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PREVENTING SUICIDE

A Toolkit for High Schools

There are two Study Guides in this Course 5P-A, and there is a quiz for each Study Guide.

This document contains Study Guide 1 and Study Guide 2 of Course 5P-A. Begin reading Study Guide 1 on the following page.

Substance Abuse and Mental Health Services Administration
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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Introduction to How the Study Guides and Quizzes Are Arranged for This Course

This document contains BOTH Study Guide 1 AND Study Guide 2 of Course 5P-A, because there are some references in Study Guide 2 which link back to Study Guide 1 - and we have linked those for you, so that you can easily jump back if you want to do so. Each Study Guide has its own quiz.

You can print both Study Guides at once if you want to do so. If you decide to print, you may want to print only pages 1-86 because after page 86 there are seveal pages of Resource material, upon which you won't be quizzed.

On your screen, the page numbers in the Index are ACTIVE LINKS. Just click the page numbers to go to a specific page or topic.

Study Guide 1 begins HERE, and it ENDS on page 56. You can then take the Quiz for Study Guide 1 (i.e., Quiz 1), or you can take it later, after you finish reading Study Guide 2.

You can continue reading Study Guide 2 in this same document, beginning on page 57 and ending on page 86.

In your account for this course, you will see separate links to the two Quizzes: A link to Quiz 1, and a link to Quiz 2. You will see them if you click the link that is the name of this course, on your My Home Page. Quiz 1 covers Study Guide 1. Quiz 2 covers Study Guide 2.

Note: Following Study Guide 2 (which ends on page 86), you will find some supplemental RESOURCE information. You will not be quizzed on the Resource material. It is presented simply for further information on this subject, in the event that you want to explore the topic further. That supplemental information has been pulled together by SAMHSA.

Disclaimer: Some of the external links referenced in this published document may have been changed without notice at the federal level. We have identified these where possible and have updated them.

Cheers! CEU By Net

PREVENTING SUICIDE:
A Toolkit for High Schools

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

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Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

The people depicted in this toolkit are models only. They are not included to illustrate the mental health issues addressed in this toolkit nor do the authors of this document have any reason to believe that they experienced any of the mental health issues addressed in this toolkit.

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This publication may be downloaded or ordered at http://store.samhsa.gov/product/SMA12-4669 or by calling SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727). The Toolkit is available in English.

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CONTENTS

Study Guide 1 of Course 5P-A covers ONLY CHAPTER 1 of the Index below, ending on Page 56. Study Guide 2 of Course 5P-A covers ONLY Chapter 2 of the linked Index below, beginning on page 57 and ending on Page 85. There is one quiz for each of these Study Guides (Quiz 1 and Quiz 2). To take the quizzes, you must first ENROLL in the course, and then go back to your My Home Page, where you will click the blue link for Course 5P-A.

Note: If you are looking for a particular tool that is mentioned in the text, e.g., Tool 1B, you can quickly locate it by returning to the INDEX. Just click the page number to the right of the name of the tool and it will take you directly to that tool.

Introduction

To
Chapter 1
(Study Guide 1)

INTRODUCTION

Preventing Suicide: A Toolkit for High Schools was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. The information and tools in this toolkit will help schools and their partners:

- Assess their ability to prevent suicide among students and respond to suicides that may occur
- Understand strategies that can help students who are at risk for suicide
- Understand how to respond to the suicide of a student or other member of the school community
- Identify suicide prevention programs and activities that are effective for individual schools and respond to the needs and cultures of each school's students
- Integrate suicide prevention into activities that fulfill other aspects of the school's mission, such as preventing the abuse of alcohol and other drugs

Suicide prevention efforts in high schools are usually led by school counselors, mental health professionals, or social workers. But it is important to remember that no one—not the principal, not the counselor, and not the most passionate and involved parent—can establish effective suicide prevention strategies alone. The participation, support, and active involvement of others in the school and community are essential for success.

Chapter 1 will help you:

- Begin to identify the school staff and community partners who can help
- Generate support for suicide prevention in the school system and community
- Prioritize and select programs and activities that are right for your school

Chapters 2–7 describe the steps necessary to implement the components of a comprehensive school-based suicide prevention program. Most chapters include tools to help you carry out these steps, including forms, worksheets, factsheets, and guidelines.

The "Resources" section is an annotated directory of suicide prevention resources.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"What happened in our district could happen anywhere."

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009a).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- For each suicide death among young people, there may be as many as 100–200 suicide attempts (McIntosh, 2010).
- Approximately 1 out of every 15 high school students attempts suicide each year (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide death rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

   - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students (Epstein & Spirito, 2009).

- Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
- Efforts to promote safe schools and adult caring also help protect against suicidal ideation and attempts among LGB youth (Eisenberg & Resnick, 2006).
- Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and can affect academic performance. According to the 2009 Youth Risk Behavior Survey (CDC, 2010b):

   - Approximately 1 of 2 high school students receiving grades of mostly Ds and Fs felt sad or hopeless. But only 1 of 5 students receiving mostly grades of A felt sad or hopeless.
   - 1 out of 5 high school students receiving grades of mostly Ds and Fs attempted suicide. Comparatively, 1 out of 25 who receive mostly A grades attempted suicide.

3. **A student suicide can signi icantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the "copycat effect"). This may result in the relatively rare phenomenon of "suicide clusters" (unusually high numbers of suicides occurring in a small area and brief time period) (Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

   - Failure to notify parents if their child appears to be suicidal
   - Failure to get assistance for a student at risk of suicide
   - Failure to adequately supervise a student at risk of suicide

What about FERPA?

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

School Connectedness

School connectedness "is the belief by students that adults and peers in the school care about their learning as well as about them as individuals" (CDC, 2009b). Making positive changes to the school climate—increasing students' sense of connectedness to the school—can result in improved academic achievement and healthy behaviors among students. Strategies for building connectedness include (CDC, 2009b):

- Providing students with the academic, emotional, and social skills necessary to be actively engaged in school
- Using effective classroom management and teaching methods to foster a positive learning environment
- Creating decision-making processes that facilitate student, family, and community engagement; academic achievement; and staff empowerment
- Providing education and opportunities to enable families to be actively involved in their children's academic and school life
- Creating trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities
- Providing professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of students

Although suicidal behavior is one of the negative behaviors that can be reduced as connectedness increases, strategies to increase connectedness should not be substituted for the types of suicide prevention strategies described in this toolkit. However, combining suicide prevention with efforts to increase connectedness is a powerful strategy for furthering both goals.

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which specific components are implemented in a particular sequence. These components include:

- **Protocols for helping students at risk of suicide, including:**
  - » A protocol for helping students who may be at risk of suicide
  - » A protocol for responding to students who attempt suicide at school
  - » Agreements with community providers to provide behavioral health services to students
- **Protocols for responding to suicide death, including:**
  - » Steps to take after the suicide of a student or other member of the school community
  - » Staff responsible for taking these steps
  - » Agreements with community partners to help in the event of a suicide
- **Staff education and training, including:**
  - » Information about the importance of suicide prevention for all staff
  - » Training, for all staff, on recognizing and responding to students who may be at risk of suicide.
  - » Training, for appropriate staff, on assessing, referring, and following up with students identified as at risk of suicide.
- **Parent education, including:**
  - » Information for parents about suicide and related behavioral health issues
  - » Strategies to engage parents in suicide prevention programs
- **Student education, including:**
  - » One or more programs to engage students in suicide prevention
  - » Integration of suicide prevention into other student healthy behavioral health initiatives
- **Screening:**
  - » A suicide screening program
  - » Parent, staff, and community mental health provider support for screening

Preventing Suicide: A Toolkit for High Schools will help you implement these components. The toolkit represents the best available evidence and expert opinion on preventing suicide among high school students. It is recommended that you review the entire toolkit before starting to implement any one component.

Suicide Prevention and Behavioral Health

In this toolkit, we use SAMHSA's definition of behavioral health: "the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illnesses, and/or mental disorders." SAMHSA has articulated the philosophy that "behavioral health is essential to the Nation's health." Schools have an essential role to play in preventing suicide and in promoting behavioral health among America's young people.

CHAPTER 1

Getting Started

The steps in Chapter 1 will answer these questions:

- What are the most critical steps you should take to protect your students from suicide?
- How can you engage administrators in suicide prevention?
- Which school staff and community partners should be involved from the beginning?
- How can you educate yourself and the school community about suicide prevention?

A STRATEGIC APPROACH TO PREVENTING SUICIDE IN SCHOOLS

Suicide prevention experts agree that the most effective way to prevent suicide is to use a number of complementary strategies (which will be described in this toolkit). But even schools fortunate enough to have the resources to implement all of these strategies should not try to do them all at the same time.

A comprehensive school-based suicide prevention program should be built on a foundation that responds to the most serious issues faced by students and the school—a student at high risk of suicide and a death by suicide of a student (which could put other students at risk).

The two essential components that every school should have in place are:

- Protocols for helping students at possible risk of suicide
- Protocols for responding to a suicide death (and thus preventing additional suicides)

Every school should have these two sets of protocols in place regardless of whether they are going to implement any additional suicide prevention activities. For guidance in creating these protocols, see Chapters 2 and 3 of this toolkit.

It is essential to implement protocols for responding to students at possible risk of suicide ***before*** implementing strategies to help identify students at risk of suicide (such as training staff to recognize suicide risk). Identifying students who are at risk of suicide will be more likely to prevent suicide when the procedures that ensure these students receive appropriate services are in place. Only after creating these procedures is a school ready to implement other suicide prevention strategies.

After developing the two critical protocols, all staff should be engaged in suicide prevention. This should include the following:

- Educating all staff about the importance of suicide prevention
- Training all staff to recognize suicide risk
- Training selected staff to assess and refer students at risk of suicide to appropriate services

After a school has created and implemented these three components (the two essential protocols and the staff education and training outlined above), it is ready to implement additional suicide prevention strategies, including:

- Educating parents about behavioral health promotion and suicide risk
- Educating and involving students in behavioral health promotion and suicide prevention
- Screening students for suicide risk

For guidance on these strategies, see Chapters 5, 6, and 7 of this toolkit.

STEPS FOR GETTING STARTED

These steps for getting started are not entirely sequential. You may want to complete them in a different order—or carry out several of them at the same time.

Step 1. Engage administrators, school boards, and other key players.

The support of school administrators—especially principals—is essential to any activity carried out within a school. The support of other key players, including superintendents and school board members, can also be crucial for success. School leaders may be reluctant to undertake a suicide prevention initiative because of the sensitive nature of this issue or because of competing demands. Here are some suggestions for gaining their support:

- **Explain why it is important to address suicide risk among students.** To gain the support of administrators, school leaders, and other stakeholders, use *Tool 1.A: Suicide Prevention: Facts for Schools*. Another useful resource is the free video "School-Based Suicide Prevention: A Matter of Life and Death," in which school administrators and staff share their experiences of facing the suicide of a student. See Getting Started—Information Sheets in the "Resources" section in this toolkit for information on this video.
- **Highlight data and information specific to your district, State, or tribe.** Local statistics on suicidal behavior can be very persuasive in convincing stakeholders that action needs to be taken. The Centers for Disease Control and Prevention's Youth Risk Behavior Survey has a Web page at http://www.cdc.gov/healthyyouth/yrbs/state_district_comparisons.htm which

includes State and district-level data.

- **Share your plans.** Emphasize that you will take advantage of the many existing suicide prevention programs that are considered best practices, and that these strategies can be easily integrated into the activities already in place at the school.

Step 2. Bring people together to start the planning process.

Having the right people in the right room is essential to any successful planning process. Some schools may want to start by convening a group composed of staff members and then reach out to the community. Other schools may want to involve both staff and community partners from the start.

Engage school staff.

You will find it easier to chart a realistic course of action if you engage school staff from various disciplines and areas of responsibility from the beginning. It is important to have people with mental health expertise, such as a school counselor or social worker, involved in planning and possibly leading suicide prevention activities.

Your school may have teams responsible for health or behavioral health issues, such as a crisis response team or a health promotion team. If you do, consider adding suicide prevention to their mission and involving members of these teams as you assign responsibility for suicide prevention strategies.

It is important to understand that the reluctance of some staff to become involved with the team may be a result of their own personal experiences with suicide or suicide risk. These personal histories, and the desires of staff not to reveal them, need to be respected.

Tool 1.B: Chart of School Staff Responsibilities will help you decide who should be involved in planning and implementing the specific components of your suicide prevention program. Begin by filling in the names of staff who will be responsible for taking the steps outlined in this chapter.

School staff may also want to engage students and parents in the planning process. Take advantage of existing mechanisms for involving students and parents in the development of school policies and implementation of new programs.

Engage community partners.

Schools need community support to help prevent suicide. If your community has a suicide prevention coalition or group, contact it as soon as you get started. Your State or tribal suicide prevention contact can help you identify suicide prevention coalitions in your community. For a list of State and tribal suicide prevention contacts, visit the Suicide Prevention Resource Center Web site:

State contacts: http://www.sprc.org/states/all/contacts

Tribal contacts: http://www.sprc.org/grantees/listing

You should also reach out to leaders from the ethnic and cultural communities represented in your school. They can be critical in ensuring that your efforts are culturally competent and effective in reaching the students and parents from these communities.

Tool 1.C: Chart of Community Partners will help you identify the individuals and agencies you might want to engage in your school's suicide prevention efforts. In addition, each chapter includes a process for identifying community partners that can help implement particular activities. Use Tool 1.C. to identify the community partners you need to get started, that is, to take the steps described in this chapter.

Step 3. Provide key players with basic information about youth suicide and suicide prevention.

The following tools will help your staff and community partners gain a basic understanding of suicide prevention:

Tool 1.A: Suicide Prevention: Facts for Schools includes an overview of the problem of adolescent suicide and the role schools can play in prevention.

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets describes characteristics that increase risk of and protection against suicide as well as warning signs that someone may be at risk of imminent harm. This is important information for all staff and will be referenced in subsequent activities.

Tool 1.E: Data on Youth Suicide includes information on suicide deaths, attempts, and methods among young people ages 13–19.

Tool 1.F: Suicide and Substance Abuse Information Sheet provides information on substance abuse as a major risk factor for suicide and the implications of that for prevention.

Tool 1.G: Suicide and Bullying Information Sheet provides information on bullying as a major risk factor for suicide and the implications of that for prevention.

The Getting Started part of the "Resources" section in this toolkit contains other background documents and factsheets to share with staff.

Step 4: Develop your overall strategy.

Assess your current policies, programs, and school culture.

Before developing an overall strategy for your school, it is important to understand the programs and policies in your school, community, or State that could facilitate, obstruct, or otherwise affect your work.

- **Determine whether there are policies,** either State, district, Bureau of Indian Education, or tribal, to which your activities must conform, e.g., training for staff, training for students, or protocols for suicide prevention or intervention.

- » The State Information pages of the Suicide Prevention Resource Center Web site list State policies on suicide prevention in schools: http://www.sprc.org/states
- » The Suicide Prevention Action Network (SPAN) USA Web site has updates on all State legislation related to suicide prevention: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=DDB4817F-AFFD-AB5B-65FFA5FF8FD4DDCC
- » For Bureau of Indian Education policies, send an email to juanita.keesing@bie.edu or call the Bureau of Indian Education Central Office at 202-208-5962.
- » Federal civil rights laws require reporting and preventing discrimination based on sex or disability, which are also potential risk factors for suicide.

- **Assess the health and behavioral health programs** you may already have in place that could be enhanced with suicide prevention activities. These programs could include those designed to build connectedness; improve the school climate; or prevent bullying, violence, or the abuse of alcohol and other drugs. The School Health Index is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs: http://www.cdc.gov/healthyyouth/shi/index.htm.
- **Inventory the suicide prevention programs** in your district and community. Contact your local mental health department to learn about other programs in your area. You can also get in touch with your State or tribal suicide prevention contact person to learn about programs in your community:
  - State contacts: http://www.sprc.org/states/all/contacts
  - Tribal contacts: http://www.sprc.org/grantees/listing
- **Learn how the different cultures** represented among the students in your school address behavioral health issues and suicide risk, and take that into consideration in developing your strategy. For additional guidance, see *Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet*.
- **Consider how to address obstacles** you might face. For example, some people might question whether schools should be involved in suicide prevention. You can address this objection with the information provided in *Tool 1.A: Suicide Prevention: Facts for Schools*.

Select components of a comprehensive approach.

After assessing the policy environment and the existing programs in your school into which suicide prevention strategies can be integrated, you can begin choosing programs and activities to implement. It is important to remember that the field of suicide

prevention is relatively young. Even the most carefully constructed and rigorously evaluated suicide prevention program will have limitations as well as strengths. No program can claim universal effectiveness (Gould, Greenberg, Velting, & Shaffer, 2003; Gould, Klomek, & Batejan, 2009; Guo & Harstall, 2002; Miller, Eckert, & Mazza, 2009). Thus, it is important to examine the evaluation and research to ensure that the programs and activities you choose are the best fit for your school.

- Use *Tool 1.I: Checklist of Suicide Prevention Activities* to assess what you already have in place and what is missing. Compare your protocols with those recommended in Chapter 2 (Protocols to help students at possible risk of suicide) and Chapter 3 (Protocols to respond appropriately to a death by suicide). You may find that your protocols need to be revised or enhanced. Completing this checklist will prepare you to embark upon the steps outlined in Chapters 2–7.

- Review *Tool 1.J: Matrix of School-Based Suicide Prevention Programs*. This matrix lists all the school-based suicide prevention programs currently in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). This matrix can help you choose programs to use in your school. *Tool 1.K: Suicide Prevention Registries Information Sheet* provides more information about the NREPP and BPR.

CHAPTER 1: GETTING STARTED TOOLS

Tool 1.A: Suicide Prevention: Facts for Schools

Tool 1.B: Chart of School Staff Responsibilities

Tool 1.C: Chart of Community Partners

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

Tool 1.E: Data on Youth Suicide

Tool 1.F: Suicide and Substance Abuse Information Sheet

Tool 1.G: Suicide and Bullying Information Sheet

Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Tool 1.I: Checklist of Suicide Prevention Activities

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

Tool 1.K: Suicide Prevention Registries Information Sheet

Tool 1.A: Suicide Prevention: Facts for Schools

This factsheet can help you gain the support of administrators, school leaders, and other stakeholders for implementing suicide prevention initiatives in high schools. It includes an overview of the problem of adolescent suicide, explains why it is important to address suicide risk among students, and discusses the role that schools can play in prevention.

The information in this factsheet was also included in the Introduction. This handout can be found in the "Handouts" section of this Toolkit, which begins on page 209.

Tool 1.A

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2009).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

   - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs can also reduce suicide risk among students (Epstein & Spirito, 2009).
   - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
   - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and suicide attempts among LGB youth (Eisenberg & Resnick, 2006).
   - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

    - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.
    - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

    - Failure to notify parents if their child appears to be suicidal
    - Failure to get assistance for a student at risk of suicide
    - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school. You can download this toolkit free of charge from http://store.samhsa.gov/product/SMA12-4669.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

REFERENCES

Blum, R. W., McNeely, C., & Rinehart, P. M. (2002). Improving the odds: The untapped power of schools to improve the health of teens. Minneapolis: Center for Adolescent Health and Development, University of Minnesota. Retrieved from http://www.med.umn.edu/peds/ahm/prod/groups/med/@pub/@med/documents/asset/med_21771.pdf

Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

Centers for Disease Control and Prevention. (2010a). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. *Morbidity and Mortality Weekly Report, 59*(SS–5). Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf

Centers for Disease Control and Prevention. (2010b). Youth risk behavior surveillance—United States, 2009. Retrieved from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/yrbs_slides_violence.ppt

Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Youth suicide prevention school-based guide—Issue brief 4: Administrative issues*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218–4).

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*(5), 662–668.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

Heron, M. P. (2007). Deaths: Leading causes for 2004. National Vital Statistics Reports, l56(5). Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2011). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: John Wiley & Sons.

Lieberman, R. (2008–2009). Legal lessons: Minimizing risk to districts. *Well Aware: A Suicide Prevention Bulletin for Wyoming School Administrators, 1*(1), 3.

Lieberman, R., Poland, S., & Cowan, K. (2006, October). Suicide prevention and intervention: Principal leadership, 11–15. Retrieved from http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schoools%20NASSP%20Oct%202006.pdf

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J.,…Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*(10), 823–832.

Tool 1.B: Chart of School Staff Responsibilities

As you work on the steps in the chapters of this toolkit, use the chart on the next page to record the names of the people who will play a role in planning and implementing each component of your program. Check the column representing the activities in which they will be involved. Staff with differing areas of expertise will be required to implement the steps in various chapters. However, this does not mean that you will have to establish separate groups for each component, as you will probably find that many staff will be involved in several of the components. The following people may be helpful in planning and implementing components of your school's suicide prevention program:

- Superintendent
- Principal
- Assistant principal
- Curriculum director
- Health educator
- School nurse
- School health coordinator
- Guidance counselor/school counselor
- School social worker
- Student assistance program staff/pupil services coordinator
- Special education staff
- Members of the Crisis Response Team
- School psychologist
- School-based health center and/or mental health center staff
- Child study team member(s)
- School security officer/school resource officer
- Teachers
- Technology staff
- Athletic staff

STAFF	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each staff person will plan and implement.						
Name & Title	Getting Started (Ch.1)	Protocols for Helping Students at Risk of Suicide (Ch. 2)	Protocols for After a Suicide (Ch. 3)	Staff Education and Training (Ch. 4)	Parent/ Guardian Education and Outreach (Ch. 5)	Student Programs (Ch. 6)	Screening (Ch. 7)
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Tool 1.C: Chart of Community Partners

As you go through the steps in each chapter, use the chart on the next page to fill in the names of individuals or agencies in the community who can help you plan and implement that component of your program. Check the column representing the activities in which they will be involved. Some partners will probably be involved with more than one program component. The following types of community partners may be helpful in implementing components of your school's suicide prevention program:

- Leaders representing the cultural communities of your students
- Mental health providers/community mental health agency staff
- Substance abuse counselors
- Crisis center workers
- Healthcare providers
- Community health department staff, including injury and violence prevention and maternal and child health professionals
- Hospital staff, including emergency department staff
- EMTs, fire and rescue personnel, and first responders
- Police
- Clergy
- County social services staff
- Child welfare providers
- Juvenile justice professionals
- Coroner
- Media representatives
- Immigrant and refugee organization staff
- LGBT youth–serving program staff
- Youth development professionals (e.g., YMCA, Boys and Girls Club, community youth center)

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

ORGANIZATION/ INDIVIDUAL	PROGRAM COMPONENT AND RELEVANT CHAPTER Check the box for the component(s) that each organization/individual will work on.						
Name	Getting Started (Ch.1)	Protocols for Helping Students at Risk of Suicide (Ch. 2)	Protocols for After a Suicide (Ch. 3)	Staff Education and Training (Ch. 4)	Parent/ Guardian Education and Outreach (Ch. 5)	Student Programs (Ch. 6)	Screening (Ch. 7)
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Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets

This tool will help educate school staff and other partners about the factors that are associated with suicide risk, the factors that are associated with protection against suicide, and the warning signs of suicide. This tool has been formatted as three separate handouts.

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

This handout can be found in the "Handouts" section of this Toolkit.

RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

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

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

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

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

Risky Behaviors

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

Family Characteristics

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

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion

- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
  - » Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
  - » Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
  - » Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

REFERENCES

Beautrais, A. L. (2003). Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist*, 46(9), 1137.

Berman, A. L., Jobes, D. A., & Silverman, M. M. (2006). *Adolescent suicide: Assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.

Campo, J. V. (2009). Youth suicide prevention: Does access to care matter? *Current Opinions in Pediatrics, 21*(5), 628–634.

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth suicide prevention school-based guide—Issue brief 2: School climate. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218–2)

Eaton, D. K., Lowry, R., Brener, N. D., Galuska, D. A., & Crosby, A. E. (2005). Associations of body mass index and perceived weight with suicide ideation and suicide attempts among US high school students. *Archives of Pediatrics & Adolescent Medicine, 159*(6), 513–519.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(4), 386–405.

Gutierrez, P. M., & Osman, A. (2008). *Adolescent suicide: An integrated approach to the assessment of risk and protective factors*. DeKalb, IL: Northern Illinois University Press.

Joiner, T. E., (2009). Suicide prevention in schools as viewed through the interpersonal-psychological theory of suicidal behavior. *School Psychology Review, 38*(2), 244–248.

Lofthouse, N., & Yage-Schweller, J. (2009). Nonsuicidal self-injury and suicide risk among adolescents. *Current Opinions in Pediatrics, 21*(5), 641–645.

Martin, G., Richardson, A. S., Bergen, H. A., Roeger, L., & Allison, S. (2005). Perceived academic performance, self-esteem and locus of control as indicators of need for assessment of adolescent suicide risk: Implications for teachers. *Journal of Adolescence, 28*(1), 75–87.

Miller, D. N., & Eckert, T. L. (2009). Youth suicidal behavior: An introduction and overview. *School Psychology Review, 38*(2), 153–167.

Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/library/SPRC_LGBT_Youth.pdf

Swahn, M. H., Reynolds, M. R., Tice, M., Miranda-Pierangeli, M. C., Jones, C. R., & Jones, I. R. (2009). Perceived overweight, BMI, and risk for suicide attempts: Findings from the 2007 Youth Risk Behavior Survey. *Journal of Adolescent Health, 45*(3), 292–295.

PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

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

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

REFERENCES

Bearman, P. S., & Moody, J. (2004). Suicide and friendships among American adolescents. *American Journal of Public Health*, 94(1), 89–95.

Beautrais, A. L. (2003). Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist*, 46(9), 1137–1156.

Beautrais, A., Gibb, S., Fergusson, D., Horwood, L. J., & Larkin, G. L. (2009). Removing bridge barriers stimulates suicides: An unfortunate natural experiment. *Australian and New Zealand Journal of Psychiatry, 43*(6), 495–497.

Berman, A. L., Jobes, D. A., & Silverman, M. M. (2006). Adolescent suicide: *Assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.

Birckmayer, J., & Hemenway, D. (1999). Minimum age drinking laws and youth suicide, 1970–1990. *American Journal of Public Health*, 89, 1365–1368.

Borowsky, I. W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatrics & Adolescent Medicine*, 153(6), 573–580.

Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, 31, 489–493.

Brent, D. A., Perper, J. A., & Allman, D. J. (1987). Alcohol, firearms, and suicide among youth: Temporal trends in Allegheny County, Pennsylvania, 1960 to1983. *Journal of the American Medical Association*, 257(24), 3369–3372.

Cha, C., & Nock, M. (2009). Emotional intelligence is a protective factor for suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*. 48(4), 422–430.

Centers for Disease Control and Prevention (CDC). (2009). School connectedness: *Strategies for increasing protective factors among youth.* Atlanta, GA: U.S. Department of Health and Human Services.

Colucci, E., & Martin, G. (2008). Religion and spirituality along the suicidal path. *Suicide and Life-Threatening Behavior*, 38 (2), 229–244.

Education Development Center, Inc. (Revised 2008). *Assessing and managing suicide risk: Core competencies for mental health professionals*. Newton, MA: Suicide Prevention Resource Center, Education Development Center, Inc. in collaboration with American Association of Suicidology.

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39(5), 662–668.

Flouri, E., & Buchanan, A. (2002). The protective role of parental involvement in adolescent suicide. *Crisis, 23*, 1–17.

Goldsmith, S. K. (2001). *Risk factors for suicide: Summary of a workshop*. Washington DC: National Academy Press. National Academy of Sciences. Retrieved from http://books.nap.edu/openbook.php?record_id=10215&page=18

Grossman, D. C., Mueller, B. A., Riedy, D., Dowd, D. M., Villaveces, A., Prodzinski, J., Harruff, R. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *Journal of the American Medical Association*, 293(6), 707–714.

Gutierrez, P. M., & Osman, A. (2008). *Adolescent suicide: An integrated approach to the assessment of risk and protective factors*. DeKalb, IL: Northern Illinois University Press.

Hall-Lande, J. A., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42, 265–286.

Hawton, K., Simkin, S., Deeks, J., Cooper, J., Johnston, A., Waters K., Simpson, K. (2004). United Kingdom legislation on analgesic packs: Before and after study of long term effect on poisonings. *British Medical Journal*, 329(7474), 1076.

Kidd, S., Henrich, C. C., Brookmeyer, K. A., Davidson, L., King, R. A., & Shahar, G. (2006). The social context of adolescent suicide attempts: Interactive effects of parent, peer, and school social relations. *Suicide and Life-Threatening Behavior*, 36(4), 386–395.

King, C., & Merchant, C. R. (2008). Social and interpersonal factors relating to adolescent suicidality: A review of the literature. *Archives of Suicide Research*, 12(3), 181–196.

Pettingell, S. L., Bearinger, L. H., Skay, C. L., Resnick, M. D., Potthoff, S. J., & Eichhorn, J. (2008). Protecting urban American Indian young people from suicide. *American Journal of Health Behavior, 32*(5), 465–476.

Randell, B. P., Wang, W., Herting, J. R., & Eggert, L. L. (2006). Family factors predicting categories of suicide risk. *Journal of Child and Family Studies, 15*(3), 255–270.

Sharaf, A. Y., Thompson, E. A., & Walsh, E. (2009). Protective effects of self-esteem and family support on suicide risk behaviors among at-risk adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 22*(3), 160–168.

Taliaferro, L. A., Rienzo, B. A., Miller, M. D., Pigg, R. M., & Dodd, V. J. (2008). High school youth and suicide risk: Exploring protection afforded through physical activity and sport participation. *Journal of School Health, 78*(10), 545–553.

RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

REFERENCE

Rudd, M. D., Berman, A. L., Joiner, T. E. Jr., Nock, M. K., Silverman, M. M., Mandrusiak, M., . . . Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior, 36*(3), 255–262. Retrieved from http://www.wjh.harvard.edu/~nock/nocklab/Rudd%20et%20al_warning%20signs%20for%20suicide_2006.pdf

Tool 1.E: Data on Youth Suicide

Suicide Deaths among Young People (CDC, 2009)

In 2009, the most recent year for which data are available, 1,852 young people between the ages of 13 to 19 years died by suicide in the United States. Approximately 78 percent of the fatalities were male and 22 percent were female.

During 2009, an additional 2,702 young people between the ages of 20 and 24 years died by suicide. About 84 percent of these fatalities were young men and 16.0 percent were young women. It is possible that many of these deaths could have been prevented if the young people had been identified as being at risk and had received mental health services while they were in high school.

The rates of suicide deaths among 13–24 year olds are as follows:

- American Indian/Alaska Native: 22.11 per 100,000
- White: 9.47 per 100,000
- Asian/Pacific Islander: 6.32 per 100,000
- Hispanic: 6.46 per 100,000
- Black: 5.74 per 100,000

In 2009, suicide was the third leading cause of death for people of both sexes and all races 13–19 years of age. The first and second leading causes of death were unintentional injuries and homicides, respectively.

Suicide Attempts among Young People (CDC, 2010)

Suicide deaths represent only a fraction of the toll that suicidal behavior takes among America's youth. Data from the 2009 Youth Risk Behavior Survey (YRBS)* revealed that in the 12 months preceding the survey:

- 1 out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse. This included 1 out of every 43 (2.3 percent) female students and 1 out of every 62 (1.6 percent) male students.

The YRBS also revealed the following:

- 1 out of every 16 high school students (6.3 percent) reported having attempted suicide at least once. This included 1 out of every 22 male students (4.6 percent) and 1 out of every 12 female students (8.1 percent).
- 1 out of every 9 students (10.9 percent) had made a plan about how he or she would attempt suicide.
- 1 out of every 7 students (13.8 percent) reported having seriously considered attempting suicide during the preceding 12 months.

*The YRBS is a national survey of students in grades 9–12. It uses self-reports to monitor six categories of behaviors, including those that contribute to unintentional injuries, violence, and suicide.

Suicide Methods (CDC, 2009)

These data are from 2009, the latest year for which these specific data are available.

The leading methods (means) by which young people ages 13–19 took their own lives were:

- Suffocation, including hanging (45.2 percent of suicide deaths)
- Firearms (42.7 percent)
- Poisoning, including carbon monoxide (5.8 percent)
- All other means (6.3 percent)

The leading methods among males of this age were:

- Firearms (48.5 percent of suicide deaths)
- Suffocation, including hanging (40.9 percent)
- Poisoning, including carbon monoxide (4.3 percent)
- All other means (6.2 percent)

The leading methods among females of this age were:

- Suffocation, including hanging (60.3 percent of suicide deaths)
- Firearms (22.1 percent)
- Poisoning, including carbon monoxide (11.3 percent)
- All other means (6.4 percent)

REFERENCES

Centers for Disease Control and Prevention (CDC). (2009). Web-based injury statistics query and reporting system (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

Centers for Disease Control and Prevention (CDC). (2010). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. MMWR, 59(SS-5). Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf

Tool 1.F: Suicide and Substance Abuse Information Sheet

Substance abuse is a major risk factor for suicidal behavior among young people (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; U.S. Department of Health and Human Services, n.d.). The National Household Survey of Drug Abuse found that young people ages 12–17 who used alcohol or illegal drugs were more likely to be at risk for suicide than young people who did not use alcohol or drugs (SAMHSA, 2002).

- 19.6 percent of young people who reported using alcohol were found to be at risk of suicide. Only 8.6 percent of young people who did not report using alcohol were at risk.
- 25.4 percent of young people who reported using illicit drugs were found to be at risk of suicide. Only 9.2 percent of young people who did not report using drugs were at risk.
- 29.4 percent of young people who reported using an illicit drug other than marijuana were found to be at risk of suicide. Only 10.1 percent of those who did not report using a drug other than marijuana were at risk.

Substance abuse, suicidality, and depression can share symptoms and risk factors, and often co-occur (Dunn, Goodrow, Givens, & Austin, 2008; Esposito-Smythers and Goldston, 2008). The use of alcohol and other drugs by adolescents can be an attempt to self-medicate, that is, to ease the pain and suffering associated with depression, family dysfunction, and other problems, many of which are also associated with suicide risk. However, a review of data on suicides by people of all ages led researchers to conclude that "the use of alcohol or other drugs might contribute substantially to suicides overall" (CDC, 2006). Others have come to similar conclusions, speculating that alcohol and drugs promote suicide by diminishing critical thinking skills and inhibitions (Makhija and Sher, 2007; Esposito-Smythers and Spirito, 2004). The effect on inhibition may also play a role in the choice of the lethality of the means of suicide. Young people who die by suicide are more likely to have used alcohol or drugs prior to their suicidal act than are young people who attempted suicide but did not die (DeJong et al., 2010). It is also important to understand that almost 96 percent of drug-related suicide attempts by adolescents ages 12–17 who are seen in emergency departments involved prescription drugs (SAMSHA, 2010).

Implications for Prevention

Substance abuse and suicidality can be addressed with common strategies including (1) identifying students suffering from suicidality, substance abuse, or depression and ensuring that they receive help and (2) enhancing overarching protective factors, such as connectedness, which can also improve the school environment and enhance academic achievement. It is also important to educate school staff, students, and parents about the role of alcohol and drugs—including prescription drugs—in adolescent suicide, as well as the relationship among substance abuse, suicide, and depression.

REFERENCES

Centers for Disease Control and Prevention (CDC). (2006). Editorial note. *Morbidity and Mortality Weekly Report, 55*, 1247–1248.

DeJong, T., Overholser, J., & Stockmeier, C. (2010). Apples to oranges?: A direct comparison between suicide attempters and suicide completers. *Journal of Affective Disorders, 124*(1–2), 90–97.

Dunn, M., Goodrow, B., Givens, C., & Austin, S. (2008). Substance use behavior and suicide indicators among rural middle school students. *Journal of School Health, 78*(1), 26–31.

Esposito-Smythers, C., & Goldston, D. (2008). Challenges and opportunities in the treatment of adolescents with substance use disorder and suicidal behavior. *Substance Abuse, 29*(2), 5–17.

Esposito-Smythers, C., & Spirito, A. (2004). Adolescent substance use and suicidal behavior: A review with implications for treatment research. *Alcoholism Clinical and Experimental Research, 28*, 77S–88S.

Goldsmith, S., Pellmar, T., Kleinman, A., & Bunney, W. (Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: National Academies Press.

Makhija, N., & Sher, L. (2007). Preventing suicide in adolescents with alcohol use disorders. *International Journal of Adolescent Medicine and Health, 19*(1), 53–59.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Substance use and the risk of suicide among youths*. The NSDUH Report. Retrieved from: http://www.oas.samhsa.gov/2k2/suicide/suicide.htm

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *The DAWN report: Emergency department visits for drug-related suicide attempts by adolescents: 2008*. Rockville, MD. Retrieved from:http://www.oas.samhsa.gov/2k10/DAWN001/SuicideAttemptsHTML.pdf

U.S. Department of Health and Human Services (DHHS). (n.d.). HHS frequent questions: Does alcohol and other drug abuse increase the risk for suicide? HHS.gov. Retrieved from http://answers.hhs.gov/questions/3176

Tool 1.G: Suicide and Bullying Information Sheet

Bullying is the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use new communication technologies, such as social media and texting, to harass and cause emotional harm to their victims.

Thirty-two percent of the Nation's students (ages 12–18) reported being bullied during the 2007–2008 school year (Dinkes, Kemp, & Baum, 2009). Lesbian, gay, bisexual, and transgender (LGBT) youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Garofalo, Wolf, & Kessel, 1998; Bontempo & D'Augelli, 2002; Berlan, Corliss, Field, Goodman, & Austin, 2010).

Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Children who are *both* victims and perpetrators of bullying are at highest risk (Kim and Leventhal, 2008; Hay and Meldrum, 2010; Kaminski and Fang, 2009).

Young people who are the victims of bullying are at increased risk for suicide (Kim, Leventhal, Koh, & Boyce, 2009) as well as increased risk for depression and other problems associated with suicide (Gini and Pozzoli, 2009; Fekkes, Pipers, and Verloove-Vanhorcik, 2004).

Many children who are bullied have personal characteristics that increase their risk of victimization (Arseneault, Bowes, & Shakoor, 2010). These characteristics include:

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

Many of these characteristics are also risk factors for suicidal behavior and ideation. The authors of the study cited above suggest that the same personal risk factors that can contribute to a child's risk of suicidal behavior can also increase the child's risk of being bullied. Being bullied further heightens the child's risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior). These personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:

- The family, including child maltreatment, domestic violence, and parental depression (Arseneault, Bowes, & Shakoor, 2010)
- The school environment, including a lack of adequate adult supervision (which can be a result of the physical layout of a school), a school climate characterized by conflict, a lack of consistent and effective discipline (Swearer, Espelage, Vaillancourt, & Hymel, 2010), and school size (Bowes, Arseneault, Maughan, Taylor, Caspi, & Moffitt, 2009)

The effects of bullying (especially chronic bullying) on suicidal behavior and mental health are long term and may persist into adulthood (Arseneault, Bowes, and Shakoor, 2010).

Implications for Prevention

Although there is little research on this issue, it would seem that the three areas in which prevention strategies could affect both bullying and suicide are 1) the school environment, 2) family outreach, and 3) identifying and providing appropriate services to students with personal characteristics that increase their risk of being bullied, bullying others, or suicidal behavior. At the same time, attempts to find and use overarching prevention strategies should not ignore the need for interventions that specifically target each problem.

For additional information and resources, see the following:

- StopBullying.gov at http://www.stopbullying.gov/
- Stop Bullying Now at http://www.ask.hrsa.gov/results_materials.cfm?type=stopbully

REFERENCES

Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: 'Much ado about nothing'? *Psychological Medicine*, 40, 717-729.

Berlan, E., Corliss, H., Field, A., Goodman, E., & Austin, S. (2010). Sexual orientation and bullying among adolescents in the Growing Up Today Study. *Journal of Adolescent Health, 46*(4), 366–71.

Bontempo, D., & D'Augelli, A. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health, 30*, 364–374.

Bowes, L., Arseneault, L., Maughan, B., Taylor, A., Caspi, A., & Moffitt, T., (2009). School, neighborhood, and family factors associated with children's bullying involvement: A nationally representative longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry, 48*(5), 545-553.

Dinkes, R., Kemp, J., & Baum, K. (2009). Indicators of School Crime and Safety: 2009 (NCES 2010–012/NCJ 228478). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, DC.

Fekkes, M., Pipers, F., & Verloove-Vanhorick, V. (2004). Bullying behavior and associations with psychosomatic complaints and depression in victims. *Journal of Pediatrics, 144*, 17–22.

Garofalo, R., Wolf, R., Kessel, S., Palfrey S. J., & DuRant, R.H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101(5), 895–902.

Gini, G., & Pozzoli, T. (2009). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics, 123*(3), 1059–1065.

Hay, C., & Meldrum, R. (2010). Bullying victimization and adolescent self-harm: Testing hypotheses from general strain theory. *Journal of Youth and Adolescence, 39*, 466–459.

Kaminski, J., & Fang, X. (2009). Victimization by peers and adolescent suicide in three US samples. *Journal of Pediatrics, 155*(5), 683–8.

Kim, Y., & Leventhal, B. (2008). Bullying and suicide: A review. *International Journal of Adolescent Medicine and Health, 20*(2), 133–54.

Kim, Y., Leventhal, B., Koh, Y., & Boyce, W. (2009). Bullying increased suicide risk: Prospective study of Korean adolescents. *Archives of Suicide Research, 13*, 15–30.

Swearer, S., Espelage, D., Vailancourt, T., & Shelley, H. (2010). What can be done about school bullying? Linking research to educational practice. *Educational Researcher, 39*(1), 38–47.

Tool 1.H: The Implications of Culture on Suicide Prevention Information Sheet

Understanding the cultural context of suicidal behavior is essential for effective prevention. The American Psychological Association defines culture as "belief systems and value orientations that influence customs, norms, practices, and social institutions" of a group (APA, 2002). Culture profoundly influences how people think about suicide, death, and mental illness; how they display emotions or distress; and how they ask for or accept help. Additionally, culture is complex. The cultures of groups sharing common histories and/or heritages are not adequately described by categories such as "Hispanic," "American Indian/Alaska Native," "disabled," "rural," "southern," or "LGBT." Nor is culture static: Cultures change over time.

Creating an effective suicide prevention program requires understanding the cultures of your students and their families. Gaining this understanding entails working with students, families, community leaders, and "cultural mediators" or "cultural brokers." They can provide insight into how you can design and implement culturally competent suicide prevention activities.

This information sheet draws upon one of the few comprehensive reviews of the research on the impact of culture on suicide and suicide prevention (Goldston, et al., 2008) to provide guidance on how you can work to ensure your suicide prevention activities will be appropriate and effective for the cultural context in which they will take place.

Goldston's review of the literature pointed out the impact of culture upon the following:

- **Risk and protective factors.** For example, family support may be a strong protective factor in immigrant families. But such protection can weaken as families become "Americanized" and young people grow more independent.
- **The precipitants of suicidal behavior.** Culture influences how young people respond to events that escalate risk and trigger suicide attempts. In cultures in which peer influence is strong, for example, the suicide of a friend or schoolmate may provoke a "copycat" suicide. This may not happen in cultures where family influence is stronger than peer influence. In those cultures, a suicide attempt might be triggered if a vulnerable young person fails to meet family expectations in academic achievement.
- **The understanding and expression of the warning signs of suicide.** Culture influences how people display (or refrain from displaying) emotional distress. Some cultures may promote a stoicism that makes seeing warning signs difficult. Young people from other cultures may be reluctant to talk about their problems; rather they express them through behavior or demeanor.
- **Help-seeking behaviors.** Culture plays a large role in determining who (if anyone) young people turn to for emotional support. Young people from some cultures may prefer to consult family members or religious leaders rather than mental health professionals or other "outsiders." Other cultures may value self-reliance and regard any help-seeking (even within the family) as a weakness.

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

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

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

Creating culturally competent suicide prevention activities is inherently collaborative. It requires the input of school staff, students, families, mental health service providers, and others. What staff and mental health providers learn about the culture of students and families, and what students and families learn about suicide and mental health, may challenge their beliefs. But working together to bring the insights of both science and culture to bear upon suicide is the key to providing culturally competent and effective prevention.

REFERENCES

American Psychological Association (APA). (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Washington, DC: Author.

Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L., & Hall, G. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist, 63*(1), 14–31.

For additional information on cultural competence, please see:

Substance Abuse and Mental Health Services Administration. (2009). *Culture Card: A guide to build cultural awareness: American Indian and Alaska Native* (DHHS Publication No. SMA-08-4354). Rockville, MD: Author. Available at http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354

Tool 1.I: Checklist of Suicide Prevention Activities

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have a written protocol for responding to students who attempt suicide at school that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 2
We have established agreements with outside providers to provide effective and timely mental health services to our students.	☐	☐	☐	Review and implement steps in Chapter 2
Protocols for after a suicide				
We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with the guidelines in Chapter 3 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 3
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.	☐	☐	☐	Review and implement steps in Chapter 3
We have identified community partners to help us in the event of a suicide.	☐	☐	☐	Review and implement steps in Chapter 3
Staff education and training				
All professional and support staff have received information about the importance of school-based suicide prevention efforts, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and implement steps in Chapter 4
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide, as described in Chapter 4 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 4
Parent/guardian education and outreach				
We educate the parents of our students about suicide and related mental health issues, as described in Chapter 5 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 5

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
We have a sufficient level of participation in our programs to educate parents about suicide.	☐	☐	☐	Review and consider implementing steps in Chapter 5
Student education				
We have implemented at least one type of program to engage students in suicide prevention.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Suicide prevention is integrated into other student health/mental health courses and initiatives.	☐	☐	☐	Review and consider implementing steps in Chapter 6
Screening				
We have implemented a suicide screening program, as described in Chapter 7 of this toolkit.	☐	☐	☐	Review and consider implementing steps in Chapter 7
We have the support of parents, school staff, and community mental health providers for our suicide screening program.	☐	☐	☐	Review and consider implementing steps in Chapter 7

Tool 1.J: Matrix of School-Based Suicide Prevention Programs

This matrix lists all of the school-based suicide prevention programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR) as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The matrix also indicates the primary and secondary components of each program. The primary component of the program is the one around which the program is built. In most cases, the primary component is education and training for staff or students. Secondary components are included in some of the programs to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

SCHOOL-BASED SUICIDE PREVENTION PROGRAMS

Program	Primary Component	Secondary Components
Programs in NREPP		
American Indian Life Skills Development/ Zuni Life Skills Development	Student Program	
Coping and Support Training (CAST)	Student Program	
Lifelines	Student Program	– Protocols – Staff Education and Training – Parent Education
Reconnecting Youth	Student Program	
SOS Signs of Suicide	Student Program	– Screening – Staff Education and Training – Parent Education
TeenScreen Schools and Communities	Screening	
Programs in BPR		
Applied Suicide Intervention Skills Training (ASIST)	Staff Education and Training	
Ask 4 Help! Suicide Prevention for Youth	Student Program	
Assessing and Managing Suicide Risk (AMSR)	Staff Education and Training	

Program	Primary Component	Secondary Components
Be A Link! Suicide Prevention Gatekeeper Training	Staff Education and Training	
Gatekeeper Suicide Prevention Program: A High School Curriculum	Student Program	– Staff Education and Training – Parent Education
Healthy Education for Life	Student Program	
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum	Student Program	
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	Student Program	– Protocols
Making Educators Partners in Youth Suicide Prevention	Staff Education and Training	
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	Staff Education and Training	
Question, Persuade, Refer (QPR) Gatekeeper Training	Staff Education and Training	
QPRT Suicide Risk Assessment and Risk Management Training Program	Staff Education and Training	
Recognizing and Responding to Suicide Risk (RRSR)	Staff Education and Training	
RESPONSE: A Comprehensive High School-Based Suicide Awareness Program	Student Program	– Protocols – Staff Education and Training – Parent Education
School Suicide Prevention Accreditation Program	Staff Education and Training	
Sources of Strength	Student Program	
Suicide Alertness for Everyone (safeTALK)	Staff Education and Training	
Youth Suicide Prevention School-Based Guide Checklists	Protocols	
Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel	Protocols	

For additional information on the programs in this matrix, see the "Resources" section at the end of the toolkit.

Tool 1.K: Suicide Prevention Registries Information Sheet

Many of the chapters in this toolkit contain a matrix with information on school-based suicide prevention programs that have been developed by experts in the field. All of these programs are included in either the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR).

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) rates programs whose developers have published research demonstrating that the program has achieved one or more positive behavioral outcomes. NREPP rates these programs on both of the following criteria:

1. The quality of the research demonstrating that the programs result in positive outcomes
2. The availability and quality of materials to help people use the program (e.g., training materials)

The Suicide Prevention Resource Center's Best Practices Registry (BPR) includes programs and practices that meet standards set by experts in suicide prevention.

Both of these registries are periodically updated. Check the Web sites for the most current listings.

- NREPP (Section I: Evidence-Based Programs): http://www.sprc.org/bpr/section-i-evidence-based-programs
- BPR (Section III: Adherence to Standards): http://www.sprc.org/bpr/section-iii-adherence-standards

There may be effective programs and practices that are not included in NREPP or BPR because:

- The programs' developers have not submitted their programs to either registry
- The programs are still being rated
- In the case of NREPP, developers are completing their evaluation research

This is the end of Study Guide 1 of Course 5P-A. You can take the quiz for Study Guide 1 now or later. If you want to take it later, you may continue to read Study Guide 2 for this below, on page 57.

To access the quiz for Study Guide 1, go to your My Home Page and click on the name of the course - Course 5P-A. Then click the link for Quiz 1.

We have also posted Study Guide 2 as a free-standing document on your Courses and Quizzes page for this course, to the left of the link for Quiz 2. That copy of Study Guide 2 is exactly as it appears in this document beginning on page 57.

There are two Study Guides in this Course 5P-A, and there is a quiz for each Study Guide.

This is Study Guide 2

CHAPTER 2

Protocols for Helping Students at Risk of Suicide

PROTOCOLS FOR HELPING STUDENTS AT RISK FOR SUICIDE

The steps in Chapter 2 will answer these questions:

- Who should develop protocols to meet the needs of students at risk of suicide?
- What outside sources of help will you need?
- What are essential steps in a protocol to help students who have been identified as possibly at risk of suicide?
- What are essential steps in a protocol to respond to a suicide attempt on campus?
- How can you prepare for a student's return to school after a suicide attempt?
- How can you educate your staff about these protocols?

WHY IS IT IMPORTANT TO BE PREPARED TO HELP STUDENTS AT RISK OF SUICIDE?

Many high school students reported that they had seriously considered suicide in the past year, and 1 out of 53 will make an attempt serious enough to require medical attention (CDC, 2010a). Helping these young people lower their suicide risk is essential if schools are going to:

- Maintain a safe and secure school environment
- Promote the behavioral health of students, which enhances their academic performance
- Avoid liability related to suicides or suicide attempts by students

How schools can identify young people who may be at risk of suicide (or suffering from related problems, including substance abuse, depression, or bullying) will be discussed elsewhere in this toolkit. But before a school implements activities to identify students at risk of suicide, it must be prepared to:

- Help students at risk for suicide preserve their safety and access behavioral health services
- Respond to the infrequent event in which a student tries to take his or her own life in the school or on the campus
- Plan for the return of students after an absence related to suicide risk (including a suicide attempt or a hospitalization for the treatment of a mental health issue related to suicide risk)

Notifying Parents/Guardians

Parents or guardians of a young person identified as being at risk of suicide should be notified by the school and must be involved in consequent actions. Schools should comply with local, State, and Federal policies and laws regarding parental notification. If the school suspects the student's risk status is the result of abuse or neglect, school staff must notify the appropriate authorities.

STEPS TO DEVELOP PROTOCOLS TO HELP STUDENTS AT RISK OF SUICIDE

Step 1: Convene a group to create protocols for helping students at risk of suicide.

This group should include staff that would normally be involved in the care of at-risk students, including your school's mental health professionals: counselors, social workers, and school psychologists. The group should also include administrators, resource officers, teachers, and a member of the school Crisis Response Team. Tribal communities should include the Tribal Behavioral Health and Tribal Court representatives for children and families. If your school already has a process for identifying students at risk of suicide, you should include staff familiar with that process.

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Identify the suicide risk response coordinator.

Subsequent chapters in this guide will describe programs that schools can implement to increase the likelihood that students, staff members, and parents will be able to identify a

student at risk for suicide. Everyone in the school should know that he or she must take suicidal behavior seriously and should know to whom to turn if he or she has a concern. Your planning group should take the following steps:

- Clearly designate at least one individual and one alternate who will serve as the points of contact for anyone in the building who is concerned that a student may be at risk. In this guide, the term "suicide risk response coordinator" refers to this point of contact.
- Make sure all staff know who the suicide risk response coordinator and the alternate are. Keep the list of contacts updated.
- Let all members of the school community know that anyone who has a concern should take immediate action to inform the school administrator, who will locate the suicide risk response coordinator or alternate. Also, let everyone know that a staff person should stay with the student until the suicide risk response coordinator arrives.

Step 3: Identify and involve mental health service providers to whom students can be referred.

Many schools cannot directly provide appropriate mental health services for students at risk of suicide. It is important for these schools to identify mental health service providers to whom students can be referred and to involve these service providers while developing these protocols. These service providers may include:

- Hospitals, especially emergency departments and psychiatric units
- Psychiatric hospitals
- Community mental health centers
- Individual mental health service providers, including psychiatrists, psychologists, and social workers in both the public and private sectors
- Primary care providers
- Spiritual leaders or traditional healers to which members of some cultures may turn when confronted with behavioral health issues

In tribal communities, the hospitals, community mental health centers, and primary care providers may be part of the Indian Health Service (IHS). In this toolkit the general terms "hospitals," "community mental health centers," and "primary care providers," should be understood to include IHS services and Tribal Behavioral Health and Social Service programs.

Tool 1.C: Chart of Community Partners (see Chapter 1) can help you identify and record names of mental health service providers.

Tool 2.A: Questions for Mental Health Providers includes questions you can ask to determine if a provider can meet the needs of students at risk of suicide.

Step 4: Develop a protocol to help students at risk for suicide.

It is critical to have a protocol in place for helping students who have been identified as being at potential risk of suicide, as described in Step 2. All staff should be aware of the protocol and follow it when appropriate.

The protocol should include provisions for:

- Assessing suicide risk
- Notifying parents
- Referring to a mental health service provider
- Documenting the process

Tool 2.B: Protocol for Helping a Student at Risk of Suicide is a worksheet that you can use to create a protocol with the four steps listed above.

Tools 2.B.1—2.B.6 are additional tools to help you take these steps. In each of the steps, consider the cultural backgrounds of the students to ensure their needs are met in an effective and appropriate way.

Assessing suicide risk.

School staff should make sure that all students who are identified potentially at risk for suicide are subsequently assessed for suicide risk. Suicide risk assessment is the process of determining an individual's level of risk, i.e., low, medium, or high. Such an assessment is critical to developing an individualized plan for ensuring the safety of the student and providing support and treatment. It should only be done by mental health professionals who have been trained to assess risk using a scientifically validated process.

There are several ways that school staff can ensure that students at risk for suicide are appropriately assessed:

- School mental health staff who have been trained in suicide risk assessment can conduct the assessment.
- The student can be referred to a mental health provider who has been trained in suicide assessment.
- The school can contact a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide risk assessment.

Tool 2.B.1: Suicide Risk Assessment Resources lists several suicide assessment trainings you can offer to your mental health staff and some of the assessment tools used by trained providers.

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet provides some background information and additional resources on the problem of self-injury and its relationship to suicidal behavior.

Notifying parents.

Parents or guardians (including guardians appointed by a Tribal Court) must always be notified when there appears to be any risk that a student may harm himself or herself, unless doing so would exacerbate the situation. Keep in mind that you will need to be prepared for a range of responses and emotions.

Tool 2.B.3: Guidelines for Notifying Parents provides a list of topics to discuss with parents of children who are at risk of suicide. It includes suggestions for ways that staff can provide support to parents and engage them as partners in helping the student.

Tool 2.B.4: Parent Contact Acknowledgement Form is a form to be signed by the parents, acknowledging that they were notified about their child's suicide risk.

Referring the student to a community provider.

Students at risk for suicide may need to be referred to community resources. If your school already has a policy addressing referrals to health and mental health service providers, your referral procedure for suicide risk should be consistent with this policy, as well as any district, State, tribal, Bureau of Indian Education, or Federal policies and laws.

Tool 2.B.5: Guidelines for Student Referrals provides a description of the information that should be given to a mental health service provider to facilitate a referral.

Documenting the process.

It is essential to document each step in the process by which a student is identified as possibly being at risk for suicide and assessed for suicide risk. This will help preserve the safety of the student and ensure communication among school staff, parents, and service providers.

Tool 2.B.6: Student Suicide Risk Documentation Form is a form you can adapt for your documentation needs.

Supporting Parents

Parents may experience a complex set of conflicting emotions when they are told their child may be suicidal, such as shock, anxiety, fear, confusion, embarrassment, anger, belligerence, and denial. They may experience some or all of these reactions. Parents usually need support and/or assistance to come to terms with their child's risk and their reaction to this risk, as well as the need to get professional help for their child and possibly for themselves.

Using Referral Data to Understand Your Students' Needs

The data included on referral forms can also be used to guide your suicide prevention efforts. One school district studies and patterns data from its mental health referral forms, including student information related to grade, race, gender, the month/year the referral was generated, and the specific problems or risk factors presented. By analyzing data over a 10-year period, they were able to identify the months with the greatest number of referrals for depressive symptoms and the specific grade levels with the highest referral rates. These data are allowing the school district and its mental health service partners to prepare and plan for this annual increase in referrals.

Maintaining Confidentiality

Student information needs to be kept confidential for both ethical and legal reasons, including a parent's or student's right to privacy under FERPA. This can be challenging. Here are some suggestions for ensuring confidentiality:

- Classroom discussions about particular incidents and students should be avoided entirely because they violate a student's right to confidentiality.
- Gossip about particular incidents and students should also be discouraged.
- If a student who has attempted suicide wishes to talk about his or her experience with other students in class, the teacher and a mental health professional or administrator should meet with the student to discuss what he or she would like to disclose and the possible risks of doing so.
- Staff should be provided with the information necessary to work with the student and preserve the young person's safety. Staff do not need clinical information about the student or a detailed history of his or her suicidal risk or behavior. Discussion among staff should be restricted to the student's treatment and support needs.

Step 5: Develop a protocol for responding to a suicide attempt in the school or on the school campus.

Although students infrequently attempt suicide in schools or on a high school campus, such incidents do occur. Schools need to be prepared for such an event.

Tool 2.C: Protocol for Responding to a Student Suicide Attempt outlines the actions to be taken and people to be contacted when a student attempts suicide on a school campus.

Step 6: Plan for managing a student's return to school.

Schools should be prepared to facilitate the reentry of students who have missed school because of a suicide attempt or related behavioral health issue. Returning to school can be difficult for these young people:

- They may worry about the reactions of their peers and teachers.
- They may have problems catching up on their school work.
- They may be taking medications that can interfere with their academics.

These problems can create additional stress for students who are already under significant emotional strain. They need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis.

A staff member should be assigned to facilitate the student's return to the school. This might be a teacher or other staff member particularly trusted by the student and his or her family. Or it might be a school psychologist, social worker, or counselor. This staff member will be the primary point of contact for parents, hospital staff, clinicians, and school staff while the student is out of school, and he or she will oversee the student's reentry. Parents should be engaged in every step of this process. A reentry plan should be developed through consensus of the family, school, and providers.

Tool 2.D: Guidelines for Facilitating a Student's Return to School will provide you with specific steps you should take to make sure that these high-risk students get the help they need in preparing to return to school after a suicide attempt or mental health crisis.

Step 7: Help staff understand the protocols.

All staff members need to be familiar with the protocols for helping students at risk of suicide in case they are called upon to participate in implementing the procedures outlined in the protocols. Briefing school staff about these protocols will also educate them about suicide risk and the problems experienced by students returning to school after a suicide attempt or mental health crisis.

The protocols should be revisited every year. It is important to determine whether any staff member responsible for a specific activity has left his or her job. If so, his or her protocol responsibility should be assigned to someone else. It is also important to ensure that all new staff become familiar with these procedures.

Suggestions for Educating Staff about Your School's Protocols

- Educate staff about the protocols during staff meetings or in-service trainings.
- Educate new staff about the protocols as part of their orientation.
- Remind staff about protocols in newsletters or communications on related issues.
- Include copies of the protocols in teacher handbooks and the school crisis plan.

For additional resources on developing protocols for responding to students who attempt suicide at school or who are at risk of suicide, see the Crisis Response/Postvention section in the "Resources" section at the end of the toolkit.

CHAPTER 2: PROTOCOLS FOR HELPING STUDENTS AT RISK OF SUICIDE TOOLS

Tool 2.A: Questions for Mental Health Providers

Asking the following questions of a mental health provider can help determine if he or she can meet the needs of students at risk of suicide.

1. Are you able to provide services to people of high school age?
2. What types of services can you provide to high school students?
3. What are your major clinical skills and interests? Do you have any expertise in assessing and treating young people who are at risk of suicide?
4. What experience and capacity do you have for providing services to LGBT youth and to the specific ethnic groups that make up your school's student body?
5. Where are you located?
6. What process do you follow after being called with a referral?
7. What process do you follow in the event of a suicide crisis?
8. Would you be able to come to our school to see a student if necessary?
9. How long might it take for you to see a student with urgent problems? With non-urgent problems?
10. What kind of follow-up can you provide students and the school?
11. Do you offer support groups for students or parents?
12. What insurance plans do you accept?
13. Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
14. What are your procedures for ensuring student confidentiality?

Tool 2.B: Protocol for Helping a Student at Risk of Suicide

Suicide Risk Response Coordinator: _____

Backup to Coordinator: _____

Actions	Contacts	Supporting materials
Conduct a suicide risk assessment.	Who conducts assessment:	Tool 2.B.1: Suicide Risk Assessment Resources Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet
Notify parents/guardians	Who notifies parents/guardians:	Tool 2.B.3: Guidelines for Notifying Parents Tool 2.B.4: Parent Contact Acknowledgement Form
Refer for services if needed.	Community mental health services provider:	Tool 2.B.5: Guidelines for Student Referrals
Document the process	Who completes the documentation form:	Tool 2.B.6: Student Suicide Risk Documentation Form

Tool 2.B.1: Suicide Risk Assessment Resources

(TO BE USED WITH TOOL 2.B)

Advanced Training in Suicide Risk Assessment

There are a variety of advanced training programs that may be used to teach appropriate professionals to assess suicide risk. They include:

- Applied Suicide Intervention Skills Training (ASIST)
- Assessing and Managing Suicide Risk (AMSR)
- Recognizing and Responding to Suicide Risk (RRSR)
- QPRT Suicide Risk Assessment and Risk Management Training Program

For more information about these training programs, see Chapter 4 and the "Resources" section in this toolkit.

Assessment Tools

There are a variety of assessment tools that qualified mental health professionals can use to assess student suicide risk. They include:

- Beck Scale for Suicide Ideation (Pearson, http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-443&Mode=summary)
- Suicide Ideation Questionnaire (PAR, http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ)
- Suicide Ideation Questionnaire–JR (SIQ–JR) (PAR, http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ)
- Suicide Probability Scale (Western Psychological Services, http://portal.wpspublish.com/portal/page?_pageid=53,69317&_dad=portal&_schema=PORTAL)
- Inventory of Suicide Orientation—30 (Pearson, http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAg126&Community=CA_Psych_AI_Behavior)

All of these tools are published, validated by research, have been used with adolescents, and take about 10 minutes to complete. The Beck Scale is also available in Spanish.

The Suicide Prevention Unit of the Los Angeles Unified School District uses a simpler assessment for students who may be at risk for suicide: https://achieve.lausd.net/cms/lib/CA01000043/Centricity/domain/721/professional%20development/7.%20SPIP%20Attachment%20B%20-%20Suicide%20Risk%20Ax%20Tool.pdf

Tool 2.B.2: Self-Injury and Suicide Risk Information Sheet

(TO BE USED WITH TOOL 2.B)

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

The relationship between self-injury and suicide is complicated. Researchers believe self-injury is a behavior separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioral, environmental, biological, and psychological factors. However, in some people the self-destructive nature of self-injury may lead to suicide.

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

School mental health staff should:

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

The following resources can be used to understand and prepare to respond to self-injury by students:

- Prevention Researcher. February 2010, Vol. 17, No.1 focuses on adolescent self-injury: http://www.tpronline.org/issue.cfm/Adolescent_Self_Injury
- Self-Injurious Behavior Webcast. October 2006, 1 hour, includes an interview with Dr. Janice Whitlock: http://www.albany.edu/sph/coned/t2b2injurious.htm
- Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. Web site contains numerous informational materials: http://www.crpsib.com

[Developed in consultation with Richard Lieberman M.A., NCSP, School Psychologist/Coordinator, Los Angeles Unified School District, Suicide Prevention Unit]

Tool 2.B.3 Guidelines for Notifying Parents

(TO BE USED WITH TOOL 2.B)

Notifying Parents and Guardians

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a few days. If this followup conversation reveals that the parent has not contacted a mental health provider:
   - Stress the importance of getting the child help
   - Discuss why they have not contacted a provider and offer to assist with the process
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document ***all*** contacts with the parents.

Supporting Parents through Their Child's Suicidal Crisis

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

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help—they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

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

The following steps can help support and engage parents:

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

[Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.B.4: Parent Contact Acknowledgement Form

(TO BE USED WITH TOOL 2.B)

This form is an example that can be used to verify that the parents have been advised of a student's suicide risk.

Parent Contact Acknowledgement Form

School _____

This is to verify that I have spoken with school staff member _____ ___ on _____ (date), concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

[From DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines (p. 45). Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.B.5: Guidelines for Student Referrals

(TO BE USED WITH TOOL 2.B)

Schools should be prepared to give the following information to providers. *Note: Parents' permission may be required to share this information.*

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses, and phone numbers).
2. How did the school first become aware of the student's potential risk for suicide?*
3. Why is the school making the referral?
4. What is the student's current mental status?
5. Are the student and parents/guardians willing or reluctant to meet with a mental health service provider?
6. What other agencies are involved (names and information)?
7. Who pays for the referral and possible treatment?
8. Where is the best place to meet with the student (e.g., school, student's home, therapist's office, emergency room)?

*Be sure that parental consent meets the requirements of FERPA as follows:

1. Specify the records that may be disclosed.
2. State the purpose of the disclosure.
3. Identify the party or class of parties to whom the disclosure may be made.

See 34 CFR § 99.30.

Tool 2.B.6: Student Suicide Risk Documentation Form

(TO BE USED WITH TOOL 2.B)

This form is an example that can be used to document the school's response to a student who has been identified at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student's behalf.

Put this form on your school's letterhead. Consider adapting it for your school's policies, procedures, and student population.

Student information

Date student was identified as possibly at risk:

Name of student:

If Native American, tribal status:

Name of school:

Birth date:

Gender:

Grade:

Name of Parent/Guardian/Tribal Court appointed guardian:

Parent/Guardian's telephone number(s): (1) (2)

Tribal Court appointed guardian's telephone number: OR

Directions to residence:

IDENTIFICATION OF RISK

Who identified student as being at risk:

- Self
- Parent
- Teacher
- Other staff:
- Student/friend
- Other:

Reason for concern:

ASSESSMENT

Action taken to assess for suicide risk:

- School staff [name] conducted assessment
- Outside provider [name] conducted assessment
- Other:

Date of assessment:

Type of assessment conducted:

Results of assessment:

NOTIFICATION OF PARENT/GUARDIAN

Staff who notified parent/guardian/Tribal Court appointed guardian:

Date notified:

Parent acknowledgement form signed: Yes ☐ No ☐ If no, reason:

REFERRAL

Type of referral

- School personnel:
- Outsider provider:
- Hospital:
- Other:

Date of referral:

Follow-up scheduled:

SOURCES:

DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). *Youth suicide prevention, intervention & postvention guidelines*. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf. From the following forms: Report of Risk, p. 44 and Student Record of Actions Taken, p. 47.

Suicide Prevention Unit, Los Angeles Unified School District, School Mental Health—Suicide Prevention. (n.d.). Risk assessment referral data.

Tool 2.C: Protocol for Responding to a Student Suicide Attempt

The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student. *Never leave the student alone.*
2. Call 9-1-1 or your local emergency service provider.
3. Contact the Student Risk Response Coordinator.

The Student Risk Response Coordinator should:

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

The Response Team includes:

Suicide Risk Response Coordinator(s): _____

Backup Coordinator(s): _____

Emergency Medical Services: _____

[Compiled from the DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

Tool 2.D: Guidelines for Facilitating a Student's Return to School

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

1. Become familiar with the basic information about the case, including:
    - How the student's risk status was identified
    - What precipitated the student's high-risk status or suicide attempt
    - What medication(s) the student is taking
2. With the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family:
    - Call or meet frequently with the family.
    - Facilitate referral of the family for family counseling, if appropriate.
    - Meet with the student and his or her family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
    - Ask the student about his or her academic concerns and discuss potential options.
    - Educate teachers and other relevant staff members about warning signs of another suicide crisis.
    - Meet with appropriate staff to create an individualized reentry plan prior to the student's return and discuss possible arrangements for services the student needs.
    - Modify the student's schedule and course load to relieve stress, if necessary.
    - Arrange tutoring from peers or teachers, if necessary.
    - Work with teachers to allow makeup work to be extended without penalty.
    - Monitor the student's progress.
    - Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA (defined in the Introduction to this toolkit) and HIPAA (which protects release of an individual's health information).

4. Follow up behavioral and/or attendance problems of the student by:
    - Meet with teachers to help them understand appropriate limits and consequences of behavior
    - Discuss concerns and options with the student
    - Consult with the school's discipline administrator
    - Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
    - Monitor daily attendance by placing the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day
    - Make home visits or have regularly scheduled parent conferences to review attendance and discipline record
    - Facilitate counseling for the student specific to these problems at school
5. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:
    - Deliver classwork assignments to be completed in the hospital or at home, as appropriate
    - Allow a representative from school to visit the student in the hospital or at home with the permission of the parents
    - Attend treatment planning meetings and the hospital discharge conference with the permission of the parents
6. Establish a plan for periodic contact with the student while he or she is away from school.
7. If the student is unable to attend school for an extended period of time, determine how to help him or her complete course requirements.

[Compiled with information from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf]

HANDOUTS

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2007).
- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).
- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

   - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs can also reduce suicide risk among students (Epstein & Spirito, 2009).
   - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
   - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and suicide attempts among LGB youth (Eisenberg & Resnick, 2006).
   - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

    - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.
    - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

    - Failure to notify parents if their child appears to be suicidal
    - Failure to get assistance for a student at risk of suicide
    - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school. You can download this toolkit free of charge from http://store.samhsa.gov/product/SMA12-4669.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

REFERENCES

Blum, R. W., McNeely, C., & Rinehart, P. M. (2002). Improving the odds: The untapped power of schools to improve the health of teens. Minneapolis: Center for Adolescent Health and Development, University of Minnesota. Retrieved from http://www.med.umn.edu/peds/ahm/prod/groups/med/@pub/@med/documents/asset/med_21771.pdf

Centers for Disease Control and Prevention. (2007). Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

Centers for Disease Control and Prevention. (2010a). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. *Morbidity and Mortality Weekly Report, 59*(SS–5). Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf

Centers for Disease Control and Prevention. (2010b). Youth risk behavior surveillance—United States, 2009. Retrieved from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/yrbs_slides_violence.ppt

Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Youth suicide prevention school-based guide—Issue brief 4: Administrative issues*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218–4).

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*(5), 662–668.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

Heron, M. P. (2007). Deaths: Leading causes for 2004. National Vital Statistics Reports, l56(5). Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2011). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: John Wiley & Sons.

Lieberman, R. (2008–2009). Legal lessons: Minimizing risk to districts. *Well Aware: A Suicide Prevention Bulletin for Wyoming School Administrators, 1*(1), 3.

Lieberman, R., Poland, S., & Cowan, K. (2006, October). Suicide prevention and intervention: Principal leadership, 11–15. Retrieved from http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schoools%20NASSP%20Oct%202006.pdf

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J.,… Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278*(10), 823–832.

RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

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

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

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)

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

Risky Behaviors

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

Family Characteristics

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

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:

- Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
- Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
- Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

REFERENCES

Beautrais, A. L. (2003). Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist*, 46(9), 1137.

Berman, A. L., Jobes, D. A., & Silverman, M. M. (2006). *Adolescent suicide: Assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.

Campo, J. V. (2009). Youth suicide prevention: Does access to care matter? *Current Opinions in Pediatrics, 21*(5), 628–634.

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth suicide prevention school-based guide—Issue brief 2: School climate. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218–2)

Eaton, D. K., Lowry, R., Brener, N. D., Galuska, D. A., & Crosby, A. E. (2005). Associations of body mass index and perceived weight with suicide ideation and suicide attempts among US high school students. *Archives of Pediatrics & Adolescent Medicine, 159*(6), 513–519.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior, 39*(3), 241–251.

Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*(4), 386–405.

Gutierrez, P. M., & Osman, A. (2008). *Adolescent suicide: An integrated approach to the assessment of risk and protective factors*. DeKalb, IL: Northern Illinois University Press.

Joiner, T. E., (2009). Suicide prevention in schools as viewed through the interpersonal-psychological theory of suicidal behavior. *School Psychology Review, 38*(2), 244–248.

Lofthouse, N., & Yage-Schweller, J. (2009). Nonsuicidal self-injury and suicide risk among adolescents. *Current Opinions in Pediatrics, 21*(5), 641–645.

Martin, G., Richardson, A. S., Bergen, H. A., Roeger, L., & Allison, S. (2005). Perceived academic performance, self-esteem and locus of control as indicators of need for assessment of adolescent suicide risk: Implications for teachers. *Journal of Adolescence, 28*(1), 75–87.

Miller, D. N., & Eckert, T. L. (2009). Youth suicidal behavior: An introduction and overview. *School Psychology Review, 38*(2), 153–167.

Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/library/SPRC_LGBT_Youth.pdf

Swahn, M. H., Reynolds, M. R., Tice, M., Miranda-Pierangeli, M. C., Jones, C. R., & Jones, I. R. (2009). Perceived overweight, BMI, and risk for suicide attempts: Findings from the 2007 Youth Risk Behavior Survey. *Journal of Adolescent Health, 45*(3), 292–295.

PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

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

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

REFERENCES

Bearman, P. S., & Moody, J. (2004). Suicide and friendships among American adolescents. *American Journal of Public Health*, 94(1), 89–95.

Beautrais, A. L. (2003). Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist*, 46(9), 1137–1156.

Beautrais, A., Gibb, S., Fergusson, D., Horwood, L. J., & Larkin, G. L. (2009). Removing bridge barriers stimulates suicides: An unfortunate natural experiment. *Australian and New Zealand Journal of Psychiatry, 43*(6), 495–497.

Berman, A. L., Jobes, D. A., & Silverman, M. M. (2006). Adolescent suicide: *Assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.

Birckmayer, J., & Hemenway, D. (1999). Minimum age drinking laws and youth suicide, 1970–1990. *American Journal of Public Health*, 89, 1365–1368.

Borowsky, I. W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatrics & Adolescent Medicine*, 153(6), 573–580.

Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, 31, 489–493.

Brent, D. A., Perper, J. A., & Allman, D. J. (1987). Alcohol, firearms, and suicide among youth: Temporal trends in Allegheny County, Pennsylvania, 1960 to1983. *Journal of the American Medical Association*, 257(24), 3369–3372.

Cha, C., & Nock, M. (2009). Emotional intelligence is a protective factor for suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*. 48(4), 422–430.

Centers for Disease Control and Prevention (CDC). (2009). School connectedness: *Strategies for increasing protective factors among youth.* Atlanta, GA: U.S. Department of Health and Human Services.

Colucci, E., & Martin, G. (2008). Religion and spirituality along the suicidal path. *Suicide and Life-Threatening Behavior*, 38 (2), 229–244.

Education Development Center, Inc. (Revised 2008). *Assessing and managing suicide risk: Core competencies for mental health professionals*. Newton, MA: Suicide Prevention Resource Center, Education Development Center, Inc. in collaboration with American Association of Suicidology.

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39(5), 662–668.

Flouri, E., & Buchanan, A. (2002). The protective role of parental involvement in adolescent suicide. *Crisis, 23*, 1–17.

Goldsmith, S. K. (2001). *Risk factors for suicide: Summary of a workshop*. Washington DC: National Academy Press. National Academy of Sciences. Retrieved from http://books.nap.edu/openbook.php?record_id=10215&page=18

Grossman, D. C., Mueller, B. A., Riedy, D., Dowd, D. M., Villaveces, A., Prodzinski, J.,…Harruff, R. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *Journal of the American Medical Association*, 293(6), 707–714.

Gutierrez, P. M., & Osman, A. (2008). *Adolescent suicide: An integrated approach to the assessment of risk and protective factors*. DeKalb, IL: Northern Illinois University Press.

Hall-Lande, J. A., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42, 265–286.

Hawton, K., Simkin, S., Deeks, J., Cooper, J., Johnston, A., Waters K.,…Simpson, K. (2004). United Kingdom legislation on analgesic packs: Before and after study of long term effect on poisonings. *British Medical Journal*, 329(7474), 1076.

Kidd, S., Henrich, C. C., Brookmeyer, K. A., Davidson, L., King, R. A., & Shahar, G. (2006). The social context of adolescent suicide attempts: Interactive effects of parent, peer, and school social relations. *Suicide and Life-Threatening Behavior*, 36(4), 386–395.

King, C., & Merchant, C. R. (2008). Social and interpersonal factors relating to adolescent suicidality: A review of the literature. *Archives of Suicide Research*, 12(3), 181–196.

Pettingell, S. L., Bearinger, L. H., Skay, C. L., Resnick, M. D., Potthoff, S. J., & Eichhorn, J. (2008). Protecting urban American Indian young people from suicide. *American Journal of Health Behavior, 32*(5), 465–476.

Randell, B. P., Wang, W., Herting, J. R., & Eggert, L. L. (2006). Family factors predicting categories of suicide risk. *Journal of Child and Family Studies, 15*(3), 255–270.

Sharaf, A. Y., Thompson, E. A., & Walsh, E. (2009). Protective effects of self-esteem and family support on suicide risk behaviors among at-risk adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 22*(3), 160–168.

Taliaferro, L. A., Rienzo, B. A., Miller, M. D., Pigg, R. M., & Dodd, V. J. (2008). High school youth and suicide risk: Exploring protection afforded through physical activity and sport participation. *Journal of School Health, 78*(10), 545–553.

RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

REFERENCE

Rudd, M. D., Berman, A. L., Joiner, T. E. Jr., Nock, M. K., Silverman, M. M., Mandrusiak, M., . . . Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior, 36*(3), 255–262. Retrieved from http://www.wjh. harvard.edu/~nock/nocklab/Rudd%20et%20al_warning%20signs%20for%20suicide_2006.pdf

SUICIDE PREVENTION: FACTS FOR PARENTS

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Parents can help protect their children from suicide risk by:

- Maintaining a supportive and involved relationship with their sons and daughters
- Understanding the warning signs and risk factors for suicide
- Knowing where to turn for help

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Experts recommend that schools use an approach to suicide prevention that includes the following:

- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

CONTRIBUTORS

CEU By Net's note to course participants:

The following list of CONTRIBUTORS is the conclusion of this Course 5P-A. It tells us a lot about the level of expertise which brought this publication to fruition and the individuals who brought their knowledge and experiences to the table.

We have highlighted in red some of the well-known national and regional organizations which participated, with which we hope you will become familiar.

However, all of the individuals and organizations which appear on the followng pages below played an important role in ensuring the broadest possible base of knowledge and expertise, to create the 230 page SAMHSA document, 'Suicide Prevention: A Tool Kit for High Schools'.

Continue Reading, Next Page

CONTRIBUTORS TO THE TOOLKIT

The following people contributed their expertise and time to the development of this toolkit:

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- Rose Weahkee, **U.S. Department of Health and Human Services, Indian Health Service**

Additional organizations and schools that participated in interviews and product testing and provided some of the examples and ideas in the sidebars throughout the toolkit:

- Bow High School—NH, Bucksport High School—ME, Chemung County Schools—NY, Chicago School District—IL, Essex High School—VT, Gallup High School—NM, Gloucester School District—MA, Lincoln High School—OR, Los Angeles Unified School District—CA, Madison High School—ME, Morse High School—ME, Moultonborough Academy—NH, Palo Alto School District—CA, Pojoaque High School—NM, Portland High School—ME, QPR Institute—WA, Riverside Community Care—MA, RSU 18 High School—ME, Schenectady City Schools—NY, South Boston High School—MA, Talbot County Schools—MD, Washington, DC School District—DC, Windham High School—ME
- **National organizations: American School Health Association, National Association of School Boards, National Association of School Psychologists, National Association of State Boards of Education**

End of Course 5P-A

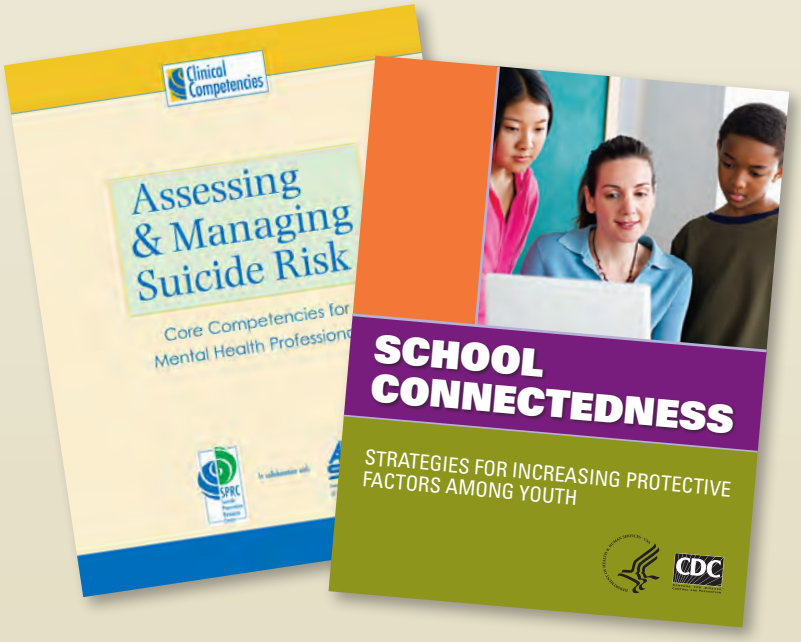
This is the END of this sponsored CE Course 5P-A, '*Part I - Preventing Suicide - A Tool Kit for High Schools.'* CEU By Net has sponsored this online course for Continuing Education Credit. Before you can download your certificate for this Course 5P-A, you must pass its two quiz(zes) online, and must complete and submit the Feedback Form.

To locate the quizzes, go to your My Home Page and click the title of this course, Course 5P-A "Part I - Preventing Suicide: A Tool Kit for High Schools." This will take you to the link for the quizzes you will take to demonstrate competence in this important topic.

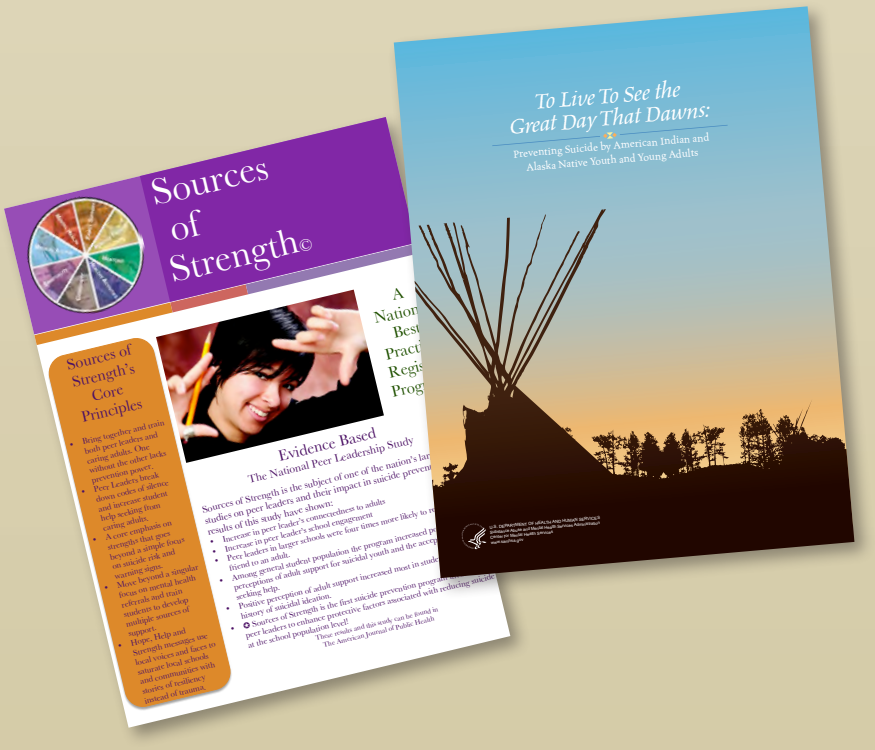
Post note: The RESOURCES section which follows this page is NOT material upon which you will be tested, and it's not included in the word count for this course. It is included for your personal use, to learn more about this subject, if you want to do that. It presents additional examples of various tools which are described in Study Guides 1 and 2, and thus is worth keeping for further reference.

All of this material has been excerpted from the 230-page document published in the public domain by SAMHSA, *Preventing Suicide - A Toolkit for High Schools.* CEU By Net divided the document into three separate courses for easier study:

- **This Course 5P-A [entitled *Part I - Preventing Suicide: A Tool Kit for High Schools*'] and**
- **Course 5P-B [entitled *Part II - Preventing Suicide: A Tool Kit for High Schools*'] and**
- **Course 1P-C [entitled *Part III - Preventing Suicide: A Tool Kit for High Schools*']**
- **Parts II and III will be posted on the CEU By Net website in due time.**



Resource Section



About the Resources Section

The Resources section is a compendium of valuable online publications and resource organizations, assembled and published by SAMHSA, available to those who have an interest in pursuing and learning about currently operational Suicide Prevention approaches in High Schools.

The listed publications and organizational resources *correlate with* the steps for setting up Suicide Prevention programs in high schools, as presented in Courses 5P-A, 5P-B, and 1P-C.

This section also provides resources which you can contact to obtain additional up-to-the-moment information about national and regional Suicide Prevention activities. The Resources section contains many excellent references for working with multiple cultures and target populations.

One example of a good resource for obtaining continually-updated material is the Suicide Prevention Resource Center (SPRC) which shares numerous current articles and research reports about prevention of suicide in multiple cultures and settings for free, found here at this webpage:

http://www.sprc.org/resources-programs

The following 'Resources' information IS NOT INCLUDED in the word count for this course (which determines the number of Credit Hours) or in the quiz questions.

Thank you for visiting our website!

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Notes from SAMHSA about accessing these resources:

- If there is a cost associated with access to a resource document, the listed price was accurate as of this Toolkit's last publication date. If no cost is listed, the material is free.

- The category "Review" lists evaluations of the Suicide Prevention program, including acceptance in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). See *Tool 1.K: Suicide Prevention Registries Information Sheet* for details on these registries.

- This Resource Section includes a number of items that have not been evaluated. They are included for a few reasons, for example they are items schools find particularly useful but that are not typically evaluated (e.g., fact sheets, or guides), or they fill gaps in the existing materials.

TABLE OF CONTENTS FOR THE RESOURCES SECTION

Page numbering is from the original SAMHSA document

GETTING STARTED

Guides

Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs

Author: National Indian Child Welfare Association
Date: 2009
Web link: http://www.nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf
Description: Although this toolkit is intended for tribal child welfare workers and care providers, it has sections that are relevant for staff working in schools. In addition to discussing general risk and protective factors and warning signs for suicide among youth and for LGBTQ youth as well as child welfare related risk factors, it also includes several articles that address issues particularly relevant to suicide prevention among tribal youth.

Garrett Lee Smith Suicide Prevention Toolkit (Also called Getting Started)

Author: Mental Health America of Wisconsin
Date: 2007
Web link: http://www.mhawisconsin.org/gls_toolkit.aspx
Description: This online resource collection contains a wide variety of materials useful for starting a youth suicide prevention program. They are listed under nine different topic sections, including making the case for developing a program, coalition building, youth screening programs and classroom curricula, gatekeeper training, crisis planning and postvention, evaluation tools, and information on obtaining funding.

Guidelines for School-Based Suicide Prevention Programs

Author: American Association of Suicidology, Prevention Division
Date: 1999
Web link: http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf
Description: This set of guidelines describes the conceptual basis for school-based suicide prevention programs; requirements for effective prevention programs, effective implementation, and effective retention of programs over time; and the key components of school-based suicide prevention programs. These guidelines are used as part of the criteria for inclusion of programs in the Best Practices Registry.

Research-Based Guidelines and Practices for School-Based Suicide Prevention

Author: Deborah Kimokeo, National Center on Child Fatality Review
Date: 2006
Web link: http://ican-ncfr.org/documents/SchoolSuicide.pdf
Description: This document summarizes Federal (and California) activity to prevent student suicide and provides research-based guidance for district – local – and site-level suicide prevention programming with comprehensive involvement of school personnel.

School Connectedness: Strategies for Increasing Protective Factors among Youth

Author: Centers for Disease Control and Prevention (CDC)
Date: 2009
Web Link: http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf
Description: School connectedness is defined by the CDC in this guide as "the belief by students that adults and peers in the school care about their learning as well as about them as individuals." It is a strong protective factor against suicidal ideation and attempts. At a conference in 2003 sponsored by CDC's Division of Adolescent and School Health and the Johnson Foundation, six evidence-based strategies to increase students' sense of connectedness were identified. This publication outlines the roles and responsibilities of school administrators, teachers, support staff, and parents in implementing the six strategies, along with specific actions that can be taken to implement each strategy.

School Interventions to Prevent Youth Suicide (Technical Assistance Sampler)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf
Description: This packet of author-produced and other collected materials provides the following: an overview of the problem; a suicide risk assessment; information on planning school interventions and training staff; guidance on providing support and preventing contagion in the aftermath of a suicide; and sources for hotlines, consultants, and mental health services.

Schools and Suicide: Latest and Best School-based Strategies

Author: Madelyn S. Gould
Date: 2010
Web link: http://www.wellawaresp.org/pdf/Well%20Aware%20Webinar_Schools%20and%20Suicide.pdf
Description: This 56-slide PowerPoint presentation from a webinar starts by explaining why suicide prevention does belong in schools. It then describes the five types of school-based suicide prevention programs including their rationale, aims, beneficial and detrimental effects, and limitations, and gives examples of each.

Screening/Assessing Students: Indicators and Tools

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf
Description: This packet of author-produced and other collected materials includes overviews, outlines, checklists, instruments, and recommendations and guidelines from Federal agencies related to early identification through screening. It also examines the controversy related to the many false positives resulting from universal screening, as well as issues related to screening high-risk youth.

Suicide Prevention (Quick Training Aids)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf
Description: These quick training aids provide factsheets on suicide rates and methods to assess suicide risk and prevent suicide. Author-produced and other collected materials include several tools and handouts for use with presentations.

To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

Author: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Date: 2010
Web link: To download a copy: http://www.sprc.org/library/Suicide_Prevention_Guide.pdf
To order a hard copy: Go to http://store.samhsa.gov/product/Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480.
Description: This guide supports American Indian and Alaska Native (AI/AN) communities and those who serve them in developing effective, culturally appropriate suicide prevention plans for youth and young adults. Its intended users include tribal/village leaders, elders, healers, youth activists, suicide prevention program leaders, school administrators, and other community members. Although the guide's focus is on suicide prevention in the community as a whole, many of the programs described in Chapter 7, Promising Suicide Prevention Programs, are school based. The guide also includes information about risk and protective factors that are particularly relevant to AI/AN youth and issues in adapting programs for cultural differences.

Wisconsin Components of a School-Based Suicide Prevention, Intervention, and Postvention Model

Author: Mental Health America of Wisconsin
Date: 2007
Web link: http://www.mhawisconsin.org/schoolbasedmodel.aspx
Description: This guide is for schools to use in developing or improving their prevention programs, crisis plans, and response to suicides. It describes components of a comprehensive, school-based suicide prevention program and provides detailed guidelines and procedures for dealing with suicidal crises and postvention. The extensive appendices include handouts and tools on suicide prevention, intervention, and postvention geared toward multiple audiences.

Youth Suicide Prevention School-Based Guide

Author: Louis de la Parte Florida Mental Health Institute, University of South Florida
Date: 2003
Web link: http://theguide.fmhi.usf.edu/
Description: This tool provides a series of checklists for schools to assess their existing or proposed suicide prevention efforts and resources and information that school administrators can use to enhance or add to their existing programs. Topics covered include administrative issues, risk and protective factors, prevention guidelines, intervention and postvention strategies, family partnerships, school climate, and diverse populations.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/YouthSuicidePreventionSchoolbasedGuideChecklists.pdf

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel

Author: Maine Youth Suicide Prevention Program
Date: 2009 (fourth edition)
Web link: http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf
Description: This document provides a description of the components of a comprehensive school-based suicide prevention program; an assessment form for schools to determine if they are ready to manage suicidal behavior; detailed guidelines for implementing suicide intervention and postvention in schools; and appendices with a variety of other related materials, including an outline for an awareness session for all school personnel and sample forms, letters, and handouts.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/Maine_BPR_FactSheet.pdf
Note: For more information and resources on Maine's school-based suicide prevention program, go to http://www.maine.gov/suicide/professionals/program/index.htm. Look at both the center of the page and the links in the sidebar on the left.

Information Sheets

Mentors—Coaches—Youth Leaders

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/mentors.htm
Description: This section of the Needham Acts Web site contains information sheets for mentors, coaches, and youth leaders on how to identify whether a young person they are guiding, coaching, or supervising may be suicidal and what to do about it.

Response to the Myth that Talking about Suicide Will "Plant the Idea"

Author: John Kalafat
Date: 2001
Web link: http://www.sptsnj.org/educators/talking-myth.html
Description: In this brief essay, John Kalafat, a well-known expert in suicide prevention, summarized evidence supporting the position that talking about suicide does not increase risk but serves to prevent it.

School Awareness Series: The Role of the School Board in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Web link: http://www.sptsnj.org/pdfs/school-board.pdf
Description: This one-page factsheet helps school board members evaluate their districts' staff policies and awareness training for suicide prevention in at-risk students. It also helps board members to evaluate their district's preparedness and response.

School-Based Suicide Prevention: A Matter of Life and Death

Author: Jan Ulrich, Kentucky Cabinet for Health and Family Services
Date: 2009
Web link: http://www.kentuckysuicideprevention.org/Movies/School-based%20Suicide%20Prevention.html
To obtain a copy: Contact Jan Ulrich at jan.ulrich@ky.gov
Description: This 14-minute, two-part video is a helpful tool to use with school decision-makers regarding the need for school-based suicide prevention/postvention programs and crisis planning. School administrators and staff share their experiences of dealing with the suicides of their students. An overview is given of school-based suicide prevention programs and crisis planning to reduce suicide among middle and high school students, including potential suicide contagion. The video emphasizes the importance of educating staff using gatekeeper programs and educating and screening students with evidence-based programs.

School Health and Mental Health Providers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/library/SchoolHealthMentalHealth.pdf
Description: This Web page, created for school health and mental health providers, contains information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to school health and mental health providers.

Suicide Prevention and Intervention

Author: Richard Lieberman, Scott Poland, and Katherine Cowan, National Association of School Psychologists
Date: 2006
Web link: http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schoools%20NASSP%20Oct%202006.pdf
Description: This article provides guidance to administrators on the problem of student suicide; warning signs; suicide prevention planning, including schoolwide approaches such as gatekeeper training, screening, and establishing a suicide prevention task force; and postvention. It also addresses legal considerations and responding to caregivers.

Teachers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/Teachers.pdf
Description: This Web page, created for teachers, provides information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to teachers.

Understand Suicide: Outlining Basic Characteristics

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/understanding-suicide.html
Description: This information sheet provides a definition of suicide and discusses five key characteristics of suicide.

What Every Teacher Should Know

Author: Oregon Youth Suicide Prevention Program
Date: 2000
Web link: http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/spubs.aspx
Description: This brochure discusses ways teachers can recognize warning signs in students, ways to access help for them, and how to engage families in accessing services. ***Also available in Spanish***.

CRISIS RESPONSE/POSTVENTION

Guides

After a Suicide: A Toolkit for Schools

Authors: American Foundation for Suicide Prevention and Suicide Prevention Resource Center
Date: 2011
Web link: Will be available online at http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf and http://www.afsp.org/files/Surviving/toolkit.pdf
Description: This online resource provides basic information for schools to use in developing and implementing responses to a suicide death of a student or staff person. It includes information about what to do in getting started, implementing crisis response actions, dealing with issues related to memorials, helping students cope, and working with social media and the community. It includes sample letters; talking points and suggested outlines for meetings with students, staff, and parents; and a list of links to other resource materials.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death

Authors: Maureen Underwood, Fred T. Fell, and Nicci A. Spinazzola of the Society for the Prevention of Teen Suicide
Date: 2010
Web link: Order from Hazelden Publishing at: http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=54103&sitex=10020:22372:US
Description: This manual provides guidance in the development of protocols for a school's response to suicide and other traumatic deaths. The manual is divided into chapters that focus on the roles of the different parts of a school community, including administrators, crisis team members, teachers and other school staff, students, parents, and the larger community. To make it easier to locate key content in a crisis situation, a Quick Reference Guide is included at the end of the manual. A CD-ROM included with the manual contains handouts, slide show presentations, and additional resource materials.
Cost: $99

Postvention Standards Manual: A Guide for a School's Response in the Aftermath of Sudden Death

Author: Mary Margaret Kerr, David A. Brent, Brian McKain, and Paula S. McCommons, STAR-Center
Date: 2003 (fourth edition)
Web link: http://www.starcenter.pitt.edu/files/document/Postvention.pdf
Description: This manual is geared toward educators, social workers, school psychologists, counselors, and other professionals who work with children and adolescents in the aftermath of sudden deaths, including suicide. It provides guidance to schools and communities in developing their own postvention protocols that can be activated quickly and safely. Sample materials are included for use in response to a sudden death.

Responding to Crisis at a School

Author: Center for Mental Health in Schools at UCLA
Date: 2008
Web link: http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf
Description: This extensive resource aid provides guidance on crisis planning and response as well as violence and suicide prevention through whole school approaches involving crisis teams. It also summarizes evaluations on crisis team effectiveness. The collected handouts target staff, students, and parents.

Sudden Death-Suicide-Critical Incident: Crisis Response for Principals and Student Services Staff

Author: Madison Metropolitan School District
Date: Revised 2005
Web link: http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf
Description: Geared primarily toward principals, this guide lists specific procedures for coordinating a school's response to a sudden death, suicide, or other critical incident. Annotated checklists for principals, supported by handouts for school staff, guide a school's actions to communicate information to various audiences, provide support and services if needed, and prevent contagion.

Suicide Postvention in the School Community

Author: Frank Zenere, Florida Suicide Prevention Coordinating Council
Date: 2009
Web link: http://www.helppromotehope.com/documents/Zenere_Postvention.pdf
Description: These 51 slides provide an overview of considerations for postvention that involve all school personnel. Topics covered include risk identification, memorialization, contagion, and dealing with the media.

Suicide Postvention is Prevention: A ProActive Planning Workbook

Author: Brenda Dafoe, Lynda Monk, BC Council for Families
Date: 2005
Web link: http://www.bccf.ca/shop/products/suicide-postvention-prevention
Description: This workbook guides community members in suicide prevention program planning and implementation after a suicide. Central to the work is the establishment of a strong network involving students and schools, services, and community agencies.
Cost: $22.50

When Death Impacts Your School: A Guide for School Administrators

Author: Dougy Center for Grieving Children
Date: 2000
Web link: http://www.amazon.com/When-Death-Impacts-Your-School/dp/1890534056
Description: This guide for school officials faced with a death affecting their students, staff, or community includes suggestions for dealing directly with death, developing a school intervention plan after a death, and addressing special issues around suicide or violence.
Cost: $10

Information Sheets and Articles

Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams

Author: American School Counseling Association
Date: 2004
Web link: http://www.schoolcounselor.org/files/cc_crisis.pdf
Description: This information sheet, using vignettes on suicide among minority students, discusses crisis response planning and culturally competent response.

Dealing With Death at School

Author: Scott Poland and Donna Poland, National Association of School Psychologists
Date: 2004
Web link: http://www.nasponline.org/resources/principals/Dealing%20with%20Death%20at%20School%20April%2004.pdf
Description: This article discusses the appropriate ways in which school leadership should respond to a death in the school community, with particular emphasis on death by suicide.

Memorial Activities at School: A List of "Do's" and "Don'ts"

Author: National Association of School Psychologists
Date: 2002
Web link: http://www.nasponline.org/resources/crisis_safety/memorialdo_donot.pdf
Description: This one-page list identifies appropriate memorial responses after a suicide that can assist the school community in coping with the loss and prevent loss-related distress.

Suicide Clusters and Contagion

Author: Frank J. Zenere, National Association of Secondary School Principals
Date: 2009
Web link: http://www.nasponline.org/resources/principals/Suicide_Clusters_NASSP_Sept_%2009.pdf
Description: This article describes the problem of contagion and how administrators can prevent it by establishing a crisis team, recognizing and monitoring at-risk students, and mobilizing community-wide responses.

Understanding Student Reactions to the Anniversary Date of a Peer's Death

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/anniversary-date-reactions.pdf
Description: This factsheet discusses how developmental characteristics of teens can make them especially vulnerable on the anniversary of a peer's death and how adults can prepare for and respond to their needs and reactions.

STAFF EDUCATION AND TRAINING

The guide *To Live To See the Great Day That Dawn*s describes the applicability of some of the staff programs below to American Indian and Alaska Native communities. See pages 76–83 of the guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf

Identifying Suicide Risk (Training for school staff)

At-Risk for High School Educators: Identify and Refer Students in Mental Distress

Author: Kognito Interactive
Date: 2010
Web link: http://www.kognito.com/products/highschool/
Description: This online, interactive gatekeeper training program uses virtual role-play to help high school teachers, staff, and administrators learn common signs of psychological distress, including depression, anxiety, and thoughts of suicide, and how to approach an at-risk student for referral to the school counselor. It is a 1-hour simulation in which users take on the role of a teacher, analyze profiles of three at-risk virtual students, and then engage in simulated conversations with them, including to encourage them to see the school counselor. Users practice and learn to use open-ended questions, reflective listening, and other communications techniques. This program is based on At-Risk for University Faculty, which is included in the SPRC Best Practices Registry for suicide prevention programs.
Cost: Available to schools, districts, and states. Price ranges from approximately $5 to $40 per user depending on the number of users. For pricing information, contact Kognito at info@kognito.com.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/AtRiskHSEducators.pdf

Be A Link! Suicide Prevention Gatekeeper Training

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Web link: http://www.yellowribbon.org/
Description: This is a 2-hour adult gatekeeper training program developed by Yellow Ribbon. The program may be implemented in a variety of settings, including schools, workplaces, and community groups. The training provides participants with knowledge to help them identify youth at risk for suicide and refer them to appropriate help resources. Training materials include a PowerPoint presentation (provided on a CD) and a trainer's manual. This program is often used in conjunction with the Yellow Ribbon student program Ask 4 Help! Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location.
Cost: $299.95, which also includes materials for Ask 4 Help! Training of trainers is $295, (which includes training and all materials for both Be a Link! and Ask 4 Help!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/BeALinkSuicidePrevGatekeepeeTraining.pdf

Dealing with Suicide-related Curriculum

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/suicide-curriculum.html
Description: This information sheet provides guidance on dealing with suicide themes in traditional coursework, such as the play "Romeo and Juliet," and how to manage the emotions of students who may have been personally affected by suicide.
Gatekeeper Suicide Prevention Program: A High School Curriculum
(See description in Student Education and Skill-Building section)

LGBTQ Suicide Prevention Training

Author: Washington Youth Suicide Prevention Program
Date: Workshop 2007, webinar 2009
Web link: http://www.yspp.org/lgbtq/safe_accepted.htm
Description: The OUTLoud program of the Washington Youth Suicide Prevention Program offers a workshop for staff and teachers and a webinar focusing on suicide prevention in gay, lesbian, bisexual, transgender, and questioning (LGBTQ) youth. The workshop Safe and Accepted - LGBTQ Youth Suicide Prevention & Intervention covers warning signs, distinctions between suicide and self-harm, and how to access help. The webinar LGBTQ Youth: An Introduction to Risk & Protective Factors is geared toward all audiences and discusses risk factors, warning signs, protective factors, and resources for LGBTQ youth.
Cost: Webinar free. Workshops free within King County, WA, and negotiated outside. Contact Heather Carter at heather@yspp.org or 206-297-5922, ext.116.

Lifelines

(See description in Student Education and Skill-Building section)

Making Educators Partners in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Web link: http://spts.pldm.com/
Description: Geared toward educators and school staff, this online interactive training program consists of five modules (2 hours total) addressing the critical but limited responsibilities of educators in identifying and referring potentially suicidal youth. In addition to lecture, question and answer, and role-play formats, experts and survivors provide a rationale for school-based suicide prevention.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/SPTS_NJFactSheet.pdf

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel

Author: American Foundation for Suicide Prevention
Date: 2010
Web link: http://www.morethansad.org
Description: Geared toward teachers and other school personnel, this 2-hour training program is built around two 25-minute DVDs and can be led by school staff. Also included are a 42-page instructional manual for program participants and slides for teacher trainers. The program is also suitable for parents and other adults who care for or work with youth.
Cost: $99.99
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/MoreThanSad.pdf

Online Staff Development Curriculum

Author: Jason Foundation
Date: 1998
Web link: http://jasonfoundation.com/resources/index_materials.php
Description: This curriculum has three multipart modules with a certificate of completion. The first module gives an overview of suicide and lists warning signs and risk factors. The second module provides further information on suicide prevention and includes excerpts from two professionals. The third module suggests ways to incorporate a protocol in a crisis situation. The modules are available in several formats: staff presented, interactive CD-ROM or DVD (to be used with a local school facilitator), and via Internet access or video conference.

QPR Gatekeeper Training

Author: Paul Quinnett
Date: 1999; Customized versions for different audiences are continually being developed.
Web link: http://www.qprinstitute.com/
Description: This training program uses the mnemonic QPR (Question, Persuade, Refer) to guide lay and professional gatekeeper responses in a mental health emergency, including suicide. It covers recognizing early warning signs, persuading the individual to accept help, and accessing needed services. The training is delivered in a standardized 1 – to 2-hour, multimedia format by certified QPR gatekeeper instructors. An online version is also available. African American and Native American versions of the 9 1/2-minute video shown at the beginning of the training are available for both in-person and online trainings. In-person trainings and handouts are available that are tailored for Native Americans and in other languages, including Spanish.
Cost: In-person cost varies. Online training, $29.95; enter QPRO at the prompt for an educational discount. Instructor training, $495. Recertification, $85.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/QPR_FactSheet.pdf
Also, Reis, C., & Cornell, D. (2008). An evaluation of suicide gatekeeper training for school counselors and teachers. *Professional School Counseling, 11*(6), 386–394.

RESPONSE

(See description in Student Education and Skill-Building section)

safeTALK

Author: LivingWorks Education, Inc.
Date: 2006
Web link: http://www.livingworks.net/ST.php
Description: This 3-hour training program focuses on reducing the social barriers to discussing suicide that may prevent recognition of suicide risk and referral to treatment. Participants are shown video scenarios of a person in crisis and asked to demonstrate learned identification and intervention skills. In schools, it can be used with any staff, students ages 15+, and parents. It is recommended that it be used where there are providers trained in Applied Suicide Intervention Skills Training (ASIST) to whom students can be referred, but it can be used where providers have other equivalent suicide prevention training.
Cost: 3-hour training cost varies. Resource kit, $6.50 each. 2-day training of trainers, $675 per person.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/safeTALK.pdf

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth

Author: Suicide Prevention Resource Center, Education Development Center, Inc.
Date: Winter 2011
Web link: http://www.sprc.org/training-institute/lgbt-youth-workshop
Description: This toolkit contains all the materials needed to provide a training on suicide prevention among lesbian, gay, bisexual, and transgender youth for staff who work in either youth-serving agencies or suicide prevention programs. The workshop described is 4 hours long, but it can be adapted and/or shortened to fit the needs of the audience. It covers basic information about suicide prevention, including risk and protective factors and warning signs; LGBT cultural competence; and ways to address suicide prevention among LGBT youth. Along with a PowerPoint presentation, the training includes group discussions and participatory activities, and the workshop kit includes a leader's guide and handouts.

Assessing Suicide Risk (Training for health and mental health professionals)

Assessing and Managing Suicide Risk (AMSR)

Author: Suicide Prevention Resource Center and the American Association of Suicidology
Date: 2006
Web link: http://www.sprc.org/training-institute/amsr
Description: This 1-day curriculum for mental health professionals is based on 24 competencies arrived at through a consensus process among leading clinician-researchers. The training combines lecture, video demonstrations, and exercises to effectively assess suicide risk, plan treatment, and manage ongoing care of the at-risk client. Trainings are sponsored by community groups and facilitated by AMSR's nationwide roster of expert faculty. Tailored formats for university and college counseling center staff or employee assistance professionals are available.
Cost: Varies depending on the trainer and the services provided. Typical costs to train 100 professionals in a locally sponsored workshop range from $65 to $85 per participant. This includes all trainer costs, training materials, and certificates of completion with continuing education credits.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/AMSR_BPRFactSheet.pdf

ASIST (Applied Suicide Intervention Skills Training)

Author: R. Ramsay, W. Lang, B. Tanney, & R. Tierney. LivingWorks Education, Inc.
Date: Revised May 2003
Web link: http://www.livingworks.net/AS.php
Description: This 2-day training teaches suicide first aid to caregivers to identify people at risk, intervene through exploring reasons for dying and living, develop a "safe plan" to reduce the risk of suicide, perform follow-up as needed, and become involved with community networks of providers. Participants learn and practice skills in identifying and responding to people at immediate risk of suicide. In high schools, ASIST is most appropriate for mental health providers, guidance counselors, and school nurses.
Cost: Training cost varies, but $275 per participant is recommended. Training materials are $35. Training of trainers is $2,500 for 5-day training.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/ASIST.pdf

PREPaRE: School Crisis Prevention and Intervention Training Curriculum

Author: National Association of School Psychologists
Date: Revised 2009
Web link: http://www.nasponline.org/prepare/index.aspx
Description: A curriculum providing training for school personnel on crisis preparation, prevention, intervention, response, and recovery procedures, with a special emphasis on the role of school-based mental health professionals. It is offered in two workshops: Workshop 1 is a 1-day, 8-hour workshop, recommended for school crisis teams, school mental health personnel, administrators, community liaisons, school resource officers, and any other staff who will be involved in crisis planning/preparation. Workshop 2 is a 2-day, 13-hour workshop, recommended for anyone who serves on a school crisis intervention team.
Cost: Workshop 1 materials fee is $25 per person. Workshop 2 materials fee is $35 per person. Training fees are $1,500/day plus expenses for the curriculum's authors. Local trainer's fees and expenses vary.

QPR Suicide Triage Training Program

Author: Faculty of QPR Institute
Date: Revised 2010
Web link: http://www.sprc.org/sites/sprc.org/files/bpr/QPRT.pdf
Description: QPR stands for Question/Persuade/Refer. This training builds on the basic QPR Gatekeeper training but goes into greater depth and adds skills in assessing immediate suicide risk and immediately enhancing protective factors. While it is used by a wide variety of professionals in the community, within a school setting it is recommended for counselors, nurses, and social workers. The program takes 8 hours of classroom time or 10 hours online. Both versions have been adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course.
Cost: In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.

QPRT Suicide Risk Assessment and Risk Management Training Program

Author: Faculty of QPR Institute
Date: Revised 2008 and updated annually
Web link: http://www.qprinstitute.com/QPRT.html
Description: QPRT stands for Question/Persuade/Refer/Treat. Compared to the QPR Suicide Triage Training, this course adds treatment of people at risk for suicide. It is geared toward primary healthcare professionals, counselors, social workers, psychiatrists, psychologists, substance abuse treatment providers, and clinical pastoral counselors. In addition to suicide risk detection and assessment, the course covers suicide risk management by establishing a safety and intervention plan for the individual who is suicidal. It also provides guidance for avoiding claims of suicide malpractice. The program takes 8 hours of classroom time or 10 hours online. Both versions have beene adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course.
Cost: In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/QPRT.pdf

Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)

Author: American Association of Suicidology
Date: 2006
Web link: http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk
Description: This advanced 2-day interactive training for mental health clinicians is based on the same 24 core clinical competencies developed by expert consensus for the Assessing and Managing Suicide Risk (AMSR) 1-day training. These competencies comprehensively define the knowledge, skills, and attitudes required to effectively assess, manage, and treat individuals at risk for suicide. Instruction consists of an initial Web-based assessment, followed by a 2-day, face-to-face classroom workshop and an online post-workshop mentorship. Training is delivered by RRSR master trainers based throughout the United States.
Cost: Base fee for up to 40 participants is $4,600 plus trainer travel and lodging. Additional $65 required for each participant's program materials and online assessment. Continuing education credits are available for a $45 fee.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/RecognizingRespondingSuicideRiskEssentialSkillsClinicians.pdf

School Suicide Prevention Accreditation Program

Author: American Association of Suicidology
Date: 2008
Web link: http://www.suicidology.org/c/document_library/get_file?folderId=234&name=DLFE-43.pdf
Description: This program prepares school-based health and mental health professionals to implement schoolwide suicide prevention programs. Self-study materials are provided prior to a certification exam. Topics covered include recognizing risk, assessment, intervention, postvention, reintegration, contagion, and working with families.
Cost: School-based professional, $350. Graduate students, $250.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/School%20Suicide%20Prevention%20Accreditation%20Program%20BPR%20fact%20sheet%2010-1-10.pdf

SuicideCare

Author: LivingWorks Education, Inc.
Date: 2006
Web link: http://www.livingworks.net/page/suicideCare
Description: This 1-day, practice-oriented seminar introduces advanced clinical competencies to mental health clinicians and other helping professionals who work with a person at risk of suicide on a longer term basis. The Applied Suicide Intervention Skills Training (ASIST) is a prerequisite.
Cost: Seminar is $25 per participant. Trainer fees are $900–$1,000 for mentoring.

PARENT/GUARDIAN EDUCATION AND OUTREACH

Programs

Gatekeeper Suicide Prevention Program: A High School Curriculum

(See description in Student Education and Skill-Building section)

Lifelines

(See description in Student Education and Skill-Building section)

Not My Kid

Author: Society for the Prevention of Teen Suicide
Date: 2008
Web link: http://www.sptsnj.org
Description: This 17-minute Web-based video features eight parents from culturally diverse backgrounds asking two experts a variety of common questions about youth suicide. It poses and answers some questions that parents can ask to determine whether their child may be at risk for suicide. It also shows how to ask those questions until parents get the responses they need to understand if their child is at risk, and if so, how to deal with the risk.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/NoMyKid_WhatParentsShouldKnowAboutTeenSuicide.pdf

RESPONSE

(See description in Student Education and Skill-Building section)
Information Sheets and Web Pages

Information for Parents and Guardians: Keeping Your Child Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/parents.htm
Description: This section of the Needham Acts Web site contains information sheets that answer key questions parents ask when they are concerned that their child or someone else's child may be suicidal. It includes information on what to do in emergency situations and when a child is hospitalized.

Parent Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006
Web link: http://www.maine.gov/suicide/parents/index.htm. Look at both the center of the page and the links in the sidebar on the left.
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention, how to talk with one's own child, and how to cope after a suicide attempt or death.

Parent Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009
Web link: http://www.sptsnj.org/parents/
Description: This Web page contains stories of parents who have lost a child to suicide and provides information sheets with guidance for parents on how to talk to their teens about suicide, suicide contagion, or the death of a friend by suicide.

Parent Information Sheets

Author: Youth Suicide Prevention Program, Washington
Date: 2010
Web link: http://www.yspp.org/parents/index.htm; go to the drop-down menu under "For Parents"
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention; how to help different groups of teens, including talking with one's own child; and how to cope after a suicide attempt or death.

Preventing Youth Suicide—Tips for Parents and Educators

Author: National Association of School Psychologists
Date: [n.d.]
Web link: http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx
Description: This Web page describes the risk and resiliency factors related to suicide, warning signs of suicide, ways in which to respond, and parent or caregiver notification.

How Parents Can LOOK LISTEN AND HELP: Youth Suicide Is Preventable (Cómo pueden los padres OSERVAR ESCUCHAR AYUDAR)

Author: Oregon Youth Suicide Prevention Program
Date: 2004
Web link: http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/spubs.aspx
Description: This brochure for parents discusses their role in recognizing changes in their child's behavior that may indicate risk of depression or suicide and outlines how they can intervene to prevent a crisis and access help. A ***Spanish language version*** can be downloaded from the Web site, and an English language version can be ordered by email.

STUDENT EDUCATION AND SKILL-BUILDING

The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the student programs below to American Indian and Alaska Native communities. See pages 76–87 of the guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf.

Curricula for All Students

Note: A student curriculum is the primary component of all the programs in this section. Programs that have additional components, such as staff training or parent education, have bulleted subheads describing each of the components.

A Promise for Tomorrow

Author: Jason Foundation
Date: 1998
Web link: http://jasonfoundation.com/resources/index_materials.php
Description: This five-lesson curriculum, geared toward students in grades 7–12, teaches students to recognize warning signs in peers and to alert a responsible adult. Materials to train teachers to deliver the lessons are included. This curriculum is ***available in Spanish***.
Review: The Jason Foundation, Inc. (2007). Comprehensive evaluation of "A Promise for Tomorrow." Retrieved from http://jasonfoundation.com/Curriculum%20Evaluation.pdf

American Indian Life Skills Development/Zuni Life Skills Development

Author: Teresa D. LaFromboise, Stanford University
Date: 1995
Web link: http://uwpress.wisc.edu/books/0129.htm
Description: This curriculum specifically targets Native American adolescents (high school and some middle school students) and focuses on building protective factors and life skills. In addition to increasing awareness of suicide, it covers building self-esteem, identifying and managing emotions and stress, increasing communication and problem-solving skills, and setting goals. It also teaches methods of helping at-risk peers move away from suicidal thinking and to seeking appropriate help. School staff participate in a 3-day training. They deliver the 28–56 lesson plans to students over 30 weeks. They also work with community resource leaders and social services agency staff to ensure that the lessons are culturally relevant.
Cost: Curriculum text is $29.95. Training for teachers and cultural adaptation varies.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81

Ask 4 Help! Suicide Prevention for Youth

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Web link: http://www.yellowribbon.org/
Description: This 1-hour, high school-based curriculum is designed to increase help-seeking among students and their peers. Students are instructed on how to use Ask 4 Help! wallet cards, which have information on how to seek help as well as a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). The unit also discusses local resources for help and warning signs. Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location. This program is usually used in conjunction with the Yellow Ribbon adult gatekeeper program Be A Link!
Cost: $299.95, which also includes training materials for Be A Link! Training of trainers costs $295 (which includes training and all materials for both Ask 4 Help! and Be a Link!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/Ask4HelpSuicidePreventionYouth.pdf

Gatekeeper Suicide Prevention Program: A High School Curriculum

Author: Gryphon Place
Date: Revised 2008
Web link: www.gryphon.org/SuicidePreventionServices.html
Description: All services and program consultation are provided by staff of Gryphon Place or volunteers they have trained, and are provided almost exclusively in Michigan.

- *Student Curriculum:* This curriculum comprises four lessons of 50 minutes to 1 hour each, which are usually taught 4 days in a row. It is usually given to 9th grade students during their health class. The lessons are taught by university students who are trained by Gryphon Place. Students learn to recognize risk behaviors associated with suicide or self-harm and, if recognized, to notify a trusted adult.
- *Staff Training:* Various types of gatekeeper training are available for all school staff and run in length from 1 hour to 2 days.
- *Parent Education:* A suicide awareness workshop, lasting 1 to 1½ hours, is available, along with a brochure containing facts about teen suicide, warning signs, and suggestions for what parents can do.

Cost: Varies depending on the components provided. Contact Guy Golomb at 269-381-1510 or ggolumb@gryphon.org.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/GryphonPlaceGatekeeperSuicidePreventionProgram-AMiddleSchoolCurriculum.pdf

Healthy Education for Life Program (HELP)

Author: Heartline Oklahoma
Date: Revised 2005
Web link: http://heartlineoklahoma.org/our-programs/suicide-prevention-and-outreach-programs/
Description: This suicide awareness program is designed to be given in one 45–55-minute class by volunteers trained by Heartline Oklahoma and is only given in Oklahoma. It can be tailored for any of the following age groups: 10–14, 15–19, and 20–24. The program provides information on warning signs of depression and suicide, and empowers youth to seek help. A brief screening checklist is given at the end of the lesson. The checklist reinforces the information and helps identify students who are potentially at risk for suicide so that they can be referred to a school counselor for follow-up.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/HealthyEducationLife.pdf

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

Author: Sue Eastgard, Washington State's Youth Suicide Prevention Program
Date: Revised 2009
Web link: http://www.yspp.org/curriculum/HELP_curriculum.htm
Description: This pilot-tested and evaluated curriculum is most appropriate for 9th and 10th grades but may be used in 11th and 12th grades. It consists of four 45-minute lessons designed to be taught by a classroom teacher and can be easily incorporated into existing health classes. The program aims to build students' resiliency, increase their help-seeking behavior, and empower them to help other youth. Activities include discussion, problem-solving, and skill practice. The curriculum includes the DVD "A Cry for Help." Training to learn how to teach this curriculum is strongly recommended but not required.
Cost: In Washington State: materials are $100; training is free. Outside of Washington State: materials are $250; training is a negotiable fee.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/HELP.pdf

LEADS: for Youth (Linking Education and Awareness of Depression and Suicide)

Author: Suicide Awareness Voices of Education
Date: Revised 2009
Web link: http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=45DFBB66-7E90-9BD4-CEB81505D25E7ED1
Description:

- *Student Curriculum:* This 3-hour curriculum is designed to be presented in three separate class sessions and is usually given during health classes. It is geared toward students in grades 9–12 and combines lecture and discussion. It covers signs and symptoms of depression, risk and protective factors and warning signs for suicide, and the barriers and benefits of seeking help. LEADS emphasizes connecting students and teachers to school and community resources and increases skills in how to seek help for oneself or a friend. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Protocols:* Also included is a guide to help implement a school suicide crisis management plan that covers prevention, intervention, and postvention.

Cost: $125
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/LEADSBPRfactsheet.pdf

Lifelines

Authors: Maureen Underwood, John Kalafat, and the Maine Youth Suicide Prevention Program
Date: Revised 2009
Web link: http://www.hazelden.org/web/public/lifelines.page
Description: Before giving the student lessons, this comprehensive program requires that schools implement protocols, a referral network with local providers, a school readiness survey, staff training, and parent education. The trainings for students, staff, and parents all cover basic awareness about suicide prevention, identifying students at risk, and helping them get help. A 2-day, onsite training on how to implement all the program components is available.

- *Student Curriculum:* Four 45-minute lessons geared toward grades 8–10. Two videos model appropriate and inappropriate responses to a suicidal peer and an account of how students intervened after Lifelines training. A 1-day, onsite workshop to train teachers to teach the curriculum is available.
- *Staff Training:* Includes a presentation that runs 45–60 minutes followed by 45–60 minutes for questions and discussion
- *Parent Education:* Includes a presentation that runs 45–60 minutes followed by 15–45 minutes for questions and discussion
- *Protocols:* The program material contains information on conducting a school readiness survey; establishing protocols for responding to at-risk youth, suicide attempts, and completions; and implementing the program.

Cost: $225 through Hazelden Publishing at http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=14484&sitex=10020:22372:US. The 1-day teacher training and 2-day program implementation training have additional fees.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=37

RESPONSE: A Comprehensive High School-Based Suicide Awareness Program

Author: Jill Hollingsworth of ColumbiaCare Services, Inc.'s Center for Suicide Prevention
Date: Revised 2010
Web link: http://www.columbiacare.org/Page.asp?NavID=99
Description: Before giving the student lessons, this comprehensive program recommends that schools establish a RESPONSE team of school-based leadership and local service providers, and develop referral networks. The program requires that schools perform a school readiness assessment and send two staff to an ASIST training before offering the student component or adopting or developing suicide prevention, intervention, and postvention guidelines. The trainings for students, staff, and parents all include a video and PowerPoint presentation that promote awareness about suicide prevention, heighten sensitivity to depression and suicidal ideation, expose attitudinal/behavioral barriers that interfere with assistance, and increase the identification and referral of students who may be suicidal. In addition to the primary version of RESPONSE that may be used by any State, there are versions available that are tailored to Oregon, Virginia, and South Dakota. RESPONSE can be customized for any State with certain limitations. The school kit includes information that will enable school staff to implement the trainings on their own. However, a training of trainers will be provided if requested.

- *Student Curriculum:* Four 50-minute lessons. In addition to learning basic information on suicide prevention, students practice skills to help a peer who may be depressed or suicidal.
- *Staff Training:* A 2-hour training workshop for staff. In addition to learning basic information on suicide prevention, the training helps staff understand how to facilitate referrals, including specific procedures for at-risk students.
- *Parent Education:* 1-hour parent workshop. In addition, parents of incoming freshman are mailed information regarding depression and suicide prevention and the student curriculum each year.
- *Protocols:* The implementation manual includes step-by-step instructions for setting up the whole program, including a RESPONSE team; guidelines for prevention, intervention, and postvention; and referral networks.

Cost: School kit (implementation manual, student and staff trainings) is $375. Parent workshop is $150. Extra teacher manual is $125. Cost of training of trainers varies.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/RESPONSE_FactSheet.pdf

SOS: Signs of Suicide

Author: Screening for Mental Health, Inc.
Date: 2001
Web link: http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/high-school.aspx
Description:

- *Student Curriculum:* Contains three 45-minute lessons for grades 8–12 that may be given during a health class or any other class. The first lesson, which can be given without the others, teaches students how to recognize symptoms of depression and suicide in themselves and others and how to get help. Students are taught to respond to others using the ACT mnemonic: Acknowledge, Care, and Tell. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Screening:* A brief scientifically validated screening tool for depression and other risk factors associated with suicidal behavior is included in this program and is usually given at the end of a lesson. The questionnaire has nine questions and takes about five minutes. It may be scored by the students themselves or by staff. Students who have a positive score are given an assessment interview to determine if they need further evaluation and treatment. The screening is not done as a stand-alone program without the curriculum. Schools can choose whether to use active, passive, or no parental consent depending on school district policy. Also included is a version of the screening tool for parents to complete about their child. Both the student and parent versions are available in Spanish.
- *Staff Training:* 1-hour awareness presentation
- *Parent Education:* 1-hour awareness presentation
- *Supplemental Student Programs:* (1) SOS Booster Program for juniors and seniors and (2) Signs of Self-Injury, which addresses non-suicidal self-harm in one lesson and includes a student self-assessment checklist

Cost: High school kit is $300 and includes the student curriculum, screening program, staff training presentation, and parent education presentation. Downloadable renewal kit is $75. Booster program kit is $175. Signs of Self-Injury is $100.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=53

Skills-Building Programs for Individuals at Risk of Suicide

CAST (Coping and Support Training)

Author: Reconnecting Youth Inc.
Date: 2006
Web link: http://www.reconnectingyouth.com/cast
Description: Designed for at-risk youth in grades 9–12, this program delivers life-skills training and social support in groups of 6–8 referred students. It consists of 12 55-minute group sessions given over 6 weeks by trained facilitators. It helps students increase school performance, self-esteem, and personal and social protective factors; decrease anxiety, depression, hopelessness, anger, suicide risk, and drug use; and increase supportive connections with teachers and family. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can facilitate the group. CAST may also be used in middle schools, as a prevention program for youth in transition, or in a community or mental health agency. Training is provided by RY Inc. and can be delivered onsite. CAST's goals are similar to those of Reconnecting Youth, but it is delivered in a shorter timeframe with fewer sessions.
Cost: Curriculum, $699. Student notebook, $26.50 each. 4-day training for 8–9 staff members, $8,000.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=51

Reconnecting Youth

Author: Reconnecting Youth Inc.
Date: Revised 2004
Web link: http://www.reconnectingyouth.com/ry
Description: Designed for at-risk youth in grades 9–12, this program promotes school performance and decreases drug use, anger, depression, and suicidal behavior through small-group, life-skills training to enhance personal competencies, resiliency, and social support resources. Throughout the semester, classes of 10–12 referred students meet with trained facilitators every day for a 55-minute class and receive academic credit for participation. The five program modules are Getting Started, Self-Esteem Enhancement, Decision Making, Personal Control, and Interpersonal Communication. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can teach the class. Training is provided by Reconnecting Youth Inc. and can be delivered onsite.
Cost: Curriculum guide, $299.95. Student workbook, $24.95 each. 4-day training for 6–8 staff members, $8,000.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96

Peer Leader Programs

How Not to Keep a Secret

Editors: South Shore Hospital, South Weymouth, MA, and Children's Hospital Boston, Boston, MA
Date: 2010
To obtain the program materials: Contact Karin Farrell at karin_farrell@sshosp.org or 781-624-7849.
Description: This interactive peer leader program provides students from different high schools with a 1-day training focusing on depression awareness and suicide prevention. The goals of the program include building student knowledge and awareness, and teaching students how to reach out to a trained, connected, and trusted adult to prevent suicide and reduce the stigma of depression and seeking help. The peer leaders from each school then create a skit that portrays how mental health issues may impact teens and how to reach out to a trusted adult for help. These skits are performed before all present on the training day, and feedback is given. After the training, the peer leaders take their skit back to their own school and present it during awareness sessions in settings such as a freshman assembly; an advisory group; a health, psychology, or English class; or presentations for faculty or parents. The peer leaders may also talk individually with students to provide needed encouragement and assistance in seeking help.
Cost: Training manual, $50.

Native H.O.P.E. (Helping Our People Endure)

Authors: Clayton Small, Native P.R.I.D.E. and Ernest Bighorn, Jr., Indian Development & Educational Alliance
Date: Revised 2010
Web link: http://www.nativeprideus.org/programs.html
Description: This suicide prevention program is designed specifically for Native American youth and incorporates Native American culture, traditions, spirituality, ceremonies, and humor. It uses a strengths-based model as well as provides suicide awareness. All the students in the school or a grade must participate in a 3-day training. Then they are involved in developing and implementing a strategic action plan with activities related to suicide, depression, trauma, violence, and substance abuse. The activities include organizing a Native Youth Leadership Council, conducting educational presentations and other prevention activities, and establishing support groups and talking circles. The youth also provide support to their peers and assist them with getting help for mental health issues. The student activities are facilitated by teachers, counselors, social workers, spiritual leaders, and youth already experienced in helping their peers. All of these facilitators are given a 1 – to 2-day training.
Cost: Training is $1,000/day plus expenses. Student and trainer manuals are $40 each.
Review: A SAMHSA "promising cultural-based practice." Indian Health Service national award 2009 for successful suicide prevention program for Indian Country.

Natural Helpers

Author: Comprehensive Health Education Foundation
Date: Revised 1997
Web link: http://store.discoveryeducation.com/product/show/50420
Description: In this program for students in grades 6–12, the peer leaders are selected by other students and are trained to help their peers with a variety of issues. They listen to their peers and assist them in getting help from adults. The program also helps improve the school environment through increasing the connections between students, school staff, and the community. The goals of the program are for the peer leaders to help their peers, take good care of themselves, and contribute to a safe and supportive school environment. Some schools use this program as part of their suicide prevention efforts and give the peer leaders specific training in suicide prevention along with other issues.
Cost: $595

Sources of Strength

Author: Mark LoMurray
Date: Revised 2010
Web link: http://www.sourcesofstrength.org
Description: This comprehensive program promotes mental wellness using trained peer leaders and adult advisors to improve social norms in school, community, and faith-based environments with middle school, high school, and college level curricula. The peer leaders engage teens to deliver "Hope, Help, and Strength" messages, which emphasize eight protective factors or "Sources of Strength." They use personal conversations with trusted adults and friends, classroom presentations, audio announcements, posters, videos, the Internet, and text messaging. Randomized evaluation showed peer leaders increased: knowledge of protective factors among students, school engagement, and perceptions of adult support, especially among students with a history of suicide ideation. This program has been evaluated in underserved communities including rural and urban, and with Native American, Caucasian, African-American, and Latino students.
Cost: $3,500–$5,000 per school, which includes materials, staff training, peer training, and monthly technical assistance to implement the peer action phase.
Reviews: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/SourcesofStrength.pdf
Also, Wyman, P. A., Brown, H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q.,…Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health, 100*, 1653–1661.

Students for Students: A Youth-Centered Suicide Prevention Program

Author: Children's Hospital, Boston, MA
Date: Revised 2010
Web link: http://ycsp.wordpress.com/program-overview/
Description: This youth-driven suicide prevention program has the goal of building a culture of respect and support in the school and a safety net for students. The peer leaders, who are the core of the program, are trained to increase awareness of mental health issues affecting their peers and to talk with peers who may be at risk for depression, self-harm, or suicide about getting help. The peer leaders meet weekly with mental health clinicians to discuss students who are in distress and develop individual plans to enable each of those students to get help. Students who are at moderate risk are given four individual counseling sessions with a mental health clinician in the program to help them develop skills to cope with stress and prevent depression. The peer leaders also co-teach a class and organize a schoolwide event each year to increase awareness of mental health issues, stress, depression, and suicide prevention.
Cost: Contact Glenn Saxe at glenn.saxe@nyumc.org for information and to obtain a copy of the implementation manual.

Information Sheets and Web Pages

Teens (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/Teens.pdf
Description: This Web page is designed to help teens understand why some of their peers may want to hurt themselves, how to recognize the warning signs of suicide, and what to do if a suicide attempt is suspected.

Information for Teens: Keeping Yourself Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/teens.htm
Description: This section of the Needham Acts Web site contains information sheets for teens that respond to key questions teens might ask when they are concerned with whether they or someone they know may be suicidal. It includes information on the issue of confidentiality when a young person is suicidal and has a brief questionnaire to help determine if a young person has a drug or alcohol problem.

Reach Out

Author: Inspire USA Foundation
Date: 2010
Web link: http://us.reachout.com/
Description: Although primarily geared toward preventing suicide and self-harm, Reach Out provides an online environment where a wide variety of youth behavioral health issues are addressed. Youth can find information, share their stories, discuss issues of concern, ask questions, support peers, and connect with support services. Content is delivered through a range of media platforms including blogs, MySpace, video games, SMS, Podcasts, digital storytelling, and moderated discussions via online communities. Information is based on research and written by young people to ensure that the messages are meaningful to and resonate with youth. Reach Out is part of the WeCanHelpUs Campaign. Schools can encourage students to use Reach Out by displaying posters and Web site banners with information about the Web site. For posters, call 1-877-SAMHSA-7 or go online to: http://store.samhsa.gov/product/We-Can-Help-Us/ADC10-SUICIDEP. Go to http://psacentral.adcouncil.org for Web site banners.

Teen Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006
Web link: http://www.maine.gov/suicide/youth/index.htm
Description: This is a series of Web pages containing basic information about suicide prevention and other related problems, and how to live a healthy lifestyle; stories from youth who have struggled with suicidal thoughts or behavior or a suicide death by someone close to them; a quiz on information about suicide; and information on how to get involved in youth suicide prevention.

Teen Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009
Web link: http://www.sptsnj.org/teens
Description: This Web page validates feelings teens may be experiencing regarding suicide and encourages them to seek help and discuss these feelings with a trusted adult. It includes information on what to do when a friend is talking about suicide and when a friend dies by suicide.

SCREENING PROGRAM

TeenScreen School and Communities (formerly Columbia University TeenScreen Program)

Author: Columbia University
Date: 2005
Web link: http://www.teenscreen.org/programs/schools-communities/
Description: This is a voluntary mental health and suicide risk screening program for young people. It uses evidence-based mental health checkup questionnaires for teens ages 11–18. Schools can choose from one of the following two tests: (1) Columbia Health Screen (CHS), a 14-item paper and pen questionnaire and (2) Diagnostic Predictive Scales (DPS), a 52-item computerized questionnaire that screens for a wider variety of mental health disorders. Both questionnaires take approximately 10 minutes to complete. The screening may take place during a class period or after school. Teens who score positive are interviewed by an onsite mental health professional to determine if they need further evaluation and treatment. Those who score negative receive a debriefing interview with trained staff during which they can ask questions about the screening and request to talk with a clinician. Active parental permission is required for teens to participate.
Cost: Program materials, questionnaires, training, and technical assistance are free. There are costs involved in implementing TeenScreen, including staffing (screener, clinician, case manager) and supplies and equipment (computers, headphones, printers, photocopies). These costs vary by site.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=150

SOS: Signs of Suicide

(See description in Student Education and Skill-Building section)

VIDEO LIST

AAS-Recommended Videos
Author: American Association of Suicidology
Date: Continuously updated
Web link: http://www.suicidology.org/stats-and-tools/videos-suicide-prevention
Description: This annotated list of videos on suicide prevention targets primarily teens, but some of the videos are appropriate for adults too. Reviews are conducted by a multidisciplinary committee of AAS members and are rated as "Recommended," "Recommended with Minor Reservation," and "Not Recommended."
Cost: List is free; video costs vary.

NATIONAL ORGANIZATIONS AND FEDERAL AGENCIES WITH RESOURCES AND INFORMATION ON ADOLESCENT SUICIDE PREVENTION

American Association of Suicidology (AAS)

http://www.suicidology.org

AAS promotes research, public awareness programs, public education, and training for professionals and volunteers, and serves as a national clearinghouse for information on suicide, publishing and disseminating statistics, and suicide prevention resources. AAS hosts national annual conferences for professionals and survivors and serves as an accrediting body for crisis intervention programs. Its School Suicide Accreditation Program prepares school psychologists, social workers, counselors, nurses, and other school professionals to select and implement evidence-based programs in their schools.

American Foundation for Suicide Prevention (AFSP)

http://www.afsp.org

AFSP funds research to advance understanding of suicide and suicide prevention and pilot programs to prevent suicide. It offers educational resources and materials such as *More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel*. With the Suicide Prevention Resource Center (SPRC), AFSP co-produces the Suicide Prevention Best Practices Registry (BPR), which examines the effectiveness of suicide prevention programs, including school-based prevention programs. AFSP's network of local chapters can provide connections to local resources and services addressing suicide prevention as well as organizing awareness events such as "Out-of-the-Darkness" walks. AFSP's Public Policy Division, SPAN USA, keeps track of State legislation related to suicide prevention training for school personnel.

Indian Health Service (IHS)

http://www.ihs.gov/NonMedicalPrograms/nspn

IHS' Community Suicide Prevention Web site provides American Indian and Alaska Native communities with culturally appropriate information about best and promising practices, training opportunities, ongoing activities, potential partnerships, and other information regarding suicide prevention and intervention. This information can help communities and schools create or adapt suicide prevention programs that are tailored to their needs.

National Association of School Psychologists (NASP)

http://www.nasponline.org/index.aspx

In addition to serving as the accrediting body for school psychologists and graduate education school psychology programs, NASP offers continuing education and has an extensive library of resources for school psychologists. A resource page for educators and school administrators includes helpful publications and links to organizations and products to promote mental wellness in students. NASP also has a National Emergency Assistance Team that provides consultation to schools and, in some cases, makes site visits.

National Institute of Mental Health (NIMH)

http://www.nimh.nih.gov

The NIMH Web site has a section on suicide prevention that includes information and resources useful for a variety of audiences, including researchers, healthcare professionals, and consumers (see http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml). NIMH also conducts research on youth suicide and youth suicide prevention. Updates on the research can be found through News from the Field: Research Findings of NIMH-funded Investigators, from EurekAlert! at http://search.eurekalert.org/e3/query.html?qt=youth+suicide+prevention&charset=iso-8859-1&qc=ev3rel&rf=1&col=ev3rel

National Suicide Prevention Lifeline

http://www.suicidepreventionlifeline.org/default.aspx

The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. Call 1-800-273-TALK (8255). Callers are routed to the closest possible crisis center in their area. With a network of more than 140 crisis centers across the country, the Lifeline's mission is to provide immediate assistance to anyone seeking mental health services. The Lifeline Web site features the Lifeline Gallery where survivors and attempt survivors can tell their personal stories of recovery, emphasizing that suicide is preventable and help is available. Lifeline informational materials, such as brochures, wallet cards, posters, and booklets featuring the Lifeline number, can make help accessible to troubled teens in a moment of crisis and should be a part of any school-based prevention program.

Suicide Prevention Resource Center (SPRC)

http://www.sprc.org

This SAMHSA-funded center serves primarily State-level agencies and coalitions, as well as State, tribal, and campus grantees, working on suicide prevention. It provides technical assistance, training, and a variety of resource materials. Among the useful resources are State Pages, which can alert schools to current State-sponsored plans, programs, and legislation; the American Indian/Alaska Native Suicide Prevention pages; the *Weekly Spark*, a current awareness newsletter that summarizes significant research findings and local, State, national, and international news concerning suicide; and the SPRC Online Library, which includes collections of resources focused on youth (http://www.sprc.org/search/library/Youth?filters=type%3Alibrary_resource%20tid%3A256) and schools (http://www.sprc.org/search/library/school?filters=type%3Alibrary_resource%20tid%3A35).

Customized information pages outline roles of specific populations in preventing suicide and include teens, teachers, and school health providers. In partnership with the American Foundation for Suicide Prevention, SPRC also co-produces the Best Practices Registry for Suicide Prevention.

The Trevor Project

http://www.thetrevorproject.org/

The Trevor Project is a national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. It provides a nationwide 24-hour, toll-free, crisis intervention telephone lifeline (1-866-488-7386); an online, social networking community for LGBTQ youth ages 13 through 24 and their friends and allies; age-appropriate educational programs for schools; and advocacy initiatives at the local, State and Federal levels. It also is a partner in the It Gets Better Project, which is a place where LGBT adults can share videos they make to help LGBT youth see how "happiness can be a reality in their future" (see http://www.itgetsbetterproject.com). All of the Trevor Project's programs aim to provide a safe, supportive, and positive environment for everyone.

U.S. Centers for Disease Control and Prevention (CDC)

http://www.cdc.gov/ViolencePrevention/suicide/index.html for suicide prevention
http://www.cdc.gov/violenceprevention/pub/youth_suicide.html for youth suicide prevention
The CDC Web site has a section on suicide prevention that includes information sheets, resources, and links to a number of statistical databases. Among the CDC databases are WISQARS (Web-based Injury Statistics Query and Reporting System), YRBSS (Youth Risk Behavior Surveillance System), National Violent Death Reporting System, and National Vital Statistics System. There is also a special section on the Web site focused on youth suicide prevention information and resources. The two CDC divisions that address youth suicide prevention are the Division of Adolescent and School Health and the Division of Violence Prevention.

U.S. Department of Education (ED)

http://www.ed.gov
ED serves as the grant-making agency for Federal education funding. Project SERV grants have been awarded to some school districts to restore the learning environment after student suicides. ED also collects and interprets data through its National Center for Education Statistics. Data products that include suicide are the annual Indicators of School Crime and Safety and the School-Associated Violent Deaths Surveillance Study (SAVD), an epidemiological study developed by the Centers for Disease Control and Prevention (CDC) in conjunction with ED and the U.S. Department of Justice. ED sponsors the ERIC database, a comprehensive collection of education literature that contains thousands of references to materials related to suicide and suicide prevention.

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

http://www.samhsa.gov
SAMHSA funds and supports the National Lifeline and SPRC, and manages the Garrett Lee Smith grant program which funds State, territorial, and tribal programs to prevent suicide among youth. It has developed the National Registry of Evidence-based Programs and Practices (NREPP), which reviews evidence of effectiveness for prevention programs on topics related to behavioral health, including suicide. There are at least six programs registered that are delivered in the school environment to prevent suicide. SAMHSA also sponsors several prevention campaigns. “The What a Difference a Friend Makes” campaign is geared toward young people and focuses on recovery from mental illness and reducing stigma. It emphasizes the role of friends in providing support and acceptance, a cornerstone of gatekeeper training. Another campaign called We Can Help Us, which was developed with input from teens, stresses that teens can become empowered to develop positive solutions and ways to get through tough times.

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