

King Philip Regional School District

Suicide Guide

Table of Contents

Suicide Guide	1
Purpose	4
Risk Factors	4
Behavioral Health Issues/Disorders	4
Personal Characteristics	4
Adverse/Stressful Life Circumstances	5
Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)	5
Disciplinary or legal problems	5
Bullying, either as victim or perpetrator	5
School or work problems	5
Physical, sexual, and/or psychological abuse	5
Chronic physical illness or disability	5
Exposure to suicide of a peer	5
Risky Behaviors	5
Family Characteristics	5
Environmental Factors	5
Protective Factors for Student Suicide	6
Individual Characteristics and Behaviors	6
Family and Other Social Support	6
Mental Health and Healthcare Providers and Caregivers	6
Recognizing and Responding to Warning Signs	7
Suicide and Bullying	7
The Implications of Culture on Suicide Prevention	8
Self-Injury	9
Suicide Risk Assessment	10
Risk Assessment Response	12
Low-Risk Students	12
Moderate to High-Risk Action Steps	13
Responding to a Student Suicide Attempt	15
Supporting Parents/Guardians through Their Child's Suicidal Crisis	16
Guidelines for Facilitating a Student's Return to School	17
Student Suicide Ideation Guidance for Teachers During Remote/In-Person Hybrid	20
Remote Learning Protocol	23
Suicide Crisis Response	26
Sample Announcements for Use with Students after a (Possible) Suicide	27
Activities for Responding to a Crisis	28
Support for Staff and Students	28
Helping Students Cope	29
Reach Out to Parent/Guardian	30
Media	30

Working with the Media	30
Social Media	30
Death Notification Statement for Students	31
Sample Letter to Staff	34
Talking Points for Students and Staff after a Suicide	35
Suicide Risk Assessment	37
Student Safety Plan	39
Suicide Prevention Protocol	40
Documentation of Risk Assessment(DORA)	40
Assessment Information:	40
Parent Contact Acknowledgement Form	42
Return-to-School Meeting	43
RELEASE OF INFORMATION	44
Sample Death Notification Statement for Parents/Guardians	46
Suicide Is Preventable	51
Youth Suicide Risk Factors	52
Suicide Warning Signs	53
Self-Injurious (SI) Behavior	54
Signs of Self-Injury	54
Suicide Prevention Resources	56

Purpose

Suicide is not the result of one issue but manifests multiple, complex child/adolescent development problems and adjustment problems. School personnel is instrumental in saving lives by identifying students at risk and linking them to essential school and community mental health resources. The purpose of this guide is to outline procedures for assessing students who exhibit suicidal and self-injurious behaviors, offer guidelines in the aftermath of a student death by suicide. The document is intended to help school staff understand their roles in taking reasonable and prudent actions to help at-risk students.

- Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know but do not tell adults about suicidal peers because they do not know how they will respond or think they can't help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and normalize everyone's learning environment.

Risk Factors

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide. There is no single agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk-taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure

- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of a peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of a parent/guardian or other relatives
- Problems in the parent-child relationship (e.g., feelings of detachment from parents/guardians, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either under protective or overprotective and highly critical)

Environmental Factors

- The negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on school property
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
 - Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
 - Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
 - Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

Protective Factors for Student Suicide

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the impact of risk factors is called “resilience.” Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure. There is no single agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one’s emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: an ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, guardians, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms: youth know that parents/guardians disapprove of antisocial behavior such as beating someone up or drinking alcohol.
- Family support for school
- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- Respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships
- Access to Means
- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

Recognizing and Responding to Warning Signs

Warning signs are indicators that someone may be in danger of suicide, either immediately or in the near future. The following list is warning signals indicating the presence of suicidal thinking. These might be considered "cries for help" or "invitations to intervene." Warning signs indicate the immediate need to seek immediate help from a clinical staff member or administrator.

- Making statements such as; "I wish I were dead.", "If such and such doesn't happen, I will kill myself.", "What is the point in living?"
- Talking or writing about suicide; in text messages, on social media, in chat rooms, in school assignments, poems, or music lyrics
- Looking for a way to attempt suicide; trying to buy a gun, researching ways to die, seeking/ buying pills
- Having a rapid shift in mood or affect, from sullen or depressed to feeling "at peace"
- Giving away prized possessions and/or saying final goodbyes
- Showing Increased or recent signs of depression or anxiety
- Making comments or off-hand remarks that the person feels like a burden
- Neglecting personal appearance.
- Avoiding school or a drop in grades
- Hopelessness—expresses no reason for living, no sense of purpose in life.
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Agitation, inability to sleep, or constant sleep

Suicide and Bullying

Bullying is the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is when people use communication technologies, such as social media and texting, to harass and cause emotional harm to their victims. Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Students who are both victims and perpetrators of bullying are at the highest risk. Students who are the victims of bullying are at increased risk for suicide and increased risk for depression and other problems associated with suicide.

Many students who are bullied have personal characteristics that increase their risk of victimization. These characteristics include:

- Internalizing problems (including withdrawal, anxiety, and depression)
- Low self-esteem
- Low assertiveness
- Aggressiveness in early childhood (which can lead to rejection by peers and social isolation)

Many of these characteristics are also risk factors for suicidal behavior and ideation. The same personal risk factors that can contribute to a student's risk of suicidal behavior can also increase the student's chance of being bullied. Being bullied further heightens the student's risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior).

These personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:

- The family, including child maltreatment, domestic violence, and parental depression
- The school environment, including a lack of adequate adult supervision, a school climate characterized by conflict, a lack of consistent and effective discipline, and school size
- The effects of bullying (especially chronic bullying) on suicidal behavior and mental health are long-term and may persist into adulthood

The Implications of Culture on Suicide Prevention

Culture profoundly influences how people think about suicide, death, and mental illness, how they display emotions or distress, and how they ask for or accept help. Additionally, culture is complex. The cultures of groups sharing common histories and/or heritages are not adequately described by categories such as “Hispanic,” “American Indian/Alaska Native,” “disabled,” “rural,” “southern,” or “LGBT.” Nor is culture static: Cultures change over time.

Risk and protective factors: For example, family support may be a strong protective factor in immigrant families. But such protection can weaken as families become “Americanized” and young people grow more independent.

The precipitants of suicidal behavior: Culture influences how young people respond to events that escalate risk and trigger suicide attempts. In cultures in which peer influence is strong, for example, the suicide of a friend or schoolmate may provoke a “copycat” suicide. This may not happen in cultures where family influence is stronger than peer influence. A suicide attempt might be triggered in those cultures if a vulnerable young person fails to meet family expectations in academic achievement.

Understanding and expressing the warning signs of suicide: Culture influences how people display (or refrain from displaying) emotional distress. Some cultures may promote a stoicism that makes seeing warning signs difficult. Young people from other cultures may be reluctant to talk about their problems; instead, they express them through behavior or demeanor.

Help-seeking behavior: Culture plays a significant role in determining who (if anyone) young people turn to emotional support. Young people from some cultures may prefer to consult family members or religious leaders rather than mental health professionals or other “outsiders.” Different cultures may value self-reliance and regard any help-seeking (even within the family) as a weakness.

Trust: Young people and families from groups with histories of victimization, oppression, sectarian violence, or other forms of trauma may fear people representing authority (including school and mental health personnel) or are from cultural groups other than their own.

Recommendations for ensuring that suicide prevention activities effectively respond to the cultures of your student population include the following:

- Actively show an understanding of and respect for the cultures of students and their families.
- Create culturally sensitive services that build on a culture’s strengths and protective factors.
- Engage families as active participants in guaranteeing a young person’s safety and the therapeutic process.
- Respect and build upon the religious and spiritual heritage of students. Some families may seek spiritual or traditional leaders’ permission before they turn to mental health service providers or may want to offer both types of support to their children.
- Be sensitive to the stigma around issues of suicide, help-seeking, and mental health services. It may be helpful to offer assistance in settings not associated with mental health treatment.

Self-Injury

Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself without the intent to die. Self-injury includes a wide variety of behaviors, such as cutting, burning, head banging, picking or interfering with the wounds' healing, and hair-pulling.

Students who injure themselves intentionally should be taken seriously and treated with compassion. Teachers or other staff who become aware of a student who is intentionally injuring themselves should refer the student to the school counselor, psychologist, social worker, or nurse. Staff should offer to accompany the student to the appropriate office and help broach the issue with the relevant mental health professional.

School mental health staff should:

- Assess the student for both self-injury and risk of suicide
- Notify and involve the parents/guardians
- Design appropriate treatment for the student's current behaviors or refer the student to a mental health provider in the community for treatment

Suicide Risk Assessment

Student: _____ School: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Parent/Guardian Names: _____

Phone: _____

Assessing for Level of Risk

Use professional judgment and rely on training in conducting a comprehensive and sensitive interview with the student. The following questions are intentionally designed as yes/no questions to help determine the level of risk. Depending on the student's response, ask clarifying questions to understand better what is going on with the student.

Category	Assessment Questions	Yes	No
Intent	Are you thinking of killing yourself? Are you currently thinking about suicide? Have you been thinking of taking your own life? Details:		
Plan	Do you have a plan on how you would kill yourself? Have you thought about how to make yourself die? Have you thought about how you would hurt yourself? Details:		
Means/Access	Do you have access to weapons or pills? Do you have what you would need to carry out your plan? Where would you get what you need to carry out your plan? Details:		
Past Ideation	How long have you had these thoughts? Have you previously had thoughts of suicide? Is suicide something you have thought of before? Details:		
Previous Attempts	Have you attempted suicide before? Have you ever tried to kill yourself? Do you have a previous suicide attempt? Details:		

If the student answered "yes" to any of the questions above or if the interviewer suspects the student was not honest in their responses, consider the student to be high risk.

If the student is not at high risk, continue to assess the student to determine if they are low risk or moderate risk by asking the following questions about current behavior changes or recent trauma and stressors.

Category	Assessment Questions	Yes	No
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? Details:		
	Has anyone noticed or commented on your behavior being different lately? Details		
	Have you noticed a dramatic change in your mood lately? Details:		
Trauma or Stressors	Have you ever lost someone to suicide? Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Details:		
	Have you recently been involved in a traumatic or stressful experience? Details:		
	Are you being bullied/harassed, or discriminated against here at school, at home, or in your community? Details:		

Category	Assessment Questions	Yes	No
Protective Factors	What are some reasons you would not follow through with your plan? How do you handle stress? Who do you turn to when you are upset?		
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? Has anyone noticed or commented on your behavior being different lately? Have you noticed a dramatic change in your mood lately?		
Trauma or stress	Have you ever lost someone to suicide? Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Have you recently been involved in a traumatic or stressful experience?		

Other considerations: Does the student have a history of mental illness and or alcohol/substance abuse? Is the student currently on medications as treatment for mental illness?

Based on the student's responses to the above answers, determine the level of risk.

Risk Assessment Response

Action Steps

- Make sure someone remains with the student at all times.
- Call the parents/guardians, away from the student.
- Explain to the student their parent/guardian has been notified, are on their way to the school, and describe what will happen next.

Low-Risk Students

Low-risk means the student struggles with some serious social, emotional or behavioral issues that have gone unaddressed and can lead to an imminent situation. This is an opportunity to connect the student with support and resources, identify a support system (including parents/guardians, school staff, community providers, supportive adults, and friends) and formulate a safety-plan to help increase the student's ability to cope with the distress they are experiencing. **NO STUDENT SHOULD BE SENT HOME ALONE OR TO AN EMPTY HOUSE!**

If the parent/guardian CAN come to the school:

A member of the crisis team will engage in the following.

- When a parent/guardian arrives at the school site, meet with them separately from the student to discuss the situation and the next steps needed to ensure safety.
- Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol, if any.
- Discuss available options for individual and/or family therapy. Provide the parent/guardian with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parent/guardian is with you.
- Ask the parent/guardian to sign the Parent Contact Acknowledgement Form and Release of Information form if they are involved with outside mental health services.
- Tell the parent/guardian that you will follow up with them in a few days if this follow-up conversation reveals that the parent has not contacted a mental health provider (document everything).
 - Stress the importance of getting the student follow-up help.
 - Discuss why they have not contacted a provider and offer to assist with the process.
- If the parent/guardian refuses to seek services for a child under 18 who you believe is in danger of self-harm, you may need to file a 51A that the child is being neglected.

If the parent/guardian **CANNOT** make it to the school or should not transport.

A member of the crisis team will

- call Mobile Crisis to come to the school.
If Mobile Crisis is Unavailable,
- notify the school resource office immediately for assistance.
- give the officer important information about the situation, including the results from the Suicide Risk Assessment.
- meet with the student and the officer in a confidential setting.
- notify the parent/guardian of where the student is being transported.
- call ahead to the hospital to let them know a student is being transported and parents/guardians have

been notified.

- follow up with the hospital and the parent/guardian later that day or the following morning.
- email/mail the parents/guardians the Parent Contact Acknowledgement Form, Release of Information, Parent Packet, and re-entry notice.
- complete a DORA to document assessment and outcome.
- will schedule a re-entry meeting notice, develop a safety plan, and document everything.

If the school resource office is unavailable, call 911 and follow the script below.

- My name is _____, and I am calling from [name of school and address], I am the [role/title at the school].
- I am calling because I have a student who is at imminent risk of suicide and needs to be transported to Riverside Emergency Services.
- Describe in detail what is going on and/or what the student told you.
- Let the dispatcher know the student's location in the school.
- Request that the officer arrives without lights or a siren.

A member(s) from the crisis team will:

- make sure someone remains with the student at all times.
- call the parents/guardians away from the student.
- explain to the student their parent/guardian had been notified and describe what will happen next.
- notify the parent/guardian of where the student is being transported.
- call ahead to the hospital to notify them of the student transport, and parents/guardians have been notified.
- have a staff member accompany the student to the hospital.
- have the parent/guardian sign a release of information at the hospital so that the mental health professional or the designated member of the Crisis Response Team can communicate with them.
- follow up with the hospital and the parent/guardian later that day or the following morning.
- email/mail the parent/guardian the Parent Contact Acknowledgement Form, Release of Information, Parent Packet, and a reentry-form (document everything).
- Complete a DORA to document assessment and outcome.

[Note: In all instances, the immediate safety and security of the student, the student population, faculty, and staff are of paramount concern. Where a direct threat is posed, immediately contact law enforcement.]

Moderate to High-Risk Action Steps

Students with a moderate to high risk of suicide display suicidal ideation or behavior with intent or desire to die. Follow the following.

- Take immediate action by contacting the guidance department for a psychologist, school counselor, or school adjustment counselor.
- Keep the student safe and under close supervision. **Never leave the student alone.**

A member of the crisis team will

- contact the parent/guardian and notify them of the current situation, results of the risk assessment, and ask the parent to come to school.
- explain to the student that their parent/guardian or law enforcement has been notified and is on the way to the student's location.
- offer to facilitate a call to the student's outside mental health provider if they have one or contact Riverside Emergency Services or Mobile Crisis Team for a phone consult.

- a. Have the Mobile Crisis come to school or have Mobile Crisis meet at the family's home, or
 - b. The parent makes an appointment at Riverside and transports the student there or to a Hospital Emergency Room.
- provide in person/email/mail the Parent Contact Acknowledgement Form, Release of Information, Parent Packet, and a reentry-form to the parent/guardian (document everything).
 - call ahead to the hospital to let medical staff know that a student is being transported by their parent/guardian or law enforcement and confirm an accompanying release of information.
 - have a staff member accompany the student to the hospital.
 - follow up with the hospital staff and the parent/guardian within several hours after the incident.
 - provide the parent/guardians with the Parent Contact Acknowledgement Form, Release of Information, Parent Packet, and a reentry-form (document everything).
 - complete a DORA to document assessment and outcome.

Extremely High (Imminent) Risk Level Of Suicide

Students with an extremely high-risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person.

- Take immediate action by contacting the principal and/or guidance department for a psychologist, school counselor, or school adjustment counselor.
- If it's life-threatening, call 911 and alert the Principal and SRO-School Resource Officer, if not, call mobile crisis.

Script when calling 911: My name is _____, and I am calling from [name of school and address],

I am the [role/title at the school]. I am calling because I have a student who is at imminent risk of suicide and needs to be transported to Riverside Emergency Services. Describe in detail what is going on and/or what the student told you. Let the dispatcher know the student's location in the school.

Request that the officer arrives without lights or a siren.

- A member of the crisis team will keep the student safe and under close supervision.
- If the student has lethal means on their person:
 - Do not attempt to take a weapon by force
 - Talk with the student calmly
 - Clear the area for student safety
- The principal or designee will notify the parent/guardian about the situation's seriousness unless this will exacerbate the situation. It may be necessary to wait to inform the parent/guardian due to clinical circumstances, as determined by the crisis team.
- Call ahead to the hospital to let medical staff know that a student is being transported.
- Have a staff member accompany the student on the transport to the hospital.
- Follow up with the parent/guardian later that day.
- Provide the parent/guardian with the Parent Contact Acknowledgement Form, Release of Information, Parent Packet, and a reentry-form (document everything).
- Complete a DORA to document assessment and outcome.
- If the parent/guardian refuses to seek services for a child under 18 who you believe is in danger of self-harm, you may need to file a 51A that the child is being neglected.
- Document all contacts with the parent/guardian.

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. Contact the principal and crisis team.
 - Contact additional personnel as necessary. These may include community crisis service providers, law enforcement, the school superintendent and other administrators, the school nurse, guidance counselor, social worker, psychologist, and other school staff.
 - Contact the student's parent/guardian to tell them what has occurred with their child. Make arrangements to meet at the appropriate location, for example, the school psychologist's office or the local hospital's emergency room.
 - Contact emergency medical services if needed.
 - After the immediate crisis, plan to follow up with the parent/guardian and student regarding medical and/or mental health services arrangements.

Guidelines for Facilitating a Student's Return to School

- Schedule a Return to School meeting with identified supportive adults.
- Create a School Coping Skills Plan with the student.
- Discuss what information the student wants to share with other school staff and discuss who they would like the mental health professional to share this information with.
- Implement or begin coordinating support services, including the student's academic support and social, emotional, and behavioral support services.
- Assist in accessing off-site, community-based support services for students and family.
- Review any concerns related to the incident expressed by school staff, parents/guardians, or students.

Students Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)

For matters related to students who identify as LGBTQ, special consideration and cultural appropriateness are essential in assessing risk levels. Several studies have indicated that LGB youth are up to seven times more likely than other youth to attempt suicide. Between 41% and 64% of transgender or gender non-conforming youth attempt suicide.

- Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is most significant among students struggling to hide or suppress their identity.
- Be affirming. Students struggling with their identity are on alert for negative or rejecting sexual orientation and gender identity messages.
- Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- When a parent is notified of perceived suicide risk or an attempt, it is essential that the school maintain student confidentiality related to personal information such as sexual orientation or gender identity, especially when the student has not already disclosed to the parent or guardian and does not want it shared. Information shared should be restricted to the perceived risk of suicide or the facts of the attempt.
- LGBTQ students with rejecting families have an eight-fold increased risk of suicidal ideation than LGBTQ students with accepting families.
- Provide LGBTQ-affirming resources to the student and the parent (if appropriate, with student permission).
- Complete the Documentation of Risk Assessment (DORA), and send it to appropriate school officials.

- Remember that notes, documents, and records related to the incident are considered confidential information, accessed only by the mental health professional and members of the School Crisis Response Team, as needed during a crisis situation.
- These notes should be secured in a locked, confidential file separate and apart from the student's cumulative records.

Supporting Parents/Guardians through Their Child's Suicidal Crisis

Family Support is Critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is essential to reach out to the family for two fundamental reasons:

- First, the family may be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help—they don't know where to turn.
- Second, informed parents/guardians are probably the most valuable prevention resource available to the suicidal adolescent.

A prior attempt is the strongest predictor of suicide. The goal of extending support to the parents/guardians to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves able to observe the at-risk individual.

The following steps can help support and engage parents/guardians:

1. Invite the parents/guardians' perspective. State what you have noticed in their child's behavior (rather than your assessment results) and ask how that fits with what they have observed.
2. Advise parents/guardians to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how dangerous this behavior is and how it complicates everyone's life who cares about this young person.
4. Acknowledge the parents/guardians' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone—appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible...explore how and where youth get this idea...without in any way minimizing the behavior.

Guidelines for Facilitating a Student's Return to School

These guidelines will help staff plan for a student's return to school after a suicide attempt or mental health crisis. In addition to meeting regularly with the student, the staff member facilitating the student's return should do the following:

1. Become familiar with the basic information about the case, including:
 - How was the student's risk status identified?
 - What precipitated the student's high-risk status or suicide attempt.
 - What medication(s) is the student taking.
2. With the family's agreement, serve as the school's primary link to the parents/guardians and maintain regular contact with the family:
 - Call or meet frequently with the family.
 - Facilitate a counseling referral for the family, if appropriate.
 - Meet with the student and their family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
 - Ask the student about his or her academic concerns and discuss potential options.
 - Educate teachers and other relevant staff members about warning signs of another suicide crisis.
 - Meet with appropriate staff to create an individualized reentry plan before the student's return and discuss possible arrangements for services the student needs.
 - Modify the student's schedule and course load to relieve stress, if necessary.
 - Work with teachers to allow makeup work to be extended without penalty.
 - Monitor the student's progress.
 - Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA (defined in the Introduction to this toolkit) and HIPAA (which protects the release of an individual's health information).
4. Student return to school:
 - Schedule a Return to School meeting with identified supportive adults.
 - Create a Safety Plan with the student.
 - Discuss what information the student would like to share with other school staff and discuss who the student would like the mental health professional to share this information with.
 - Implement support services including the student's academic support as well as social, emotional and behavioral support services.
 - Assist in accessing off-site, community-based support services for the student and family.
 - Review any concerns related to the incident expressed by school staff, parents/guardians or the student.
5. Follow up behavioral and/or attendance problems of the student by:
 - Meet with teachers to help them understand appropriate limits and consequences of behavior
 - Discuss concerns and options with the student
 - Consult with the school's discipline administrator
 - Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
 - Monitor daily attendance

6. If the student cannot attend school for an extended period of time, determine how to help them complete the course requirement and create a regular contact plan with the student.

Document All Actions

- Remember that notes, documents and records related to the incident are considered confidential information, to be accessed only by the mental health professionals and members of the School Crisis Response Team, as needed during a crisis situation.
- These notes should be secured in a locked, confidential file separate and apart from the student's cumulative record

Remote/Hybrid

Suicide Ideation Procedures

Student Suicide Ideation Guidance for Teachers During Remote/In-Person Hybrid

Talking about suicide is not an easy topic for most. Teachers' relationships with students play an essential role in identifying students at risk. The teacher's role is **not to assess risk or counsel the student** but to refer them to access help from a trained professional.

During Remote Learning:

If you are communicating with a student via Zoom, Google Classroom, email, or phone, and the student reveals suicide ideation or intent:

- **Do not leave the student alone.** Keep them on the line or stay in communication while following QPR (Question, Persuade, Refer) protocol.
- If this occurs during a time with class present, ask the student to remain when class ends.
- If a student leaves the virtual classroom or does not stay after, immediately call **and** contact an administration/support staff and parent/guardian.

Question, Persuade, Refer (QPR)

- **Question:** Begin acknowledging what you notice, such as "you look unhappy today" or "I have noticed that you have seemed unhappy this week." "I am concerned about you since you seem really upset, and what you are talking about makes me wonder if you are thinking of suicide. Are you thinking about hurting yourself?"
- **Persuade:** "I care about you. Let me help you get some help."
- **Refer:** "Is there a parent/guardian at home with you right now? Let me speak with them." or "I'm going to call to get you some help. Please stay on the line with me."
 1. If the parent is home and is willing to talk with you to intervene, then inform them of the conversation and explain a counselor will be reaching out with resources.
 2. Call your building administrator/counselor/school psychologist to follow up with referral recommendations. **DO NOT STOP CALLING UNTIL YOU REACH SOMEONE!**
 3. **If the parent is not home or if the parent is not willing to intervene, call an administrator:**
 - **KPHS:** Call the Main Office at 508 384-1000, extensions 3427, 3447, or 3449, and ask for an administrator.
 - **For KPMS:** Call the Main Office at 508 541-7324, extensions 2402, or 2400 and ask for an administrator.
 - Do not leave a voice mail or send an email.
 4. Be sure to follow up with your building administrator and counselor. They will help connect with parents/guardians to ensure they have proper referral supports in place.

Student Outreach:

If a student **leaves you a message** via email, phone, hear of a concern through any other means, and the student reveals suicide ideation, intent, and the language in the message is imminent (i.e., a goodbye note, specific time and means of suicide)

1. Call 911 immediately.
2. Follow up with the building administrator/counselor. They will help connect with parents/guardians.

If the student is asking for help or you are concerned about suicide ideation.

1. Contact a school counselor or building administrator.

- **KPHS:** Call the Guidance Office at 508 384-1000, extension 3160 and ask for a counselor, or the Main Office at extensions 3427, 3447, or 3449
- **For KPMS:** Call the Guidance Office at 508 541-7324, extension 2416 and ask for a counselor, or the Main Office at extensions 2402 or 2400, and ask for a building administrator. Do not rely on email or voice mail.

The counselor or building administrator will conduct an assessment of the situation and make a referral to mental health services, if appropriate. The counselor or building administrator will communicate with parents/guardians and the student.

During In-Person Learning:

Follow Question and Persuade as suggested above and Refer to school counseling. **Do not leave the student alone.**

Call the school counseling office and ask for an available counselor, psychologist, or adjustment counselor to come to your classroom to escort the student to their office. **Do not wait. Do not send an email.**

High School: Guidance Office at ext. 3160 to locate a counselor right away or contact the main office at ext. 3427; ext. 3447; ext. 3449, and ask them to find an administrator immediately.

Middle School: Guidance Office at ext. 2416 to locate a counselor right away or contact the Main Office at ext. 2402 or ext. 2400.

High School Support Staff

School Psychologists

Angela Sheble ext. 3417
 Tabby Newman ext. 3156
 Jill Goula ext. 3148
 Sarah Prevelige ext. 3150

School Adjustment Counselors

Erin Monnell ext. 3159 (for 2020-2021 only)
 Allison Guennette ext. 3138
 Mackenzie Donovan ext. 3409

School Counselors

Jess Nutter ext. 3155
 John Adams ext. 3151
 Marissa Falcone ext. 3153
 Mallory Connors ext. 3157
 Julie Habib ext. 3417 (for 2020-2021 only)

Middle School Support Staff

School Psychologist

Morayo Sayles ext. 2417

School Adjustment Counselors

Jen Roman ext. 2199
 Amanda McMorrow ext. 2414
 Amiee Byrne ext. 2414

School Counselors

Leah Barry ext. 2409
 Jennilee Spinelli ext. 2407

For Situations Where You Suspect Child Abuse Or Neglect 51A

Massachusetts law requires professionals whose work brings them in contact with children to notify the Department of Children and Families (DCF) if they suspect that a child is being abused, neglected, or both.

- Abuse is any non-accidental act to a child that causes or creates a risk of physical or emotional injury. Abuse includes any sexual contact between a caretaker and a child.
- Neglect is a caretaker's failure to provide a child with minimal care either deliberately or through negligence or inability.

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 is suffering from abuse or neglect. Mandated reporters must also submit a written report to DCF within 48 hours. Always inform and consult with your Building Administrator.

Child-at-Risk Hotline 800-792-520 Open 24 hours to report child abuse and neglect.

[Guide for Mandated Reporters](#)

Mandated Reporter Form

<https://www.mass.gov/doc/child-abuse-reporting-form/download>

Remote Learning Protocol

Suicide Prevention Response During Remote & Hybrid By Counseling Staff

To keep students engaged and feeling connected to the school community, counseling staff will be checking in with students, either via email or via Google Meet or through Zoom. The best practice is to have a second device (phone) available in an emergency or school community member reach a parent if they are not home. To ensure safety and consistent practice, counseling contacts will work as follows:

- If a counselor and student connect via Google Meet or Zoom, and the counseling session is benign, the session will run as it would while in school.

The concern of Student Suicide Ideation During Remote With Counselor

If during the session with a counselor, the student makes statements or alludes to being unsafe or at-risk in any measure, the counselor will:

(Always have a parent contact number available before proceeding or ready access to Infinite Campus for contact information.)

Step 1: Use active listening:

- to establish a trusting relationship with the student
- to decrease the intensity of the student's emotions
- to ask about the student's current state and plan or means to carry it out

Notify Building Administration as soon as possible to inform them that a risk assessment is in progress.

Step 2a: Inform families:

- Inform the student you need to contact the parent/guardian regarding statements or behaviors of concern.
- If you are in direct contact with the student in crisis, maintain video/voice contact with the student while this contact is made, if possible. Stay with the student virtually. Keep the student talking. Have the student "take you" virtually to their parent(s). For example, you might ask the student to bring the phone/laptop to the parent/guardian if the parent/guardian is in the same place as the student.
- If parents/guardians are accessible, convey the information you have and advise them to seek professional help.
 - Provide the Riverside contact information, explaining to the parent Riverside's function, and the student can go to their office or be seen at home/community. Another option is to go directly to the emergency room.
[Riverside Community Care](#)/Youth Mobile Crisis Intervention **800-529-5077**
 - If the student is experiencing a clinical emergency, advise them to call 911.
 - If there is an existing outpatient mental health provider, recommend they make contact with them.
- **When a student is actively suicidal, and the student or others' immediate safety is at-risk (such as when a weapon is in the student's possession), school staff shall call 911 immediately - Move to Step 3 below.**

Step 2b: If Parent/Guardian CANNOT Be Reached

Suppose the parent/guardians are unavailable or cannot be reached. In that case, the counselor will call a building administrator who will contact the School Resource Officer (SRO) or police department to perform a wellness check on the student.

- **KPHS:** Call the Main Office at 508 384-1000, extensions 3427, 3447, or 3449, and ask for an administrator.
- **For KPMS:** Call the Main Office at 508 541-7324, extensions 2402, or 2400 and ask for an administrator.
- Do not leave a voice mail or send an email.
- If a wellbeing check is initiated with the SRO or Police Department, the school administrator and/or counselor should continue to attempt to reach the parent/guardian.

If a student is actively suicidal and in immediate harm to self or others, call 911 immediately.

Step 3: Always document information received, decisions made, and actions taken per the school district directives.

Step 4: Consult with another school counselor, adjustment counselor, or psychologist to review steps, if possible.

Step 5: Notify your appropriate administration about the situation. See phone contact above.

Step 6: In all cases, the referring counselor will follow-up with the family and refer a family to additional resources as appropriate. [Resource Listing to share with parents/guardians](#)

When A Teacher/Staff Member or Student's Peer Informs a Counselor/Administrator:

The student is at home:

If you are informed of a student who may be having a suicidal crisis by another school community member, contact the parent/guardian immediately.

- Provide all known information. If a caregiver can't be reached, follow as above.
- Follow steps 3-6 above.

During Hybrid, if a student is in school: The counselor will escort the student from the teacher's classroom to their office and connect with Adj. Counselor or Psychologist for assessment as appropriate.

[Resource Listing to share with parents/guardians](#)

Responding to Death

by Suicide

Suicide Crisis Response

When the district is notified of a confirmed suicide, the school's crisis team will immediately implement the following:

- Effectively manage the situation.
- Provide opportunities for grief support.
- Maintain an environment focused on normal educational activities.
- Help students cope with their feelings.
- Minimize the risk of suicide contagion.

The principal (or designee) and has overall responsibility throughout the crisis.

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

Depending on the school's needs, the principal may designate a mental health staff member to serve as an assistant coordinator for the team.

This person assists the coordinator in the following activities:

- Coordinate communication among the staff, students, and the community
- Share updates with Crisis Response Team members
- Organizes safe rooms for students and staff in need of assistance
- Facilitate communication with parents/guardians when concerns arise about particular students

Sample Announcements for Use with Students after a (Possible) Suicide

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took their life last night. I know we are all saddened by this sudden death and send our condolences to family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when available, and students may attend with parental permission.

Sample Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

This morning we heard the unfortunate news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send our condolences to family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available; students may attend with parental permission.

Sample Announcement, End of Day 1

At the end of the first day, another announcement to the whole school before dismissal can serve to join the entire school in their grieving in a simple, non-sensationalized way.

Sample loudspeaker announcement:

Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.

Day 2

Sample Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief.

Sample announcement:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for this, we can never really know what was going on that made _____ take his/her life. One thing that's important to remember is that there is never just one reason for suicide. There are always many reasons or causes, and we will never figure them all out.

Today we begin the process of returning to a regular schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday at 10:00 a.m. at _____ Church. To be excused from school to attend the funeral, you will need to be accompanied by a parent or relative or have your parent's permission to attend. We also encourage you to ask your parents/guardian to go with you to the funeral home.

Activities for Responding to a Crisis

Safety

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

Support for Staff and Students

- If possible, arrange for several substitute teachers or "floaters" from other schools within the district (or outside consultants) to be on hand in the building if teachers need to take time out of their classrooms.
- If possible, identify a readily accessible mechanism for students to request support (e.g., request a pass to meet with a counselor or others) throughout the day.
- Arrange crisis counseling rooms for staff and students.
- Provide tissues and water throughout the building and arrange for food for teachers and crisis counselors who may be giving up lunch periods to respond to students.
- Identify individuals who may have particular difficulties, such as family members, close friends, and teammates; those who had problems with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality.
- Work with school-based mental health professionals to develop plans to provide counseling and referrals to those who need it.

Suppose there is an ongoing investigation, state that the cause of death is still undetermined and that additional information will be forthcoming when there is confirmation. Acknowledge that there may be rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/ deceased person and their family and friends.

Helping Students Cope

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

Key Considerations

- Provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as group and individual counseling sessions.
- If there are concerns about a student's emotional or mental health, notify the parent/guardian and make a referral to a mental health professional for an assessment, diagnosis, and possible treatment. Mental health resources that may be available in addition to school-based mental health professionals (e.g., school psychologists, counselors, social workers) include community mental health agencies, emergency psychiatric screening centers, and mobile response programs.
- Pediatricians and primary care providers can also be a source of mental health referrals. Also, it may be useful for school staff to identify and reach out to families of students who are not coming to school.

Schedule Meetings with Students in Small Groups

- The academic schedule will likely need to be adjusted to help students address their emotional needs. It is preferable to reach out to students in a deliberate and timely way rather than allow the emotional environment to escalate and do so in homerooms and small group meetings.
- Allow the students to attend small group meetings.

The small groups can provide

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

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

Help Students Identify and Express Their Emotions

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

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

To facilitate this discussion, ask students questions, such as:

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

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

Practical Coping Strategies

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

- Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place.
- Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie
 - Have students think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now.
 - Write a list of people they can turn to for support.
 - Write a list of things they are looking forward to doing.
 - Focus on personal goals, such as returning to a shared class or spending time with mutual friends.

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

Reach Out to Parent/Guardian

Parents/guardians may need guidance on talking about suicide with their children and how best to support them at this difficult time. They may also need reliable information. Encourage parents/guardians to contact school mental health staff if they are concerned about their children or other students.

Media

Working with the Media

A death by suicide of a school-age student can attract a lot of media attention. And when multiple suicide deaths have occurred, media interest can be particularly intense. The risk of contagion is related to the amount, duration, prominence, and media coverage content.

- Refer all media requests to the Superintendent or designee.

Social Media

Following a suicide death, students may immediately turn to social media for a variety of purposes, including:

- Getting and sharing news about the death (both accurate and rumored)
- Expressing their feelings about what has happened
- Giving and receiving emotional support
- Calling for impromptu gatherings (both safe and unsafe)
- Creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased
- The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate essential and accurate information to the school community.
- Identify students who may require additional support or further intervention.

- Share resources for grief support and mental health care.
- Promote safe messages that emphasize suicide prevention.
- Minimize the risk of suicide contagion that could occur by glorifying suicide or describing the means used.

Death Notification Statement for Students

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

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you that one of our students, **[NAME]**, has died. I'm also unfortunate to say to you that the cause of death was suicide. Many of you may also feel very sad. Others may feel other emotions such as anger or confusion.

It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to many questions, some of which may never be answered entirely. While we may never know why **[NAME]** ended **[HIS/HER]** life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's imperative if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. Each of us will react to **[NAME]**'s death in our way, and we need to be respectful of each other. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while.

On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during lunch. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you that one of our students, **[NAME]**, has died. The cause of death has not been determined yet. We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No single thing causes it.

But in many cases, a mental health condition is part of it, and these conditions are treatable. It's imperative if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may

not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while.

On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch.

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

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

I am so sorry to tell you that one of our students, **[NAME]**, has died. The family has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. I want to take this chance to remind you that suicide, when it does occur, is very complicated. No single thing causes it.

But in many cases, a mental health condition is part of it, and these conditions are treatable. It's imperative if you're not feeling well in any way to reach out for help. Suicide should not be an option. Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while.

On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **[NOTE SPECIFIC LOCATION]** between classes or during your lunch. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Response Teams are available to meet with students individually and in groups today and over the coming days and weeks. Please contact the school office if you feel your child requires additional assistance. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department. Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany them to the service. If the funeral is scheduled during school hours, students who want to attend will need parental permission to be released from school. If you have any questions or concerns, please do not hesitate to contact one of the school mental health professionals or me. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,
[PRINCIPAL'S NAME]

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

I am so sorry to tell you that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with **[HIS/HER]** family and friends. All of the students were given the news of their teacher's death in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them. The family has requested that information about the cause of death not be shared at this time. We are aware there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. No single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's imperative if you or your child is not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child. Members of our

Crisis Response Team is available to meet with students individually and in groups, today, as well as over the coming days and weeks. Please contact the school office if you feel your child requires additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to a peer's death. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany them to the service. If the funeral is scheduled during school hours, students who want to attend will need parental permission to be released from school. Please do not hesitate to contact the school mental health professionals or me if you have any questions or concerns. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

Sample Letter to Staff

Date:

To: All Staff

From: [Name of school] Crisis Team Re: [Name of deceased]

The recent death of [student name] [has had/is expected to have] a significant impact on our entire school community. Our crisis team has been mobilized to respond to this tragic event.

On [date], [student name] [insert brief facts about the death depending on parent/guardian consent]. We expect various reactions to this loss from our students, parents/guardians, and staff members. Some of these reactions may be mild, while others may be more intense.

To effectively assist all members of our school community, an emergency staff meeting will be held at [time] on [date] in the [location]. At that time, our crisis team will provide further details and answer questions. We will also discuss how to present the information to our students. In the meantime, please refer all inquiries from outside sources to [name of media or communications coordinator].

With students, you can acknowledge that this death has occurred. However, please avoid discussion of any details. Simply tell students that the school staff will provide information to everyone shortly. Please refer any student who appears to be in crisis or having significant difficulty to [name of counseling services coordinator]. As this tragedy has also affected our staff, we encourage you to seek assistance from [name of counseling services coordinator], if desired.

Emergency Staff Meeting Time:

Date:

Location:

If you have any questions or concerns before the meeting, please contact [name of crisis team coordinator].

Talking Points for Students and Staff after a Suicide

Talking Points	What to Say
<p>Give accurate information about suicide. Suicide is a complicated behavior. Help students understand the complexities.</p>	<p>“Suicide is not caused by a single event such as fighting with parent/guardian, or a bad grade, or the breakup of a relationship.”</p> <p>“In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of.”</p> <p>“There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never an answer.”</p>
<p>Address blaming and scapegoating. It is common to try to answer the question “why” by blaming others for the suicide.</p>	<p>“Blaming others for the suicide is wrong, and it’s not fair. Doing that can hurt another person deeply.”</p>
<p>Do not talk about the method. Talking about the method can create disturbing images, increasing the risk of imitative behavior by vulnerable youth.</p>	<p>“Let’s focus on talking about the feelings we are left with after _____’s death and figure out the best way to manage them.”</p>
<p>Address anger. Accept expressions of anger at the deceased. Help students know these feelings are normal.</p>	<p>“It is okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about them. You can be angry at someone’s behavior and still care deeply about that person.”</p>
<p>Address feelings of responsibility. Help students understand that the only person responsible for the suicide is the deceased. Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or seen the signs.</p>	<p>“This death is not your fault. We cannot always see the signs because a suicidal person may hide them well.”</p> <p>“We cannot always predict someone’s behavior.”</p>
<p>Encourage help-seeking. Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.</p>	<p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?”</p>

[Adapted from AFSP. After a suicide: A toolkit for schools. Newton, MA: Education Development Center, Inc. Available online at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf> and <http://www.afsp.org/files/Surviving/toolkit.pdf>]

FORMS

Suicide Risk Assessment

Assessing for Level of Risk

Use professional judgment and rely on training in conducting a comprehensive and sensitive interview with the student. The following questions are intentionally designed as yes/no questions to help determine the level of risk. Depending on the student's response, ask clarifying questions to understand better what is going on with the student.

Category	Assessment Questions	Yes	No
Intent	Are you thinking of killing yourself? Are you currently thinking about suicide? Have you been thinking of taking your own life? Details:		
Plan	Do you have a plan on how you would kill yourself? Have you thought about how to make yourself die? Have you thought about how you would hurt yourself? Details:		
Means/Access	Do you have access to weapons or pills? Do you have what you would need to carry out your plan? Where would you get what you need to carry out your plan? Details:		
Past Ideation	How long have you had these thoughts? Have you previously had thoughts of suicide? Is suicide something you have thought of before? Details:		
Previous Attempts	Have you attempted suicide before? Have you ever tried to kill yourself? Do you have a previous suicide attempt? Details:		

If the student answered "yes" to any of the questions above or if the interviewer suspects the student was not honest in their responses, consider the student to be high risk.

If the student is not at high risk, continue to assess the student to determine if they are low risk or moderate risk by asking the following questions about current behavior changes or recent trauma and stressors.

Category	Assessment Questions	Yes	No
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? Details:		
	Has anyone noticed or commented on your behavior being different lately? Details		
	Have you noticed a dramatic change in your mood lately? Details:		
Trauma or Stressors	Have you ever lost someone to suicide? Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Details:		
	Have you recently been involved in a traumatic or stressful experience? Details:		
	Are you being bullied/harassed, or discriminated against here at school, at home, or in your community? Details:		

Category	Assessment Questions	Yes	No
Protective Factors	What are some reasons you would not follow through with your plan? How do you handle stress? Who do you turn to when you are upset?		
Changes in Mood/Behavior	In the past year, have you ever felt so sad that you stopped doing regular activities (sports, dance, art, hanging out with friends, school)? Has anyone noticed or commented on your behavior being different lately? Have you noticed a dramatic change in your mood lately?		
Trauma or stress	Have you ever lost someone to suicide? Have you had a recent death of a family member or loved one? Have you experienced a recent loss, a relationship break-up, parents' separation/divorce? Have you recently been involved in a traumatic or stressful experience?		

Other considerations: Does the student have a history of mental illness and or alcohol/substance abuse? Is the student currently on medications as treatment for mental illness?

Based on the student's responses to the above answers, determine the level of risk.

Student Safety Plan

Student Name: _____ Date: _____

This plan should be developed by the student with assistance from the members of the school support team. Consider this a working document to help maintain the student's safety and feelings of support while at school. The student and the student support team can add other interventions already in place at the school to this plan in order to help support the student. The student should identify the school staff members they feel most comfortable going to for extra support.

School Support Team Members	Contact Information

Things I can do at school to make myself feel better:

1. _____

2. _____

3. _____

Other interventions at school to keep me safe (i.e., regular meetings with a counselor):

If I begin to feel overwhelmed or unsafe at any time during the school day, I will immediately ask to see _____ to assess my level of risk and keep me safe.

The one thing that is most important to me and worth living for is _____

Suicide Prevention Protocol

Documentation of Risk Assessment(DORA)

School: _____ Date: _____

Name of Student: _____ DOB: _____ Age: _____ Gender: _____ Ethnicity: _____

Grade: _____ IEP: [] Y [] N

Reason for Referral:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self Referred | <input type="checkbox"/> Signs of Self-Injury | <input type="checkbox"/> Discipline Referral |
| <input type="checkbox"/> Verbal Expression of Intent | <input type="checkbox"/> Changes in Mood | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Written Expression of Intent | <input type="checkbox"/> Changes in Behavior | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Social Media Post | |
-

Referred By:

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> School Resource Officer |
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> Coach | <input type="checkbox"/> Self |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Student/Friend |
| <input type="checkbox"/> Other: | | |
-

Assessment Information:

Was the student assessed using the Suicide Risk Assessment? [] Y [] N

If no, please explain:

Level of risk identified: [] Low [] Moderate [] High

If Low Risk, was a Safety Plan developed? [] Y [] N

Was the parent/guardian notified? [] Y [] N

If no, please explain:

Was the student taken to the hospital? [] Y [] N

How was the student transported? [] Parent/guardian transport [] Law enforcement [] Ambulance

Did you provide the parent with a Parent Packet? [] Y [] N

Which school clinician did you consult with? _____

Administrator notified: _____

Follow up with teacher/reporter: _____

Parent Contact Acknowledgement Form

Date:

Dear

This acknowledges that you have been made aware that your child has made statements or gestures and may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district, and we would like to support you and your student as much as possible during this crisis.

To assure the safety of your child, we suggest the following:

1. Your child needs to be supervised closely. Research shows that the risk of suicide doubles if a firearm is in the house, even if it is locked up. Assure that your child does not have access to weapons or other lethal means, including medications and other weapons, at your house or the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms or medications.
2. When a child is at risk for suicide, a qualified mental health professional must see them for additional assessment. We discussed some options available.
3. Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care they need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern, and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.
4. We will work with you and your child to develop a plan to ensure that your student feels safe and supported before returning to school. Details are in the Information Packet.
5. If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or contact Riverside Emergency Services for Youth Mobile Crisis Intervention at 800-529-5077, 24/7. Riverside Youth Emergency Services are provided to youth under 21 experiencing a behavior crisis in your home, school, or other community location to avoid an emergency room visit.

If you have questions or concerns or need further assistance from the school, please contact:

School

Personnel: _____

Phone : _____

Email: _____

Return-to-School Meeting

Date:

Dear Parent/Guardians:

The transition back to school after a suicide attempt, psychiatric hospitalization, or other treatment can be a difficult one. The student's privacy going forward is critical. The student, the student's parents/guardians, and identified school personnel are integral in ensuring the student's needs are met and maintained privacy.

The Return-to-School Meeting is an opportunity to create a Student Safety Plan with the appropriate supportive school site personnel to help keep the student safe while at school. You and your student will be asked to identify supportive school site personnel and whether you want those individuals to attend the meeting.

This meeting should occur in the morning, on the day the student is to return to school. This may prove difficult for some parents/guardians depending on work schedules, the need to care for other children, transportation, etc. Still, every effort should be made to ensure the meeting occurs as soon as the student returns to the school environment.

Please contact _____ at _____ to schedule a Return-to-School Meeting.

This meeting should accomplish the following:

- Develop the Student Coping Skills Plan with student and parent/guardian.
- Implement or begin coordinating support services, including academic support and social, emotional, and behavioral support services.
- Assist in referring to and accessing community-based support services for the student and family.
- Review any concerns related to the incident expressed by school staff, parents/guardians, or student.
- Develop a plan with the student, parent/guardian, and teachers to ensure that the student can adequately complete all missed course work.
- Consider an assessment for special education students whose behavioral and emotional needs affect their ability to benefit from the current educational program.

If you have any concerns or questions, please contact _____ at _____ to discuss them.

RELEASE OF INFORMATION

STUDENT'S FIRST NAME: _____ MIDDLE _____ LAST _____

DATE OF BIRTH: _____ GRADE ENTERING: _____ ENROLLING: _____
Month/Year

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED: _____
Name of School

SCHOOL'S ADDRESS: _____
Street

City/Town State Zip

SCHOOL'S PHONE NUMBER: _____ SCHOOL'S FAX NUMBER: _____

I authorize the KING PHILIP REGIONAL SCHOOL DISTRICT, as the system in which I am registering my child, to receive all school records including but not limited to:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement grading system)
- Exit Grades/Standardized Test Scores (including all MCAS scores if already a MA residence)
- Courses Taken/Course Titles
- WIDA/ELL Test Scores (including all DESE scores)
- Academic specializations/activities
- Official letters regarding status in school
- Attendance Records
- Discipline Records
- Medical Records (immunizations/physical exam/psychiatric/hospital/treatment)
- Sports physical documentation
- Evaluation(s)/Special Education Records (IEP, 504 Plans if applicable)
- Verbal/Written Communication

I authorize the KING PHILIP REGIONAL SCHOOL DISTRICT to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PLEASE MAIL OR FAX ALL PERTINENT RECORDS TO:

- King Philip Middle School.18 King Street. Norfolk.MA.02056
Telephone: 508.541.7324 • Fax: 508.541.3467
- King Philip High School.201 Franklin Street.Wrentham.MA.02093
Telephone 508-384-1000 • Fax 508-384-1018

Parent

Notifications

Sample Death Notification Statement for Parents/Guardians

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

When the Death Has Been Ruled a Suicide

I am so sorry to tell you that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with their family and friends. All of the students were given the news from their teacher's in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them. The cause of death was suicide. Suicide is a very complicated act. Although we may never know why **[NAME]** ended their life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's imperative if you or your child are not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child. Members of our Crisis Response Team are available to meet with students individually and in groups today and over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department. Information about the funeral service will be available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany them to the service. If the funeral is scheduled during school hours, students who want to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents/guardians and others in the community at **[DATE/TIME/LOCATION]**. Members of our Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide and how adults can help students cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and address attendees' questions and concerns. If you have any questions or concerns, please do not hesitate to contact one of the school mental health professionals or me. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

When the Cause of Death Is Unconfirmed

I am so sorry to tell you that one of our students, **[NAME]**, has died. Our thoughts and sympathies are with their family and friends. All of the students were given the news from their teacher's in **[ADVISORY/HOMEROOM]** this morning. I have included a copy of the announcement that was read to them. The authorities have not yet determined the cause of death. We are aware there has been some talk that this might have been a suicide death. Rumors may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and their family and friends. We will do our best to give you accurate information as it becomes known to us. Members of our Crisis Response Team are available to meet with students individually and in groups today and over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of

a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department. Information about the funeral service will be available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany them to the service. If the funeral is scheduled during school hours, students who want to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents/guardians and others in the community at **[DATE/TIME/LOCATION]**. Members of our Crisis Response Team **[OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS]** will be present to provide information about common reactions following a suicide and how adults can help students cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and address attendees' questions and concerns. If you have any questions or concerns, please do not hesitate to contact one of the school mental health professionals or me. We can be reached by calling **[PHONE NUMBER, EXTENSION]**.

Sincerely,

[PRINCIPAL'S NAME]

Letter To Parent/Guardians Regarding The Death Of A Student

Sample: 1

Date:

Dear Parents/Guardians,

I am writing this letter with great sadness to inform you that one of our students took their life last evening. Our thoughts and sympathies go out to his family and friends.

All of the students were given the news of the death by their teacher in homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the following days and weeks to help them cope with their peer's death.

We will give information out to the students once it has been made available to us. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

I include information about suicide and some talking points that can help you discuss this issue with your teen. I am also including a list of school and community resources should you feel your child needs additional assistance. If you need immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Please do not hesitate to call one of the counselors or me if you have questions or concerns.

Sincerely,

(Principal)

Sample 2:

Dear [school name] Families:

With sadness, I inform you of the death of [student's name], one of our [grade] students. [Insert appropriate details about the death that the family has approved for release to the community.]

For those of you who knew [student's name], we ask that you remember and celebrate their [insert some of the student's positive character traits]. For those of you who did not know [student's name], we ask that you respect our sadness and support us with your understanding.

It is challenging for all of us to face the death of a young person. Today, a support team of counselors, psychologists, and community mental health partners worked with our staff members to provide counseling and support to students. Students who need additional help should contact their school counselor.

Your child may be coming home with questions and worries about this loss. We have enclosed some suggestions that may prove helpful to you as you discuss [student's name]'s death. Please feel free to contact the school if you have an issue you would like to discuss.

I know you join me in extending our heartfelt sympathy to [student's name]'s family. When we receive word regarding funeral arrangements, I will share the information with you. Again, please do not hesitate to contact the school at [telephone number] if you have any concerns or questions.

Sincerely,

Principal

General Suicide Guidelines

for Families

Suicide Is Preventable

Talk to your child about suicide: Don't be afraid; you will not be "putting ideas into their head." Asking for help is a single skill that will protect your student. Help your child identify and connect to caring adults to talk to when they need guidance and support. Know the risk factors and warning signs of suicide.

Remain calm: Establish a safe environment to talk about suicide.

Listen to your child's feelings: Don't minimize what your child says about upsetting them. Put yourself in your child's place; don't attempt to provide simple solutions.

Be honest: If you are concerned, do not pretend the problem is a minor one. Assure the child some people can help. State you will be with them to provide comfort and love.

Be supportive: Children look for help and support from parents/guardians and older siblings. Talk about ways of dealing with problems and reassure your child that you care. Let children know their bad feelings will not last forever.

Take action: It is crucial to get professional help for your child and the entire family. When you are close to a situation, it is often hard to see it. You may not be able to solve the problem yourself.

- Help may be found at a suicide prevention center, local mental health agency, or through clergy or other community supports.
- Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

Get support: Providing support for a child at risk of suicide can be emotionally and physically draining on parents/guardians. Reach out for personal adult support within your community (friends, family, clergy, and mental health professionals).

Access important numbers/websites. *In an emergency, call 911.*

Youth Suicide Risk Factors

While the path leading to suicidal behavior is long and complex, and there is no "profile" that predicts suicidal behavior with certainty, certain risk factors are associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present, they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

Home Problems

- Running away from home.
- Arguments with parents/guardians
- Presence of a firearm or rope

Behavior Problems

- Temper tantrums
- Thumb sucking or bedwetting/soiling
- Acting out, violent, impulsive behavior.
- Bullying
- Accident proneness
- Sudden change in activity level or behavior

Physical Problems

- Frequent stomach aches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Risk-taking, such as intentional running in front of cars or jumping from high places
- Intense or excessive preoccupation with death
- History of depression, mental illness, or substance /alcohol abuse disorders
- Family history of suicide or suicide in the community
- Presence of a firearm or rope
- Hopelessness
- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration
- Thinking, talking, or drawing about suicide
- Previous suicide attempts
- Hyperactivity or withdrawal
- Scratching, cutting, or marking the body
- Severe physical cruelty towards people or pets

- Nightmares or night terrors
- School Problems
- Chronic truancy or tardiness
- A decline in academic performance
- Fears associated with school

History

- of depression
- of mental illness
- substance/alcohol abuse disorders
- Family history of suicide or suicide in community
- Hopelessness
- Isolation or lack of social support
- Impulsivity
- Situational crises
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that *may* signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then intervention is required. Warning signs include the following:

Suicide threats: It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct ("I want to kill myself") and indirect ("I wish I could fall asleep and never wake up") threats need to be taken seriously.

Suicide notes and plan: The presence of a suicide note is a significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.

Prior suicidal behavior: Previous behavior is a powerful predictor of future behavior. Therefore, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.

Making final arrangements: Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.

Preoccupation with death: Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.

Changes in behavior, appearance, thoughts, and/or feelings: Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and a reduced interest in previously important activities are considered warning signs of suicide.

Self-Injurious (SI) Behavior

- Self-injury (SI) is a complex behavior, separate and distinct from suicide.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair, and burning.
- The majority of students who engage in SI are adolescent females, though research indicates minimal gender differences. Students of all ages and socio-economic backgrounds engage in SI behavior.
- SI is commonly mentioned in media, social networks, and other means of communication.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Regular inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom, or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots
- General signs of depression, social-emotional isolation, and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumbtacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Risk-taking behaviors such as gunplay, sexual acting out, jumping from high places, or running into traffic

How To Help Your Child After A Suicide

Deal with your reactions

When a young person makes the devastating choice, our sense of shock and confusion can be overwhelming. If you knew the deceased personally, you might feel a jumble of emotions yourself. Give yourself some time to let the news settle. Expect shock to mix with sadness and helplessness. You must take time to deal with your feelings before you approach your child.

Avoid gossip about the causes

We may never know all the reasons for any suicide, and within this vacuum of complete and accurate information, we are often presented with half-facts and speculation. So don't give in to random conversations about the reasons for death.

Remain nonjudgmental about the deceased

While it's true that understanding the risk factors and warning signs of suicide can be very helpful, we don't want to make judgments or assumptions about this particular death.

Share your reactions with your child

Start by expressing your sadness and confusion about the death, and then ask your child to share their reactions.

Ask for your child's response, and validate it

Validate whatever you hear: "I can appreciate your sadness/confusion/anger/lack of understanding." Be prepared for the classic response of "I don't know," and validate that too: "I understand when something like this happens, it can be hard to know how you feel."

If your child had a personal relationship with the deceased, your child's grief should be your first priority. Grief in childhood looks different than it does in adulthood. Children tend to experience intense feelings, such as those accompanying a significant loss, in short bursts. Such emotions typically pass quickly, which is why it's important to seize those "teachable moments" when the door to a conversation about death may be open.

Acknowledge rumors, and put them into context

If you've heard rumors about the death, the chances are your child has heard them too. Address the rumors with your child: "There are a lot of rumors floating around about what happened. Have you heard anything?" Explain that, although some of the rumors may be true, they are only part of the story, and we have to be careful not to make judgments based on limited information. Emphasize that the most important piece of the story is that the deceased felt so terrible or was thinking so unclearly that they did not realize the consequences of what they were doing.

Introduce the topic of help-seeking

Emphasize that nothing in life is ever so terrible or devastating that suicide is the way to handle it. Ask your child to whom she or he would turn to for help with a serious problem. Hopefully, your name will be on the top of the list, but don't be upset if it isn't. Depending on your child's age, his or her allegiance may have shifted to peers. Agree that friends are a great resource but that when a problem is so big that suicide is being considered its solution, it's essential to get help from an adult. Ask which adults your child views as helpful, especially with difficult problems. If the list is short or nonexistent, make some suggestions. Good choices can include other adult family members; school staff, teachers, counselors, coaches, the school nurse; clergy or youth ministers; a friend's parent/guardian; older siblings; or even neighbors.

You may also want to recognize that your child may be concerned about a friend or classmate's well-being and that these same adults are a great resource in those situations, too. It's never good to keep worries about a friend to oneself, especially if the concerns are about something as serious as suicide.

Keep channels of communication open

Revisit these messages about help-seeking in other conversations. Unanswered questions and complicated feelings about suicide linger, even if they are unspoken, and ignoring them does not make them go away. Talking about suicide can't plant the idea in your child's head. Creating an open forum for discussion of complex subjects, like suicide, can allow your child to recognize you as one of his or her trusted adults and will offer the chance to practice help-seeking skills.

Suicide Prevention Resources

If your child or a member of your family is in an immediate mental health emergency, call 911

State Emergency Service Provider for this area- Riverside Community Care- Riverside Youth Mobile Crisis Intervention	Riverside Emergency Services, 190 Lenox St Norwood, MA 02062	800-529-5077 781-769-8674 Fax 781-769-6717	24 hour/7 days crisis intervention in home, school, other community location or in their office. If response time is more than an hour, ask for Supervisor
--	--	--	--

Crisis and Support Lines

[Samaritans Helpline](#)

24 hours a day, 7 days a week. Call or text us anytime. Services are free, confidential, and anonymous.
(877) 870-4673



National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or text the Crisis Text Line at **741741**. Both contact resources offer emotional support services.

[National Distress Helpline](#): **1-800-985-5990** or text **TalkWithUs** to **66746** for emotional support services.

[Trevor Project](#)

TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

Trevor Lifeline, available 24/7/365 1-866-488-7386

TrevorText for confidential messaging with Trevor counselor, Text START to 678678.

[Jed Foundation](#)



Provides free, confidential support 24/7.

Text START to 741-741 or call 1-800-273 TALK (8255) for 24/7, free, confidential support for teens and young adults.

Other Resources for support and assistance



Call2Talk is a phone- and text-based mental health, emotional support, and suicide prevention program run by Mass211. It operates 24/7 and provides confidential, compassionate listening to assist people during stressful times.

	<p>MassSupport, a new resource funded by FEMA and delivered through partnership with the Massachusetts Department of Mental Health and Riverside Trauma Center, provides free community outreach and support services across the state in response to the unprecedented public health crisis, COVID-19. Confidential, and anonymous assistance.</p> <p>888 – 215 – 4920</p> <p>MassSupport@riversidecc.org</p>
	<p>Compass Helpline-NAMI MASS, National Alliance for Mental Health-Mass</p> <p>Navigators with experience navigating the mental health system answer questions and refer to community resources Monday through Friday, 9 am-5 pm</p> <p>617-704-6264</p>
<p>Suicide Prevention Resource</p>	
<p>Trevor Project: Preventing Suicide, Signs, Facts and Prevention</p> <p>Jed Foundation- Resource Center for Protecting Mental Health and Preventing Suicide</p> <p>National Association of School Psychologists, Preventing Youth Suicide, Tips for Parents and Educators and Brief Facts and Tips</p> <p>American Psychological Society, Talking to Teens- Suicide Prevention</p>	

References:

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

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

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