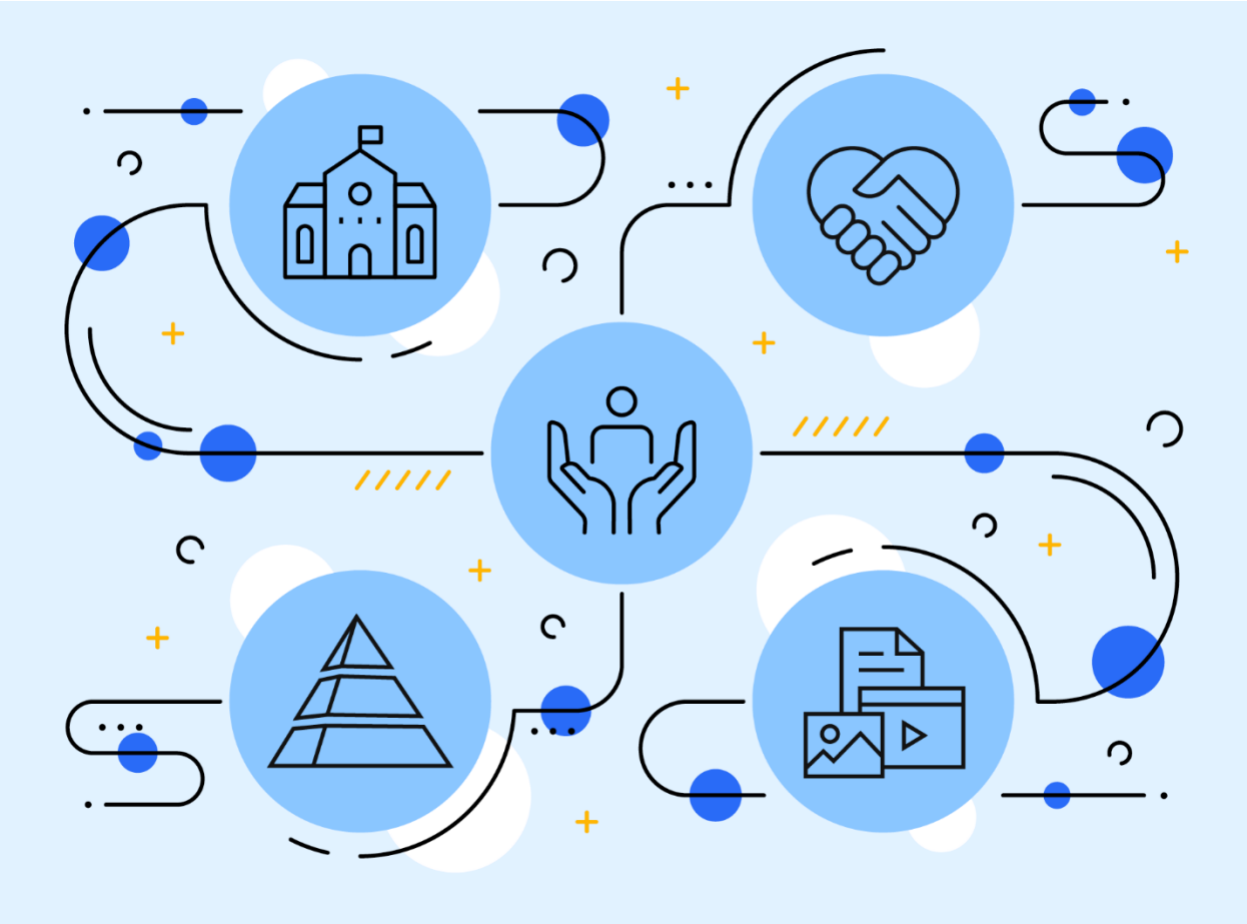
EDC Solutions

Multi-Tiered Suicide Prevention (MTSP) for Schools Environmental Assessment

COMPANION GUIDE



The Multi-Tiered Suicide Prevention (MTSP) for Schools Environmental Assessment and Companion Guide will help your team complete the assessment tool by providing self-reflection questions, additional context, best practice information, and resources related to the six key components of school suicide prevention. Guiding questions are numbered to match the individual items in the environmental assessment.

Self-Ranking Guidance

As you complete this assessment, you will self-rank your school system's current stage of change for each individual item. Each ranking is explained in the following table.

1. Unaware	Our school system is not currently aware that there is a need to address this consideration
2. No Current Efforts	Our school system is aware that there is a need to address this consideration, but we have not taken steps to create change(s) related to this area.
3. Planning	Our school system is aware that there is a need to address this consideration, and we are laying out plans for how to create change(s) related to this area.
4. Implementing	Our school system has begun taking new steps or implementing efforts to create change(s) related to this area. (*School systems will usually spend the least amount of time in this stage.*)
5. Sustaining	Our school system has already created change(s) related to this area, and we have put in place processes to ensure these change(s) are monitored and continued.

For more guidance on using the "sustaining" ranking see Appendix 5: Sustainability Primer

Download the MTSP for Schools Environmental Assessment and access other resources by following this link.

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Section 1: Engaging Key School Community Members

Overview

Every member of a school community—teachers, administrators, parents/guardians, counselors, and others—has a role to play in school suicide prevention. Schools are best positioned to provide these efforts in suicide prevention when the whole community is engaged. In addition to any trainings around identifying and supporting youth who are at risk for suicide, these stakeholders require a clear understanding of school suicide prevention protocols and resources.[1,2,3]

Guiding Questions and Context

1A. COMMUNICATING WITH STAFF ON SOCIAL AND EMOTIONAL LEARNING (SEL), MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1a, ask your team to answer the following questions:

- Is your school district communicating with staff on SEL, mental health promotion, and suicide prevention?
- Is your school district using a variety of communication methods to promote SEL, mental health promotion, and suicide prevention?
- Is your school district providing opportunities for staff to ask questions or give feedback on SEL, mental health promotion, and suicide prevention?
- **Why or why not?**

Schools can incorporate SEL, mental health promotion, and suicide prevention into their ongoing efforts to communicate, train, and meet with staff. There is no requirement for a minimum level of communication format or frequency, but recurring reminders, trainings, and meetings focused on SEL, mental health promotion, and suicide prevention demonstrate your school's commitment to suicide prevention and keep the topic fresh in staff minds. Any time you are investing in new or existing suicide prevention programming, strategies, or activities, information on efforts should be shared with all staff.

1B. SCHOOL DISTRICT STAFF AWARENESS OF SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1b, answer the following questions:

- Would the average staff member say your school district is committed to promoting student wellness?
- Would the average staff member be able to explain what SEL, mental health promotion, and suicide prevention are?

- Would the average staff describe SEL, mental health promotion, and suicide prevention as important?
- **Why or why not?**

Administrative, education, student wellness, and other staff all have roles to play in promoting student wellness. While the level and/or type of knowledge each school staff holds does not need to be the same, **all** school staff should be aware of your school district's commitment to student mental health and suicide prevention and to understand their role in your efforts to invest in student well-being (see item 1d).

1C. CONNECTIONS BETWEEN SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1c, ask your team to answer the following questions:

- Would the average staff member say they believe youth suicide can be prevented?
- Would the average staff member be able to describe the impact of mental health promotion on suicide prevention?
- Would the average staff member be able to describe the impact of SEL on suicide prevention?
- **Why or why not?**

SEL and mental health promotion promote protective factors for suicide. Investing in students' SEL skills (such as problem-solving, managing emotions, healthy relationships with peers) can help to reduce an individual's long-term risk for suicide. Strong access to mental health services and increasing help-seeking behavior can also reduce short- and long-term risk for suicide. When coupled with other suicide prevention strategies to support students who are identified as at risk for suicide (see Section 5), SEL and mental health promotion strategies can contribute to suicide prevention.

1D. ROLES OF SCHOOL DISTRICT STAFF MEMBERS IN SUICIDE PREVENTION

As you rank item 1d, ask your team to answer the following questions

- Would the average staff members be able to describe their role(s) in suicide prevention?
- Has the average staff member received training or communication specific to their roles?
- Are specialized staff (mental health, crisis response, etc.) well prepared and confident in carrying out their roles?
- **Why or why not?**

Different school staff will have different roles in suicide prevention. Common roles are provided in Appendix 1: School Staff Roles in Suicide Prevention. Specific roles for different staff members should be delineated in the school policies and protocols. *Additional guidance on policies, protocols, and school staff roles is provided in Sections 3 and 4 of this guide.*

1E. ACTIVE ENGAGEMENT IN SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1e, ask your team to answer the following questions:

- Have your school district staff been given the opportunity to discuss or provide input and feedback on SEL, mental health promotion, and suicide prevention efforts?
- Do school staff see the promotion of SEL, mental health promotion, and suicide prevention as part of their daily work?
- **Why or why not?**

The level or type of staff engagement in SEL, mental health promotion, and suicide prevention will look different in every school. Active engagement should mean that your school staff is actively informed about what programs, strategies, protocols, and policies are chosen, developed, and implemented. Active engagement also implies that school staff have identified roles to play in SEL, mental health promotion, and suicide prevention, and that staff are prepared to carry out those roles.

1F. COMMUNICATION WITH STUDENTS AND FAMILIES/GUARDIANS ON SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1f, ask your team to answer the following questions:

- What forms of communication (meetings, flyers/handouts, emails, etc.) does your school district use to communicate with students and families?
- Is your school district using each of these forms of communication to promote SEL, mental health, and suicide prevention?
- Would the average student or student's parent/guardian be able to describe how your school district promotes SEL, mental health promotion, and suicide prevention?
- Is communication on SEL, mental health promotion, and suicide prevention occurring regularly?
- **Why or why not?**

Schools should incorporate SEL, mental health promotion, and suicide prevention into their ongoing efforts to communicate with students and families/guardians. There is no requirement for a minimum level of communication format or frequency, but recurring reminders, trainings, and meetings for families/guardians will help to show your school commitment to these issues and keep the topics fresh in parent/guardian minds. Anytime you are investing in new or existing programming, strategies, or activities, information should be shared with all students and families/guardians to ensure they are aware and have the opportunity to provide input and feedback.

1G. CULTURALLY RESPONSIVE COMMUNICATION

As you rank item 1g, ask your team to answer the following questions:

- Have there been positive or negative responses to communication on SEL, mental health promotion, and suicide prevention from students and families?
- Have student and parent/guardian responses been incorporated into ongoing programming and communication planning?
- Is information being provided in a variety of ways that align with different abilities, preferences, languages, and cultures?
- **Why or why not?**

Seeking to be culturally responsive in communication requires us to understand the needs and cultures of the families in our community, including understanding the different beliefs around mental health and suicide prevention, whether these beliefs carry stigma, and families' preferred communication styles. Cultural responsiveness requires us to provide information in simple terms and make it accessible in multiple formats and languages. Your school can offer opportunities for students and families/guardians to ask questions, communicate concerns, and provide feedback on communication methods and messages (see items 1f & 1h).

1H. STUDENT AND PARENT/GUARDIAN ENGAGEMENT IN SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1h, ask your team to answer the following questions:

- Would the average student or their parent/guardian share that they are supportive of school efforts around SEL, mental health promotion, and suicide prevention?
- Are there any existing opportunities for students and families/guardians to be involved in school efforts around SEL, mental health promotion, and suicide prevention? What are those opportunities?
- Are students and families/guardians taking advantage of those opportunities, or are they not using them?
- Does your school track engagement to gauge what is working and where adjustments are needed to increase student and parent/guardian participation?
- **Why or why not?**

Active engagement can come in multiple forms. You might promote this engagement by setting up parent-teacher association discussions on all three topics; hosting feedback sessions on existing efforts with students and their families/guardians; providing volunteer opportunities as appropriate; or encouraging families/guardians to discuss SEL, mental health promotion, and suicide prevention with their students.

1I. ENGAGEMENT OF THOSE WITH EXPERIENCES RELATED TO SEL, MENTAL HEALTH PROMOTION, AND SUICIDE PREVENTION

As you rank item 1i, ask your team to answer the following questions:

- Is your school aware of students and families/guardians with experiences related to mental health crisis, suicide attempt or losses, or mental health service utilization?
- Has your school invited individuals with these experiences to join SEL, mental health promotion, or suicide prevention planning efforts?
- Does your school check-in with students and families who receive SEL, mental health, or suicide-prevention services to gather feedback on your school efforts' effectiveness across services?
- Does your school have a process for incorporating feedback from those with experiences related to SEL, mental health promotion, or suicide prevention?
- **Why or why not?**

In the field of suicide prevention, engagement of individuals with experiences related to suicide is called "lived experience." It is considered best practice to engage those with lived experience in all mental health promotion and suicide prevention planning, implementation, and evaluation efforts as their experiences can directly inform and strengthen ongoing efforts. Schools will improve their ongoing efforts by identifying key actions or activities for engaging students and families with lived experience in their work, such as inviting them to serve as regular members of their Multi-Tiered School Suicide Prevention teams; inviting them to provide verbal or written feedback on their experiences using school resources; or inviting them to volunteer to support trainings, programs, or resources offered on mental health and suicide prevention.

Related Resources

Preventing Suicide: The Role of High School Teachers: https://sprc.org/online-library/preventing-suicide-the-role-of-high-school-teachers/

Preventing Suicide: The Role of High School Mental Health Providers: https://sprc.org/online-library/preventing-suicide-the-role-of-high-school-mental-health-providers/

Preventing Suicide: A Toolkit for High Schools, Chapter 5. Parent/Guardian Education and Outreach: https://drive.google.com/file/d/1jg-kIDzpCy44LdHfV0xiGmltB5iD682Z/view?usp=drive_link

Centering Lived Experience: https://sprc.org/keys-to-success/centering-lived-experience/

Section 2: Developing Community Partnerships

Overview

To provide effective prevention, schools must develop and maintain strong relationships with community stakeholders, including mental health providers, health care agencies, crisis centers, and community suicide prevention advocates. These partnerships provide access to local resources and area experts who can support protocol development and implementation of prevention strategies. These partners can also provide crisis or counseling services when a young person is struggling or after a suicide death.[1,2]

Guiding Questions and Context

2A. CONNECTING SCHOOL DISTRICT SUICIDE PREVENTION WITH STATE-LEVEL SUICIDE PREVENTION EFFORTS

As you rank 2a, ask your team to answer the following questions:

- Is your school district familiar with state agencies or organizations engaged in youth suicide prevention?
- Do you currently know what resources, guidance, or plans state organizations are providing for youth suicide prevention? Are you using any of these resources?
- Have any members of your school district leadership connected with state suicide prevention professionals?
- Is your school aware of and actively promoting the 988 Suicide and Crisis Lifeline as a resource for students, families, and staff?
- **Why or why not?**

Nearly all states are engaging in some form of suicide prevention efforts focused on youth. States often provide access to evidence-based suicide prevention trainings, resources, and guidance on strategy implementation. States may have legislation in place calling for specific suicide prevention efforts in schools. Some states even provide model policies and protocols for school suicide prevention. Many states are providing free marketing resources to promote the national 988 Suicide and Crisis Lifeline. Finally, many states have goals and action plans focused on youth suicide prevention. Taking steps to learn what resources, guidance, and plans your state has for youth suicide prevention will strengthen your schools' abilities to effectively prevent suicide.

> Visit your state's department of education website to learn about state-level policies, guidance, and resources for schools. Visit sprc.org/states to find contact information for your state suicide prevention agency and a list of state organizations providing suicide prevention resources and services.

2B. COMMUNICATING WITH COMMUNITY PARTNERS ON SEL, MENTAL HEALTH PROMOTION, CRISIS INTERVENTION SERVICES, AND SUICIDE PREVENTION

As you rank item 2b, ask your team to answer the following questions:

- Does your school district currently communicate with community partners (through community meetings, announcements, email lists, etc.)?
- Do you use these forms of communication to discuss SEL, mental health, crisis intervention, and suicide prevention needs and efforts?
- Is your school district aware of what resources community partners have available to support mental health promotion, crisis intervention services, and suicide prevention efforts?
- **Why or why not?**

Schools can engage in recurring reminders, trainings, and meetings with community partners focused on SEL, mental health promotion, and suicide prevention. They can also ensure community partners are aware of efforts in SEL, mental health promotion, and suicide prevention and provide opportunities for community partners to provide feedback, guidance, and support. Regular communication can occur through participation in community health and wellness coalitions, school administrative outreach, and invitations for community partners to participate in school planning efforts.

2C. ACTIVE COMMUNITY PARTNER ENGAGEMENT IN SEL, MENTAL HEALTH PROMOTION, CRISIS INTERVENTION, AND SUICIDE PREVENTION

As you rank item 2c, ask your team to answer the following questions:

- Are there existing or new opportunities for organizations to be involved in your school district's suicide prevention efforts?
- Are you aware of what resources and services your community partners have available for SEL, mental health, crisis intervention, and suicide prevention?
- Are these resources and/or services being incorporated into your ongoing efforts?
- **Why or why not?**

Active engagement can come in multiple forms. You might promote this engagement by incorporating community partner resources and services into your suicide prevention programs, plans, and/or protocols; setting up feedback sessions on existing efforts; providing volunteer opportunities as appropriate; or inviting relevant community partners to sit on your school's suicide prevention team. Ultimately, you want to go beyond awareness to identifying what resources community partners have available to support school suicide prevention efforts and how you can integrate their expertise, skills, and resources into your school SEL, mental health promotion, and suicide prevention efforts.

Visit Appendix 2 to access a list of key community partners to include in suicide prevention efforts.

2D. COMMUNITY PARTNERS' ABILITY TO PROVIDE EFFECTIVE SEL, MENTAL HEALTH, CRISIS, AND SUICIDE PREVENTION RESOURCES AND SERVICES

As you rank item 2d, ask your team to answer the following questions:

- Does your school district know whether community partners have the abilities to effectively reach diverse students with their resources and services?
- Are you aware of strengths and areas for growth in how community resources and services are provided to students?
- Are there current opportunities to collaborate on improving the effectiveness of the resources and services being offered?
- **Why or why not?**

It is important to be aware of your community partners' strengths, challenges, and opportunities for growth in reaching and serving students of diverse backgrounds. For example, if you know that a community agency has developed a suite of culturally competent resources in Spanish, you can connect with that organization when seeking to increase supports for your Latin American students. Or if you identify that your local mental health providers do not have the means to offer virtual counseling for students who lack reliable transportation, you may be able to collaborate on providing opportunities for mental health service sessions in the school wellness center. While these are just two examples, it is important to consistently ask whether students of different demographics, geographies, environments, and backgrounds are benefiting from partners' community resources and services. If you have strong relationships in place with partners, you can collaborate over time to identify areas for growth and increase effective resources and services for students.

2E. SOURCES OF FUNDING FOR SEL, MENTAL HEALTH PROMOTION, CRISIS INTERVENTION, AND SUICIDE PREVENTION

As you rank item 2e, ask your team to answer the following questions:

- What already existing sources of funding are available for your school district's SEL, mental health promotion, crisis intervention, and suicide prevention efforts?
- Are there shortcomings or gaps in the current funding available for SEL, mental health promotion, crisis intervention, and suicide prevention?
- Have you identified partners whom you can collaborate with to fill these gaps?
- **Why or why not?**

The best places to seek local sources of funding will differ from one community to another. However, all school districts should be aware of national, state, and local foundations that have a focus on student wellness, government sources of funding that are available to support student wellness, and their community's own in-kind resources that can support sustained efforts.

Keep in mind that not all SEL, mental health promotion, and suicide prevention efforts require significant annual dollar investments. Some trainings, programs, and strategies may only require start-up funding

and then can be sustained through school and community partner ownership of roles and responsibilities. Prioritize prevention efforts that are affordable over the long-term. Collaborate with community and state partners on funding SEL, mental health promotion, crisis intervention, and suicide prevention.

Related Resources

Adapted Chart of Community Partners from SAMHSA's Preventing Suicide: A Toolkit for High schools: Click here to access a list of key community partners

Suicide Prevention Resource Center Partnerships and Collaboration worksheets: https://sprc.org/keys-to-success/partnerships-and-collaboration/

Rural Health Information Hub, Funding Opportunities, Funding By Topic: Suicide and suicide prevention: https://www.ruralhealthinfo.org/funding/topics/suicide-and-prevention

988 Suicide and Crisis Lifeline: https://988lifeline.org/

Section 3: Written Policies and Protocols for Helping Students Who Are at Risk for Suicide

Overview

A systemwide approach to school suicide prevention will include written policies and protocols for supporting youth who are at risk for suicide (suicide risk response protocols). Schools should have policies and protocols in place to guide interventions and to follow up when a young person is in crisis. Schools should invest in protocols that staff can follow when a student screens positive for suicide risk or a student expresses suicide intent. These policies and protocols should include roles and responsibilities of key school staff, chains of communication, linkages with community mental health services, and re-entry guidance for youth who return to school after a crisis.4

Guiding Questions and Context

3A. STATE AND NATIONAL GUIDANCE ON SUICIDE RISK RESPONSE POLICIES AND PROTOCOLS

As you rank item 3a, ask your team to answer the following questions:

- Has your school district actively used state and national guidance to inform policy and protocol creation?
- Are you proactively planning for how to help a student who is at risk of suicide?
- Are you aware of whether any state policies or legislation exist requiring schools to have suicide prevention policies and protocols?
- **Why or why not?**

Find your state guidance on school suicide prevention policies and protocols by visiting your state's department of education website. Or visit sprc.org/states and click on your state. Once on SPRC's state page, you will be able to find your state suicide prevention contact or links to your state's suicide prevention website(s) where you can ask or explore what guidance is available for policies and protocols.

If your state does not have any guidance available for policies and protocols, visit the American Foundation for Suicide Prevention's website for a national model school district policy on suicide prevention: https://afsp.org/model-school-policy-on-suicide-prevention/

Both state and national guidance can provide model language, core content to include, and examples relevant to the policies and protocols you will develop. By aligning your district policies with state and national guidelines, you can feel confident that you are incorporating known best practices into your policies and protocols. However, local adaptations will almost always be needed as you create and maintain your own policies and protocols.

3B. CURRENT SUICIDE RISK RESPONSE POLICIES AND PROTOCOLS

As you rank item 3b, ask your team to answer the following questions:

- Do suicide risk response policies and/or protocols exist in your school district?
- Are these policies and/or protocols current, up to date, and reflective of current school environments?
- **Why or why not?**

It is stressful when a school is faced with the challenge of supporting a youth who is identified as at risk for suicide. Sometimes these situations will only require staff to refer youth to school mental health providers but other situations may require immediate crisis intervention. When a student is identified as at risk for suicide, a school needs to have in place policies and protocols that explain what different staff responsibilities are in the situation, what chains of communication need to be followed, and how the safety and well-being of the youth will be ensured. Protocols can specifically delineate when mental health support versus crisis intervention measures are needed. Without protocols, school staff can find themselves unsure of how to support youth or whom to send them to. Policies and protocols help to ensure the well-being and safety of students.

3C. REVIEWING, UPDATING, AND ADAPTING POLICIES AND PROTOCOLS

As you rank item 3c, ask your team to answer the following questions:

- Do you have regular time set aside each school year to reflect on and discuss the policies and protocols?
- Have your school district suicide prevention policies and protocols ever been updated?
- Are you tracking the use of your policies and protocols over time?
- **Why or why not?**

The environment and circumstances surrounding schools are constantly changing. It is essential that policies and protocols are reflective of these changes over time. If not, they will cease to be useful. Revisit your policies and protocols at preset times each year to discuss what may need changing, what aspects of the policies and protocols are working or not working, and to gather feedback from staff who have followed key steps in the policies and protocols. Use the feedback to adjust. When a policy or a protocol is newly developed, review how it was applied in real-world settings after its first use.

3D. TRAININGS ON POLICIES AND PROTOCOLS

As you rank item 3d, ask your team to answer the following questions:

- Does your school district provide any trainings on following and using the suicide risk response policies and protocols?
- If trainings do exist, are current trainings effective in preparing staff to follow the policies and protocols in the real world?
- Can your staff describe their individual roles within the policies and protocols?
- Do staff know how to find information in the policies and protocols when needed?
- **Why or why not?**

Because suicide attempts are a relatively rare occurrence, it is essential that you have trainings on how to access suicide risk response protocols, implement them, and maintain records related to them. Ideally, schools will incorporate trainings on how to use suicide risk response policies and protocols into their annual teacher in-service days. Trainings on policies and protocols should also be included as part of onboarding for all new staff in the school. Likewise, anytime there is an update or change to the policies and protocols, staff should receive information on those changes.

Trainings on suicide risk response policies and protocols should review what the core content of the policies and protocols are, educate staff on their different roles within those policies, and provide reminders to staff on how to access the policies and protocols when needed. Likewise, it is ideal to have tabletop dry runs of policies and protocols when possible so staff have the opportunity to practice implementing them. Finally, include summary forms of key risk response protocol steps—and explain in the training where these summary protocol documents are stored.

3E. SHARING POLICIES AND PROTOCOLS WITH FAMILIES/GUARDIANS

As you rank item 3e, ask your team to answer the following questions:

- Has your school district shared information on suicide risk response policies and protocols with student families/guardians?
- Do parents/guardians understand their consent rights related to the implementation of protocols?
- Would the average parents/guardian know how school district communication occurs when a student is identified as at risk for suicide?
- Have you given parent/guardians the opportunity to give feedback on policies and protocols?
- **Why or why not?**

While families/guardians will not need in-depth education on the policy and protocol processes, the school community benefits from their access to and understanding of the school protocols. Include information on suicide risk response protocols and policies with information you send out to parents on other school policies and protocols each year. Ideally, you will be able to share a summary document that lays out the steps your school takes when a student is identified as at risk for suicide. It is particularly important to include information in this summary document on how parents of students who are struggling with thoughts of suicide will be notified, how student referrals to in-school and out-of-school mental health services will be handled, and how the larger school community will be notified when a suicide attempt occurs. Be explicit in describing what parental rights are during crisis situations and in sharing what student emergency services might be provided without their consent. It is also helpful to provide parents with the opportunity to weigh-in and give feedback on the protocols and policies, particularly as they relate to parental notification.

Refer to item 1h for more information on parental engagement.

3F. SHARING SUICIDE RISK RESPONSE POLICIES AND PROTOCOLS WITH STUDENTS

As you rank item 3f, ask your team to answer the following questions:

- Would the average student know what happens when they tell a trusted adult they are worried about themselves or a friend?
- Do you have information on risk-response policies and protocols available for students in easy-to-access places?
- Can students easily understand the information?
- Does your school district host any small group discussions with students on what to do when they are worried about themselves or a friend?
- **Why or why not?**

Aim to provide students with simple, summary information that encourages them to reach out to school staff if they are worried about themselves or a friend. In the summary, also identify the appropriate staff that students can reach out to (trusted teachers, school counselors, coaches, etc.). Share with students that these staff are trained in how to support and refer them to mental health services and explain what those mental health services are. This summary information should also explain to students when their privacy will be protected versus when their parents/guardians must be notified. Provide this information to students through your usual forms of communication on policies and procedures, including student handbooks, and review it at least annually with students.

Providing information on suicide policies and protocols during large student assemblies is discouraged. Small groups provide more appropriate routes for formal discussions on suicide-related protocols.

3G–3O. KEY CONTENTS FOR SUICIDE RISK RESPONSE POLICIES AND PROTOCOLS

Items 3g–3o in the box below provide key items that should be included in your suicide risk response policies and protocols, with information to help you assess the content of each item. As you assess items 3g-3o, ask your team to identify whether each key item is present and whether core information needed to aquequately address each item is included in current suicide risk response policies and protocols.

Be sure to have your policies and protocols open as you identify whether each item is fully represented. Refer to both the Model School District Policy and the SAMHSA School Suicide Prevention Toolkit for specific examples and model language that can be used to ensure these items are fully represented in policies and protocols. The blue box below provides key content considerations for the 3g-3o policy and protocol items.

THIS BOX PROVIDES KEY CONTENT AND CONSIDERATIONS FOR POLICY AND PROTOCOL ITEMS

3g: Staff members tasked with overseeing suicide risk response policies and protocols are usually referred to as "suicide risk response coordinators."

3h. Policy and protocol steps should include information on the roles of different staff (teachers, counselors, administrators, etc.). For example, while all staff should know what to do if they identify a student as at risk for suicide, only school mental health providers or external mental health providers should be given the role of assessing youths' current level of suicide risk (whether they are in immediate crisis)

3i. Policy and Protocol steps should include information on what to do after a student has expressed a desire to die, after they have expressed a plan to attempt suicide, and after they have attempted suicide. This guidance should again include information on the roles of different staff (teachers, counselors, administrators, etc.) in supporting youth.

3j. Policy and protocol guidance should include information on who oversees communication with different members of the school community, what forms of communication are used for different members of the community, and the order of communication (e.g., notifying school mental health professionals, then administrators, then parents, and then the wider community).

3k. Policy and protocol guidance should list partnering mental health providers, when and how parental consent needs to be obtained for referrals, how to make a referral, when referring a student to the emergency department versus outpatient mental health services is necessary, and how to ensure warm handoffs from school staff to external mental health providers. Additionally, guidance should note how follow-up with students and families following referrals will occur to promote/encourage follow-through from students and families on referrals.

3l. Policy and protocol guidance should provide forms staff can use to document what steps were taken to identify, assess, and refer students. This guidance should also provide forms to record when and how communication with different members of the school community occurred. These forms are important to protect a school from litigation.

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3m. Often called student reentry policies and protocols, these policies and protocols should identify any in-school supports students will receive, how missed exams or assignments will be handled, how students will catch up on missed lessons and homework, how communication with families/guardians will occur, and how immediate student well-being will be monitored.

3n. Long-term policies and protocols should include how long internal and external school supports will be provided to students, how student well-being will be monitored over time, and if or how ongoing communication with families/guardians on students will occur.

3o. Policies should require that information shared on suicide risk response policies and protocols are provided in appropriate formats, languages, and methods to ensure all parents/guardians are able to understand the content. Policies and protocols can go a step further by including recommendations for identifying parent/guardian religious beliefs surrounding suicide, being responsive to student and parent/guardian attitudes toward mental health and referring students to culturally appropriate sources of support. These sources of support might include faith-based providers, mental health providers with special knowledge of the student culture, and community resources that can address other student needs (such as housing support services or food pantries).

Related Resources

Preventing Suicide: A Toolkit for High Schools, Chapter 2. Protocols for Helping Students at Risk for Suicide: https://drive.google.com/file/d/1jg-kIDzpCy44LdHfV0xiGmltB5iD682Z/view?usp=drive_link

Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources: https://afsp.org/model-school-policy-on-suicide-prevention

Zero Suicide Toolkit for Children's Hospitals: https://zerosuicide.edc.org/toolkit/toolkit-adaptations/children

Section 4: Written Policies and Protocols for Response After a Suicide (Postvention Protocols)

Overview

When a death by suicide of a student occurs, some youth within the school system may be at increased risk for suicide. The school's response after a suicide (also called postvention) can mitigate this increased suicide risk while acknowledging the community's need to grieve the loss. Schools should create policies and protocols before a death by suicide occurs, including information on communicating with parents/guardians, school stakeholders, and the news media; mobilizing a response team; providing youth and staff with appropriate support services; and incorporating safety considerations around memorials and social media.5,6

Guiding Questions and Context

4A. STATE AND NATIONAL GUIDANCE ON SUICIDE POSTVENTION POLICIES AND PROTOCOLS

As you rank item 4a, ask your team to answer the following questions:

- Has your school district actively used state and national guidance to inform postvention policy and protocol creation?
- Are you proactively planning for how to support the school community if a death by suicide occurs?
- Are you aware of whether any state policies or legislation exist requiring schools to have postvention policies and protocols?
- **Why or why not?**

Find your state guidance on school suicide postvention policies and protocols by visiting your state's department of education website. Or visit sprc.org/states and click on your state. Once on SPRC's state page, you will be able to find your state suicide prevention contact or links to your state's suicide prevention website(s) where you can ask and explore what guidance is available for policies and protocols.

If your state does not have any guidance available for postvention policies and protocols, visit the American Foundation for Suicide Prevention's website for national guidance and resources on postvention planning: https://afsp.org/after-a-suicide-a-toolkit-for-schools.

Both state and national guidance can support you by providing model language, core content to include, and examples relevant to the policies and protocols you will develop. By aligning your district policies

with state and national guidelines, you can feel confident that you are incorporating known best practices into your policies and protocols. However, keep in mind that local adaptations will almost always be needed as you create and maintain your own policies and protocols.

4B. SCHOOL POSTVENTION POLICIES AND PROTOCOLS

As you rank item 4b, ask your team to answer the following questions:

- Does a postvention policy or protocol exist in our school district?
- Is the policy or protocol current, up to date, and reflective of the current school environment?
- **Why or why not?**

In the immediate aftermath of a suicide, a school community will be in crisis. The ideal time to learn how to safely manage and support the school community after a death is not during this crisis, but before the crisis has occurred. By having explicit policies and protocols laid out that describe what to do, what the different staff roles are, and how to mitigate additional suicide risk, you will be better prepared to support the school community.

A death by suicide in the school community can increase other individuals' (particularly youths') risk for attempting suicide. This ripple effect is often referred to as suicide contagion. The best way to be prepared to prevent additional suicide risk is to have strong postvention policies and protocols in place that describe key actions that should and should not be taken, such as how to effectively share the news of the death with the community, how to support the entire student body, and how to safely honor the life lost. Policies and protocols help to ensure the well-being of students during a crisis.

4C. REVIEWING, UPDATING, AND ADAPTING POSTVENTION POLICIES AND PROTOCOLS

As you rank item 4c, ask your team to answer the following questions:

- Do you have regular time set aside each school year to reflect on and discuss the policies and protocols?
- Have your school district's postvention policies and protocols ever been updated?
- Are you tracking the use of your policies and protocols over time?
- **Why or why not?**

The environment and circumstances surrounding schools are constantly changing. It is essential that policies and protocols are reflective of these changes over time. If not, they will cease to be useful. Revisit your policies and protocols at preset times each year to discuss what may need changed, what aspects of the policies and protocols are working or not working, and to gather feedback from staff who have had to follow steps in the policies and protocols. Use the feedback to make adjustments. When a policy or a protocol is newly developed, review how it was applied in real-world settings after its first use.

4D. TRAININGS ON POLICIES AND PROTOCOLS

As you rank item 4d, ask your team to answer the following questions:

- Does your school district provide any trainings on following and using postvention policies and protocols?
- If trainings do exist, are current trainings effective in preparing staff to follow the policies and protocols in the real world?
- Can your staff describe their individual roles within the policies and protocols?
- Do staff know how to find information in the policies and protocols when needed?
- **Why or why not?**

Suicide deaths are rare occurrences. However, despite being rare, suicide deaths can cause significant harm to the entire school community when handled poorly. Trainings on how to access postvention policies and protocols, implement them, and maintain records related to them will support the school in responding appropriately. Ideally, schools will incorporate trainings on how to use postvention response policies and protocols into their annual teacher in-service days. Trainings on policies and protocols should also be included as part of onboarding for all new staff in the school. Likewise, anytime there is an update or change to the policies and/or protocols, staff should receive information on those changes.

Trainings should review the core content of policies and protocols, educate staff on their roles within those policies, and provide reminders to staff on how to access policies and protocols when necessary. Likewise, it is ideal to have tabletop dry runs of protocols to give staff the opportunity to practice implementing a formal response to a death by suicide. Finally, include summary forms of key postvention protocol steps that staff can quickly refer to when needed and explain in trainings where summary protocol documents are stored.

4E. SHARING POSTVENTION POLICIES AND PROTOCOLS WITH FAMILIES/GUARDIANS

As you rank item 4e, ask your team to answer the following questions:

- Has your school district shared information on postvention policies and protocols with students' families/guardians?
- Do parents understand their consent rights related to the implementation of protocols?
- Would the average parent/guardian know how school district communication is carried out when a student death by suicide occurs?
- Have you given families/guardians the opportunity to provide feedback on policies and protocols?
- **Why or why not?**

While families/guardians will not need in-depth education on postvention policy and protocol processes, they should still know what they are. Include information on postvention policies and protocols with other information you send out annually to parents/guardians on a variety of policies. Ideally, schools

can share a summary that lays out the high-level steps taken when a death by suicide occurs. It is particularly important to include information in this summary on how parents of students who die by suicide will be notified, how the larger school community will be notified, what information regarding deaths will be kept confidential, what rights families/guardians of deceased students will have, and what crisis response and mental health supports will be provided to the siblings and friends of deceased students and the student body. Be explicit in describing how additional risk for suicide will be monitored in the school community and which memorializations will be allowed and which ones will not be allowed.

It is helpful to provide parents/guardians with the opportunity to weigh-in and give feedback on the protocols and policies, particularly as they relate to parental notification. Having information publicly available on policies and protocols prior to a death by suicide can help families in a postvention crisis feel as though they are being treated with respect and fairness.

Refer to item 1h for more information on parental engagement.

4F. INTEGRATING CRISIS RESPONSE TEAM RESPONSIBILITIES INTO POSTVENTION POLICIES AND PROTOCOLS

As you rank item 4f, ask your team to answer the following questions:

- Is your crisis response team responsible for managing or supporting the rollout of postvention protocols?
- Are there ways to better represent the role of crisis response team members in your postvention policies and protocols?
- Is your crisis response team involved in your regular reviews, updates, and trainings related to postvention policies and protocols?
- **Why or why not?**

Most schools have crisis response teams tasked with responding to a variety of crisis situations, from active shooters to environmental emergencies. This crisis response team is usually made up of key members of the school community who sit in prime positions to manage, lead, and implement a variety of crisis protocols. Given their unique role and focus on crisis response, these teams can inform what resources, tools, processes, and communication should be reflected within the postvention protocols. They can also share on lessons learned from other crisis situations and protocols. You will likely want your postvention response coordinator (see item 4g) represented on your crisis response team.

4G–4P. KEY CONTENTS FOR POSTVENTION POLICIES AND PROTOCOLS

Items 4g–pp in the box below provide key items that should be included in your postvention policies and protocols, with information to help you assess the content of each item. As you assess items gg-4p, ask your team to identify whether each key item is present and whether core information needed to aquequately address each item is included in current postvention policies and protocols.

Be sure to have your policies and protocols open as you identify whether each item is fully represented. Refer to both the After a Suicide a Toolkit for Schools and the SAMHSA School Suicide Prevention Toolkit for specific examples and model language that can be used to ensure these items are adequately represented in your policies and protocols.

THIS BOX PROVIDES KEY CONTENT AND CONSIDERATIONS FOR POLICY AND PROTOCOL ITEMS

4g: Staff members tasked with overseeing postvention policies and protocols are usually referred to as "postvention coordinators" and should be represented on your school crisis response team.

4h. Policies and protocols should include information on the roles of different staff (teachers, counselors, administrators, etc.) (see Appendix 1: School Staff Roles in Suicide Prevention). For example, while all staff should know how to monitor students and watch for signs of severe distress following the loss, only school counselors or external mental health providers should be given the role of providing grief support services.

4i. Policy and protocol guidance should include information on who oversees communicating with different members of the school community, what forms of communication are used, and what order communication occurs in, for example, notifying school mental health professionals, then administrators, then parents, and then the wider school community. This guidance should explicitly state what types of communication are inappropriate following a death by suicide (such as mass assembly announcements of a death). Ideally, this guidance will provide example messages that staff can use and adapt when notifying different groups of the loss.

4j. Policies and protocols should guide staff on how to interact with the media following a suicide. An identified spokesperson (or spokespeople) who is trained in how to interact with the media and how to promote a safe message on suicide should be tasked with implementing communication protocols. The protocols should provide guidance on offering only confirmed information on the death, avoiding glamorizing or providing unnecessary details of the death, including local resources and crisis service information, and respecting the parent/guardian wishes on what is shared with the media (see item 4n).

Visit https://reportingonsuicide.org/recommendations/ to find a full list of recommendations for safe media coverage of suicide deaths.

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4k. Policies and protocols should describe what in-school grief support services and resources are available, as well as what external, community grief support services and resources are available following a death by suicide. Postvention protocols should explain how students who are in-need of more in-depth services (such as direct family and friends of a student who died by suicide) will be given intensive grief support versus how the larger school community will be given support services. Information should include how long these services will be provided, how school members' support needs will be determined, and how individuals' well-being will be monitored and tracked.

4l. Policies and protocols should require that information shared on suicide deaths is provided in appropriate formats, languages, and methods to ensure all families are able to understand both the event and what the school is doing to support the community.

Policies can include recommendations on identifying student and family religious beliefs about suicide, being responsive to those beliefs, and incorporating culturally appropriate sources of support. These sources of support might include faith-based providers, mental health providers with knowledge of different school community members' cultures, and different types of grief support, such as small group services versus individualized support services.

4m. Policies and protocols should explain which type of memorializations, remembrance events, etc., will be allowed. For example, large student body assemblies honoring the lost life should be discouraged as they can heighten emotions and unintentionally glamorize the student death. However, students should be allowed to grieve in safe, small-group settings.

Policies and protocols should also call for a suicide death to be treated in a manner similar to how other deaths are treated in the school community. For example, if you normally include pictures of deceased students in annual yearbooks, leaving out the photo of a student because they died by suicide could be deeply disrespectful.

Ideally, a staff member will be given the task of monitoring students' social media posts following a death by suicide to ensure you are able to identify if anyone is posting cruel, inappropriate, or other content that could indicate they need grief or mental health support.

For a full list of recommendations on safely memorializing a student or staff person who dies by suicide, review After a Suicide: A Toolkit for Schools, Memorialization (page 25).

4n. Guidance should be provided on how to handle parent/guardian wishes regarding what is shared or kept private on a death with the larger school community. For example, how to speak or message about a students' death if the family/guardian has requested that the cause of death is kept private or if the cause of death is unconfirmed.

4o. While most of the school community will not need long-term grief support, students and staff who were close to the deceased, those who may feel they played a role in the death, and the parents/guardian of the deceased should all be provided with access to long-term grief support services as appropriate. Schools should either have in-house mental health services or develop relationships with community partners who can make long-term outpatient mental health services available. Policies should directly state what long-term sources of support will be provided to those most impacted by the death.

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4p. Policies and protocols should call for long-term monitoring of social media around a deceased individual's birthday, anniversary of the death, and/or other milestones. Likewise, policies and protocols should define how school staff are to respond to impromptu student memorializations that may pop up for the deceased during these times. Finally, policies and protocols should provide directions on how to safely acknowledge or honor these dates, especially with those who were close to the deceased.

Related Resources

After a Suicide: A Toolkit for Schools, Second Edition:
https://afsp.org/after-a-suicide-a-toolkit-for-schools

Preventing Suicide: A Toolkit for High Schools, Chapter 3. After a Suicide:
https://drive.google.com/file/d/1jg-kIDzpCy44LdHfV0xiGmltB5iD682Z/view?usp=drive_link

Section 5: Identification and Support of Youth Who Are at Risk for Suicide

Overview

Several evidence-based strategies can be used to identify youth who are at risk of suicide, ranging from screening tools and suicide risk assessments to trainings that educate teachers, staff, and youth about the warning signs of suicide and how to support students at risk. It is essential to choose trainings and strategies that are a good fit for your school and to ensure that your protocols are included in the training so the school is prepared to support youth identified as at risk of suicide. All school staff, students, and the broader school community should engage in trainings and be familiar with protocols for supporting youth identified as
at risk.1,2,3,7,8

Guiding Questions and Context

5A. STATE AND NATIONAL GUIDANCE FOR SUICIDE PREVENTION TRAININGS

As you rank item 5a, ask your team to answer the following questions:

- Has your school district actively used state and national guidance to inform suicide prevention trainings?
- Are you aware of what suicide prevention trainings and associated resources are already available in your state and/or community?
- Are you aware of whether any state policies or legislation exist requiring schools to have suicide prevention trainings?
- **Why or why not?**

Find your state guidance on school suicide prevention trainings by visiting your state department of education website or by going to sprc.org/states and clicking on your state. SPRC's state pages offer state suicide prevention contacts and links to your state suicide prevention website(s) where you can ask and explore what guidance is available for school suicide prevention trainings. Many local and state suicide prevention programs provide free or reduced-cost access to evidence-based suicide prevention trainings. If organizations in your state provide access to such trainings, work with them to confirm which trainings are a good fit for your school community.

If your state does not have guidance on school suicide prevention trainings, use SPRC's Selecting and Implementing a Gatekeeper Training resource for directions on how to select, plan for, and implement suicide prevention trainings. By aligning your trainings with state and national guidance, you can feel confident that you are using evidence-informed programs to build knowledge and skills in your school. Keep in mind that local adaptations will almost always be needed as you implement trainings.

5B. SUICIDE PREVENTION TRAININGS FOR SCHOOL STAFF

As you rank item 5b, ask your team to answer the following questions:

- Does your school offer regular suicide prevention trainings for staff?
- Have you identified what different staff needs are regarding trainings on suicide prevention?
- Are the trainings you are using evidence-informed?
- Are the trainings you are using a good cultural fit for your school community?
- Are suicide prevention trainings incorporated into school staff in-service days?
- Are staff reporting increased confidence to identify and support youth who are at risk for suicide following trainings?
- **Why or why not?**

School-based suicide prevention trainings should provide all staff with education on the risk factors, protective factors, and warning signs of suicide in students, as well as skill building on engaging with someone who may be at risk. This information should always be coupled with training on how to use the school's existing policies and protocols for suicide prevention and postvention. Some school staff, such as school mental health providers, counselors, and crisis response teams, may also benefit from additional and more in-depth training on topics such as assessing and managing students' suicide risk, and how to provide specialized grief support to students who lose a loved one to suicide.

Gains in knowledge and skills from suicide prevention trainings fade over time, just as with any other education. To prevent the loss of learned information, ideally, trainings should be repeated annually as part of the existing in-service opportunities for staff. Schools might also consider how they can offer short reminders on key lessons and content between trainings, such as sending out email reminders on the protocols and resources available for referring students to school mental health services.

> Use SPRC's Selecting and Implementing a Gatekeeper Training resource for additional information on implementing a suicide prevention training and on sustaining suicide prevention training knowledge.

5C. SUICIDE PREVENTION TRAININGS FOR STUDENTS

As you rank item 5c, ask your team to answer the following questions:

- Does your school offer regular suicide prevention trainings for students?
- Have you identified age-appropriate trainings for different grade levels?
- Are the trainings you are using evidence-informed?
- Are the trainings you are using a good cultural fit for your school community?
- Do you have parent/guardian support for these trainings?
- Do you have student interest and engagement in the trainings?
- **Why or why not?**

Suicide prevention trainings for middle and high school youth should focus on how to recognize the warning signs of suicide in themselves and in their peers and how to engage in help-seeking behavior.

Student trainings should promote a message that help is available, explain the importance of seeking out a trusted adult when concerned about oneself or a peer, and be coupled with summary information for students on the school suicide prevention policies and protocols (see item 3f). All school suicide prevention trainings and events should promote local, state, or national crisis resources, such as the 988 mental health and suicide prevention crisis line.

Suicide prevention trainings for elementary youth are not "traditional" suicide prevention trainings. Instead, the skills taught through SEL and life-skill development programs teach skills that can minimize students' risk for suicide. When these trainings teach elementary students to recognize negative emotions, provide age-appropriate activities to cope with those emotions, and educate students on reaching out to a trusted adult, the trainings are also teaching skills for lifelong suicide prevention. See Section 6 for more information on how SEL skills play a role in student suicide prevention.

> It is important to ensure that families/guardians are aware and supportive of suicide prevention trainings prior to their rollout to youth. In many states, active or passive parental consent is required before trainings are provided. Also be sure that you are familiar with your own state requirements on parental consent for wellness-related events and trainings. Go to items 1f and 1h for additional information on fostering parental engagement.

Gains in knowledge and skills from suicide prevention trainings fade over time just as with any other education. To prevent the loss of learned information, ideally, trainings should be repeated annually as part of existing education for students. Schools may also consider how they can offer reminders on key information in between suicide prevention trainings, such as including the crisis line on student ID cards or incorporating reminders on reaching out to trusted adults in classes.

Use SPRC's Selecting and Implementing a Gatekeeper Training resource to find additional information on implementing a suicide prevention training and on sustaining suicide prevention training knowledge.

5D. SCHOOL POLICIES AND PROTOCOLS AND SUICIDE PREVENTION TRAININGS

As you rank item 5d, ask your team to answer the following questions:

- Does your school's current suicide prevention trainings provide relevant information on school district policies and protocols?
- Is the training information on policies and protocols presented in a useful and understandable way?
- Is your school providing refreshers and reminders on these policies and protocols over time?
- **Why or why not?**

If staff and students understand how to recognize the warning signs of suicide, but they don't know how to find help or refer students to mental health services, that knowledge won't be useful. When this occurs, staff and students may feel frustrated by not knowing how to activate school resources or whom to notify when they recognize warning signs. Combining trainings with information on the school's suicide prevention policies and protocols will ensure staff and youth are adequately prepared to respond when they recognize someone who is at risk of suicide.

5E. STATE AND NATIONAL GUIDANCE FOR SUICIDE RISK SCREENINGS AND ASSESSMENTS:

As you rank item 5e, ask your team to answer the following questions:

- Has your school district actively used state and national guidance to inform any suicide risk screenings and assessments?
- Are you aware of what suicide risk screening and assessment resources are already available at the local, state, or national levels?
- **Why or why not?**

Find your state guidance on risk screenings and assessment by either visiting your state department of education website or going to sprc.org/states and clicking on your state. Once on your state page, you will be able to find your state suicide prevention contact or links to your state suicide prevention website(s) where you can ask and explore what guidance is available for suicide prevention screenings and assessments.

> Visit SPRC's Identify and Assist Persons at Risk webpage for additional information on suicide risk screenings and assessments, as well as resources that describe the pros, cons, challenges, and considerations key to implementing suicide risk screenings and assessments in schools.

5F. USING SUICIDE RISK SCREENINGS AND ASSESSMENTS WITHIN YOUR UNIQUE SCHOOL ENVIRONMENT(S)

As you rank item 5f, ask your team to answer the following questions:

- Does your school have the capacity to roll out screenings and assessments?
- Has your school district analyzed and chosen any suicide risk screenings or assessments?
- Has your school district decided whether to provide screenings to subgroups of students or to all students?
- Has your school district identified suicide risk screenings and assessments that have been tested with populations similar to your own student populations (e.g., race, ethnicity, location)?
- **Why or why not?**

Screenings: Screenings use standardized tools to identify young people who may be at risk for suicide. Before screening students, it is imperative to ensure you have a clear process in place for young people who screen positive, including mental health clinicians who are qualified and available to provide more

suicide risk assessments (see Section 3 on suicide risk protocols). Schools may screen the entire student body (universal screening), may prioritize subgroups of students more likely to be at risk for suicide (selective screening), or may reserve screening for individual students exhibiting warning signs (indicated screening). Parental/guardian consent will usually be required for any school screening. A core part of assessing the feasibility of screenings should include considerations around whether most parents/guardians in your community will be supportive of and willing to provide consent to the screening process.

> For additional information on universal, selective, and indicated prevention, see the Institute of Medicine (IOM) Classifications for Prevention fact sheet.

Assessments: Suicide risk assessments assess a student's current level of suicide risk and are used ONLY after a student has been identified as at risk for suicide—either through a screening or through a school community member recognizing that a young person may be at risk. If a school implements a suicide screening process, it must also implement a follow-up suicide risk assessment process. This assessment will determine if a student is at immediate risk of suicide and requires urgent crisis services, or if the student is not at imminent risk and can be safely monitored and supported through in-school and/or outpatient mental health services. School mental health staff can be trained in the use of suicide risk assessments, but if your school lacks mental health providers or if your providers are not trained in the use of suicide risk assessments, you can partner with external mental health providers to provide suicide risk assessments.

If conducting universal suicide risk screenings, mental health providers trained in the use of assessments should be available during and following the rollout of the screening. If offering screenings to student subgroups overtime, mental health providers should always be on call and available to provide follow-up assessments whenever a student screens positive. Whether internal or external mental health providers are conducting assessments, anytime a staff member feels a student is exhibiting the warning signs of suicide, a protocol should be in place to guide in when and how assessments are provided to that student. Finally, students who are at increased risk for suicide will benefit from periodic assessments to monitor their level of suicide risk overtime.

> Visit Zero Suicide's Children's Hospital Toolkit Identify webpage for a list of available evidence-based screenings and assessments, that have been tested and validated with youth.
>
> For additional school-based screening and assessment considerations, read Appendix 3.

5G. SCREENINGS AND ASSESSMENTS AND POLICIES AND PROTOCOLS

As your rank item 5g, ask your team to answer the following questions:

- Do your school district policies and protocols provide criteria for when suicide risk screenings and assessments should be implemented?
- Do your school district policies and protocols describe the roles of different staff and/or community partners in conducting screenings and assessments?
- Do your policies and protocols describe the role of parental/guardian consent in the screening and assessment process?
- Are policies and protocols easy to access when conducting screenings and assessments?
- Are staff following policies and protocols when implementing suicide risk screenings and assessments?
- **Why or why not?**

Your school district's suicide risk response policies and protocols should describe when and how your school will implement screenings and assessments and the steps that should be taken following a positive suicide risk screening. When students are identified as at risk for suicide, risk response protocols should outline how the student will receive a formal suicide risk assessment, who is responsible for implementing that assessment, and what steps the school community should take following the assessment. Policies and Protocols help to ensure screenings and assessments are used ethically and in a consistent manner. Consistent use of screenings and assessments in accordance with policies and protocols can reduce schools' litigation risk.

Your policies and protocols should also describe the role of parental/guardian consent in youth screenings and assessments. State laws often require that parental/guardian consent is received before a child is screened or assessed. There may be situations in which such consent for screenings and assessments can be waived. But except in rare cases, positive suicide risk screening and assessment results should always be reported to parents/guardians. Policies should lay out how this communication occurs and what follow-up support is given to parents/guardians after students are identified as at risk for suicide.

If you find your staff or community partners are not consistently following risk response policies and protocols, it is important to gather their feedback and find out why. Staff may share that some protocol steps aren't working. Adjust policies and protocols based on staff feedback.

5H. SCHOOL SERVICES FOR STUDENTS IDENTIFIED AS AT RISK FOR SUICIDE

As you rank item 5h, ask your team to answer the following questions:

- Does your school district have current in-house mental health providers or strong relationships with community mental health providers?

- Are school mental health providers trained in how to conduct relevant suicide risk screenings and assessments? **Or** are your school mental health providers trained to refer students to community providers who offer suicide risk screenings and assessments?
- Do your school mental health services provide adequate crisis intervention for students assessed to be at immediate risk of suicide (how to de-escalate the crisis and keep students safe)?
- Do your school mental health services or community partners have the capacity to offer specialized suicide treatment modalities?
- Are your school services adequately supplemented by community provider services?

In order to connect students with in-house mental health services that align with their identified level of risk, suicide risk assessments must first be conducted. See items 5e-5g for additional guidance on assessing students' suicide risk.

The mental health services that you can provide will differ from school to school. If your school has in-house mental health staff, you are going to be able to provide more robust services than if your school does not. However, it is likely that students who are struggling with suicidality may need more intensive mental health services than can be provided through the school alone, so school mental health services should always be prepared to refer students to community mental health providers (see item 5i).

Mental health staff (i.e., school counselors, school social workers, or other mental health providers) can be trained to provide the following services to students who are identified as at risk for suicide:

- Respond effectively to students who share suicidal concerns
- Conduct suicide risk assessments OR connect students to community mental health providers who can conduct suicide risk assessments
- Provide crisis services to students shown to be at immediate risk of suicide, including reducing access to means of suicide and monitoring students (Read Appendix 4 for additional information on means of suicide.)
- Provide specific treatment methods for suicidality (However, this need will likely go beyond the level of care most schools can provide.)
- Facilitate effective and safe student connections with community mental health providers
- Promote positive coping strategies and positive youth development for youth who have a history of suicide risk
- Provide long-term monitoring and support for students who are at risk of suicide
- Notify or communicate with parents/guardians on a students' suicide risk

For more guidance on the role of school mental health staff in supporting student who are at risk for suicide, visit the resource: Preventing Suicide, The Role of High School Mental Health Providers.

It is important to ensure that your staff know what the expectations and requirements are around parental notification for any student who is identified as at risk for suicide. Parental

consent is usually needed before mental health services can be provided to students who are minors. Although parental consent is usually waived when a student is an immediate danger to themselves or others, communication should still occur. Instructions for communicating with families on mental health services should be explicitly laid out in your policies and protocols.

5I. REFERRING STUDENTS TO COMMUNITY CRISIS AND MENTAL HEALTH SERVICE PROVIDERS

As you rank item 5i, ask your team to answer the following questions:

- Does your school district have established processes in place for providing student referrals to area crisis and mental health service providers?
- Are community crisis service providers available to quickly respond to student needs?
- Are there mental health providers accepting youth patients in your community?
- Do you have established guidelines for how to communicate with parents on these referrals?
- When referrals are made, are students making it to appointments?
- **Why or why not?**

In order to connect students with community mental health services that align with their identified level of risk, suicide risk assessments must first be conducted. See items 5e-5g for additional guidance on assessing students' suicide risk.

School districts should develop relationships with community crisis services and mental health service providers before referrals are needed. Efforts to strengthen relationships with community mental health providers can include establishing formal memorandums of understanding (MOUs) around when and how referrals are made; establishing expectations for warm hand-offs for student referrals from schools; identifying opportunities for the incorporation of telehealth services; and establishing expectations around data-sharing.

Key information for school districts to know when making referrals include what community mental health and crisis service providers offer, what providers specialize in youth and/or suicide risk (if any), the cost of area mental health services, and the financial support available for students in need of mental health services. Some mental health providers will provide sliding scale fees for students who do not have insurance that covers mental health care, and some community nonprofits will provide limited pro-bono counseling services.

In communities with limited access to mental health providers, there are alternative sources of mental health support. Some companies provide online mental health care and may be available in your state. Nonprofits, churches, or other organizations may also have staff trained as social workers or counselors.

Families/guardians play key roles in connections with community mental health providers. If families do not believe mental health services are needed or do not have the financial means to pay for the services,

students will likely not be able to receive any outpatient mental health services. Parental consent can sometimes be waived for crisis services if a student is in immediate or acute suicidal crisis and deemed a risk to themselves or others. Make sure that that your protocols adequately describe what type of parental consent is needed for crisis versus mental health services, when parental consent can and cannot be waived, and how to effectively communicate with parents on mental health referrals.

5J. COLLABORATIVE SAFETY PLANNING

As you rank item 5j, ask your team to answer the following questions:

- Are your school mental health staff trained in conducting the evidence-informed safety planning intervention with youth identified as at risk for suicide?
- Are your partnering community mental health providers trained in conducting the evidence-informed safety planning intervention with youth identified as at risk for suicide?
- Are your school mental health staff or community mental health providers consistently implementing safety planning with youth identified as at risk for suicide?
- Are your school mental health staff or community mental health providers effectively engaging parents/guardians in the collaborative safety plan intervention with youth?
- **Why or why not?**

Safety Planning is an evidence-informed intervention for supporting individuals who are struggling with thoughts of suicide or suicide attempts and has been tested with a variety of populations, including youth. The Stanley-Brown Safety Planning is the most widely used evidence-based safety planning tool. On the contrary, “no harm contracts” should not be used as research has demonstrated them to be ineffective.

A safety plan provides a unique set of coping strategies and supports which are collaboratively chosen by the student found to be at risk fo suicide, their mental health provider, and ideally their parents/guardians. The identified strategies provide steps the youth can take in times of distress or emerging crisis to stay safe and should be easy to remember and implement. Strategies should be tailored to the youth’s needs, comfort, and strengths, and includes options for coping strategies and supports that are accessible across multiple settings and timeframes. A safety plan also includes explicit steps that will be taken to maintain safety regarding the individual’s planned method of suicide (i.e. locking up medication or guns). This is referred to as Lethal Means Safety (see item 5k).

Additional information and resources on Safety Planning:

- Stanley-Brown Safety Planning Intervention
- SPRC’s Safety Planning for Youth Suicide Prevention Online Course (free, self-paced training)
- Engage element of the Zero Suicide Toolkit for Children’s Hospitals
- Stanley-Brown Safety Plan Phone Apps:
    - Apple: https://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998

- Android: https://play.google.com/store/apps/details?id=com.moodtools.crisis.app&hl=en_US&gl=US

5K. LETHAL MEANS COUNSELING

As you rank item 5k, ask your team to answer the following questions:

- Are school mental health staff and community mental health providers trained to ask students about their planned method of suicide as part of evidence-informed safety planning?
- When a student is identified as at risk for suicide, do trained mental health staff or community providers consistently ask youth about their plans for suicide, including asking about means/method of suicide?
- Are your school mental health staff and/or community mental health providers comfortable asking youth about means/method of suicide?
- Does your school have processes in place for engaging parents in lethal means counseling?
- Do your school mental health staff or community mental health providers follow up with students and their families/guardians to ensure planned safety measures are implemented?
- **Why or why not?**

Lethal Means Counseling is an evidence-informed intervention best done in combination with Safety Planning (See item_5j). Lethal means counseling requires mental health providers to explicitly ask youth about any method or means they would use in a suicide attempt. Lethal means counseling helps mental health providers to understand students' level of suicide risk and to identify the specific steps necessary to keep them safe. Lethal means counseling should always occur as part of broader safety planning efforts. All individuals at risk for suicide, including youth, should receive information and strategies to maintain safety regarding their planned suicide method (i.e. locking up medication or guns). When supporting youth identified as at risk for suicide, lethal means safety should involve primary caregivers and include guidance and language to support safety in other environments where youth spend time. In addition, follow-up should be conducted by the person facilitating safety planning and lethal means counseling to confirm the planned safety measures were completed. For additional information on the topic of lethal means in suicide prevention, visit Appendix 4.

Additional information and resources on Lethal Means:

- Appendix 4: Lethal Means in Suicide Prevention
- Counseling on Access to Lethal Means
- CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide

5L. SAFETY PLANNING AND LETHAL MEANS COUNSELING IN POLICIES AND PROTOCOLS

As your rank item 5l, ask your team to answer the following questions:

- Do your school district policies and protocols provide criteria for when to implement safety planning and lethal means counseling with youth?
- Do your school district policies and protocols describe the roles of mental health staff and/or community mental health providers in conducting safety planning and lethal means counseling?
- Do your policies and protocols describe the role of parental/guardian consent and engagement in the safety planning and lethal means counseling process?
- Are policies and protocols easy to access when conducting safety planning and lethal means counseling?
- Are staff following policies and protocols when implementing or referring students to mental health providers for safety planning and lethal means counseling?
- **Why or why not?**

Your school district's suicide risk response policies and protocols should describe when and how your school will implement safety planning and lethal means counseling for students who are identified as at risk for suicide. This guidance should outline whether your school mental health staff provide in-house safety planning and lethal means counseling or whether external mental health partners provide this service. If school mental health staff are trained to provide in-house safety planning and lethal means counseling, the training expectations should be clearly outlined in policies and protocols, as well as the evidence-based tools used to guide staff through safety planning and lethal means counseling (e.g. the Stanley-Brown safety plan). If external mental health providers implement safety planning and lethal means counseling for the school, steps for referrals and warm hand offs from school staff to external menatl health providers for safety planning and lethal means counseling should be clearly described. Additionally, policies and protocols should outline when parental consent is and is not required for safety planning and lethal means counseling, as well as steps for actively engaging parents in safety planning and lethal means counseling whenever possible.

The bulleted list of questions below provides considerations for ensuring safety planning and lethal means counseling are effectively represented within school policies and protocols:

- Which evidence-based safety plan tool will be used?
- Who facilitates the safety planning? What training do they receive?
- How are parents/caregivers involved?
- How often is the safety plan reviewed with the student?
- How is the safety plan documented?
- Who facilitates lethal means counseling? What training do they receive?
- How are parents/caregivers involved?
- What is the process for following-up with lethal means counseling?
- How often is lethal means counseling reviewed with the student?
- How is the lethal means safety (initial counseling and follow-up) documented?

5M. COMMUNICATING WITH FAMILIES/GUARDIANS ON STUDENT CRISIS AND MENTAL HEALTH SERVICES

As you rank item 5j, ask your team to answer the following questions:

- Is your school district sharing public information on crisis and community mental health services with families/guardians (including information on the 988 Suicide and Crisis Lifeline)?
- Does your school district provide information to families/guardians on crisis and mental health services and referral protocols for students?
- Does your school have communication guidance or talking points in place to help school staff talk with parents when a student referral for crisis or mental health services is recommended?
- Does your school have a staff person designated as the liaison for communicating with parents/guardians on these services?
- **Why or why not?**

Schools can include information on what school-based mental health services are available and how student referrals to community mental health providers are handled in annual information provided to families/guardians. Schools can also provide opportunities at parent-teacher conferences to discuss existing policies and protocols around mental health services. Consider asking parents whose students are receiving school-based and/or outpatient mental health services for feedback on your school's communication and consent processes. Use their feedback to improve these processes over time. Ultimately, look for multiple ways to communicate your student mental health service and referral processes to families so they have opportunities to both hear the information and provide feedback.

Parental notification of a student who is identified as at risk for suicide will always be difficult. Families/guardians will often be in shock. Having handouts, resources, and guidance for the parents will empower families/guardians to get their student help. Communicate to families that they are not alone, that your school is committed to student well-being, and that you want to work with the parent/guardian to identify support services. Ideally, have specific staff members tasked with the official role of serving as parental liaisons during these situations.

Schools should always promote the 988 Suicide and Crisis Lifeline as a publicly available resource for students and families as part of their ongoing communication on student crisis and mental health services.

5N. PROVIDING CULTURALLY COMPETENT MENTAL HEALTH SERVICES

As you rank item 5k, ask your team to answer the following questions:

- Do your school district student support services provide culturally competent care to students?
- Are you aware of community partners' expertise with different demographic and cultural groups?
- Are you connected with mental health service providers who can effectively provide crisis and mental health services to students from different backgrounds?
- **Why or why not?**

Support services should address a student's and family's culture, beliefs, ability status, attitudes, experiences, financial resources, and environmental situations—all of which can impact willingness or ability to engage with mental health services and follow through on them. Your school can't change outside mental health provider practices, but you can ensure you understand what mental health and community resources specialize in or have a history of working with different populations, whether your community providers are committed to providing culturally competent care, and who the best referral sources are for different types of student needs. Instill an expectation within your school that the demographic, cultural, and environmental situation surrounding students are addressed as you support students identified as at risk for suicide.

Related Resources

Preventing Suicide: A Toolkit for High schools, Chapters 4–7:
https://drive.google.com/file/d/1jg-kIDzpCy44LdHfV0xiGmltB5iD682Z/view?usp=drive_link

Selecting and Implementing a Gatekeeper Training:
https://sprc.org/online-library/selecting-and-implementing-a-gatekeeper-training/

SAMHSA Recommendations for School-Based Suicide Prevention Screenings:
https://sprc.org/wp-content/uploads/2023/01/Recommendations-for-School-Based-Suicide-Prevention-Screening.pdf

Stanley-Brown Safety Planning Intervention:
https://suicidesafetyplan.com/

SPRC's Safety Planning for Youth Suicide Prevention Online Course:
https://healtheknowledge.org/course/index.php?categoryid=114

Counseling on Access to Lethal Means:
https://solutions.edc.org/solutions/zero-suicide-institute/services/trainings/counseling-access-lethal-means-calm

Section 6: Promoting Protective Factors

Overview

School systems that support multi-tiered development of positive mental health, social emotional skills, trusted relationships with adults, and healthy peer connections are also developing key elements of a system-wide approach to suicide prevention. Education systems and community climates that promote positive youth development are increasing protective factors against suicide. Schools and staff can embrace trauma-informed practices and policies which help to establish a safe and supportive school environment for young people.2,9,10

Guiding Questions and Context

6A. PROMOTING STUDENT SEL, MENTAL HEALTH, AND PROTECTIVE FACTORS FOR SUICIDE

As you rank item 6a, ask your team to answer the following questions:

- Does school district leadership demonstrate commitment to creating a school environment that supports student mental health and wellness?
- Would the average school staff member say that leadership is committed to promoting student mental health and wellness?
- Has your school district implemented policies that promote student mental health and wellness?
- Do your school district's norms and culture promote positive student mental health and wellness?
- Do school staff understand what protective factors for suicide are?
- **Why or why not?**

School systems that promote student mental health in both policy and practice enable the creation of an environment that supports student well-being. Clear support from leadership and administration will filter down to all staff. The formal adoption of a mission or goal to promote overall student wellness will encourage staff across the school community to identify the promotion of student well-being as part of their daily roles. Language, policies, and norms in classrooms, buildings, and administration can contribute to safe and supportive environments.

> Protective factors are the opposite of risk factors. While risk factors are things present in a community environment that increase risk for a negative health outcome; protective factors are things present in a community environment that reduce an individual or community's risk.

Protective factors for suicide in youth include (listed alphabetically):

- Access to resources for physical and mental health care
- Beliefs (including cultural, religious, family, and peer beliefs) that discourage suicide
- Executive functioning and social emotional skills, including healthy coping, problem-solving, self-efficacy, growth mindset, and emotional regulation
- Limited access to means of suicide, especially when struggling with thoughts of suicide
- Positive self-esteem and a sense of purpose or meaning in life
- Supportive relationships with care providers
- Trusting relationships with peers and adults (social connectedness)

6B. INTEGRATING HEALTHY COPING, PROBLEM-SOLVING, AND EMOTIONAL REGULATION IN CLASSROOMS

As you rank item 6b, ask your team to answer the following questions:

- Is your school district providing students education in coping, problem-solving, and emotional regulation?
- Do teaching staff incorporate student education in coping, problem-solving, and emotional regulation as part of their daily roles regardless of their subject matter?
- Are staff encouraged to engage in active self-care so that they can model health coping, problem-solving, and emotional regulation to students?
- **Why or why not?**

Health coping, problem-solving, and emotional regulation are all key aspects of SEL programming but can also be promoted separately from formal SEL instruction (see item 6f). Of course, one straightforward way to increase the school's role in educating students on all three concepts is to actively invest in Tier 1 SEL curricula or programming. However, by incorporating evidence-based, SEL strategies into regular lesson plans and interactions with students, these life-skills can also be become a part of schools' daily work-- regardless of the presence of a formal SEL program. There are evidenced based tools and resources that can either replace or enhance SEL programs. For example, EDC offers services in developing Educator Wellness, SEL Adaptive Practices, and SEL for Leaders, Systems, and Communication.

Examples of incorporating evidence-based SEL strategies in school systems include:

- Providing time at the beginning and end of school classes or activities for students to reflect on/identify how they are feeling
- Incorporating individual and group problem-solving activities into classes
- Including lessons on stress management and providing time for students to identify personal, age-appropriate strategies for managing negative emotions in classes
- Asking all staff to model healthy coping and problem-solving to students

The We Are Teachers blog provides a list of 26 SEL activities for elementary school systems.

The Edutopia blog provides 13 SEL activities for middle and high school systems.

Visit EDC Solution's SEL Adaptive Practice webpage to learn more.

6C. ADEQUATE MENTAL HEALTH SERVICES

As you rank item 6c, ask your team to answer the following questions:

- Are students in need of mental health services receiving timely school district or community mental health services?
- Is there consistent student follow-through on referrals to community mental health providers?
- Are proper mechanisms in place to track the well-being of Tier 2 and 3 students as they receive specialized services?
- Are students receiving mental health services that are a good fit with their culture, beliefs, and backgrounds?
- **Why or why not?**

The American School Counselors Association and the National School Social Workers Association recommend a school counselor/social worker to student ratio of 250 to 1. However, the number of mental health resources that are considered "adequate" will ultimately be dependent on many factors, including the number of students with intensive mental health needs, student grade level, local community support, and financial resources. Often, gaps in school mental health services can be supplemented or filled through strong relationships and referral processes with community mental health providers. Ultimately, you will want to ensure students who need mental health resources and/or services (regardless of whether they are at risk for suicide) are able to receive support services in a timely manner. Students receiving Tier 2 and 3 services should be consistently monitored by school health and wellness staff to ensure their well-being and that adjustments are made to services as needed.

To learn more about school mental health provider to student ratio recommendations visit: https://www.schoolcounselor.org/ and https://www.sswaa.org/ssw-model

It is also important to consider the fit of the mental health services being provided. If there are enough school and community providers, but they are not able to offer culturally competent services to students from different backgrounds, the available mental health services should not be considered adequate. Adequate mental health services will ensure fit and effectiveness.

6D. STUDENT CONNECTEDNESS

As you rank item 6d, ask your team to answer the following questions:

- Have you ever assessed your students' sense of belonging or connectedness?
- Is your school investing in any specific strategies to promote student connectedness?
- Does the average student describe feeling a sense of belonging in your school?
- **Why or why not?**

Students who have a sense of belong in their school community can identify friends and trusted adults and feel accepted within their school. Schools can take steps to reduce bullying, promote opportunities for healthy peer connections, and encourage all school staff to serve as mentors for students. Schools should regularly assess whether students have healthy or unhealthy relationships with their peers, are commonly experiencing or perpetrating bullying, and/or can identify trusted adults in the school community.

Leaders and educators often informally assess student belonging through faculty meetings or casual conversations with students. You can also use common student wellness surveys, such as the Youth Risk Behavior Survey (or your state's equivalent survey), and pay special attention to sections focused on violence victimization or interpersonal violence. Data on the prevalence of bullying or violence victimization can serve as a proxy to help identify what percentage of students are experiencing negative peer relationships. If your state or community conducts its own student surveys, questions can be added asking if students are able to identify trusted adults and if they feel a sense of belonging.

6E. A TRAUMA-INFORMED APPROACH

As you rank item 6f, ask your team to answer the following questions:

- Has your school district provided training to staff on using a trauma-informed approach?
- Would the average school staff member be able to describe what a trauma-informed approach is?
- Would the average school staff member express commitment to using a trauma-informed approach?
- Is school leadership promoting a trauma-informed approach?
- **Why or why not?**

A trauma-informed approach acknowledges that staff across all school tiers will be interacting with students who have a history of trauma. A trauma-informed approach equips school staff to recognize the presence of trauma symptoms and acknowledges the influence that trauma can have on students' abilities to learn and thrive. To do this, school districts must invest in appropriate staff training on recognizing the symptoms of child trauma and how to support, teach, and provide mental health services to students at varying levels of need. A trauma-informed school maintains awareness of how trauma impacts students' reception to, interaction with, and understanding of the support, education, and services provided. Traumatic experiences, which are also called adverse child experiences (ACES),

are a known risk factor for suicide. Being aware of ACES and knowing how to support youth who experience trauma can contribute to suicide prevention.

> Visit The National Child Traumatic Stress Network to learn about the 10 Essential Elements of Trauma-Informed School Systems.

6F. FORMAL SEL CURRICULUM AND PROGRAMS

As you rank item 6f, ask your team to answer the following questions:

- Is your school district implementing any formal SEL curriculum or programs?
- Is your school district committed to SEL programming?
- Has your school district been able to sustain SEL curricula or programs over the long term?
- **Why or why not?**

Formal SEL curriculum and/or strategies are evidence-informed activities that schools can engage in to help students develop the skills and capacity necessary for strong self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. SEL strategies encompass both formal and informal strategies that focus on healthy coping, problem-solving, and emotional regulation skills as discussed under item 6g. Evidence-based SEL programs have been formally evaluated and shown to have real-world impact on student SEL skills, often with sustainable impacts years down the road.

> Visit CASEL's SEL Program Guide for a list of evidence-based SEL programs.

6G. PRIORITIZING SOCIAL-EMOTIONAL SKILLS

As you rank item 6g, ask your team to answer the following questions:

- Has your school district identified a formal list of SEL skills to promote?
- Did community feedback inform the identification of these priority SEL skills?
- Is your school district focusing on these skills within formal SEL programming?
- **Why or why not?**

There are a variety of social emotional skills that schools can seek to develop in their community, with formal SEL curricula/programs promoting different core competencies in SEL. Use your formal SEL curriculum(s) to identify relevant SEL competencies. When choosing what SEL competencies should be formally prioritized within your school community, use informal discussions with staff, students, and families; formal SEL assessments; and student well-being surveys to identify social emotional needs in the community. Base the SEL skills you prioritize off these identified needs.

> Visit Panorama to learn more on SEL core competencies.

6H. TRACKING SEL, MENTAL HEALTH, AND PROTECTIVE FACTOR DATA

As you rank 6h, ask your team to answer the following questions:

- Is your school district tracking data on the implementation and outcomes of formal SEL programs?
- Is your school district using this data to improve SEL program implementation over time?
- If your school district tracking data on student mental health services, resources, utilization, and outcomes?
- Is your school district tracking data on protective factors against suicide in your community (such as number of students able to identify a trusted adult, number of students reporting feeling socially connected, etc.)
- **Why or why not?**

When tracking data on implementation of formal SEL curricula and/or strategies, use the curriculum's or program's recommended evaluation activities as a launch point for your efforts. Most formal SEL programs (particularly if they are evidence-based) provide evaluation tools for schools to use in monitoring SEL practices and their impacts. Take advantage of these programs' evaluation tools and guidance whenever possible.

If your SEL program does not provide formal evaluation tools, or you are looking to expand your data-tracking and evaluation efforts, be sure to have plans for tracking both school system fidelity to formal SEL practices and SEL impacts on students' emotional and academic growth.

Visit Panorama to access their free guide on measuring SEL efforts.

6I. SEL IMPACTS ON SUICIDE PREVENTION OUTCOMES

As you rank 6i, ask your team to answer the following questions:

- Is your school district tracking suicide-related behaviors in students?
- Is your school district tracking information on suicide risk and protective factors?
- Is your school district tracking how changes in suicide-related behaviors and risk and protective factors do or do not follow long-term implementation of SEL strategies?
- **Why or why not?**

SEL reduces many risk factors and increases many protective factors for suicide. For example, impulsivity, unhealthy coping, and a lack of connectedness are all risk factors for suicide and core constructs addressed in SEL. Their opposites—strong emotional regulation, healthy coping skills, and social connectedness—are protective factors for suicide. If schools are consistently implementing SEL strategies, they can track suicide risk and protective factors to see if there are changes over time.

Schools can also monitor students' long-term suicide risk to see if there are any changes in suicide-related behaviors over time. Thankfully, overall few numbers of youth die by suicide each year. This

makes it unlikely that school districts will be able to track statistically significant changes in suicide death rates. But using tools such as Youth Risk Behavior Surveys (or other student health and wellness surveys), schools can monitor the number of students who report experiencing thoughts of suicide, making plans to attempt suicide, and attempting suicide each year. Ideally, after long-term, consistent investment in SEL programming and strategies with youth, schools should find reductions in suicide-related behaviors. Changes in suicide risk and protective factors can be seen as "intermediary variables" that come between implementation of SEL strategies and prevented suicides. In other words, the development of social-emotional skills and mindsets can create positive change in suicide risk and protective factors, which then contribute to long-term changes in suicide-related behaviors.

Related Resources

Social-Emotional Learning and Preventing Youth Suicide: https://www.cfchildren.org/wp-content/uploads/policy-advocacy/sel-youth-suicide-prevention.pdf

Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: https://nap.nationalacademies.org/catalog/25201/fostering-healthy-mental-emotional-and-behavioral-development-in-children-and-youth

CDC School Connectedness Strategy Guide & Staff Development: https://drive.google.com/file/d/1S184v4QjaT1EqL-qcc81JCdzcZpZaCUT/view?usp=drive_link

EDC Solutions, Education and Wellbeing SEL Services: https://solutions.edc.org/solutions/education-well-being/services/browse-services

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Appendices

Appendix 1: School Staff Roles in Suicide Prevention

The following information provides common roles school staff play in suicide prevention. Your school may engage staff in different roles or additional roles based on what you identify as the most effective in your local community.

For additional guidance on common staff roles and responsibilities in school suicide prevention, read the following Suicide Prevention Resource Center resources:

- Preventing Suicide: The Role of High School Teachers
- Preventing Suicide: The Role of High School Mental Health Providers

ADMINISTRATIVE STAFF

- Responsible for developing and maintaining relationships with community partners centered on student mental health and suicide prevention
- Responsible for establishing, overseeing, and updating policies and protocols related to suicide prevention
- Responsible for ensuring that trainings on suicide prevention occur and that the school community is aware of policies and protocols
- Responsible for promoting a culture supportive of student wellness across the school environment
- Often responsible for communicating with and notifying parent/guardians on school policies, protocols, and services related to suicide prevention

MENTAL HEALTH STAFF (SCHOOL COUNSELORS, SCHOOL SOCIAL WORKERS, OR OTHER MENTAL HEALTH PROVIDERS)

- Responsible for providing support to youth in distress or struggling with thoughts of suicide
- Responsible for providing lethal means counseling (see Appendix 4) to students who are at risk for suicide and their families
- Responsible for supporting the rollout of suicide risk screenings and assessments if conducted in the school (or collaborating with outside mental health providers in conducting screenings and assessments)
- Responsible for implementing the safety planning intervention with youth identified as at risk for suicide if conducted in the school (or collaborating with outside mental health providers in conducting safety planning)
- Responsible for referring youth in need of additional mental health services to community providers
- Often responsible for communicating with parents/guardians when a student is experiencing a suicidal crisis

CRISIS RESPONSE STAFF

- Responsible for responding and supporting youth in and/or after a suicide-related crisis (often includes mental health staff)
- Responsible for implementing the safety planning intervention with youth identified as at risk for suicide if conducted in the school (or collaborating with outside mental health providers in conducting safety planning)
- Responsible for carrying out established protocols for suicide-related crisis, attempts, and deaths
- Often responsible for notifying parents/guardians and the wider school community of a student death by suicide

OTHER STAFF

- Responsible for knowing the warnings signs of suicide and school policies and protocols on how to respond
- Responsible for connecting students they believe are at risk for suicide with school mental health professionals or crisis response team members according to school protocols
- Responsible for promoting SEL skill development and/or the promotion of protective factors for suicide
- Responsible for promoting a culture of wellness

Appendix 2: List of Key Community Partners

(Adapted from SAMHSA's Preventing Suicide: A Toolkit for High Schools)

The following types of community partners may be helpful in implementing components of your school's suicide prevention program (listed alphabetically).

Please keep in mind that this list is not exhaustive, nor should you consider every partner listed below as a required member of your school district efforts. Some partners will be excited and ready to participate in suicide prevention and some may not be. Involve those partners that can provide services, expertise, and/or resources to help inform and support your youth suicide prevention efforts.

- Child welfare providers
- Clergy
- Community health department staff, including injury and violence prevention and maternal and child health professionals
- Coroner or medical examiner
- County social services staff
- Crisis center workers (including local 988 Suicide and Crisis Lifeline staff or volunteers)
- Emergency medical technicians (EMTs), fire and rescue personnel, and first responders
- Health care providers
- Hospital staff, including emergency department staff
- Immigrant and refugee organization staff
- Juvenile justice professionals
- Leaders representing the cultural communities of your students
- LGBTQ+ youth-serving program staff
- Media representatives
- Mental health providers/community mental health agency staff
- Police
- Substance abuse counselors
- Youth development professionals (e.g., from YMCA, Boys and Girls Clubs of America, community youth centers)
- Other (You know your community best! Are there other helpful community partners invested in promoting youth well-being in your community? Involve them as well!)

In tribal communities consider including Indian Health Service hospitals, clinics, primary care providers, and tribal behavioral health and social service programs.

Appendix 3: K–12 Screening and Assessment Considerations

As your school district prepares to strengthen its use of suicide risk screenings and assessments, there are many feasibility considerations to keep in mind. Your school team will want to ensure that the entire school system and community are prepared for the rollout of screenings and assessments prior to their use. A list of the most common factors influencing the use of K–12 screenings and assessments is provided below.

PAIRING SUICIDE RISK SCREENINGS AND ASSESSMENTS

Suicide risk screenings are used to identify specific students from within a larger population who may be at risk for suicide. They cannot be used to assess a student's current level of crisis or risk. Instead, screenings help school systems to flag youth who need additional follow-up through suicide risk assessments.

Suicide risk assessments should be provided to all students who screen positive for suicide risk. Assessments can also be provided when school staff report that a student is demonstrating concerning behaviors or the warning signs of suicide or a behavioral health crisis. The assessment is specifically used to assess a student's current level of crisis or risk. Assessments do NOT predict long-term suicide risk. Instead, they indicate whether a student needs crisis intervention services at this moment in time.

Because of their different purposes, suicide risk screenings and suicide risk assessments will be most effective when they are rolled out together. When providing suicide risk screenings to students, school should be prepared to immediately follow up on any positive screenings with risk assessments.

IMPLEMENTING UNIVERSAL VS. SELECTIVE AND INDICATED SCREENINGS

Universal screenings are screenings that are given to an entire student population. Schools that implement universal screenings will experience large increases in the number of youth flagged for suicide risk and who require follow-up and more in-depth suicide-risk assessments. However, some of these students may be false positives, but schools will not know this without proper follow-up and assessment. Schools that implement universal screenings will need the time, capacity, resources, and mental health providers (whether internal or through external community partners) to follow-up with, assess, and support all youth flagged as at risk
for suicide.

Selective screenings are screenings that are given to a subgroup of students who may be at an increased risk for suicide (e.g., students currently receiving Tier 2 and 3 services in schools or all students currently receiving mental health services in the school mental health center).

Indicated screenings are screenings that are given to students who are demonstrating the warning signs of suicide. Selective and indicated screenings will produce fewer false positives because you will be offering them to a smaller number of students. However, only using selective and indicated

screenings may mean that some students who are at risk for suicide never participate in a school suicide risk screening.

It takes significant mental health provider capacity to effectively rollout universal suicide risk screenings in schools. Schools should intentionally consider what screening processes are feasible, practical, and effective. Often schools may begin by implementing selective and indicated screening with the goal of developing the capacity for universal screenings over time.

CHOOSING EVIDENCE-BASED SUICIDE RISK SCREENINGS AND ASSESSMENTS

There are a variety of evidence-based suicide risk screenings and assessments available. Schools should select screenings and assessments that have been tested and shown effective with youth populations. Some screenings tools have also been tested and shown effective with additional youth subpopulations such as Black, Latin American, American Indian, Alaskan Native, and LGBTQ. Schools should select screenings and assessments that are appropriate for their community.

Screenings and assessments can vary in their length and format. Choose the screenings and assessments that can be feasibly integrated into your school system's or staff's daily interactions with youth.

> Visit Zero Suicide's Children's Hospital Toolkit Identify webpage for a list of available evidence-based screenings and assessments, that have been tested and validated with youth

STAFF TRAINING IN SUICIDE RISK SCREENINGS AND ASSESSMENTS

While a variety of staff can be trained to implement suicide risk screenings, it is the sole role of mental health providers to conduct suicide risk assessments. Any staff responsible for the rollout of screenings or assessments should be adequately trained in their use.

Evidence-based screenings will include step-by-step instructions for their rollout, and the staff tasked with providing them to students should be trained in how to follow those instructions, how to interact with students who screen positive, and how to connect those students to mental health providers in charge of conducting risk assessments.

Evidence-based risk assessments will also include instructions for their use, but they will usually require more in-depth training on properly implementing the assessment tools and interpreting their results. Turn to the individual assessment tool's listed instructions and training requirements prior to their rollout and ensure mental health staff receive annual training on how to use assessment tools.

PROTOCOLS AND POLICIES AND SUICIDE RISK SCREENINGS AND ASSESSMENTS

Your school's protocols and policies for providing mental health services to students should explicitly describe when, where, how, and by whom suicide screenings and risk assessments are provided. These protocols and policies are important for laying out what staff members are responsible for screenings versus assessments, when staff members are expected to offer a screening and an assessment to

students, and how students are referred to mental health services following a positive screening and/or suicide risk assessment.

Protocols and policies can guide staff offering screenings and assessments and protect the school from potential litigation. Protocols and policies can also be used to ensure parents understand how students are supported following a positive suicide risk screening or assessment.

PARENTAL/GUARDIAN CONSENT FOR SUICIDE RISK SCREENINGS AND ASSESSMENTS

Schools should be familiar with their state and local laws on parental consent in student health services, screenings, and assessments and can usually find this information by reaching out to their local education agency (LEA) or state department of education.

In many states and jurisdictions, **active parental consent** is required for suicide risk screenings and assessments. In active consent, a parent must sign and return a form consenting for their child to participate in screenings and assessments.

Some states and jurisdictions may allow schools to gather **passive parental consent**, which requires notification to parents/guardians of screenings and assessments but assumes parent/guardian consent following notification. In passive consent, a parent/guardian must sign a form refusing youth participation.

Schools can consider multiple methods for gathering parent/guardian consent. For example, schools can request consent for student participation in suicide risk screenings and associated assessments at the beginning of each school year through the annual parent orientation process. Schools can also provide parents/guardians with samples of the screening and assessment protocols and policies, example situations in which they would be implemented, and how parental consent will be obtained at the time of implementation. This preparation can make gathering parental consent at the time of screenings or assessments easier.

In some states, there may be situations in which parental/guardian consent for suicide risk assessments can be waived—such as when a student is believed to be at immediate risk of harming themselves or others. Turn to your local legislation and policies for any guidance on situations when consent may be waved.

> Regardless of state parental consent requirements, schools will benefit from actively communicating with parents/guardians and seeking their feedback on plans, policies, and protocols around suicide risk screenings and assessments BEFORE they are implemented.

Appendix 4: Lethal Means in Suicide Prevention

WHAT ARE LETHAL MEANS?

The term lethal means in suicide prevention refers to the method of a suicide or suicide attempt.

Lethal means can include a variety of methods for suicide. Some of the most common methods discussed in the field of suicide prevention follow:

- Cars
- Cutting
- Firearm
- Jumping
- Poisoning
- Train

WHY ARE LETHAL MEANS IMPORTANT?

The experience of a suicidal crisis normally only occurs for a short period of time. In research by Hawton (2007):

- 87% of suicide attempt survivors shared that less than 1 day passed between when they decided to kill themselves and when they made an attempt.
- 71% said that 1 hour or less passed between their decision to kill themselves and their attempt.
- 24% said less than 5 minutes passed.

Similarly, research on reducing access to specific methods of suicide, such as putting in place barriers where individuals jump as a suicide method, has shown significant decreases in attempts at locations where access was restricted (Okolie et al., 2020).

Evidence shows that restricting access to methods of suicide while someone is in crisis can save lives. If youth are unable to access means when experiencing a suicidal crisis, it is likely that the crisis will pass.

HOW ARE LETHAL MEANS ADDRESSED IN SUICIDE PREVENTION?

There are two primary strategies for reducing access to means of suicide:

1. Lethal means counseling, where a trained health or mental health provider asks youth struggling with thoughts of suicide whether they have plans for suicide and then works with the family to reduce the youth's access to their described suicide method.

   For example, if a youth shares that they are planning to overdose with pills, the mental health provider can coordinate with the family to ensure medication is temporarily removed from the house and/or that any essential medication for family members is stored in a locked location while the youth is struggling.

Similarly, if a youth describes using a family firearm to kill themselves, the family can temporarily remove firearms from the home by storing them with a trusted loved one, seeking out information on whether local shooting ranges or police offices provide temporary firearm storage facilities, and engaging in overall safe firearm storage by keeping the unloaded weapon in a locked safe.

Visit zerosuicide.org to participate in the free online course Counseling on Access to Lethal Means.

Visit the American Academy of Pediatrics for a free Counseling on Access to Lethal Means Course developed for healthcare providers working with youth.

2. Reduce access to a suicide method in an entire community or setting.

   For example, the installation of nets or other barriers in a parking garage to prevent jumping impacts the entire community, but they can also save the life of someone in that community who experiences a suicidal crisis. Similarly, policies preventing minors from purchasing handguns are population-level prevention efforts.

   Reducing access to means of suicide should be seen as one prevention strategy within a systemwide approach to suicide prevention. While preventing suicidal actions when youth are in crisis is important. It is equally important to invest in promoting youth mental health and development to reduce the likelihood that they experience a suicidal crisis. Likewise, ensuring all youth who are struggling receive effective mental health care is essential for their long-term well-being. Visit the Suicide Prevention Resource Center's Effective Prevention Model to learn more about creating a comprehensive approach to suicide prevention.

WHERE CAN I LEARN MORE ON LETHAL MEANS?

- Harvard T. H. Chan School of Public Health: Means Matter
- SAVE: Lethal Means Safety
- Suicide Prevention Resource Center: Reduce Access to Means of Suicide

CITATIONS

Hawton K. (2007). Restricting access to methods of suicide. Crisis: The Journal of Crisis Intervention and Suicide Prevention 28(S1), 4–9. https://doi.org/10.1027/0227-5910.28.S1.4

Okolie, C., Wood, S., Hawton, K., Kandalama, U., Glendenning, A. C., Dennis, M., Lloyd, K., & John, A. (2020). Means restriction for the prevention of suicide by jumping. Cochrane database of systematic reviews. https://doi.org/10.1002/14651858.CD013543

Appendix 5: Sustainability Primer

Multi-Tiered Suicide Prevention (MTSP) for Schools Sustainability Primer

WHAT IS SUSTAINABILITY?

Sustainability is the ability to maintain or support a process continuously over time.

WHAT DOES SUSTAINABILITY LOOK LIKE IN MTSP?

MTSP focuses on systems sustainability. This requires a focus on sustaining relevant policies, practices, partnerships, and continuous quality improvement (CQI) processes within multi-tiered systems of support (MTSS).

MTSP will support school teams in developing 5 key areas of sustainability across EDC's 6 key components of school suicide prevention. These include:

- Staff Education
- CQI
- Student Wellness Teams
- Community Partnerships
- Funding

Each of these sustainability areas contribute to multiple suicide prevention components.

WHAT FACTORS SHOULD CONTRIBUTE TO THE SELECTION OF A SUSTAINABILITY RANKING IN THE MTSP ASSESSMENT?

As you complete the MTSP Assessment, you will be asked to consider where your school district falls within a scale ranging from being "unaware" of an item to "sustaining" an item. Selecting "sustaining" within an item indicates that your school district has done the following:

- Fully achieved the item as described in the assessment and companion guide
- Provided relevant staff education or training necessary for the item
- Established CQI processes (e.g., processes for monitoring challenges, successes, and other factors related to the item over time)
- Created clear responsibilities for staff, volunteers, and/or community partners in achieving and/or maintaining the item
- Identified whether ongoing funding is needed to support the item. If ongoing funding is necessary, identified internal or external funding sources to cover costs related to the item

If an item is lacking these things, it should not yet be ranked as "sustaining" in the MTSP assessment.

WHERE CAN I LEARN MORE ABOUT SUSTAINABILITY?

Visit these favorite EDC resources on sustainability for suicide prevention and schools:

- Community-Led Suicide Prevention toolkit: Sustainability element https://communitysuicideprevention.org/element/sustainability/
- SPRC Strategic Planning Approach to Suicide Prevention: Implement, Evaluate, & Improve https://sprc.org/effective-prevention/strategic-planning/step-6-implement-evaluate-and-improve/
- KQED Blog: Five Ways to Sustain School Change Through Pushback, Struggle, and Fatigue https://www.kqed.org/mindshift/50675/five-ways-to-sustain-school-change-through-pushback-struggle-and-fatigue