

Guide for Suicide Prevention for School Personnel

Companion Guide to the New York State Office of Mental Health's A Guide for Suicide Prevention in New York Schools

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Dana Boccio, Ph.D., Associate Professor, Adelphi University

Pat Breux, RN, BSN, Director of School and Youth Initiatives, Suicide Prevention Center at New York State Office of Mental Health

Kelly Caci, MA, School Psychologist, New York Association of School Psychologists

John Kelly, Ph.D., School Psychologist, New York Association of School Psychologists

Mark Mason, MS, CAS, School Counselor, Syracuse City Schools District, President, New York State School Counselors Association

David N. Miller, Ph.D., Professor of School Psychology, University at Albany, State University of New York

Elizabeth Rizzi, MA, Certified School Psychologist, New York Association of School Psychologists

James Rodriguez, Ph.D., LCSW, Director of Trauma-Informed Services, NYU McSilver Institute for Poverty Policy and Research

Mitchell Samet, Ph.D., NY Association of School Psychologists, Chair of the School & Youth Workgroup, NYS Suicide Prevention Council

Sheryl Higgins Salomon, MS, Chief Communications Office, NYU McSilver Institute for Poverty Policy and Research

Introduction

The shuttering of the American education system severed students from more than just classrooms, friends, and extracurricular activities. It has cut off an estimated 55 million children and teenagers from school staff members whose open doors and compassionate advice helped them build self-esteem, navigate the pressures of adolescence and cope with trauma. Mental health experts worry about the psychological toll on a younger generation that was already experiencing soaring rates of depression, anxiety, and suicide before the pandemic.¹

The Centers for Disease Control and Prevention (CDC) has reported that there has been a 31% increase in the proportion of mental health related emergency department visits among adolescents aged 12-17 years in 2020.² Today's students are faced with compounding trauma and increasing stress resulting in an increase in anxiety, depression, and other mental health concerns. It is critical that school personnel identify students experiencing anxiety, depression, and suicidal ideation so that parents/guardians are informed, and the student is referred for and receives appropriate care. This becomes more crucial when a student experiences suicidal ideation.

Suicide is the second leading cause of death among young people aged 10-24. Youth across racial/ethnic groups, and sexual orientations experience suicidal thoughts and even attempts at significant rates. Black children aged 5-12 had a significantly higher incidence of suicide than white children³, and suicide was the second leading cause of death for Hispanics, ages 15 to 34.⁴ Research also indicates that lesbian, gay, and bisexual youth have much higher levels of suicidal ideation than their heterosexual peers.⁵ Unique risk factors exist that put Black youth, Latinx youth, and LGBT youth at risk for suicide. Those risk factors may include racism, disparities in health, and limited access to healthcare, mental illness, harassment, bullying, rejection by family, language barriers and poverty.⁶

¹ Levin, Dan. "In a World 'So Upside Down', the Virus Is Taking a Toll on Young People's Mental Health." May 20, 2020, *The New York Times*, 18 March 2021 <https://www.nytimes.com/2020/05/20/us/coronavirus-young-people-emotional-toll.html>

² Yard E. Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic United States, January 2019-May 2021. *MMWR Morb Mortal WKLY Rep* 2021; 70:888-894.

³ Bridge, Jeffrey A et al. "Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015." *JAMA pediatrics* vol. 172,7 (2018): 697-699. doi:10.1001/jamapediatrics.2018.0399

⁴ "Mental and Behavioral Health-Hispanics". *HHS.gov*. <https://minorityhealth.hhs.gov/omh/browse.aspx?lv=4&lvld=69>

⁵ "Behavioral Health. *Youth.gov.*, <https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide>

⁶ Gordon, Joshua, "Addressing the Crisis of Black Youth Suicide." Sept. 22, 2020, *National Institute of Mental Health*, 7 April 2021, <https://www.nimh.nih.gov/about/director/messages/2020/addressing-the-crisis-of-black-youth-suicide;#SpecificPopulations>. *Suicide Prevention Center of NYS, NYS Office of Mental Health* n.d., 9 April 2021, <https://www.preventsuicideny.org/communities/specific-populations/>; "Texas Group Promotes Suicide Prevention Among Hispanics". *Substance Abuse and Mental Health Services Administration*, 2020, 9 April 2021, <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/suicide-prevention-among-hispanics>

NYSED Guide for Suicide Prevention for School Personnel

Children and youth spend a considerable amount of time in school. School connectedness leads to positive educational and health outcomes; it is a protective factor that students often rely on. Teachers and school staff engage with students daily and have opportunities to positively impact the lives of the youth they serve. Thus, teachers and school staff serve an essential role in identifying students who are struggling and experiencing suicidal ideation. They become part of the protective factors that help mitigate the risk of youth suicide.

The Office of Mental Health's [A Guide for Suicide Prevention in New York Schools](#), provides a framework for schools to develop best practices, policies and procedures using a multi-tiered system of support. The American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists and the Trevor Project's [Model School District Policy on Suicide Prevention: Model Language, Commentary and Resources](#) provide model policies that are in line with the latest research in suicide prevention and best practices for a national framework. While school-based suicide prevention policies have historically focused on middle and high schools, the *Model School District Policy on Suicide Prevention* is applicable to education levels K-12.

This *NYSED Guide for School Personnel for Suicide Prevention* is intended to provide school personnel with the knowledge to identify and act when a student is at risk for suicide. Since supporting the health and well-being of students is a fundamental role of schools, it is critically important that schools develop policies, protocols, and best practices to reduce and respond effectively to suicide risk.

Comprehensive school suicide prevention policies and protocols should include prevention, intervention and postvention components which are needed to reduce and respond effectively to suicide risk. A comprehensive school suicide prevention policy should be developed with stakeholder/community input such as community based mental health providers. The comprehensive school suicide prevention policy should be paired with other school board approved policies that support the social and emotional wellbeing of students.⁷

⁷ American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). *Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources* (2nd ed.). New York: American Foundation for Suicide Prevention. <https://www.datocms-assets.com/12810/1576931010-13820afspmodelschoolpolicybookletm1v3.pdf>

Definition of Terms

Non-Suicidal Self-injury – Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent.⁸

Postvention – Interventions to address the care of bereaved survivors, caregivers, and health care providers; destigmatize the tragedy of suicide and assist with the recovery process; and serve as a secondary prevention effort to minimize the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma.⁹

Suicide – Per the CDC, “[d]eath caused by self-directed injurious behavior with an intent to die as a result of the behavior”.

Suicide Attempt – Non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal Behavior – Any behavior resulting in an attempt or preparation for an attempt; this may include practicing or rehearsing for the attempt.

Suicide Contagion – The phenomenon by which suicide and suicidal behavior is increased for some who are exposed to the suicide of others.¹⁰

Suicide Ideation – Thoughts of ending one’s own life, regardless of how intense these suicidal thoughts are.

⁸ Erbacher, T., Singer, J., Poland, S. (2015). “Suicide in Schools: A Practitioner’s Guide to Multi-level Prevention, Assessment, Intervention, and Postvention”. Rutledge, New York.

⁹ Underwood, M., Fell, F., Spinazzola, N. (2018). “Lifelines Postvention: Responding to Suicide and Other Traumatic Death”. Hazelden, Center City

¹⁰ “What does “suicide contagion” mean, and what can be done to prevent it?” *U. S. Department of Health & Human Services*. 2019, <https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagion-mean/index.html>

A School's Role in Suicide Prevention

Addressing the problem of youth suicide requires collaboration across a variety of community agencies, including schools which by virtue of the time young people spend there, are in a position to have a role in identifying, referring, and aiding youth with mental health concerns. Schools are an anchor for many students; schools play a critical role in promoting psychosocial competencies that reduce vulnerability to suicide.¹¹ Schools are uniquely positioned to build resilience among their students and develop a positive school climate and culture necessary for the prevention of suicide.

Suicide Prevention

The work of prevention is to identify and implement interventions that decrease risk factors and/or increase protective factors at varying points when needed throughout a student's education. Preventive strategies including bullying prevention, helping students develop social and emotional learning competencies, school connectedness, and the use of evidence-based social emotional approaches such as building self-awareness, so students understand their own thoughts, emotions, values help to reduce suicide risk.¹² Whenever possible, discussions with students related to bullying and suicide should center on prevention (not statistics), resiliency, and encourage help-seeking behavior (CDC, 2014). For more information see *Bullying and Suicide* in the New York State Office of Mental Health's (OMH) [A Guide for Suicide Prevention in New York Schools](#) (p.14).

Protective and Risk Factors

Protective Factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors are strengths and supports that allow students to be successful despite risk factors they may face. Mitigating risk for suicide entails both minimizing exposure to risk factors as well as increasing protective factors. Schools offer students the opportunity to build their resilience by developing caring relationships with teachers, and school staff. The presence of a trusted caring adult is often considered one of the most critical protective factors in a young person's life. Other protective factors include setting high expectations and academic standards and providing opportunities to participate and contribute to the school community. Additional protective factors include having appropriate mental health staff (e.g., school psychologists, school social workers) at numbers that are proportionate to the student populations of each school, and who are available to work directly with students or consult with parents/guardians and school staff. For more details see Risk

¹¹ Breux, P., Same, M., "A guide for Suicide Prevention in New York Schools". 2019 , *Suicide Prevention Center of NYS, NYS Office of Mental Health*, 9 April 2021, <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

¹² "What is the CASEL Framework?" *Collaborative for Academic Social and Emotional Learning (CASEL)* 2021, 9 April 2021, <https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/>

and Protective Factors in OMH's [A Guide for Suicide Prevention in New York Schools](#) (p.4).

Risk Factors are characteristics at the biological, psychological, family, community, or cultural level that precede, and are associated with, a higher likelihood of negative outcomes.¹³ Risk factors include, but are not limited to, academic challenges or learning needs, feelings of hopelessness, loss of important relationships, family dysfunction, and social rejection. Too often mental health problems in youth of color are construed as behavioral problems and subject to discipline, including suspension and expulsion.¹⁴

Social Emotional Learning (SEL) provides opportunities to develop protective factors. Students who receive instruction in SEL exhibit greater well-being and better school performance. Lifetime suicide risk is diminished when students learn social problem-solving skills and learn to cope with emotional challenges, and life stressors. Effective SEL programs have demonstrated an increase in social connectedness, which is a protective factor against suicide risk. NYSED's [Social, Emotional Learning: Essential for Learning, Essential for Life](#) provides a framework explaining SEL concepts, the need for and benefit of SEL in schools, and strategies for assisting schools with implementation of the NYSED recommended SEL benchmarks. CASEL's [A Guide to Social and Emotional Learning](#) assists schools in the implementation of SEL strategies. See *Focus on Social Emotional Competency Development* in [A Guide for Suicide Prevention in New York Schools](#) (p.8).

School Curricula for Suicide Prevention that is developmentally appropriate and integrates social/emotional, suicide prevention, and mental health education as a foundation for health, safety, and wellness for all students is fundamental to decreasing the risk of suicide in youth. The New York State [School Mental Health Resource and Training Center](#) provides mental health training (CTLE eligible) and instructional resources for educators, as well as mental health resources for parents/guardians, students, and community-based mental health providers. The Resource Center can also provide support in establishing school-community partnerships. The NYS Office of Mental Health's [Find a Mental Health Program \(ny.gov\)](#), provides information on all programs in NYS that are operated, licensed, or funded by the State Office of Mental Health.

The School Crisis Team

Establishment of a School Crisis Team is essential to being able to identify and intervene effectively with students who are at risk of suicidal behavior. The School Crisis Team is responsible for developing and implementing suicide risk assessment,

¹³ "Risk and Protective Factors". *Substance Abuse and Mental Health Services Administration n.d., 9 April 2021*
<https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

¹⁴ Lindsey MA, Brown DR, Cunningham M. Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *Am J Orthopsychiatry*. 2017;87(4):377-383. doi: 10.1037/ort0000198. PMID: 28691838.

intervention, and postvention policies and procedures, as well as executing the actions necessary to ensure the safety of the student(s) during a crisis.¹⁵ School administrators should designate a school suicide prevention liaison to act as a point of contact in each school building for issues related to suicide prevention and policy implementation. Each member of the crisis team should have a distinct role and responsibility; these responsibilities should be committed to writing. Members of the team should include, but are not limited to, a school administrator, school psychologist, school counselor, school social worker, teacher, school nurse, and/or district medical director, school safety professional, and any other district/school member who can be of assistance during a crisis. Written procedures should be developed that clearly delineate how to refer a student when suicide risk is suspected and should be reviewed at least annually with all staff. Training should be ongoing so that when the School Crisis Team is called upon, the members are comfortable in their roles, ready to respond, and able to meet the needs of the student in a safe and timely way.

Professional Development

Faculty/Staff Awareness Training is critical for the identification, and prevention of suicide in students. All school personnel should receive professional development on mental health literacy for children, generally, and suicide prevention, warning signs, and action steps per district policy/protocol, specifically. This training should occur annually, and as changes in best practice develop. In general, school personnel training should address:

- Warning signs, and procedures to follow when referring a student thought to be at risk for suicide;
- What educators can do to promote suicide prevention, including the promotion of positive mental health;
- How to handle suicide related topics in the classroom;
- How to identify developmentally appropriate materials for classroom use, and school/community resources; and
- Roles and responsibilities of members of the School Crisis Team, which include specific training in intervention, assessment, safety planning, and referral.

More information can be found under the section *Faculty and Staff Awareness Training* on page 8 in [A Guide for Suicide Prevention in New York Schools](#).

¹⁵ “Preventing Suicide: Guidelines for Administrators and Crisis Teams.” *National Association of School Psychologists*, National Association of School Psychologists 2015, www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that staff be educated about school district suicide protocols during staff orientation, staff meetings, and in-service trainings. SAMHSA further recommends that the protocols be incorporated into the employee handbook, employee newsletter and any other form of communication used with teachers, and staff. School districts should develop and provide training on protocols which should include:

- How to identify warning signs for suicide, and the protocols to follow when referring a student thought to be at risk for suicide;
- A description of the roles and responsibilities of the school crisis team; and
- The flow of communication, and the tasks each role of the school crisis team undertakes.

Development of School District Protocols for Suicide Crisis¹⁶

All school districts should have clear policies and protocols for what steps to take if a student verbalizes suicidal ideation or attempts suicide. Schools should consider the need for trained school-employed mental health professionals and school crisis teams. Protocols should include the following action steps:

- 1. Assessment of suicide risk (See Appendix A & D).** When school staff become aware of a student exhibiting potential suicidal behavior, they should: immediately escort the child to a member of the school's crisis team.
 - if the appropriate staff is not available, 911, mobile crisis, and/or crisis text line 741741 should be contacted;
 - inform the student what you are going to do every step of the way;
 - prevent the student from leaving school or being alone under any circumstances (even in the restroom);
 - reassure and supervise the student until a 24/7 caregiving resource (e.g., parent/guardian, mental health professional, social worker), can assume responsibility;
 - determine the level of suicide risk and identify the most appropriate actions. An appropriately trained member of the school crisis team should conduct a suicide risk assessment (see Appendix D) to determine the level of risk and identify the most appropriate actions to ensure immediate, and long-term safety and well-being of the student; and

¹⁶ "Preventing Suicide: Guidelines for Administrators and Crisis Teams." *National Association of School Psychologists*, National Association of School Psychologists 2015, www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams

- a member of the school crisis team should remain with the student until the parent/guardian is in attendance, including if the student requires transportation to the hospital, the school crisis team member needs to accompany the student during transportation and until a parent/guardian is in attendance.
- 2. Parent/Guardian notification (See Appendix A & E).** Parents/guardians must always be contacted when signs of suicidal thinking and behavior are observed, and anytime a suicide risk assessment is conducted. However, child protective services should be contacted when child abuse or neglect are suspected, or the parent/guardian refuses to take the necessary actions to keep the child safe. All notifications must be documented. Parents/guardians can provide critical information in determining level of risk.
 - 3. Referral to community-based services or mental health professional for follow up care (See Appendix F).** Suicidal thinking and behavior can also occur outside of school. Thus, referrals should include options to access 24-hour community-based services.
 - 4. Help the student develop a safety plan (See Appendix C & F).** A trained member of the school crisis team, ideally a mental health professional, along with the student, and parent/guardian should develop a written safety plan. The safety plan should include:
 - a written list of coping strategies,
 - sources of support, and
 - suicide prevention hotline number or text line access.
 - 5. Schools are legally responsible for documenting every step in the assessment and intervention process (See Appendix C).** Such documentation ensures that protocols were followed. Every school district should develop a documentation form for support personnel and school crisis team members to record their suicide intervention actions and parent/guardian communication. Student information must be kept confidential; however, FERPA permits school officials to disclose information regarding students without consent to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals.¹⁷ Discussion among staff should only occur on a need-to-know basis and should be restricted to the student's treatment and support needs.
 - 6. Plan for a Safe Return to School (See Appendix G).** Students who have made a suicide attempt are at increased risk of future attempts at harm. Proper planning for returning to school following a suicide attempt or mental health hospitalization

¹⁷ "Preventing Suicide, A Toolkit for High Schools" *Substance Abuse and Mental Health Services Administration*, 2012, 9 September 2021 <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

is critical. Students need support navigating how to explain their absence and return. Schools play a crucial part in students' safe return to school. [A Guide for Suicide Prevention in New York Schools, p. 18](#), provides information on planning for a safe return to school.

- 7. Postvention.** Following a suicide, school communities must strike a delicate balance. Students should have an opportunity to grieve in a way that does not glorify suicide, which may increase suicide risk for other students. Suicide contagion occurs when suicidal behavior is imitated. The effect is strongest among adolescents, largely because they may identify with the behavior and qualities of their peers. Suicide postvention strategies designed to minimize contagion include not giving unnecessary attention to the suicide and minimizing the amount of detail about the suicide shared with students.

If there appears to be contagion, school administrators should take additional steps beyond the basic crisis response, including bolstering efforts to identify students who may be at heightened risk of suicide and collaborating with community partners in a coordinated suicide prevention effort. School communities must also realize that the postvention period may be extended and should plan for the long term in relation to anniversaries, birthdays, and graduations. For more information on postvention strategies please see SAMHSA's, [Preventing Suicide a Toolkit for High Schools](#), the American Foundation for Suicide Prevention's, [After Suicide: A Toolkit for Schools](#), and the National Association of School Psychologists' [Preventing Suicide: Guidelines for Administrators and Crisis Teams](#).

Appendix

It is critical to have protocols in place for students who have been identified as being at potential risk of suicide. All staff should be aware of the protocols and follow them. NYSED has provided sample protocols and forms that can be customized to meet the needs of individual school districts in the following Appendices.

- Appendix A- *Sample School Suicide Crisis Protocol* is a set of best practice standards that schools can use when a student is in crisis. The protocol is a step-by-step guide for adults caring for students in crisis.
- Appendix B- *Protocol for Responding to a Student Suicide Attempt*, adapted from SAMHSA's [Preventing Suicide A Toolkit for High Schools](#), provides schools with an easy to read and follow procedure if a teacher or staff member becomes aware of a student at risk for suicide.
- Appendix C- *Sample Suicide Risk Assessment and Safety Planning Document* is a step-by-step checklist that schools can use to document the chain of events that have occurred when a student is identified as being at risk for suicide.
- Appendix D- *Columbia Suicide Severity Rating Scale* is a questionnaire that schools can use to assess a student's suicide risk.
- Appendix E- *Sample Parent/Guardian Notification of Child's Suicide Risk* is a tool that can be used to provide information to parents/guardians regarding actions taken to ensure the safety of their child, recommendations for care of their child, and the need for a meeting upon the child's return to school to assist in the development of a safety plan.
- Appendix F- *Sample Safety Plan* is a tool that schools can use in collaboration with the student and their parent/guardian. It is a prioritized list of coping strategies and sources of support students can use to mitigate suicide risk.
- Appendix G- *Sample Return to School Meeting* is a documentation tool that schools can use when a student is returning to school. It addresses a student's status, community recommendations, review of the safety plan, how missing academic work will be handled, assistance with helping the student to answer questions, establishment of check ins while at school, assistance for families, and creating a plan for follow up.
- Appendix H- *Sample HIPPA-FERPA Release Form* is a tool schools can use to obtain parent/guardian consent to the school exchanging information with the student's health care provider.

School District Letterhead

Sample School Suicide Crisis Protocol

<p style="text-align: center;">Warning Signs <u>Know the FACTS</u>¹⁸</p>	<p style="text-align: center;">Teachers and Staff Take These Actions (Customize this section based on school specific policies)</p>	<p style="text-align: center;">☐ Completed Date/Time</p>
<p>FEELINGS – Hopelessness, excessive worry, burdensomeness, rejections, worthlessness</p> <p>ACTIONS – Impulsiveness, self-harm, increase drug or alcohol use, giving away possessions, looking for a way to die.</p> <p>CHANGES – Particularly in the presence of other warning signs, changes in attitude, moods, behaviors, or social connection, sudden change in sleep or eating habits.</p> <p>THREATS – Specific or vague statements or any expression of death or suicide; can be written, spoken, activity on social media, or non-verbal threats</p> <p>SITUATIONS- Life changes that cause the person to be overwhelmed, unprepared, or triggered, such as personal loss, connection to death</p>	<p>Stay calm.</p> <p>Stay with the student, never leave them alone, not even to use the restroom.</p> <p>Do not let the student leave the building or take the bus home.</p> <p>Remove any means for self-harm.</p> <p>Listen, do not judge, focus on their wellbeing.</p> <p>Reassure them that there is help.</p> <p>Tell them what you are going to do every step of the way.</p> <p>Contact the school administrator/principal.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

¹⁸ Breux, P., Same, M., “A guide for Suicide Prevention in New York Schools”. 2019, *Suicide Prevention Center of NYS, NYS Office of Mental Health*, 9 April 2021, <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

Warm Handoff	Designated Crisis Team Member Takes These Actions (Customize this section based on school specific policies)	Completed Date/Time
Student with suicidal ideation escorted to and meets with crisis team member(s)	Conduct a suicide risk assessment. Determine appropriate action to take. If immediate risk for suicide call 911 and/or Mobile Crisis Phone # _____. Notify parent/guardian immediately. If not calling 911, notify parent/guardian to come to the school, to meet with student and crisis team member. Identify appropriate community resources. If appropriate assist parent/guardian with making appointments to mental health care provider. Ask parent/guardian to sign consent so the school can speak to the student’s mental health providers. (Appendix H) Document all interactions and outcomes ¹⁹ .	_____ _____ _____ _____ _____ _____ _____ _____

¹⁹ “Preventing Suicide: Guidelines for Administrators and Crisis Teams.” *National Association of School Psychologists*, National Association of School Psychologists 2015, www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams

Protocol for Responding to a Student Suicide Attempt

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student. *Never leave the student alone.*
2. Call 911 or your local emergency service provider.
3. Call school health services personnel.
4. Contact the school suicide prevention liaison for students in crisis who will help students and their families access appropriate resources. This may be an administrator, school mental health professional or school health professional, or other staff member as determined by the local school.

The school suicide prevention liaison should:

1. Contact additional personnel as necessary. These may include community crisis service providers, the school superintendent, and other administrators, the school nurse, school counselor, school social worker, school psychologist, and other school staff.
2. Contact the student's parents/guardians to tell them what has occurred with their child. Arrange to meet at the appropriate location, for example, the school psychologist's office or the emergency room of the local hospital.
3. Contact emergency medical services if needed.
4. After the immediate crisis, make a plan to follow up with the parents/guardians and student regarding arrangements for medical and/or mental health services.

The Response Team includes:

Suicide Risk Response Coordinator(s): _____

Backup Coordinator(s): _____

Emergency Medical Services: _____

Adapted from Substance Abuse and Mental Health Services Administration. 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, 2012 p.79. <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Sample Suicide Risk Assessment and Safety Planning Document

Student's Name _____ Date _____

Name of Person Completing Form _____

For each step, please check all that apply. Attach all relevant documentation (completed C-SSRS, Parent/Guardian Notification Form, Safety Plan).

What prompted the protocol to be initiated

Who identified the student as possibly being at risk (provide name):

- Self: _____
- Teacher: _____
- Friend: _____
- Parent/guardian: _____
- Other staff: _____
- Other: _____

Reason for concern: (FACTS warning signs, etc.)

Assess Student's Suicide Risk

- Interview student (if possible, this should be done by two team members)
- Complete the Columbia Suicide Severity Rating Scale (C-SSRS)
- If needed, seek information from other sources (students, teachers, records, mental health professional(s), parent/guardian) regarding the concern and any specific statements made
Document Source of Information here: _____

Supervise Student

- Supervise student until level of risk is determined and appropriate intervention is in place.

Notify the Student's Parent(s) or Guardian(s)

- Provide your name and position in school
- Assure parent/guardian that the student is currently safe
- Explain why a suicide risk assessment was conducted and review the results
- Depending on results of the screening:
 - Ask to come to the school and discuss their child's needs
 - Inform parent/guardian that the child must be picked up by an adult or transported by emergency personnel [high risk]
 - Provide referrals for licensed/certified mental health providers
 - Discuss current concerns with parents/guardians
 - Discuss home safety and supervision with parents/guardians
 - If applicable, notify outside therapist or doctor [with signed release from parent/guardian]
 - Schedule a follow-up meeting

Develop Safety Plan with Student

- Identify warning signs
- Sample Parent/Guardian Notification of Child's Suicide Risk is explained to parent/guardian and signed by parent/guardian(s)

Encourage parents/guardians to sign release of information

- Principal is notified. Teachers and staff are notified on a need-to-know basis only.
- Develop safety plan with student (see attached)

Follow-up and Return to school meeting

- Complete follow-up in one week, or more as specified in safety plan
- Complete follow-up in one month

Adapted from Suicide Intervention Documentation Template from Helping Students at Risk for Suicide Workshop, a project of Research Foundation for Mental Hygiene, New York Association of School Psychologists, and Alberti Center for Bullying Prevention.

Columbia Suicide Severity Rating Scale

Question ^a	Yes	No
1. Wish to be dead (ideation) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Low	
2. Suicidal thoughts (ideation) <u>Have you actually had any thoughts of killing yourself?</u>	Low	
3. Suicidal thoughts with method (without specific plan) <u>Have you been thinking about how you might do this?</u>	Medium	
4. Suicidal intent (without specific plan) <u>Have you had these thoughts and had some intention of acting on them?</u>	High	
5. Suicidal intent with specific plan <u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u>	High	
6. Past suicide behavior <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>	High	Medium
6a. Past suicide behavior <u>Within the past 3 months?</u>	High	Medium

^a Always ask questions 1, 2, and 6. If yes to question 2, also ask 3, 4, 5.

LEVEL OF RISK AND RESPONSE

Level of Risk	Response
Low	<ul style="list-style-type: none"> • Parent/guardian notification; • Develop safety plan; • Recommend consultation/counseling with licensed or certified mental health professional for ideation
Medium	<ul style="list-style-type: none"> • Parent/guardian notification, consult with colleagues, • Develop safety plan, • Recommend consultation/counseling with licensed or certified mental health professional for ideation
High	<ul style="list-style-type: none"> • Parent/guardian notification, consult with colleagues, • Recommend consultation/counseling with licensed or certified mental health professional for ideation, • Transition to emergency department care (parent/guardian or emergency personnel)

Sample Parent/Guardian Notification of Child’s Suicide Risk

Child’s name: _____ DOB ___/___/___

Name of Parent(s) or Guardian(s) present: _____

School representative(s) present:

I have been asked to meet today to discuss concerns that have arisen at school that may indicate that my child has an acute mental health concern or risk for suicide or self-harm. A preliminary screening was done at school and results have been shared with me.

Based on the concerns raised, the following actions have been taken at my child’s school:

- A safety plan was developed which includes coping strategies and supports my child can access to assist with staying safe while at school.
- Supportive crisis intervention
- Pamphlet “[What Every Parent Needs to Know: Recognizing Suicide Risk in Your Child](#)” was provided to me.
- Crisis intervention, Suicide Prevention Hotline numbers, 1-800-273-8255, and text/chat information, text 741-741 were provided to me.
<https://www.sprc.org/livedexperience/tool/crisis-lines>
- Information about community mental health services was provided to me, including:

- Other _____

Based on the concerns raised, the following recommendations have been made to me:

- An emergency psychiatric evaluation by mobile crisis or emergency department
- Secure all medications, weapons or other objects that might be used to inflict self-harm.
- Increase supervision of my child and my child’s social media usage
- Secure appointment with my child’s primary care provider
- Contact my child’s mental health provider and request a same day appointment
- Other _____

Upon my child’s return to school, I understand that a meeting will be convened to develop and review a plan with my input to assist my child in staying safe.

Signatures:

Parent/Guardian _____ Date ___/___/___

School Health Professional/Title _____ Date ___/___/___

Breux, P., Samet, M., Nickerson, A., & Schaffer, G. E. (2019). Helping students at risk for suicide: Assessment, intervention, and follow-up for school-based practitioners training curriculum. Suicide Prevention Center of New York State and New York Association of School Psychologists.

Sample Student Safety Plan

Warning Signs (Signs that Indicate Safety Plan Should be Used): *What (thoughts, moods, experiences) do you experience when you feel very depressed or have thoughts of suicide?*

-
-

Internal Coping Strategies. *What can you do on your own to help yourself not act on suicidal thoughts? Think about how likely you would be to use these strategies and what might stand in the way of you doing these things.*

-
-

Social Coping Strategies [Safe People and Places]. *Who or what social situations might help to make you feel better or take your mind off your problems?*

-
-

Family or Friends to Contact for Help. *Who can you contact and talk to when you are feeling depressed, stressed, or having suicidal thoughts? Think about people at school, home, and other places.*

-
-

Professional or Agencies to Contact During a Crisis. National Suicide Prevention Lifeline: 1-800-273-8255 or <https://www.sprc.org/livedexperience/tool/crisis-lines> or text 741-741

-
-

Keeping Safe [Parents/guardians Limiting Access to Means of Suicide, Providing Supervision].

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-

Signatures:

Student _____ Date __/__/__

Parent/Guardian _____ Date __/__/__

School Personnel/Title _____ Date __/__/__

Adapted from Stanley, B., & Brown, G.K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive & Behavioral Practice, 19, 256-264)

Sample Return to School Meeting

Student Name _____ Date: ___/___/___

People in Attendance:

Student _____

Parent/Guardian _____

School Personnel _____

Other _____

Student’s status (include current treatment/counseling, medication):

Recommendations from community mental health provider/hospital/crisis services:

Development and review of safety plan with student, parent/guardian, and school personnel:

Plan for student’s education needs while absent from school:

Recommendations on responses to questions about student’s absence:

Support /check-ins at school (who, how often):

Assistance for family [referrals, resources, etc.]

Plan for follow-up including date/time of next scheduled meeting:

Adapted from Breux, P., Samet, M., Nickerson, A., & Schaffer, G. E. (2019). Helping students at risk for suicide: Assessment, intervention, and follow-up for school-based practitioners training curriculum. Suicide Prevention Center of New York State and New York Association of School Psychologists

Sample HIPAA-FERPA Release Form

This form authorizes the exchange of protected health information (PHI) and education records (including personally identifiable information obtained therefrom) between your child’s health care / mental health service providers and supports (“providers and supports”) and authorized school officials.

Student’s Name: _____ DOB: ___/___/___

Address: _____

Documents and information to be disclosed could include:

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Problem List	<input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> Consultative Report	<input type="checkbox"/> Medication Records	
<input type="checkbox"/> Admission Note	<input type="checkbox"/> Evaluation/Assessment	_____
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Academic Records	_____
<input type="checkbox"/> Summary of Care	<input type="checkbox"/> Psychosocial Evaluation	_____
<input type="checkbox"/> Alcohol/Drug Info (include TRS-1)	<input type="checkbox"/> Psychological Testing Results	_____
	<input type="checkbox"/> IEP	
	<input type="checkbox"/> Treatment Plans	

It is necessary for _____ District (the “District”) to share information with the student’s providers and supports to facilitate and promote informed recommendations and decision-making by both the providers and supports and the school district with respect to the student’s health, wellbeing, and educational program. This release authorizes disclosure of the records described above and personally identifiable information to be exchanged between the District and the student’s providers and supports for the following purposes:

- To comply with a request from the student’s parent/person in parental relation and/or legal guardian, or the student (if age 18 or older and competent);
- To assist with an evaluation of the student or the provisions of services by the District;
- To coordinate the provision of medical services;
- Other (please specify): _____

This authorization shall remain valid until either (*initial one*):

_____ The student is no longer a student of the _____ School District; or

_____ Other specified date: * _____

Acknowledgments:

I hereby, knowingly, and voluntarily authorize the above-named agency/provider to use or disclose this information only in the manner described above. I understand treatment, payment, and health plan enrollment will not be conditioned on my authorization of this disclosure.

* I understand that I may revoke this authorization in writing at any time.

Signatures:

Parent/Guardian: _____ Date ___/___/___

Printed Name of Parent/Guardian: _____

Relationship to Student: _____

Student Age (Age of Consent age 18+) _____

Adapted with permission from the North Syracuse Central School District 2020

Resources

Community Resources

[The Office of Mental Health Information for Children, Teens and Their Families](#) provides resources for children and their families.

[Single Point of Access \(SPOA\) or Children and Youth Services](#) is a centralized intake process for referrals for high-intensity mental health services for children and adults. The purposes of the SPOA are to manage access to high-intensity mental health services, provide a forum for improved collaboration among community service providers, and identify and promote community-based alternatives to residential treatment and psychiatric hospitalization.

School Resources

[SAMHSA's Preventing-Suicide-A-Toolkit-for-High-Schools](#) the toolkit provides best practice guidance, templates, and worksheets. It can be downloaded, or hard copies can be ordered at no cost.

Suicide Prevention Center of New York State (SPCNY) offers [training options](#) for school staff and administrators.

SPCNY [What Every Teacher Needs to Know](#)

SPCNY [What Every Student Needs to Know](#)

Warning signs video <https://vimeo.com/272856590>

[Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#) – Developed by the American Foundation for Suicide Prevention, the American School Counselors Association, the National Association of School Psychologists, and The Trevor Project.

California Department of Education's [California Model Youth Suicide Prevention Policy](#)

[New Hampshire School Boards Association Suicide Prevention Sample Policy](#)

[The Suicide Prevention Resource Center's - After A Suicide Toolkit for Schools:](#) Assists schools in implementing a coordinated response to the suicide death of a student.

More resources are available in the Office of Mental Health's
[A Guide for Suicide Prevention in New York Schools](#)