenges.
- The SMHP should meet with the student on the first day of the student's return from the hospital and before the student attends any classes.
- The SMHP should schedule regular check-ins with the student to assess the student's adjustment to the academic and social environment.
- It is recommended the SMHP follow up with the student **weekly for a minimum of two months** and if suicidal thoughts and behaviors are noted then conduct a suicide screening using procedures outlined in **Tool 2** or **Tool 3**, document all steps taken in Tool 1 and conduct another parent conference **Tool 4**.
- Ensure that a written safety plan is in place for the student. If one was not developed while the student was hospitalized it will be necessary for the SMHP to jointly develop one with the student and provide a copy for the student and their parent or caregiver.
- Discuss with student the progress they have made while under mental health care. Do they feel hopeful for the future? Are they looking forward to getting back to classes? Are they looking forward to meeting up with friends? Who are their friends?
- Help the student identify and know how to find the SMHP (or another school adult they express trust in) if they are distressed or have a question.
- Review the plan for the SMHP staying in touch with the student to make sure they are adjusting to the academic and social requirements.
- If the student has been out for an extended time, missed assignments may have to be prioritized by importance and coordination with teachers is advised to set up a manageable schedule for the student. Also, consider postponing interim or final course grades until the student has had time to catch up.
- Provide appropriate information for the student's teachers and any other staff on a need-to-know basis so they can be alert to any further suicide warning signs.

TOOL 9: Screening Community-Based Mental Health Providers

The following questions can be asked of mental health service providers to help you get an idea of whether they meet the needs of students at risk for suicide. These questions were drawn from the authors' professional experiences and adapted from the SAMHSA Toolkit (2012).

Professional Qualifications

1. Are you able to provide services to children and adolescents?
2. Are there ages that you work more frequently with or have more expertise and training with?
3. What types of services do you provide?
4. Do you do individual, family, couples, or group therapy?
5. Do you have experience working with marginalized students and other groups that are disproportionately at risk for suicide?
6. Do you have experience working with varied cultural, ethnic and religious groups found within our community?
7. Do you have experience assessing suicide risk in youth? If yes, where did you get your training?
8. Do you have experience managing and treating suicide risk in youth? If yes, what treatment approach do you use? Do you have training in any empirically supported treatments for suicidal youth (e.g. cognitive behavioral therapy, dialectical behavior therapy, interpersonal psychotherapy, attachment-based family therapy)?
9. Do you have experience working with people who have lost a loved one to suicide?
10. What process do you follow in the event of a suicide crisis?
11. Do you see the value of sharing your treatment recommendations with parental permission with a SMHP? Under what circumstances would you come to the school or do a home visit to see a student or parent?
12. Do you work with a psychiatrist?

Business Issues

1. Where are you located?
2. Are you accessible via public transportation?
3. What is your typical wait-time to see a new client?
4. What insurance do you accept?
5. Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
6. Do you have the necessary clearances to work in schools if you were to come here: child abuse, police and clearances?

Substance Abuse and Mental Health Services Administration (2012). Preventing suicide: A toolkit for high schools. HHS Publication No.SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

TOOL 10: Release of Information Form

Student Information		
Student Full Name	Student ID#	Date of Report
Name of School	Student Grade	Student Sex
Student Birth Date		
Staff Full Name	Staff Job Title	
Parent/Caregiver Full Name	Phone Number	Email Address

Release of Records
Information sharing between schools, parents, caregivers, and community-based providers can make services faster and easier to access. Student records will only be shared to the extent that the information is helpful for service providers, and with the consent of the caregiver or parent(s).

Information Request #1	
Organization/Provider Name	Organization/Provider Type
Organization/Provider Address	Organization/Provider Contact
Information to Share	Information to Receive

Information Request #1	
Organization/Provider Name	Organization/Provider Type
Organization/Provider Address	Organization/Provider Contact
Information to Share	Information to Receive

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

Caregiver/Parent Signature_____ Date Signed_____

Staff Signature_____ Date Signed_____

TOOL 11: Postvention Checklist

- ☐ Verify the death has occurred and confirm the cause.
- ☐ Mobilize the school crisis team.
- ☐ Assess the impact on the school community and estimate the level of postvention response needed. There may be a need to utilize outside mental health support from other schools or the community.
- ☐ Contact the family of the suicide victim, preferably in person as soon as possible. It is recommended that the school administrator and a school mental health professional (SMHP) contact the family together to express sympathy and offer support.
- ☐ Ask the family to allow the school to share the facts about the cause of death as that will help prevent future suicides and provide an opportunity to teach the warning signs of suicide. Assure the family that there will be no discussion of why the suicide occurred as the emphasis will be on preventing further suicides and that can best be accomplished by sharing the cause of the death. Respect the family's wishes if they don't want the cause of death of their child disclosed.
- ☐ Identify and support any siblings of the victim that attend school in the district.
- ☐ Discuss with the family the funeral arrangements and request the funeral be held after school or on the weekend so that parents can accompany their children to the funeral. The location of the funeral should be in the community, not at school.
- ☐ Ask the family for the name of the clergy member who will be conducting the funeral and ask permission to speak with them.
- ☐ Encourage the family to allow school staff to attend the funeral to support grieving students.
- ☐ Notify other school personnel and provide support to the school staff. School staff need to be made aware of employee assistance and support.
- ☐ Determine what information can be shared with staff and students about the death.
- ☐ Determine how to share the information with staff and students about the death. It is especially important that students be notified in a group size no larger than a classroom and not be notified via the Public Announcement system. Students should be given permission for a range of emotions and provided opportunities to express their emotions. Graphic details about the suicide method should be avoided. Students and even staff may look for a simplistic explanation for the suicide, and it should be emphsized that no one thing and no one person is to blame, and that the victim traveled a long road and may have suffered from mental illness that was untreated or undertreated.

- [ ] Conduct a faculty planning session as soon as possible and focus first on supporting staff. Staff members who have lost loved ones to suicide will need extra care. Discuss with faculty how to best support students and acceptable ways for memorialization of the victim at school. **Tool 18** provides extensive guidance for school memorials. The emphasis should be on dispelling rumors by providing facts. Faculty should have an opportunity to express emotions and to ask questions. Procedures for students who are emotionally upset and ask to leave campus should be outlined. Teachers need to be encouraged to allow students to express their emotions in class. The emphasis must be on helping students with their emotions and should avoid speculation about the reasons behind the suicide. Teachers need to know how to access classroom assistance from SMHPs. School staff should refrain from talking to the media and direct all media requests to the principal. Key questions to ask students are, "How can the adults at school and at home help you at this time?" "What can you do for your self-care at this difficult time?"
- [ ] Determine what information can be shared with the parents of the other school students about the death.
- [ ] The SMHP should identify students most affected by the death, provide support, and screen them for suicide risk. This should include at a minimum the close friends of the victim, and all students at the school at any grade level known to be previously suicidal.
- [ ] If other students are believed to be at-risk for suicide then all intervention steps outlined in the Suicide Intervention Section of this toolkit should be followed.
- [ ] The SMHP should meet with the Communications Director or Public Relations Officer for the school district to discuss safe messages after suicide and the recommended media reporting guidelines. The term *died by suicide* is preferred to the term *committed suicide*. Safe messages that need to repeated by all school staff are the following: most suicides can be prevented, no one thing—no one person is ever to blame for a suicide, the victim of suicide traveled a long road and mental illness is often at the foundation of a youth suicide, all available 24 hour crisis lines should be shared and that evidenced-based treatments exist for all forms of mental illness, the answers to why the suicide happened were lost with the victim and it is important for all students to know how to get help for themselves or a suicidal friend. Information on reporting guidelines through the Suicide Awareness Voices of Education (SAVE) are accessible on the SD Suicide Prevention Resources for Educators webpage.
- [ ] SMHPs are encouraged to meet with students to gain insight into what is being posted on social media about the death and to encourage students to post safe messages about suicide prevention and the importance of getting adult help for themselves or a friend and utilizing available crisis resources.
- [ ] Students may have immediate thoughts on memorializing the suicide victim and their ideas should be heard by the administration and given careful consideration with no immediate decision made. The administration should review the recommendations in **Tool 18**.
- [ ] Spontaneous memorials have become common place and if students create one at school it should be allowed at school until after the funeral. Digital pictures of the spontaneous memorial should be taken before it is removed.

- [ ] The administration should review the policies for memorialization of a student and best practices after a suicide which emphasize striving to treat all deaths the same regardless of the cause of death, the popularity, or the socio-economic level of the victim's family.
- [ ] The school crisis team should debrief at the end of the school day and identify the students that are the most affected by the suicide and make plans for continuing support for staff and students.
- [ ] The school administrator should recognize how stressful the day has been for the school crisis team members and thank them for their support and encourage them to engage in self-care.
- [ ] Review the Social Media **Tool 14** to gain insight into the importance of posting safe messages on social media and that suicide can be prevented and the importance of students seeking adult help for themselves or their friends,
- [ ] The school crisis team is encouraged to meet daily until the mood of the school returns to normal.
- [ ] Students considered at be at-risk for suicide need to be monitored closely and hopefully they are receiving community-based mental health services, and a release of information has been signed so that the SMHP can communicate with the community-based mental health provider.
- [ ] Students often want to increase awareness of suicide and become more involved in suicide prevention after losing a friend or a classmate to suicide. Students can make a difference by creating a Hope Squad. Schools that are interested in implementing a Hope Squad can reach out to the Helpline Center at hopesquad@helplinecenter.org. The Helpline Center works with schools to plan, implement, and support Hope Squads.
- [ ] Schools are encouraged to share any local suicide survivor group support available with the family of the victim. If no local support is available for survivors then share the information about online suicide survivor support groups.

The SMHP needs to be aware of future dates that will be difficult for the friends and family of the suicide victim such as the birthday of the victim, anniversary of their death and graduation time. Just prior to those dates is an important time for the SMHP to reach out and provide support to surviving siblings and close friends of the suicide victim.

TOOL 12: School Response Message and Safe Messaging and Media Guidelines

- 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 recognize the problem of youth suicide and want to work with parents and the community to prevent further deaths.
- We recognize that removing or securing lethal means available to a suicidal youth is a powerful tool for the prevention of suicide.
- We will be offering grief counseling for students, faculty and staff starting on [date] through [date].
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on [date/time/location]. Experts will be on hand to answer questions.
- No TV cameras or reporters will be allowed in the school or on school grounds.
- Media are strongly encouraged to follow media guidelines that are available through the Suicide Awareness Voices of Education and accessible on the SD Suicide Prevention Resources for Educators webpage.
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion ("copycat" suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.
- Media is encouraged to avoid printing or showing a picture of the suicide victim or making the suicide front page news in the local newspaper or a leading news story on local television.
- The media is encouraged to avoid repetitive coverage of suicide.
- Safe messaging matters and the media is encouraged to provide messages about suicide that support safety and help-seeking.
- The term "died by suicide" is strongly preferred over the term, "committed suicide." No one thing and no one person is ever to blame for a suicide. Even a youth traveled a very long road, and their suicide is no one's fault.
- Media should also avoid oversimplifying the cause of suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a very complicated issue. The answers to why the suicide occurred were lost with the victim.
- Media should include links to information about helpful resources such as warning signs of suicide and available crisis hotlines.
- Media should promote awareness of the 988, 24-hour crisis line.

TOOL 13:Sample Media Statement

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

Our thoughts and support go out to [his/her] family and friends at this difficult time. Key school personnel have reached out to the family in person to provide support.

Several postvention activities will be conducted in the school and these activities will help our staff and students manage the complex emotions they may be experiencing such as shock, confusion, and grief because of the suicide. Postvention activities are very important to prevent further suicides. 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 will be present to provide information about common reactions following a suicide and how parents can assist their children at this difficult time. Information will be provided about suicide prevention and mental illness in adolescents, including risk factors and warning signs of suicide. The meeting will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [e-mail address] for more information.

School mental health professionals (SMHPs) will be available to meet with students and staff starting tomorrow and continuing over the next few weeks as needed. Please contact the school counseling office if you have concerns about your child being at-risk of suicide. Do not hesitate to get help for your child. It is very important that all parents know the warning signs of youth suicide. This is a time when all lethal means available in your home such as firearms and medication should be secured from your children. Please share with the SMHP for your child if your child has a previous history of suicidal thoughts and/or actions. Please also be alert for precipitating events for your children such as a severe argument with parents, the break-up of a relationship, severe discipline problem, severe disappointment, or extreme humiliation in addition to the warning signs listed below.

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as obtaining access lethal means such as a gun or medications
- Talking about feeling hopeless or having no reason to live and/or researching suicide online
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing hostility, rage or talking about seeking revenge
- Displaying extreme mood swings and/or being overwhelmed by their life

Local Community Mental Health Resources [To be inserted by school]
National Suicide Prevention Crisis Lifeline 24 Hour Number 988
Crisis Text line 24 Hour text Hello to 741741
Local hotline numbers if available [To be inserted by school]

TOOL 14: Social Media

There are many concerns about the role of social media and youth suicide. Excessive social media time is linked with depression for youth (Niznik, et al., 2019, Part 1). Social media is always changing, and it is important for school personnel and parents/caregivers to do their best to keep up with the latest trends, applications, and social networking platforms. The previous U.S. Surgeon General's Advisory Report recommended that adults model appropriate use of technology and families were encouraged to have blackout evening times when no one in the family uses technology and instead interacted with each other. The recommendations below were drawn from articles in the NASP Communique by Niznik, et al., 2019, Part 1 and Part 2.

Benefits of Social Media

- Vulnerable and marginalized youth find each other through social media, which allows them to connect and to have the benefit of sharing experiences and emotions, as well as, to receive and provide support to each other, and to understand the necessity of obtaining adult help if they or a friend is suicidal.
- Social media provides a place to reduce the stigma about seeking mental health services.
- Social media can play a very important role in prevention, as many platforms provide suicide prevention resources and screen for suicidal terms posted by content users.

Risks of Social Media

- Many youths are exposed to suicide related content through Internet sources.
- Unfortunately, digital media, such as the news, television, and movies may encourage suicide when the suicide of the victim is glamorized, and details of the suicide method are provided, and suicide is presented as a way to solve a problem.
- Social media gives voice to pro-suicide groups that portray suicide as a solution and an acceptable option, which may normalize and encourage suicide for a troubled individual.
- The impact of a suicide is greater than ever before and is not confined to a specific geographical area largely as the result of social media.
- Emotional negativity can be spread much more quickly and to more recipients on social media than through interactions in person. Other negative effects may include access to suicidal images or methods that may normalize suicidal behavior and increase contagion.

Social media platforms commonly used by teens involve the sharing of content that is created by the users (in this case, adolescents) rather than media professionals. This highlights the need to expand safe messaging guidelines to incorporate creators of content (adolescents) on social media. It is important for school personnel to not only model responsible social media usage, but to educate our youth on how to communicate information via social media about suicide that emphasizes that suicide is preventable and the intervention of any one young person knowing the importance of seeking adult help can make all the difference to save a life.

Best Practices for Social Media

- **Educate users on creating content**
  In the creation of any content, we need to teach our youth how to relay effective and safe messages to their audience. As a natural extension, safe messaging guidelines regarding reporting content relating to suicide via digital media (news, blogs, and networks over the Internet) have also been recommended.

  They include:
  - o Avoid hyperlinking of suicidal material, such as video or audio footage (e.g., emergency calls) or links to the scene of a suicide, especially if the location or method is clearly presented.
  - o Avoid using pictures of a person who has died by suicide.
  - o Avoid harmful wording in headlines.
  - o Avoid data visualizations or sensationalizing statistics about suicide.
  - o Don't use language that normalizes suicide or implies that it solves problems.
  - o Do not provide details about the site/location of the suicide.
  - o Do include information about the warning signs of suicide and where to seek help.
- **Teach teens how to help other teens.**
  Many of the existing gatekeeper programs provide important information to students about safe messaging through social media and teach suicide warning signs and the importance of seeking adult help. Research shows that stigmatizing attitudes about suicide can be replaced with empathy, understanding, and the ability to reach out to those in need to let them know they are not alone and there is help available.
- **Proactively provide resources.**
  In the future, we expect social media to have an even greater impact than it currently has. We all need to be aware of the influence that social media has on our youth. SMHPs must keep up with the research on the impact of social media and to be aware of harmful information and messages that are posted.

Schools are encouraged to do the following:

- Utilize students as "brokers" to help faculty and staff understand the social media that currently is most used by students.
- Train students in gatekeeper roles and specifically identify what suicide risk looks like when communicated via social media.
- Utilize students to help school staff monitor social networks and help students post safe messages that suicide is preventable and largely the result of mental illness, and that evidence-based treatments exist for mental illness.
- Encourage students to make use of social media to post messages about prevention resources and available crisis support lines, and school and community mental health resources.
- Give students specific helpful language to include when making use of social media.
- Encourage families to delay giving children a smartphone until at least the end of 8th grade. Wait Until 8th, a parent led movement, explains more and is accessible on the SD Suicide Prevention Suicide Among Youth and Parents webpage.
- Encourage parents to follow the age limits recommended for children to be on social platforms.
- Encourage parents when their child is old enough to be on social media to closely monitor their child's social media.
- Dr. Scott Poland provides frequent parenting sessions on Raising Children in Challenging Times that provide many parenting recommendations for safeguarding their children including technology recommendations. Contact him at spoland@nova.edu for more information.
- Dr. Scott Poland recently did a podcast on social media for Safe and Sound Schools and the podcast can be viewed at The Sound Off On School Safety: The Social Media Health Crisis in Schools with Dr. Scott Poland.

TOOL 15: Identifying Students at Increased Risk After a Suicide

There is evidence that exposure to suicide is a significant risk factor for future suicidal behaviors with estimates that if a suicide of a student occurred the chances of another suicide increase significantly (Poland and Ferguson 2025). Postvention recommendations from Erbacher, et al., (2024) recommend that after a student suicide SMHPs and administrators ask the following questions to help identify those most likely at-risk.

- Did another student back out of a suicide pact?
- Did any student have a last very negative interaction with the suicide victim?
- Did any student encourage suicide?
- Does any student feel like they missed obvious warning signs of suicide?
- What other students at the school have been previously known to be suicidal?
- What other students have their own adverse childhood experiences, and or struggles with mental illness?

Is very important that schools recognize that after suicide, those now more at risk may not have even known the suicide victim well. They may view their life as parallel to the victim and as having as many or even more problems than they believe the suicide victim had. Barriers, and the inhibitions are down, and suicide seems a more viable option.

There is great need for more postvention research, but research has found that postvention efforts at school are often too short in duration and focus on too few students. Schools need to cast a broader net to identify students now more at risk. Losing a classmate to suicide may affect students for many years. Research also found that a single exposure to a suicide may not result in imitating suicidal behaviors in the absence of other vulnerability factors (Gould et al., 1990; Niznik et al., 2019). The vulnerability factors in addition to the recent exposure to a suicide that have been identified are the following:

- current or past psychiatric conditions
- history of previous suicide attempts
- substance abuse history
- recent stressful life events
- having access to lethal means

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TOOL 16: Supporting Students after a Suicide

The aftermath of a youth suicide is a sad and challenging time for a school. Poland (1989) cited the work of Dr. Ed Shneidman who coined the term "postvention" to describe appropriate acts after a dire event designed to help everyone with their emotions. The term has become synonymous with the challenging aftermath of suicide, and few events are scarier for a school and community than the suicide of a K-12 student. The major tasks for suicide postvention are to help students and staff to manage their understandable feelings of shock, grief, and confusion. The major focus after a suicide should be grief resolution and the prevention of further suicides.

Adolescents are the age group most likely to imitate suicidal behavior and numerous schools have experienced suicide contagion and clusters. Once a student suicide happens then barriers and inhibitions against suicide are reduced. The following suggestions are intended to guide staff in postvention were provided by Lieberman & Poland (2017).

- It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone (including students) play in prevention.
- It is important to balance being truthful and honest about suicide without violating the privacy of the suicide victim and their family and to take great care not to glorify their actions.
- It is important to have the facts of the incident, be alert to speculation and erroneous information that may be circulating in the school and assertively, yet kindly, redirect students toward productive, healthy conversation about their own coping and the prevention of further suicides.
- It is important that students do not feel that the suicide victim has been erased and that students be provided an opportunity to talk about and memorialize the deceased.
- There has been debate about how to appropriately memorialize a suicide victim at school. The debate has unfortunately resulted in some schools concluding that nothing should be done after a student suicide. No one ever said do nothing after a suicide as the focus after a suicide must be on grief resolution and the prevention of further suicides. **Tool 18** provided many recommendations for schools on memorials.
- School personnel are encouraged to monitor student social media after suicide occurs as vulnerable youth often connect with each other online. Unfortunately, is not unusual for messages to be posted encouraging suicide, and that suicide is someone's destiny and emphasizing suicide solves problems. Safe messaging is always important about suicide but is critically important after a suicide.
- School personnel should review curriculum content that focuses on death and suicide in literature readings such as Romeo and Juliette. Tragic readings of this type should be postponed after a suicide and when the reading is resumed there should always be a discussion of prevention and crisis resources that are available today.

- School personnel often consider postponing previously scheduled suicide prevention programs if a suicide has occurred, but prevention information is needed more than ever as suicide postvention focuses on prevention of further suicides.
- Schools are often reluctant to implement depression screening programs that are available for middle and high school students like Signs of Suicide (SOS). SOS has considerable data about the program increasing students in their understanding of the warning signs of suicide and the importance of seeking help from adults. The SOS Signs of Suicide program specifically includes empowering videos where students learn how to help themselves or their friends through the motto, ACT Acknowledge, Care and Tell an adult. Often the reluctance for schools to utilize depression screening is only overcome after a school has experienced multiple suicides. Schools are strongly encouraged to research SOS. Learn more about SOS on the SD Suicide Prevention Resources for Educators webpage.

TOOL 17: Postvention- Commonly Asked Questions and Appropriate Responses

Why did he /she die by suicide?
We are never going to know the answer to that question as the answer has died with him/her. The focus needs to be on helping students with their thoughts and feelings and everyone in the school community working together to prevent future suicides.

What method did they use to end their life?
It is generally best not to state the method, but it is especially important not to go into explicit details about the type of gun or rope used or the condition of the body etc.

What should I say about him/her now that they have made the choice to die by suicide?
It is important that we remember the positive things about them and respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.

Didn't he/she make a poor choice and is it okay to be angry with them?
They did make a very poor choice, and research has found that many young people who survived a suicide attempt are very glad to be alive and never attempted suicide again. You have permission for all your feelings in the aftermath of suicide, and it is okay to be angry with them.

After a suicide what is important to know?
The suicide of a young person has been compared to throwing a rock into a pond with ripple effects in the school, church, and the community and there is often a search for a simple explanation. These ripple effects have never been greater with the existence of social networks. It is recommended that school staff and parents monitor what is being posted on social networks sites in the aftermath of a suicide. Poland (1989) pointed out that suicide is a multifaceted event, and sociological, psychological, biological, and physiological elements were all likely present to some degree. Many individuals who died by suicide had untreated mental illnesses or under treated mental illness. The most likely illness was depression, and it is important that everyone is aware of resources that are available in their school and community so that needed treatment can be obtained. It is always important that everyone knows the warning signs of youth suicide.

Isn't someone or something to blame for this suicide?
The suicide victim made a very poor choice and there is no one to blame. The decision to die by suicide involved every interaction and experience throughout the young person's entire life up until the moment they died and yet it did not have to happen. It is the fault of no one. No one person, no one thing is ever to blame.

How can I cope with this suicide?
It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings with them. It is important to maintain normal routines, proper sleeping and eating habits, and to engage in regular exercise. Please avoid drugs and alcohol. Resiliency, which is the ability to bounce back from adversity, is a learned behavior. Everyone does their best in recovery when surrounded by friends and family who care about them and by viewing the future in a positive manner.

What are the warning signs of suicide?
Suicide Awareness Voices in Education emphasized that the most common signs are the following: making a suicide attempt, verbal and written statements about death and suicide, fascination and preoccupation with death, giving away of prized possessions, saying goodbye to friends and family, making out wills, being overwhelmed, withdrawal or hostility towards others, irritability, exhibiting other dramatic changes in behavior and personality. Sleep deprivation is also strongly associated with youth suicide.

What should I do if I believe someone is suicidal?
Listen to them, support them, and let them know that they are not the first person to feel this way. There is help available and mental health professionals such as counselors and psychologists have special training to help young people who are suicidal. Do not keep suicidal behavior a secret, save a life by getting adult help as that is what a good friend does. If you cannot immediately reach a trusted adult, then call or text 988 and get connected with the National Crisis Line or text Hello to 741 741 to reach the National Crisis Text Line. Someday your friend will thank you for getting their help.

How can I make a difference in suicide prevention?
Know the warnings signs, listen to your friends carefully, do not hesitate to get adult help and remember that most youth suicides can be prevented and become aware of ways to get involved with suicide prevention. You can start a Hope Squad at your school which can meet as a club or a class. Schools that are interested in implementing a Hope Squad can reach out to the Helpline Center at hopesquad@helplinecenter.org. The Helpline Center works with schools to plan, implement, and support Hope Squads. Remember one person can make the difference and prevent a suicide!

Where can I go for more information about preventing suicide?
Visit the SD Suicide Prevention Resources for Educators webpage for access to suicide prevention resources.

TOOL 18: Memorials

Many schools have struggled with requests made by the parents or close friends of the suicide victim to create a memorial in memory of a student who died by suicide. **The goal should be as much as possible to treat all student deaths the same way.** It's strongly recommended that the school district create a memorialization procedure so that all student deaths are treated the same, regardless of cause of death or factors such as socioeconomics or popularity

- Encourage and allow students, with parental permission, to attend the funeral.
- Encourage staff attendance at the funeral to support the family and monitor reactions of students.
- Contribute to suicide prevention efforts in the community.
- Develop living memorials, such as student assistance programs, that address risk factors in local youth.
- Implement a Hope Squad in memory of the suicide victim. More information on this peer-to-peer prevention program is available at hopesquad.com. Schools that are interested in implementing a Hope Squad can reach out to the Helpline Center at hopesquad@helplinecenter.org. The Helpline Center works with schools to plan, implement, and support Hope Squads.

Prohibiting all memorials has been problematic for schools resulting in students and parents becoming upset that the memorialization of a student who died from other causes such as an accident or an illness was managed very differently from that for the suicide victim

- Recognize the challenge to strike a balance between the needs of distraught students and fulfilling the primary purpose of learning in education.
- Meet with students and be creative and compassionate.
- Spontaneous memorials at school should be left in place until after the funeral.
- Photos should be taken as a digital way to preserve the memorial.
- Avoid holding funeral services on school grounds and suggest the funeral be held after school so parents can accompany their children.
- Schools may hold supervised gatherings such as candlelight memorials.
- Monitor student gatherings off campus.
- Yearbook and graduation dedication or tributes should all be treated the same regardless of the cause of death of the student.
- Grieving friends and family should be discouraged from dedicating a school event in memory of the suicide victim and guided instead towards promoting suicide prevention.

- Permanent memorials on campus are discouraged but schools are encouraged to memorialize all students the same way regardless of the cause of death. If a precedent has already been set for example such as planting a tree on campus or establishing a bench on campus in memory of a student who died in an accident or from an illness for example, then it can also be done in memory of the suicide victim.
- Previously, it was estimated that a death by suicide profoundly affected six people, but that estimate has been raised to eighteen people (Erbacher, et al., 2024). Our experience is that suicide prevention is often driven by survivors, as many of them choose to get involved in suicide prevention efforts. Fifty years ago, before becoming a psychologist, Scott Poland lost his father to suicide and now realizes he missed the warning signs and Scott does his best through countless trainings around the world to educate others on the warning signs of suicide and how to intervene to save a life. It is our hope that this toolkit results in improved suicide prevention efforts in South Dakota.

TOOL 19: Understanding Suicide Contagion and Clusters

A single adolescent death by suicide could increase the risk of additional suicides.

Erbacher et al., (2024) emphasized that the suicide of a student has a rippling effect in the school and community. The process by which a suicide increases the suicidal behavior of others and results in additional deaths is called contagion.

Adolescents are the most susceptible age group for imitating suicidal behavior, and schools play a central role in preventing contagion (Poland, et al, 2019). Schools cannot stop suicide contagion alone and the response to suicide contagion must involve the entire community (Poland & Ferguson 2025). A single exposure to the suicide of another student is unlikely to result in imitative behavior in the absence of adolescent vulnerability factors such as, current or past psychiatric conditions, family history of suicide or past suicide attempts, substance abuse, stressful life events, access to lethal methods, and lack of protective factors.

Cluster Types

There are two main types of suicide clusters. *Mass clusters* are characterized by a temporary increase in suicides nationally and are associated with the media coverage of celebrity suicides. For example, there was an increase in suicide rates in the U.S. after the highly publicized suicide of Robin Williams in 2014. *Point clusters* are characterized by an increase in suicides that are close in time and/or space and occur in the school community (Gould et al., 1990). Numerous point clusters have occurred in the U.S. and Scott Poland has led school and community intervention efforts numerous times after point clusters including one in Rapid City, South Dakota. Factors in the clusters identified were the following: male gender, mental health issues, history of suicidal ideation or suicide attempts, substance abuse issues, relationship problems, a recent crisis, parents not recognizing the severity of the mental health needs of their child, sleep deprivation; academic pressure, sexual orientation, and intimate partner violence Poland et al., 2019).

Key Points in Postvention to Prevent a Point Cluster

It is important for schools to recognize the possibility of contagion after a student suicide and to implement best practices in postvention in a timely manner. Schools are strongly encouraged to seek consultation immediately from mental health professionals who are experienced in responding to a point cluster. Postvention assistance in schools after a suicide is often too short in duration and focuses on too few students. The impact is much wider than the suicide victim's closest friends and many students will need support. The national YRBS data for 2023 well documents that twenty percent of high school students considered suicide in the last 12 months and when it actually happens in the school community it becomes a more viable option for those who have previously considered suicide. Poland et al., (2019) called for more research on suicide postvention and for postvention efforts to be longer in duration and focus on more students and they used the phrase "casting a broad net." Scott Poland has been asked by SMHPs many times if since a suicide has happened does the SMHP need to check in with all students previously known to be suicidal even if they did not know the victim

and the answer is yes! It is also likely that the suicide victim sent a final message to a few students and if those students failed to take immediate action involving calling police or crisis lines and /or notification to adults they may become suicidal themselves and will need intervention and support.

It takes a community to respond and stop a point cluster and a collaborative effort between schools, community agencies, mental health practitioners, medical personnel, law enforcement, clergy, parents, survivor groups, and students. Community members and especially medical and mental health professionals can assist school personnel in screening exposed teens who are now at greatest risk of suicide imitation. It is essential that physicians screen all the teens they see for depression and suicide after a youth suicide has occurred in the community. There is a great need for more research on responding to point clusters and understanding the factors that make our youth susceptible to suicide imitation.

TOOL 20: Data Collection

School: _____ Date: _____ School Year: _____

Data Recorder: _____

The number of students reporting suicide ideation _____

The number of students who made a suicide attempt _____

The number of students who were referred to community mental health providers_____

The number of students who received services from community mental health providers_____

The number of students whose family allowed record sharing between the school and community mental health providers _____

The number of students who were hospitalized for suicidal behavior _____

The number of re-entry meetings held at school for suicidal students who were hospitalized_____

The number of suicide safety plans developed jointly with a suicidal student by school personnel_____

The number of parents notified of the suicidal behavior of their child_____

The number of students who died by suicide_____

TOOL 21: Suicide Prevention Information for Posting on School District Website

The_____ School District recognizes that suicide is a leading cause of death for school age students and we are dedicated to working with parents, community and state agencies to prevent youth suicide. The suicide of a youth is often the result of untreated or undertreated metal illness and we as a district have developed plans for suicide prevention and intervention. If you are a student and concerned about your friend or are a parent concerned about your child, then the key person to contact in our district for assistance is_____ who can be reached at _____. If they cannot be reached immediately then call or text 988 and you will be connected with the South Dakota Helpline Center and you can also reach the National Suicide Prevention Lifeline at 1-800- SUICIDE or 1-800-273 TALK or 1-800-273 TALK as trained crisis responders are available 24 hours a day. The National Crisis Text Line can be reached by texting HELLO to 741741 and it is available twenty fours a day. Do not leave a suicidal individual alone. If a suicide attempt has actually been made, then immediately contact 911.

If you believe your child or your friend is suicidal please take every precaution and get immediate help. If you are a student concerned about a friend, it is very important to get a trusted adult involved immediately. If you are a parent concerned about your child, then obtain professional help for your child and increase your supervision and secure or remove any lethal means from their ready access. Many people are hesitant to ask directly about suicide for fear that they will be planting the idea in the mind of the person. Asking them directly about thoughts of suicide **does not plant the idea of suicide**. In fact, it provides them an opportunity to unburden themselves, know they are not alone and they not the first person to think of suicide and help is available.

TOOL 22: Caring for the Education/Caregiver

School personnel such as administrators, teachers, nurses, counselors, school psychologists, and social workers respond to many tragic situations. One of the most difficult is responding to a student suicide. These school professionals have their own issues with regard to tragedy and loss and when they respond to yet another school tragedy, it is common to think about their own losses. A school tragedy takes a little piece of our heart each time. The authors as a principal and director of psychological services have responded to many school tragedies in our careers and have seen many educators step forward and provide extensive support for students and parents after a tragedy. A phrase they have used often with school staff after a tragedy is "let your heart be your guide, as in your heart you have good ideas about how to help students after a tragedy." Education caregivers know the importance of staying calm, being collaborative and focusing on the needs of other people but crisis response is intense and takes its toll on the caregiver. It's important to state that there may be a time when the individual or family circumstances for an individual caregiver make it difficult or even impossible for them to focus on the needs of others. If this is the case then they need to speak up and hopefully can take a supportive role in the background instead of being face-to-face with grieving staff and students.

Caregivers who serve on school crisis team are often relied on if a school district has experienced multiple crises and burnout for them can possibly develop. **It is a sign of maturity and courage for a caregiver to speak up when they know that they are being overwhelmed by the stress of crisis intervention.** Caregivers are encouraged to be assertive in stating what they need in the way of support from school administration, friends, and family. The wise school administrator would meet with caregivers at the end of the day and check in with them to see how they are doing in the aftermath of a tragedy. Caregivers need to feel appreciated by the administration and to know they did the best they could in a tragic situation. **There is no such thing as a perfect crisis response; it is about showing up and caring.** There are no magic words, but it is important to state, "I am sorry about the loss and here to listen anytime you want to talk." Caregivers know that is important to help those affected by the tragedy to identify previous sources of support and this is important for the caregiver as well.

Caregivers are encouraged to do the following:

- Utilize healthy stress management behaviors that help them on a normal school day such as the following: eating well, getting enough sleep, utilizing relaxation, positive imagery and meditation, ensuring that they put some fun and relaxation into their day, spend time outside, exercise, reach out to the significant positive others in their life, build a professional network and avoid isolation. Think of self-care like car maintenance.
- Short term-- if HALT Hunger, Anger, Loneliness or Exhaustion are developing. Get boost and utilize the strategies outlined above.
- Long term—get professional help, seek formal support and get a health inventory.