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Preparing for a Return to the Classroom: Suicide Prevention in Schools

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Ann Duckless, MA

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e.g., Tammy Jones +3





We Believe...

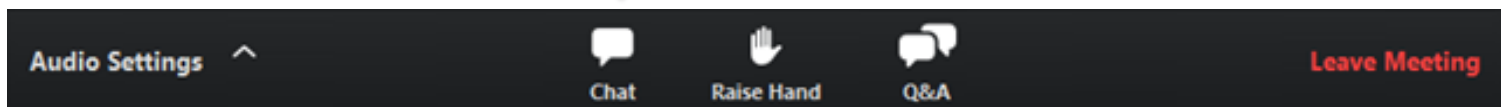
In the transformational power
of the health and education
intersection




Re-Imagining School-Based Healthcare Together :
SUPPORTING STUDENTS NOW AND IN THE FUTURE

REMINDERS

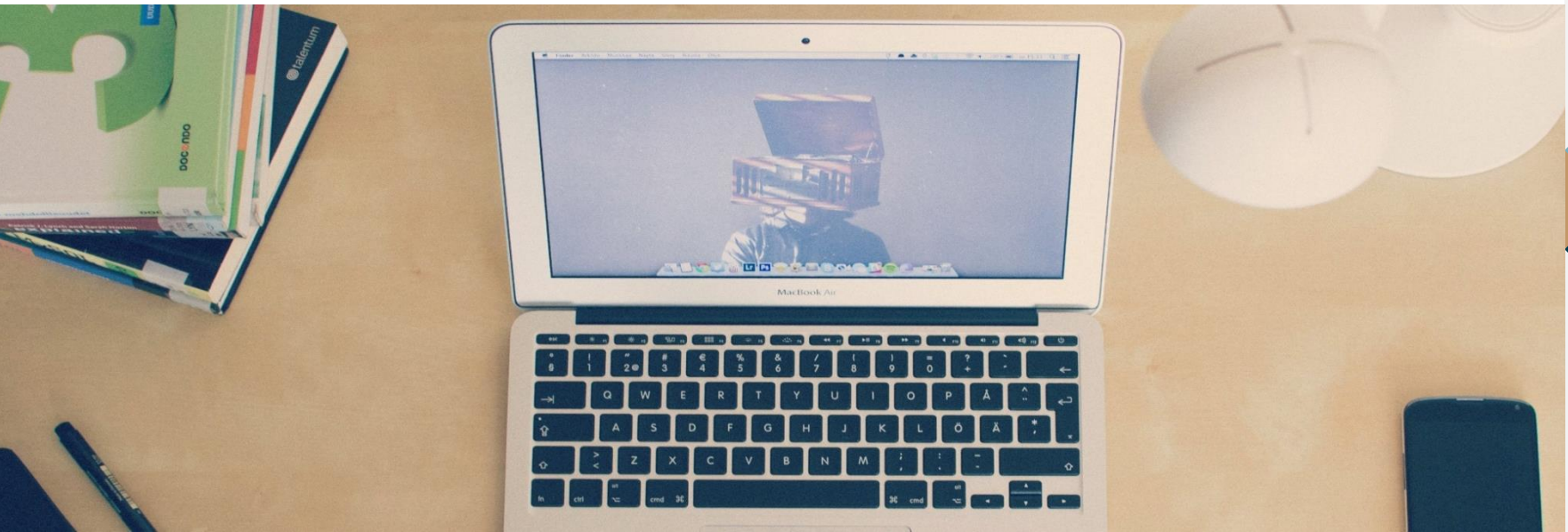
-  All attendees are in **listen-only mode**.
-  We want to hear your questions! To ask a question during the session, use the **“Chat” icon** that appears on the bottom your Zoom control panel.



-  Please complete evaluation poll questions at the end of the presentation.

WEBINAR ARCHIVE

- School-Based Health Centers in the Time of COVID-19
- Suicide Prevention, Intervention, and Postvention During COVID-19: What School-Based Staff Need to Know
- Lead the Way: Engaging Youth in Health Care
- How You(th) Are the Key to Tackling the Stigma on Mental Health



TODAY'S PRESENTERS



Julie Goldstein Grumet, PhD
*Director, Zero Suicide Institute
Director, Health Care Initiative,
Suicide Prevention Resource Center
Education Development Center*



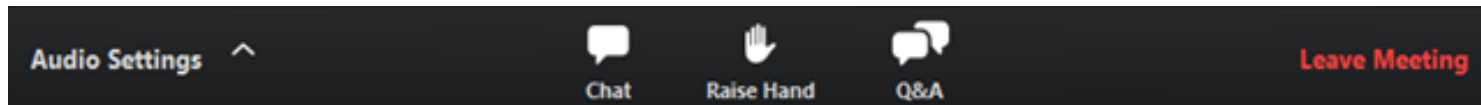
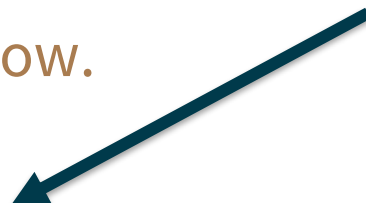
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*Community Educator
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QUESTIONS?

Please enter your questions into the “**Chat**” box of the Zoom control window.



Preparing for a Return to the Classroom: Suicide Prevention in Schools

July 29, 2020



@SPRCTweets

EDC

Education
Development
Center



Funding and Disclaimer



The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

Moderator: Julie Goldstein Grumet



Julie Goldstein Grumet, PhD

Director, Zero Suicide Institute

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Education Development Center

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Overview

- COVID-19 has created isolation, stress, and uncertainty for students, families, and school staff in unprecedented ways
- Recognizing youth who may be at risk for suicide can be complicated by distance learning
- Innovative approaches to addressing this risk is necessary, possible, and can be very effective
- Suicide prevention requires a comprehensive approach.
- This webinar will address the resources to support school staff as they manage current or emerging suicidal thoughts and behaviors in their students during the COVID-19 crisis.

Learning Objectives

- Provide the tools for school-based mental health staff to conduct a meaningful, collaborative safety plan
- Equip teachers and other school staff with skills to identify and respond to youth who may be at risk for suicide
- Understand how to support the school and family should a suicide occur



The national **Suicide Prevention Resource Center (SPRC)** is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer

- Best practice models
- Toolkits
- Online trainings
- Research summaries and more!

Who we serve

- Organizations
- Communities
- Agencies
- Systems

CONNECT WITH US



www.sprc.org



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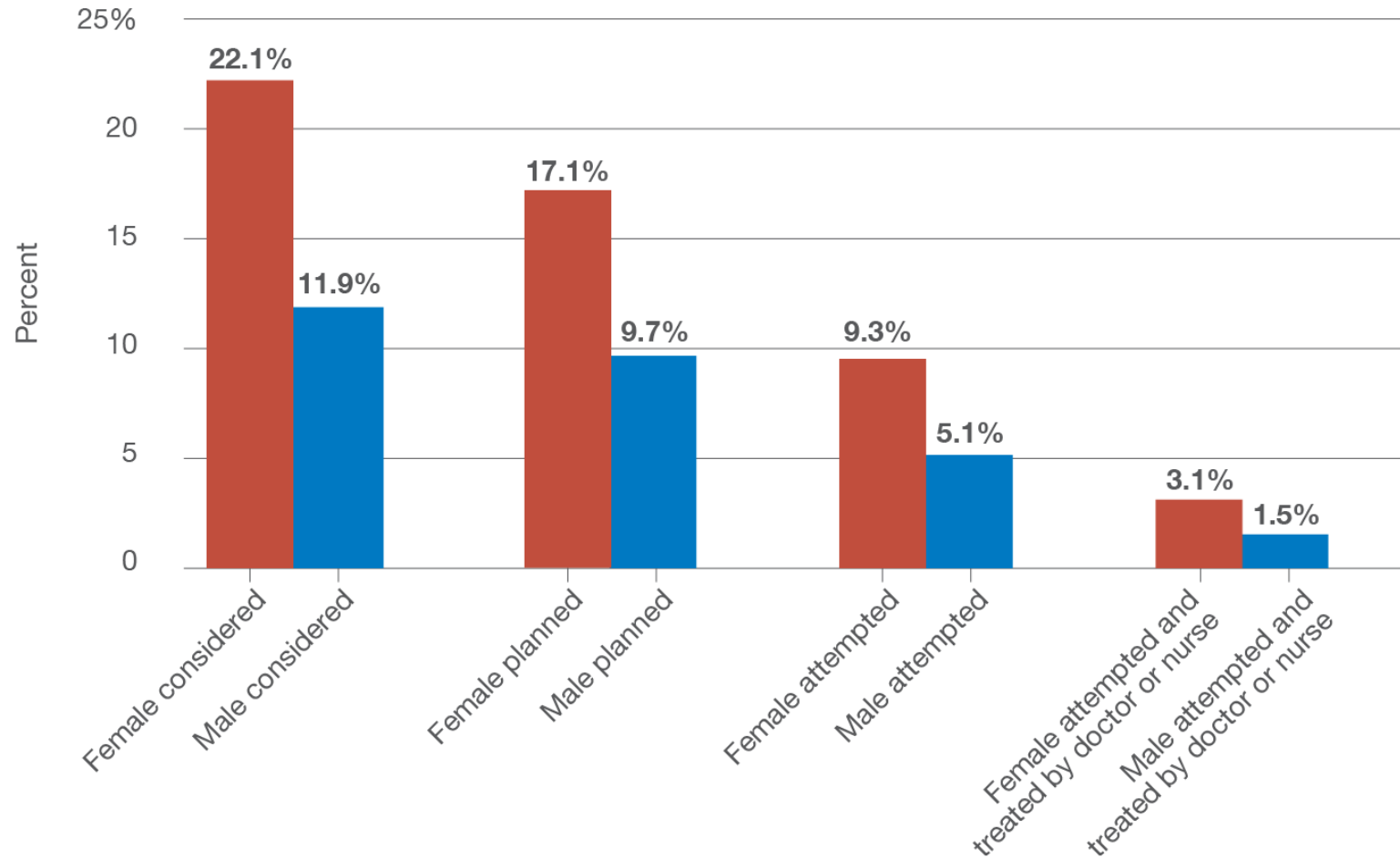
Suicide in Youth

10 Leading Causes of Death, United States 2016, All Races, Both Sexes

		Age groups						
		10–14	15–24	25–34	35–44	45–54	55–64	65+
Ranking	1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118
	2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927
	3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Lower Respiratory Disease 131,002
	4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Lower Respiratory Disease 17,810	Cerebrovascular 121,630
	5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883
	6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452
	7	Chronic Lower Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebrovascular 5,353	Cerebrovascular 12,310	Unintentional Injury 53,141
	8	Cerebrovascular 50	Chronic Lower Respiratory Disease 206	Cerebrovascular 575	Cerebrovascular 1,851	Chronic Lower Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479
	9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095
	10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405

Source: WISQARS Leading Causes of Death Reports, 1999–2016

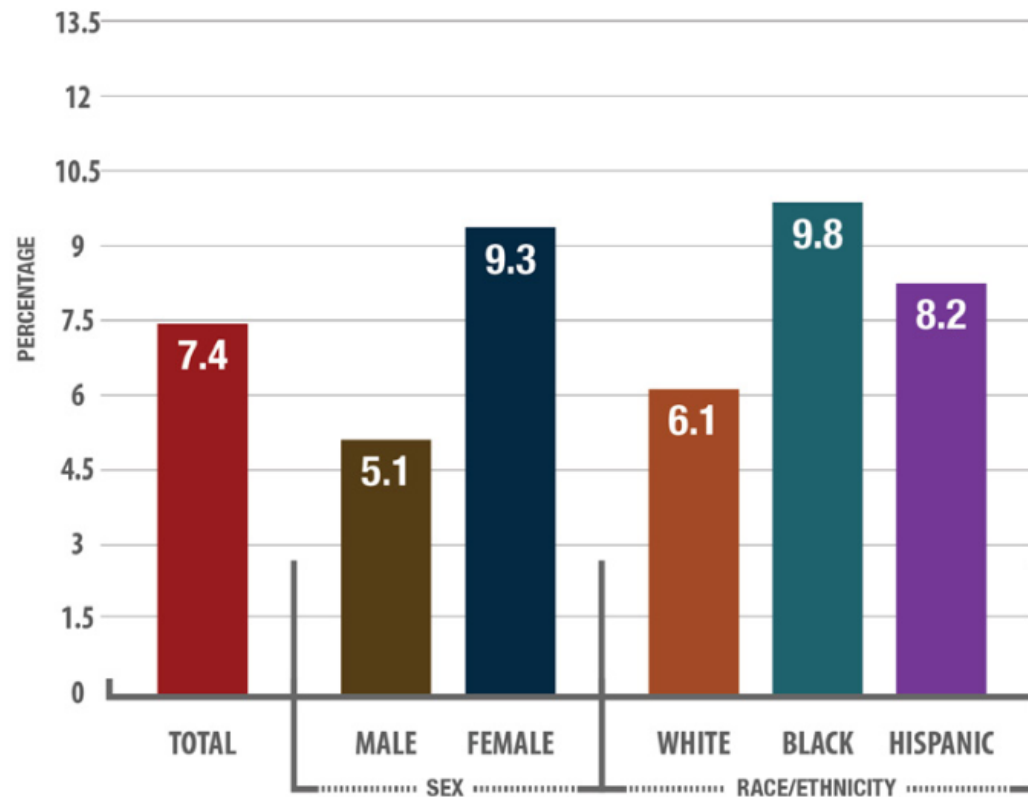
Percentage of High School Students Reporting Suicidal Behavior, United States, 2017 (past 12 months)



Source: Youth Risk Behavior Surveillance System, 2017

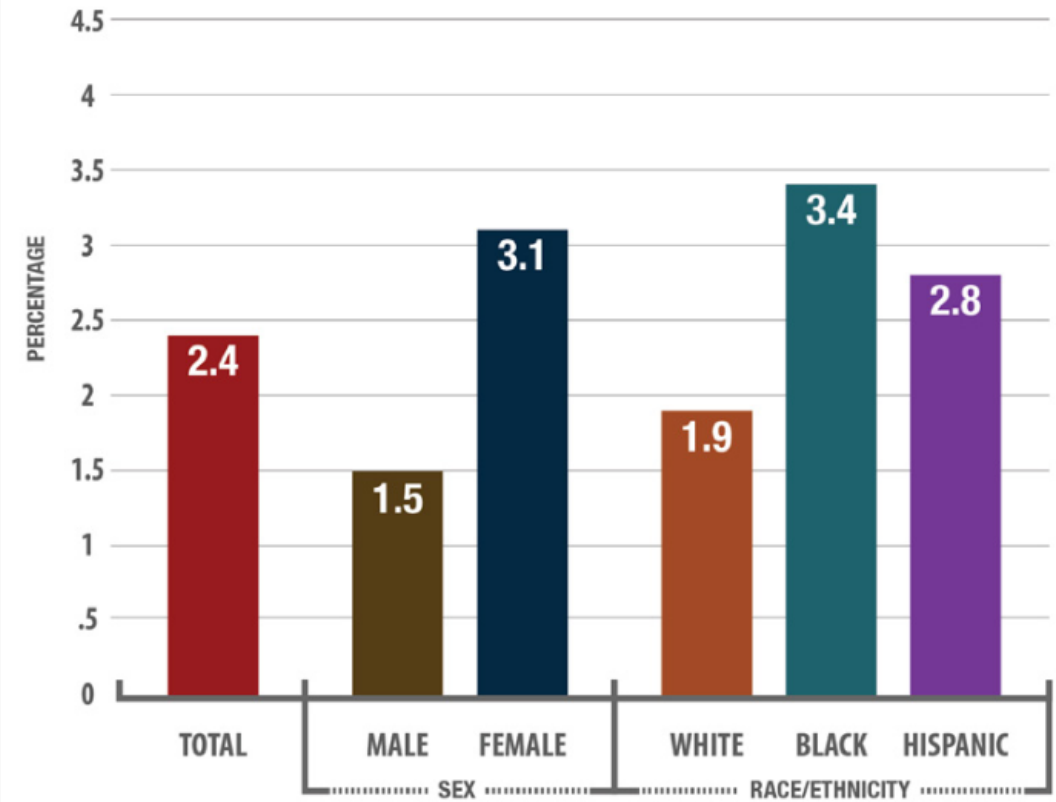
PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

ATTEMPTED SUICIDE IN THE PAST YEAR,
BY **SEX** AND BY **RACE/ETHNICITY**, UNITED STATES, YRBS, 2017



PERCENTAGE OF HIGH SCHOOL STUDENTS WHO

WERE INJURED IN A SUICIDE ATTEMPT IN THE PAST YEAR,
BY **SEX** AND BY **RACE/ETHNICITY**, UNITED STATES, YRBS, 2017



The background of the slide features a close-up, shallow depth-of-field photograph of a magnifying glass resting on a document. The magnifying glass has a dark green handle and a silver-colored rim. The lens is focused on a portion of the document, which shows some text and a yellow highlight. A blue horizontal band with a white spiral graphic on the right side overlays the bottom half of the image.

Safety Planning

Initiating contact when the person may be suicidal:

Basic guidelines

- Request the person's **location (address, apartment number)** at the start of the session in case you need to contact emergency services.
- Request or make sure you have **emergency contact information**.
- **Develop a contact plan** should the call/video session be interrupted.
- **Secure the person's privacy** during the telehealth session as much as possible.
- **Prior to contact, develop a plan** for how to stay on the phone with the person while arranging emergency rescue, if needed.
- For minors, plan in advance when and how to bring parents/guardians into the conversation

Columbia Suicide Severity Rating Scale (CSSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Contact	
Ask questions that are bold and <u>underlined</u>	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
1) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		



NIMH TOOLKIT

Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers **"Yes"** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



NIV2017

C-SSRS Risk Assessment Version

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
	Actual suicide attempt	Lifetime	Hopelessness
	Interrupted attempt	Lifetime	Major depressive episode
	Aborted or Self-Interrupted attempt	Lifetime	Mixed affective episode (e.g. Bipolar)
	Other preparatory acts to kill self	Lifetime	Command hallucinations to hurt self
	Self-injurious behavior without suicidal intent		Highly impulsive behavior
Suicidal Ideation			Substance abuse or dependence
Check Most Severe in Past Month			
	Wish to be dead		Agitation or severe anxiety
	Suicidal thoughts		Perceived burden on family or others
	Suicidal thoughts with method (but without specific plan or intent to act)		Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
	Suicidal intent (without specific plan)		Homicidal ideation
	Suicidal intent with specific plan		Aggressive behavior towards others
Activating Events (Recent)			Method for suicide available (gun, pills, etc.)
Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)			Refuses or feels unable to agree to safety plan
Describe:			Sexual abuse (lifetime)
			Family history of suicide (lifetime)
	Pending incarceration or homelessness		Protective Factors (Recent)
	Current or pending isolation or feeling alone		Identifies reasons for living
Treatment History			Responsibility to family or others; living with family
	Previous psychiatric diagnoses and treatments		Supportive social network or family
	Hopeless or dissatisfied with treatment		Fear of death or dying due to pain and suffering
	Non-compliant with treatment		Belief that suicide is immoral; high spirituality
	Not receiving treatment		Engaged in work or school
Other Risk Factors			Other Protective Factors
Describe any suicidal, self-injurious or aggressive behavior (include dates)			

The Safety Planning Intervention

- Brief clinical intervention that results in a prioritized written list of:
 1. warning signs
 2. internal coping strategies
 3. social supports for distraction
 4. social supports for help in crisis
 5. professional help
 6. means reduction
- Starts with “within self” strategies and builds to seeking help from professionals or agencies

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____
Reproduced with permission (© 2013 Stanley & Brown), www.suicidesafetyplan.com Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i> , 19, 256-264	

Adaptations to Safety Planning

- The remote safety planning process is similar to conducting it in person.
- Let the person know that you want to develop a safety plan with them to help maintain their safety, and that it will take about 30 minutes to do.
- Emphasize that having a safety plan is particularly important now as a **way to stay safe without going to the ED or a medical facility. *Remind them that hospitals have limited resources to care for them at this point and that managing at home is safer for them.***

SPRC RESOURCE



Resources to Support Mental Health and Coping with the Coronavirus (COVID-19)

SPRC has compiled a selection of web pages and information sheets on mental health and coping with the effects of COVID-19.

<http://www.sprc.org/covid19>
<http://zerosuicide.edc.org/covid-19>

Resources

- <https://www.sprc.org/resources-programs/preventing-suicide-toolkit-high-schools>
- <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>
- [Suicidesafetyplan.com](https://suicidesafetyplan.com)
- [App: IOS and android---Safety Net](#)
- Barbara Stanley email for further information: bhs2@cumc.columbia.edu
- <http://zerosuicide.edc.org/covid-19>
 - <http://zerosuicide.edc.org/webinars-and-presentations/webinar-treating-suicidal-patients-during-covid-19-best-practices-and>
 - <http://zerosuicide.edc.org/resources/suicide-prevention-intervention-postvention-during-covid-19-what-school-based-staff-need>
- <https://www.gizmo4mentalhealth.org/forkids/>
- <http://zerosuicide.edc.org/>

Crisis Hotlines

- SAMHSA's Disaster Distress Helpline - 800-985-5990
 - Text/SMS: Text **TalkWithUs** or **Hablanos** (for Spanish) to 66746 (subscription-based)
 - Full details at: <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- National Suicide Prevention Lifeline - 800-273-8255
- National Sexual Assault Hotline – 1-800-656-4673 <https://www.rainn.org/>
- National Domestic Violence Hotline - 1-800-799-7233 <https://www.thehotline.org/>
- The Trevor Project
 - TrevorLifeline: 866-488-7386
 - TrevorText: Text **START** to 678678
 - TrevorChat: <https://www.thetrevorproject.org/get-help-now/>
- Trans Lifeline – 1-877-565-8860 <https://www.translifeline.org/>
- Crisis Text Line: Text **HOME** to 741741

**For more information on suicide
prevention or SPRC visit:**

**SPRC.org
ZeroSuicide.com**

Presenter: Jennifer Myers



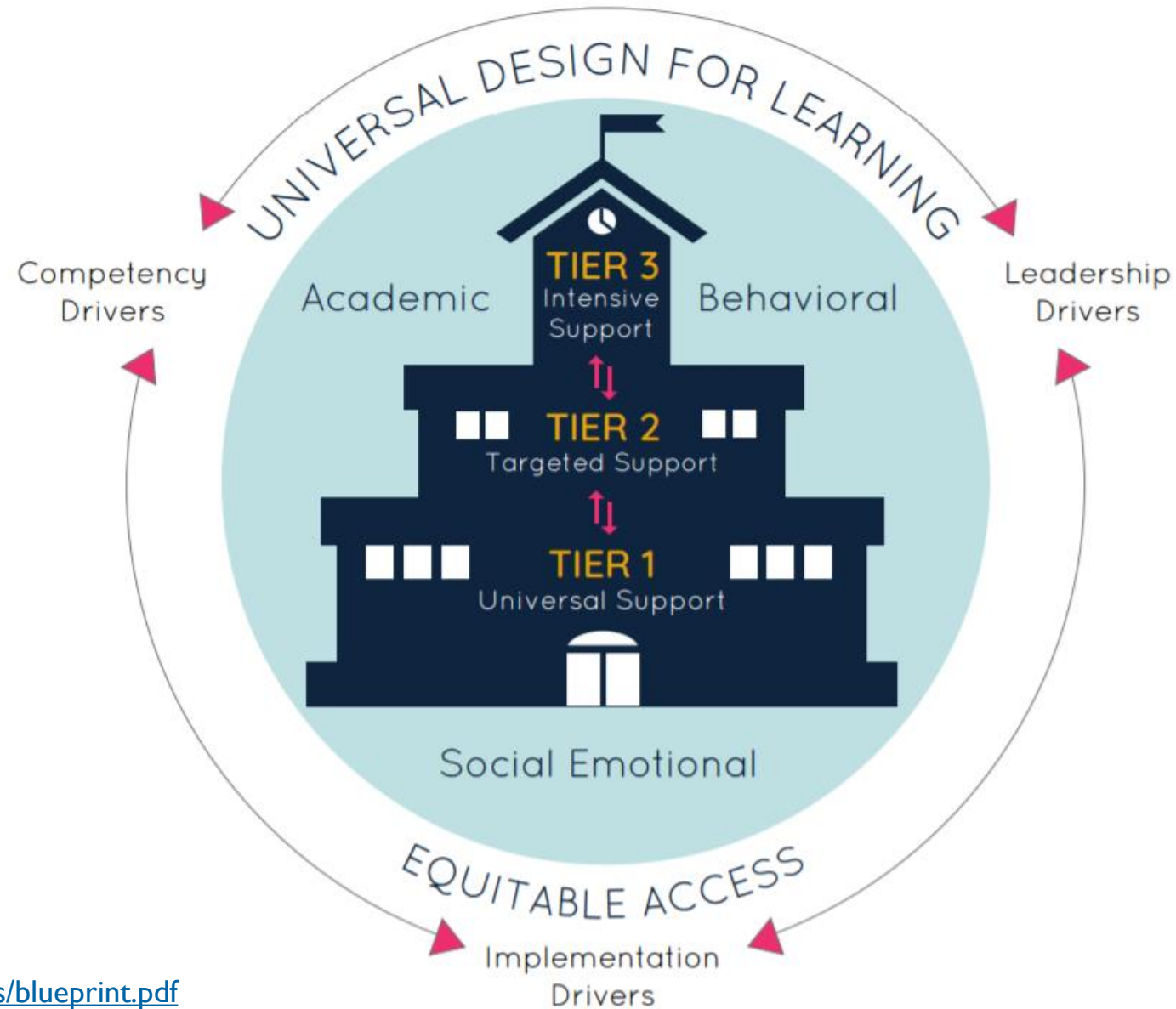
Jennifer Myers, MA

Training Development Manager,
Violence and Trauma team,
Education Development Center

Put Your Mask On First



MTSS for SEL & Mental Health



Source:
<http://www.doe.mass.edu/sfss/mtss/blueprint.pdf>


Build a Universal Suicide Prevention Foundation



Increase Protective Factors



Decrease Risk Factors

- Look for Warning Signs 
- Provide Tier 2 and 3 supports for those at higher risk
- Have a Response, Support, and Follow-up Plan
 - Then, keep supporting and following up





Protective Factors

- Safer homes
- Connectedness/Belongingness
- Access effective to mental health/health care
- Supportive and accepting family
- Problem solving skills
- Conflict resolution and nonviolent methods to handle disputes
- Help-seeking
- Hope
- Cultural and religious beliefs that discourage suicide

Sources: Centers for Disease Control and Protection <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

National LGBT Health Education Center: <https://www.lgbtqihealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf>



Risk Factors

- Abuse, neglect, maltreatment (ACEs)
- Previous suicide attempts
- Family history of suicide
- Impulsive or aggressive tendencies
- Isolation
- Barriers to mental health and health care and/or barriers to help seeking
- Access to lethal methods
- Hopelessness
- History of substance misuse
- History of mental health disorder

Source: Centers for Disease Control and Protection <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

Provide Extra Support for Those at Higher Risk

- Life circumstances
 - Bullying
 - Isolation
 - Relationship breakup, loss, family conflict
 - Chronic illness
 - Legal problems



Students with Complex/Challenging Home Lives

- Community risks
- Neglect/abuse
- Substance misuse in home or community
- Previous exposure to violence or traumatic experiences
- Higher ACEs score
- Recent loss or complicated grief
- Family health issues

Look for Warning Signs

- Look for warning signs of suicide risk
 - Talking or writing about suicide including on social media
 - Having no reason to live
 - Being a burden to others
- Looking for ways to kill oneself

Source: SPRC <https://www.sprc.org/about-suicide/warning-signs>

Look for Warning Signs

- Expressing hopelessness
- Showing rage, uncontrolled anger, or a desire to seek revenge
- Expressing feeling trapped
 - Like there is no way out
- Increasing substance use
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Displaying extreme mood swings
- Withdrawn or isolated/isolating
- Expressing having no purpose in life

Respond, Support, Follow-up

- Prepare with procedures and plans
 - Consider all types of school options in this planning
 - Hybrid/Blended
 - Virtual
 - In-person
- Train all staff especially in current context
 - Someone who knows the student has to ask directly about suicide risk
 - As long as there is an existing relationship, it doesn't matter whether it is a teacher, counselor, principal, teacher's aide

Support All Students (Tier 1)

- Apply trauma-informed principles
- Manage expectations
- Teach flexible thinking, problem solving, and conflict resolution skills
- Stay connected in the student's language & style
- Be available, consistent & predictable
- Assist in identifying and labeling emotions

Indicated Supports (Tiers 2 & 3)

- Develop a plan for both in person and virtual support for each student identified
- Review all students and who might need Tier 2 or Tier 3 supports given the situation
- Provide extra support
 - To those at higher risk for suicidal thinking and/or behaviors
- Apply basic emotion, thought, and behavior regulation skills
 - Mindfulness
 - Cognitive-behavioral approaches
 - Distress tolerance techniques

Expand the Safety Net

- Educate families
- Encourage students to reach out to other students
 - Each day reach out to one friend that you haven't talked to in a while
 - Consider intentional connections between those who might be receiving in-person instruction and students who might be virtual or on alternating in-person schedules
- Leverage connectors
 - Families
 - Coaches
 - Transportation staff
 - All staff: Maintenance, custodial, cafeteria, front office, etc.

Expand the Safety Net

- Teach all connectors:
 - Signs to look for
 - Skills to ask about suicide
 - Ex: Columbia-Suicide Severity Rating Scale
 - What to do if concerned about a student
 - How to play a role in a safety plan for suicide risk
 - Importance of ongoing support and caring messages



Suicide Prevention App Resources

- My3 - <https://my3app.org/>
- Safety Plan - <https://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998> and https://play.google.com/store/apps/details?id=com.twopenguinsstudios.safetyplanningguide&hl=en_US
- Virtual Hope Box - https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm

General Mental Health App Resources for Students

- Worry Box – Ages 6-16
- Stop Breathe Think – Ages 5-10, website includes classroom toolkits and resources for educators - <https://www.stopbreathethink.com/educators/>
- Positive Penguins – Ages 7-11; Cost range: one-time cost of 0.99-1.99
- Breathe 2 Relax – Ages 6+
- SuperBetter – Ages 13+, can access through website also - <https://www.superbetter.com/>
- MindShift CBT – Ages 13+, website has an anxiety plan for teenagers and several resources for educators - <https://www.anxietycanada.com/resources/mindshift-cbt/>
- Sanvello – Ages 13+, premium access during COVID-19 crisis. Can access tools through the website <https://www.sanvello.com/self-care/>
- PTSD Coach – Ages 15+

Presenter: Ann Duckless



Ann Duckless, MA
Community Educator and Prevention
Specialist
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Postvention: A Community Response after a Sudden Death or Suicide *Individual, Family, and Community Healing*

Ann Duckless, MA

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**Training Professionals & Communities in
Suicide Prevention & Response®**



Training Professionals & Communities in
Suicide Prevention & Response®

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National Alliance on Mental Illness

New Hampshire



Suicide is a Profound Loss

www.theconnectprogram.org



- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- **We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide.**
- Please practice good self-care and seek support that would be helpful to you.



POSTVENTION

- A **planned response** after a suicide to ***promote healing and reduce risk*** of further suicide incidents.
- *Knowing someone who has died by suicide increases our risk for suicide.*
- How a suicide is handled affects the risk factors for others, especially youth of all ages.



RISK OF CONTAGION

- **Exposure to a suicide may influence others** (who may already be at risk) to take their life or attempt suicide.
- **Teens and young adults** are more at risk for contagion.
- **Sensational media reports and inappropriate funeral services** may contribute to contagion.



Suicide, Mental Health, and Stigma

- ❖ About 90% of people who die by suicide have some type of mental health and/or substance use problem.

- ❖ Suicide and mental health problems often have stigma. This can result in:
 - Secrecy about the death and issues prior to the death
 - Isolation and guilt for loss survivors
 - Shame and blame for the death
 - Lack of support from others
 - Facts are replaced by rumors



Speaking about the Death in Public

Balance between two important principles:



- ❖ Respect for family's right to privacy
 - When a family is able to be open about a death being a suicide, this may help schools and/or communities **offer resources** to reduce risk.
- ❖ Responding to suicide as a public health issue
 - Being open about the suicide can also **guide funeral activities**, which can have a healing effect and help reduce risk.



Safe & Sensitive Language



Some words are more comfortable or easier to hear for survivors of suicide loss.

Words to Use:

- Died by suicide
- Lost to suicide

Words to Avoid:

- Successful suicide
- Committed suicide
- Completed suicide
- Chose to kill himself



WHY??????

- For Survivors of Suicide Loss, grief is often combined with a persistent search for an answer or explanation.
- Grieving a suicide can include intense feelings:
 - **Shame**
 - **Anger**
 - **Guilt**
 - **Regret**
 - **Self-Blame**
 - **Rejection**



Complexity of Grief and Loss

- Length and expression of grief may vary by individual.
- Grief responses and needs may differ depending on the age of the person bereaved by loss.
- How a community responds can help or block the healing process.
- Cultural norms and practices are important to acknowledge when dealing with grief.
- *Overlay of COVID-19 uncertainty and restrictions: trauma-informed care*



Providing Support to Survivors of Suicide Loss

- Recognize an **increased risk for suicide** in the days and weeks following the death.
 - Be gentle and non-judgmental. **Don't blame anyone.**
 - **Don't feel like you need to provide an answer.** Your presence alone will be reassuring.
 - Over time, help them connect to a **suicide survivors** group, bereavement group, or other resources if this would be helpful.
- **Positive Action: Respect each individual's own healing process.**



Promoting Healing

- Insure that mental health and emergency services are available.
- Validate and normalize grief and loss reactions for all.
- Watch out for anyone who is not doing well and connect them with support; ***know the Warning Signs for suicide!***
- Work toward **restoring community spirit, strengths, and sensitivity.**

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life





Community Response

➤ ***Taking action to reduce risk for contagion is essential.***

- **Good networking and interface** among impacted community agencies is key to promote healing.
- **Promote Safe Messaging** in individual and public discussion about the death.



Social Media/Internet

- Social networking sites serve as a connected community.
 - Search for information related to the death and monitor postings for warning signs.
 - Sites can often be deactivated or placed on memorial status when requested by next of kin.
- *Explore virtual options for connecting with youth/young adults*
- **Positive Actions:**
- **Notify others of individuals at risk.**
 - **Validate and normalize grief and loss reactions.**
 - **Post warning signs, NSPL 1-800-273-TALK (8255), and Crisis Text Line: TEXT 741741**
 - **Continue to monitor.**

53



Treat all Sudden Deaths the Same

- Permanent memorials glorifying a person who has died by suicide can increase risk of contagion among vulnerable youth.
- **It is recommended that such memorials be avoided for all so they are not conducted selectively.**
- *Have postvention guidelines in place* in advance so that all suicide deaths are responded to in the same way.
- Planned consistency in recognizing deaths publicly can minimize difficulties when any kind of death occurs.



Recommended Memorial Activities

For the School:

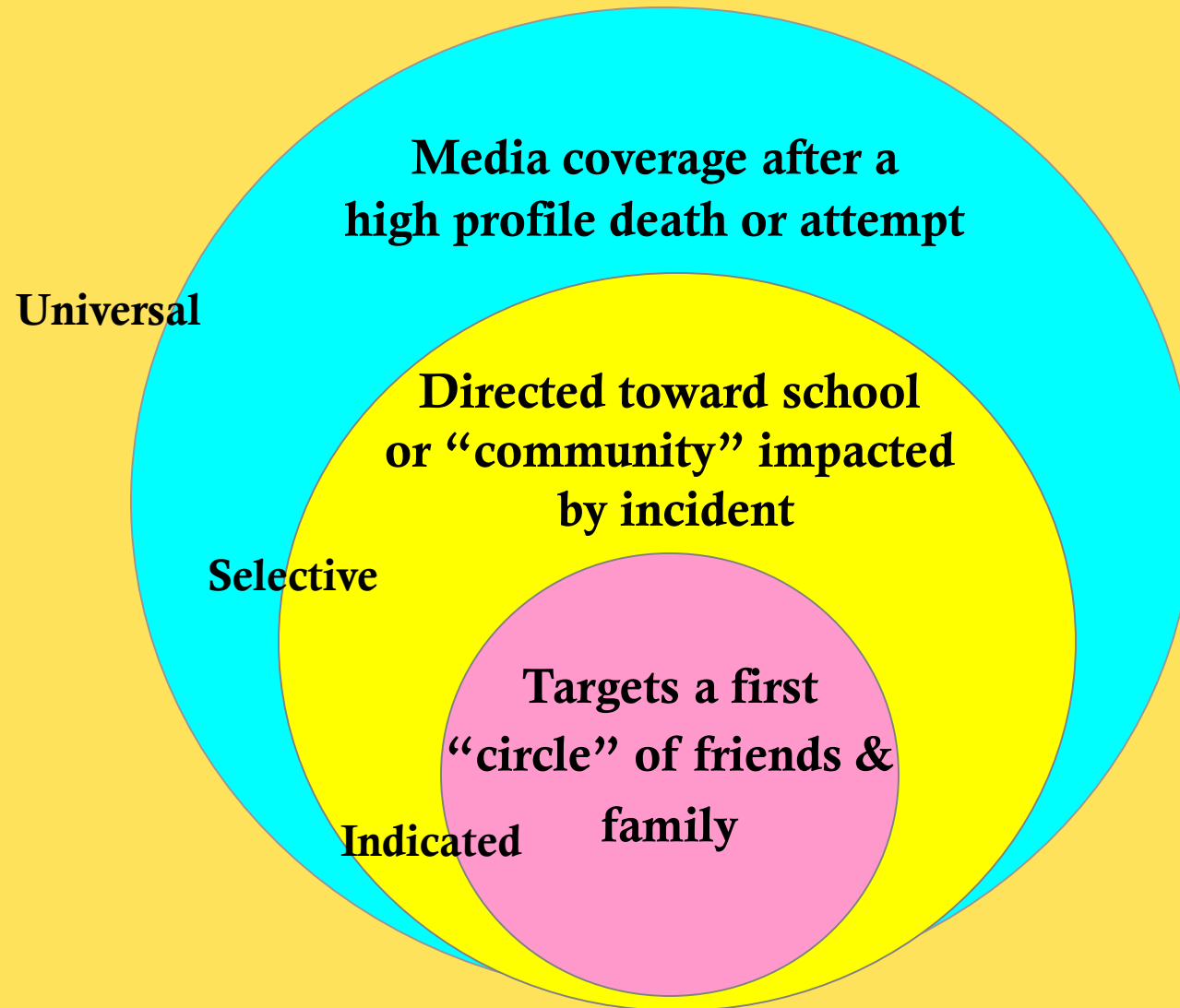
- Provide a *time-limited place* where **remembrances and expressions of grief** can be placed.
- Inform participants that anything left will be turned over to the family afterwards.
- Consider locations **other than school** (churches, civic halls, other communities) for funeral services.

For COVID-19:

- ***“Gifting the family with memories”***
- What you’ll miss most about this person in a heartfelt manner
- Sending along poems, songs, video collages



Postvention Response





General Postvention Guidelines

- **Confirm the facts** before disclosing information.
- If openly acknowledged by the family, be truthful and direct about this as a suicide.
- **Do not provide specific details (e.g. means used) about the death.**
- Avoid glorifying the person's life or death.
- Recognize the impact is over *months and years* (not days and weeks).



Contact with Family

- The principal or designee should contact family to express condolences and gather information about funeral arrangements.
- Grieving families may not wish to share the manner of death.
- This creates a dilemma between respecting the family's wishes and reducing risk of contagion by being open.



Contact with Staff

- Inform staff of the situation/facts as you know them.
- Ask them what they need for support.
- Offer sick/leave time off (when indicated).
- Consider temporarily moving staff from a high stress job.
- Encourage self-referral to an EAP.
- Role model good self-care skills.
- Consider using a crisis debriefing for staff.
- Review protocols for agency response to other clients.
- Provide check in/support in upcoming weeks/months.



Conveying Information

- **How the school handles the initial announcement is important in the critical process of maintaining credibility and trust.**
- Be honest and direct without discussion of means.
- Announcements should be made to small groups of students by a person familiar with the students.
- Small meetings should occur with all students at the same time and allow time for follow-up discussion.
- Make the announcement early in the day and provide for follow-up supports.
- **Do not use large assemblies or the public announcement system** for communicating information about the suicide.



For Youth of all Ages

If a young person has been affected by suicide loss, encourage them to remember:

- ❖ No matter what happened, this person's death was **not** your fault.
- ❖ There is **always** someone you can go to for help.
- ❖ Talking to a **trusted adult** can help.
- ❖ Be gentle with yourself.



Communication with Providers

- Notifying local organizations will give advance opportunity for provision of additional supports:
police departments, mental health centers,
clergy, and social service/community organizations
- You may wish to ask for crisis assistance/support for staff and students from neighboring schools/agencies.



Self-Care Skills are Essential for all





Hope for these Times





Websites & Resources for More Information

- National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)
- Crisis Text Line: TEXT 741741
- The Connect Program: www.theconnectprogram.org
- NAMI: www.nami.org
- American School Counselors Association: (ASCA): www.schoolcounselor.org
- Center for Grieving Children (Maine): www.cgcmaine.org
- Dougy Center (Oregon): www.dougy.org
- National Association of School Psychologists: www.nasponline.org
- National Alliance for Grieving Children: <https://childrengrieve.org/>
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Action Alliance for Suicide Prevention: www.actionallianceforsuicideprevention.org
- American Association of Suicidology (AAS): www.suicidology.org
- American Foundation for Suicide Prevention (AFSP): www.afsp.org
- Suicide Prevention Resource Center (SPRC): www.sprc.org



**SCHOOL-BASED
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Redefining Health for Kids and Teens

THANK YOU!

Additional Questions? Contact us at:
info@sbh4all.org

