

# School-based Suicide Prevention Campaigns

## Step-by-Step Resource Guide



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## BACKGROUND

In 1999, the United States Surgeon General released a “Call to Action to Prevent Suicide.” It identified suicide as a serious public health problem. Recently, the National Center for Health Statistics reviewed rates of suicide for a period of twenty (20) years from 1999-2018. During these years, suicide rates have increased steadily by 32%.<sup>1</sup> At the state level, California adopted a policy 2016 to address this mental health crisis.<sup>2</sup>

This step-by-step resource guide has been created to assist schools to comply with AB 2246, the Pupil Suicide Prevention Policy through the implementation of Suicide Prevention Campaigns. AB 2246 requires LEAs serving students in K-12 to implement an array of suicide prevention components to support student well-being. Examples include but are not limited to: establishing district level policies; increasing access to mental health service providers; and outreach to especially vulnerable populations such as LGBTQ and foster students. For more information about the policy go to: AB 2246.

School-based suicide prevention campaigns are an effective strategy for districts to implement the numerous components of AB 2246 in a manner that utilizes the expertise of staff without overwhelming specific individuals. These campaigns ensure that a unified and powerful message reaches students and staff throughout the district. Suicide Prevention Campaigns are sustainable since they rely on harnessing the support of students, parents, staff, and community partners. This promotes minimal reliance or impact on departmental and general funds. The human capital that is involved in building the momentum of the campaign also contributes to the effectiveness of the message. The students and staff are simultaneously serving as the messengers, ambassadors, and targeted participants of the suicide prevention activities and campaign communications. This step-by-step guide to school-based suicide prevention campaigns will outline activities, strategies, and timelines to guide districts through an effective and efficient implementation process of this impactful and timely intervention critical to the well-being of our students.<sup>3</sup>

## UPDATED TERMINOLOGY PER AB 2246

Research continuously grows to expand our understanding of human behavior and increases our awareness and sensitivity to identifiers, labels, and other verbiage describing the struggles and challenges of the human experience.<sup>4</sup> To broaden understanding, we have provided a list with an updated terminology to assist with suicide prevention campaign planning. Staff and students should be trained on this updated terminology throughout the campaign activities and trainings.<sup>5</sup>

**Died of suicide (Also ‘Died by suicide’)** — Suicide is death due to brain illnesses. In a suicidal state, thought processes become distorted because of biological, psychological, social, cultural, and/or situational reasons. The term “committed suicide” does not describe accurately what has occurred. “Committed” implies a crime or immoral act. Suicide is not a crime or sin but the result of a mental health condition with a medically treatable cause.<sup>6</sup>

**Person with lived experience** — A person with the lived experience of suicide has struggled with suicidal thoughts or behaviors and may be an attempt survivor. Many people with lived experience have built high levels of resiliency after their attempt.<sup>7</sup>

**Bereaved by suicide** — Someone who has been exposed to the suicide of another person and experiences a high level of psychological, physical, and/or social distress for a considerable length of time. This loss can cause PTSD and incorporating such a loss into one’s life requires work and support.<sup>8</sup>

**Fatal or Non-fatal Attempt** — Applying the general principle of speaking about suicide using illness-based language, fatal and non-fatal is language in line with a fatal or non-fatal heart attack or other illness. It is not advised to add a value statement to suicide such as calling an attempt failed, successful, or botched, etc. Also, the term “completed” suicide is not advised. “Completing” something implies success.

**Trauma** — Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.<sup>9</sup>

**Trauma-Informed Practices** — Trauma-informed describes an approach that recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization’s administration, culture, environment, and service delivery.<sup>10</sup>

**Trauma-Informed Organization** — A trauma-informed organization actively works to decrease retraumatization and support resilience, healing, and well-being. Additionally, trauma-informed organizations recognize ongoing and historical experiences of discrimination and oppression and are committed to changing the conditions that contribute to the existence of abuse and violence in people’s lives.<sup>11</sup>



## TABLE INDICATES UPDATED SUICIDE PREVENTION TERMINOLOGY PER AB 2246

<i>Former Terminology</i>	<i>Updated Trauma Informed Terminology</i>
Persons impacted by suicide (themselves or others)	Person with lived experience
Completed suicide or committed suicide	Died by suicide; Died of suicide; Death
Attempt was successful or completed	Attempt was fatal or non-fatal
Survivor	Survivor
Attempted	Attempted

## FIRST STEPS IN IMPLEMENTATION OF A SUICIDE PREVENTION POLICY TO SUPPORT SCHOOL-BASED SUICIDE PREVENTION CAMPAIGN

The integration of an effective suicide prevention policy can be overwhelming. The goal of this resource guide is to support school communities in creating safer school campuses through the implementation of a suicide prevention policy through suicide prevention campaigns.

Successful implementation should build upon the strengths of your current mental health program and resources, internally and externally, and must be aligned with the multi-tiered systems of support frameworks within your school district. Equally as important is ensuring that implementation can be applied to an in-person, distance, and hybrid learning environment. This has been especially important since March 2020 as the COVID-19 pandemic has led to the physical closure of many schools and transitioned students and staff into hybrid and distance learning modules. The impact of this transition has presented a novel challenge for all suicide prevention stakeholders. As a part of district and school emergency management planning, it is critically important to ensure that suicide prevention policies can be implemented across all learning modalities.

## IMPLEMENTATION PLANNING TOOL

The following table is designed to strategically identify examples of tiered activities that address suicide prevention, intervention, and postvention best practices within multiple environments of learning. The Implementation Planning Tool is a tool that school leaders can utilize to assist in the development and annual review of their Suicide Prevention Policy. It is also a tool that can drive the agenda and planning for the Suicide Prevention Task Force (SPTF). The SPTF can review the needs, gaps, and strengths of the district to assess what interventions and messaging should be emphasized in the campaign and which departments are most qualified to take the lead on for each critical component.

<b>Policy</b>	<b>Strategy</b> <i>Action to achieve the goal of prevention suicide</i>	<b>District Resources</b> <i>Consider different departments, positions, roles, shared resources &amp; funding</i>	<b>Approach</b> <i>Ways to advance strategy (district-wide and site-based)</i>	<b>Advance</b> <i>Next Steps: Trauma informed procedures and policies (short- and long-term)</i>
Prevention Goal: Training, Awareness	Develop board policy A. Policy B. Procedures			
	Create protective environments			
	Identification and mobilization of school and community-based resources			
	Promote connectedness outreach activities			
	Teach coping skills student/family empowerment			
Intervention: Goal Crisis Plan	Identify and support students at risk (assessments)			
	Lessen the harm; prevent future risk; crisis support			
Postvention: Goal Stabilize	Supportive re-entry processes			
	Crisis response			

# PREVENTION: FIRST STEPS, BUILDING SUPPORT, MOMENTUM, AND THE PREVENTION TASK FORCE

## Goals and Timelines

To maximize effectiveness of a suicide prevention campaign and/or Tier 1 mental health activities and reduce task force burnout, extensive short- and long-term planning is essential. Realistic but comprehensive goals should be set for each significant benchmark throughout the implementation outline. Ensuring the plan of action is mapped out in detail will prevent duplication of efforts and reduce loss of momentum when leadership and staff turnover occur. In addition, the following strategies are recommended strategies to help design the model of the campaign.

## In developing your School-based Suicide Prevention Task Force, the following are suggested tips in convening a task force.

- Suicide Prevention Task Force should have an identified leader as chair and point of contact for district.
- Representatives should include a wide-spectrum of roles, including but not limited to student support services staff, school counselors, special education staff, school social workers, health services, school-based leadership, after-school programs, parent engagement staff, visual and performing arts, local community non-profits and public agencies, as well as local law enforcement
- Parents and student leaders should also be included throughout the planning processes
- A staff liaison or representative should be appointed for each school

## Recruitment & Representation for School-based Suicide Prevention Task Force

<i>Roles</i>	<i>Responsibilities</i>
Chair	Lead day to day coordination, delegate responsibilities to appropriate representatives, seek fiscal support, recruit new representatives align activities to the components required in AB 2246
Vice Chair	Support the Chair, lead sub-committees
Secretary	Keep records of activities, track timelines, agendas, and minutes of meetings, assist with communication with membership
Executive Leadership (District)	Attend meetings upon availability, advocate for support of activities and fiscal resources
Principal ( one from each level- elementary, intermediate and high school)	Represent the needs of schools; support and implement activities at their prospective schools
Vulnerable Populations Leads	Should be representatives of special populations or agencies that serve these subgroups (LGBTQIA, foster youth, McKinney Vento/homeless, English language learners, athletics etc.)

Roles	Responsibilities
Public Information Officer	Support with communication to parents and community to promote momentum and assist with communication to school sites
Law Enforcement (City Police, School Resource Officer, School Police)	Represent the needs and contributions of law enforcement roles; since they are involved with assessments, they can provide significant contributions and can aid in the momentum building of the campaign
School Mental Health School Counselor School Psychologist	Mental health and support personnel should all be on the frontline of this campaign; since they are the support providers when students are seeking assistance, they will bring crucial knowledge and leadership
Community Partners*	Should be representative of multiple disciplines and specialties such as mental health, suicide prevention/intervention, social emotional supports, basic resources, and linkages

## TEMPLATE FOR SCHOOL-BASED SUICIDE PREVENTION ACTION PLAN

### Recommended Goals for Year One

The following are recommendations and activities that take place in Year One of the creation of your district Suicide Prevention Plan.

- Recruitment and representation for Suicide Prevention Task Force (see details above)
- Write new board policy and administrative regulations – follow mandates of AB 2246 and refer to School Board Associations who provide templates and recommendations (utilize Implementation Planning Tool for reference)
- Adopt protocols on ideation assessments and referrals (see templates in next section)
- Develop a campaign logo; create several different versions of logo to maintain consistency and flexibility (see two examples below of district logos emphasizing the message of “caring”). It is recommended that campaign messages are based on affirming and supportive themes in lieu of direct statements about suicide prevention (see two examples below). Here are some strategies and tips to get your campaign logo started:
  - Connect with digital arts classes or arts classes to create videos demonstrating or sending the message of the campaign
  - Create contest for students to design logo
  - Ask district PIO office to assist with design of logo prototypes
  - Create art contest to increase student awareness and engagement
- Start developing T-shirts and SWAG with resources, logos, and message
- Establish “Prevention Fridays” to encourage schools to develop their own activities and events to increase awareness and begin integration of message in their schools



## Recommended Goals for Year Two

The following are suggested strategies to support the goals of increasing awareness and safe messaging.

- Prevention signage in all restrooms: See example on the right:
- September Outreach Campaign –Suicide Prevention Day-Week
- Ideation Prevention Art Contest
- Parent Ideation Prevention Training
- Development of LGBT & Transgender friendly logos (see signage above for example)
- [Student led Mental Health or “Care Clubs”](#)
- Development of interventions, re-entry (post-hospitalization) supports and protocols (See examples in sections below)
  - For recommended strategies on implementing a re-entry process, please visit [The Heard Alliance](#)
- Commit to comprehensive training on suicide prevention facilitated by designated support personal such school counselors, social workers, etc. can lead workshops in classrooms and staff meetings on how to identify red flags and seek urgent help. Audiences include:
  - All students grade 5th-12th
  - Training at school staff meetings
    - For recommended trainings please visit [California Department of Education Youth Suicide Prevention Site](#)



## Recommended Goals for Year Three

- Campaign information in all school agenda books
- Information/resources listed in the Parent-Student Handbook
- Hotline on all ID Cards for students (per legislation)
- Adoption and training of Columbia Assessment for Ideation (or other EBP Assessment)
- Training for Classified office and nutrition staff
- Training for all support personnel on re-entry meetings post-hospitalization
- Expand September and February outreach
- Establish district-wide Prevention Day and have all schools sponsor activities and events highlighting the message of prevention and connection

## Strategies to Strengthen Your Message

1. Suicide Prevention Info/Resource Cards Card: A Simple, Yet Powerful Tool for use by parents, educators, and peers. This is a simple but effective activity that you can do in just a few minutes during class time:

**Front side of card includes the following:**

- Please write: What can you do to feel better if you are feeling sad, depressed, or stressed?
- Please write: Who would you feel comfortable talking to if you needed to connect with someone at your school?
- Next, please write the names of friends and family you could talk to.

**The back of the card lists resources and contact information:**

- Students are encouraged to share and discuss with friends.
- Students are encouraged to keep this card as a helpful reminder of resources.
- [Student Mental Wellness Positive Self-Talk Coping Cards](#)



2. Integrate message throughout all departments:

- Provide trainings to various departments, including both classified and certificated employees
- Develop activities and trainings that will connect their work to the message of suicide prevention.
- Encourage staff to add logo to uniforms and school spirit wear
- Encourage school-site leadership to include logos on materials sent to parents, school posters, email signatures, school brochures, etc.

3. Access funds to support branding and SWAG

- Supportive vendors and community partners who may have interest in sponsoring items such as ribbons, posters, wristbands
- Tap into the diverse budgets of task force representatives for specific items such as food, drink, prizes for art contests
- Find a vendor to coordinate the spirit wear and charge a donation fee for each shirt sold to cover the cost of t-shirts for students in mental health or care clubs
- Seek funding from student services budgets and grants mandated to support social emotional health

**Aligning Mental Health/Suicide Prevention Campaign Activities by Month and Theme**

Continue to strengthen your message through yearlong implementation plans that embed themes celebrated each month. Strategic alignment to varied themes and professional acknowledgement weeks allow for multidisciplinary engagement from district and community stakeholders. Alignment by theme may also increase available funding streams to creatively support your Suicide Prevention campaign and ensure ideas and activities are innovative and keep the campaign momentum going. School districts can utilize the following sources of funding to integrate their campaign:

- [Coronavirus Aid, Relief and Economic Security Act](#)
  - [Elementary and Secondary School Relief \(ESSERII\)](#)
    - LEA can use funds for: Mental Health Activities and Supports
- [Local Control and Accountability Plan \(LCAP\)](#)
- [Directing Change](#)
- [Notice. Talk. Act at School](#)

Observance Month	
<b>AUGUST</b>	<ul style="list-style-type: none"> <li>• Back-to-School Activities</li> <li>• National Night Out</li> </ul>
<b>SEPTEMBER</b> Suicide Prevention Month and Week	<ul style="list-style-type: none"> <li>• Resources:               <ul style="list-style-type: none"> <li>• <a href="#">National Suicide Prevention Lifeline - National Suicide Prevention Month Resources</a></li> <li>• <a href="#">American Foundation for Suicide Prevention Month – National Suicide Prevention Week Resources</a></li> <li>• <a href="#">National Alliance on Mental Illness – Suicide Prevention Awareness Month Resources</a></li> </ul> </li> <li>• National Attendance Awareness Month</li> <li>• Social Media Campaign</li> <li>• Student/Staff/Parent Suicide Prevention Workshops</li> </ul>
<b>OCTOBER</b> Mental Illness Awareness Week	<ul style="list-style-type: none"> <li>• Resources:               <ul style="list-style-type: none"> <li>• <a href="#">National Alliance on Mental Illness - Mental Illness Awareness Week</a></li> <li>• <a href="#">Mental Health America – Mental Illness Awareness Week Resources</a></li> </ul> </li> <li>• National Day of Prayer for Mental Illness Recovery and Understanding</li> <li>• National Depression Screening Day               <ul style="list-style-type: none"> <li>• Resources:                   <ul style="list-style-type: none"> <li>• <a href="#">Mental Health America - National Depression Screening Day</a></li> </ul> </li> </ul> </li> <li>• World Mental Health Day               <ul style="list-style-type: none"> <li>• Resources:                   <ul style="list-style-type: none"> <li>• <a href="#">World Health Organization - World Mental Health Day Resources</a></li> </ul> </li> </ul> </li> <li>• Emotional Wellness Month               <ul style="list-style-type: none"> <li>• Resources:                   <ul style="list-style-type: none"> <li>• <a href="#">US Department of Health and Human Services National Institutes of Health Emotional Wellness Toolkit</a></li> </ul> </li> </ul> </li> <li>• Domestic Violence Awareness Month</li> <li>• Red Ribbon Week</li> <li>• Week of the School Administrator</li> </ul>
<b>NOVEMBER</b>	<ul style="list-style-type: none"> <li>• World Kindness Day</li> <li>• World Children’s Day</li> <li>• National School Psychology Week</li> <li>• Gratitude/Giving Thanks Campaign — “Recognizing the Heroes”</li> <li>• Day of the Dead - Noche de Altars</li> </ul>
<b>DECEMBER</b>	<ul style="list-style-type: none"> <li>• Holidays - Student/Staff/Parent Self Care Workshops - Prepping for the Holidays</li> <li>• National Human Rights Month</li> </ul>
<b>JANUARY</b>	<ul style="list-style-type: none"> <li>• New Year - Student/Staff/Parent Visioning Workshops</li> </ul>
<b>FEBRUARY</b>	<ul style="list-style-type: none"> <li>• Random Acts of Kindness Week</li> <li>• National School Counseling Week</li> <li>• Teen Dating Violence Awareness Month</li> </ul>



Observance Month	
<p><b>MARCH</b></p>	<ul style="list-style-type: none"> <li>National Social Worker Month</li> <li>School Social Worker Week</li> <li>Preparing for School Testing and College Acceptance</li> </ul>
<p><b>APRIL</b></p>	<ul style="list-style-type: none"> <li>National Child Abuse Prevention Month</li> <li>National Sexual Assault Awareness and Prevention Month</li> </ul>
<p><b>MAY</b> Mental Health Awareness Month</p>	<ul style="list-style-type: none"> <li>Resources: <ul style="list-style-type: none"> <li><a href="#">California’s Mental Health Movement - Each Mind Matters - May is Mental Health Matters Month Activation Kit (2021)</a></li> <li><a href="#">National Alliance on Mental Illness (NAMI) Mental Health Awareness Month – You Are Not Alone Campaign Partner Guide</a></li> <li><a href="#">Mental Health America Mental Health Month Resources</a></li> <li><a href="#">OC Resource Directory Mental Health Awareness Toolkit: #HopeforChange Activation Toolkit</a></li> </ul> </li> <li>National Attendance Awareness Month</li> <li>Social Media Campaign</li> <li>Student/Staff/Parent Suicide Prevention Workshops</li> </ul>
<p><b>JUNE</b></p>	<ul style="list-style-type: none"> <li>LGBTQIA Pride Month</li> <li>National Selfie Day/Social Media Day</li> </ul>
<p><b>JULY</b></p>	<ul style="list-style-type: none"> <li>National Parent’s Day</li> <li>Minority Mental Health Month</li> <li>Resources: <ul style="list-style-type: none"> <li><a href="#">National Alliance on Mental Illness – Minority Mental Health Month Resources</a></li> <li><a href="#">US Department of Health and Human Services Office of Minority Health - Minority Mental Health Awareness Month Resources</a></li> </ul> </li> </ul>

## VULNERABLE YET POWERFUL CONNECTIONS

The suicide prevention campaign must be representative of diverse and targeted populations to ensure the message is developed in a manner that truly speaks to specific populations. The first step in ensuring that vulnerable populations are at the forefront is to intentionally recruit diverse representatives for the Suicide Prevention Task Force. For example, LGBTQ students and parents should be encouraged to take the lead on activities specifically targeting the needs of this particularly vulnerable group. The diversity and cultural ties of the community must also be threaded and promoted throughout campaign programs. Connecting to community events or traditions can be powerful components that promote inclusivity and efficacy. In addition, it is critical to recruit organizations representing the ethnic and racial demographics of the community and encourage adoption of the prevention campaign within their organizations. This promotes buy-in from the community and ensures that the message of “getting help” is meaningful and authentic. For additional sample trainings please visit the Trevor Project Toolkit at [thetrevorproject.org/resourcekit](http://thetrevorproject.org/resourcekit)

### Best Practice Strategies to Support Diverse Populations

- Cultural competence and cultural humility: include culturally relevant activities to engage students and their families, i.e., festivals, fairs, church resource fairs, or events with organizations serving diverse groups in the local community and schools
- Participate in community-based activities, especially events with cultural themes
- Encourage students in school-based LGBTQ clubs/organizations to align with the We Care Campaign; provide



students with campaign t-shirts and swag if possible

- D. Encourage student leaders to serve in an ambassador type role to bring the We Care message to their LGBTQ peers
- E. Include campaign message and training in parent events such as Back to School Night, Mental Health Awareness Fairs, orientations
- F. Offer trainings to increase parent awareness of ideation: messaging should be offered on a yearly basis for all grade levels. Utilize expertise, cultural connections, and language abilities of local partners and mental health organizations to assist with presentations

### **Training Opportunities/Training Topics**

Training ensures an effective staff response to students in need. The following are suggested topics for trainings. These topics also address the requirements directed by the Suicide Prevention Policy.

- Common myths about suicide
- Protective factors: effectively supporting GenZ
- Risk factors and warning signs of suicidal ideation
- Improving connection with at-risk youth
- District protocol and procedures for responding to suicide risk
- Suicide Gatekeeper trainings
- [Mental Health 101](#)
- Understanding the needs of vulnerable student populations
- Coping Strategies: Stress Management, Mindfulness, Wellness

### **Sample trainings:**

- Suicide Prevention, Risk Assessment & Management (SPRAM)
- American Foundation for Suicide Prevention: More Than Sad
- [QPR \(Question, Persuade, Refer\) Training](#)

### **Specialized Training for Mental Health Staff**

Training specialized staff such as assessors is essential to ensure that state policy requirements are met and that the staff have competence and confidence in supporting students and staff when a risk assessment is required. The following are suggested training topics to address on an annual basis:

- Training school employed mental health professionals in suicide risk assessment
- Ensuring school district assessors have ongoing training
- Maintaining appropriate scope of work for different roles, i.e., administrators and teachers do not complete risk assessments
- All team members have specific and critical roles; each role is critical to effective implementation
- Training/orientation to local county Crisis Assessment or Psychiatric Evaluation Team and procedures
- Training/orientation to local county Emergency Department and Pediatric Inpatient Mental Health Units
- Training/orientation to local Police and Sheriff Department Specialized Psychiatric Evaluation Team and procedures
- Training/orientation to local Post Mental Health Hospitalization In Home Crisis and/or Intensive Outpatient Programs for after care services

## The Role of the School in Suicide Prevention

Because students spend a substantial amount of time in school and under the supervision of school personnel, an effective suicide prevention plan integrates an entire school community. Teachers are the first line of contact for students and equipping them with resources and training will support a safe learning environment. The following are recommendations to support teachers and school staff in identifying risk factors and encourage a friendly hand off to the crisis response teams at their sites. Most educators are relieved when they understand the role of support personnel.

- Help them understand processes and liabilities
- Emphasize timelines and immediacy of referrals
- Clarify that liability stays with them until they call appropriate support personnel
- Emphasize they are not “risk assessors”
- Teach them that due diligence is required by their license
- Click here for sample charts of [School Staff Responsibilities](#) (see tool1.B: Chart of School Staff Responsibilities, page 28)<sup>12</sup>

## Preventing Contagion

- Contagion is rare, but adolescents and young adults are more susceptible than other age groups.
- The risk for suicide contagion as a result of media reporting can be minimized by factual and concise media reports of suicide.<sup>13</sup>
- Reports of suicide should not be repetitive as prolonged exposure can increase the likelihood of suicide contagion.
- Media coverage should not report oversimplified explanations such as recent negative life events or acute stressors. Reports should not divulge detailed descriptions of the method used to avoid possible duplication.
- School staff should never communicate with media; most districts have protocols that require referring all inquiries to the PIO (Public Information Officer)
- Students should be encouraged not to engage with media as much as possible to ensure that they are not exploited or goaded into giving out personal information about victims
- Reports should not glorify the victim and should not imply that suicide was effective in achieving a personal goal such as gaining media attention.
- Information such as hotlines or emergency contacts should be provided for those at risk for suicide.
- A death by suicide or suicidal behavior in peers may increase the likelihood of suicide ideation or attempts in youth.<sup>14</sup>
- Toxic memorials can contribute to contagion.<sup>15</sup>
- Click here for more information about [Guidelines for Working with the Media](#): Tool3.A9: Guidelines for Working with the Media

## INTERVENTION

Critical to successful suicide intervention is the development and implementation of clearly established protocol for the suicide risk assessment team (i.e., school/district administration; school based mental health providers; law enforcement, etc.) as well as a protocol that clearly outlines the roles/responsibilities of staff who are the “eyes and ears” of the school, and who initially observe and report any concern of suicide risk. Providing risk assessment as intervention is standard but ensuring that implementation is conducted with a trauma-informed lens is best practice.<sup>16</sup> As a result of the pandemic and the current climate, mental health needs have become an increasing priority for school districts.<sup>17</sup> Lack of equity in access to resources and support has been highlighted for some of our most vulnerable students, and the amount, intensity, and impact of trauma is remarkable.<sup>18</sup> Suicide risk assessment protocols must include provisions of support

in-person, under distance/remote learning, and in hybrid learning environments. The following are suggestions for suicide risk assessment and prevention support. It is recommended that any implementation of protocols be reviewed annually at minimum and be included in new employee orientation. The topics can include:

1. Trauma-informed protocol for suicidal risk assessment for risk assessment team members in an in-person/on-campus environment
2. Trauma-informed protocol for suicidal risk assessment for risk assessment team members in a distance learning environment
3. All Staff – Trauma-informed suicide prevention support in an in-person/on-campus environment
4. All Staff – trauma-informed suicide prevention support in a distance learning environment

School-based mental health services and support, in alignment with your Mental Health Awareness/Suicide Prevention campaign, can be implemented within a Multi-Tiered System of Supports framework to more strategically reach students at high risk (Tier 3 - Intensive support); students with some risk factors (Tier 2 - Targeted support); and all students (Tier 1 – Universal support). The **tables** below highlight examples of mental health related activities along all three tiers that can be implemented in an in-person and distance learning environment. Note that services provided in-person and in a distance learning environment are very similar. Schools should utilize protected virtual platforms to implement mental health services during while providing instruction in a Distance Learning environment (Resource: [California Association of School Psychologists \(CASP\)- Technology Checklist for School TelehealthServices](#))<sup>19</sup>

	<i>During Distance Learning</i>	<i>In-Person</i>
<b>TIER 3</b> <b>Intensive – Individual/ Group Support</b>	<ul style="list-style-type: none"> <li>• Telehealth-based individual and family counseling</li> <li>• Telehealth-based intensive case management</li> <li>• Telehealth-based suicide risk assessment/consultation/support</li> <li>• Telehealth-based MH post-hospitalization re-entry support services</li> <li>• Telehealth-based crisis intervention</li> <li>• Telehealth-based diversion services – case management/individual intervention</li> <li>• Telehealth-based substance use intervention support</li> <li>• Resource delivery (i.e., food, hygiene, basic needs)</li> </ul>	<ul style="list-style-type: none"> <li>• Individual and family counseling</li> <li>• Intensive case management</li> <li>• Suicide risk assessment/consultation/support</li> <li>• MH post-hospitalization re-entry support services</li> <li>• Crisis intervention</li> <li>• Substance use intervention support</li> <li>• Resource delivery (i.e., food, hygiene, basic needs)</li> <li>• Home visit support</li> </ul>
<b>TIER 2</b> <b>Targeted-Early Intervention</b>	<ul style="list-style-type: none"> <li>• Telehealth-based social skills small groups</li> <li>• Telehealth-based diversion services – small group intervention</li> <li>• Telehealth-based substance use – small group work-shop/presentation</li> <li>• Mental health awareness/suicide prevention – telehealth-based small groups/peer-led groups</li> <li>• Telehealth-based support groups</li> <li>• Unstructured/drop in/check in groups</li> <li>• Check in/check out</li> </ul>	<ul style="list-style-type: none"> <li>• Social skills small groups</li> <li>• Substance use intervention support</li> <li>• Mental Health Mental health awareness/suicide prevention – telehealth-based small groups/peer-led groups</li> <li>• Support groups</li> <li>• Unstructured/drop in/check in groups</li> <li>• Check in/check out</li> <li>• Curriculum based groups</li> </ul>



	<i>During Distance Learning</i>	<i>In-Person</i>
<b>TIER 1</b> <b>Universal Prevention</b>	<ul style="list-style-type: none"> <li>• Mental health helpline coverage and/ or after-hours referral support (Direct phone connection with school-based mental health providers)</li> <li>• Telehealth-based drop-in groups (with psychoeducation)</li> <li>• Telehealth-based presentations/guest speaking</li> <li>• Telehealth-based on-going MH open hours for questions and consultation</li> <li>• Telehealth-based professional development such as Informational session/group</li> <li>• Telehealth-based individual and group crisis response</li> <li>• Mental health awareness/suicide prevention campaign (i.e., Suicide Prevention Day Event, resource fair, art contest, social media campaign, monthly themed events, material distribution etc.)</li> <li>• Pre-recorded/asynchronous mental health videos and presentations</li> <li>• School-based mental health provider newsletters, websites, social media posts</li> <li>• Community provider resource referral and linkage</li> <li>• Social Emotional Wellness/Learning Activities/Curriculum (SEW/SEL)</li> <li>• School re-opening support telehealth-based Handouts/Materials/Protocols</li> <li>• Distance learning-based suicide risk assessment policies, procedures and support</li> </ul>	<ul style="list-style-type: none"> <li>• In school and extended learning/ After school program Mental Health Helpline Coverage (Direct phone connection with school-based mental Health providers)</li> <li>• Drop-in support groups (with psychoeducation)</li> <li>• Open, supervised, unstructured “Hangouts”</li> <li>• Presentations/guest speaking</li> <li>• On-going MH open hours for questions and consultation</li> <li>• Professional development - Informational session/group</li> <li>• Individual and group crisis response</li> <li>• Mental health awareness/suicide prevention campaign (i.e., Suicide Prevention Day Event, resource fair, art contest, social media campaign, monthly themed events, material distribution etc.)</li> <li>• Pre-recorded/asynchronous mental health videos and presentations</li> <li>• School-based mental health provider newsletters, websites, social media posts</li> <li>• Community provider resource referral and linkage</li> <li>• Social Emotional Wellness/ Learning Activities/Curriculum (SEW/SEL)</li> <li>• School re-opening support handouts/materials/protocols</li> <li>• In person suicide risk assessment policies, procedures and support</li> </ul>

# Trauma Informed Protocol for Suicidal Risk Assessment Support

## *In person/On School and District Campus Guidelines*

When warning signs are observed by or reported by school personnel they are to make an

### **Immediate, In person Referral**

(i.e. In person—when not possible, immediate phone referral; No written or electronic communication)

**Student should not be left unattended or leave school campus**

**Physically Walk** to or **Verbally Talk** the referral to School Psychologist, School Social Worker, School Counselor, School Nurse or School Resource Officer.

Mental health/suicidal ideation assessment needs to be completed immediately.

If mental health staff are not available, connect with School Administration immediately or call District Student Support Services XXX.XXX.XXXX

### Monitor & Support

- Ensure Parent Notification form/ Release of Information form are signed
- Arrange for follow-up services
- Designate a staff member as student “go-to person” for assistance
- If Safety Plan not yet developed by School-based mental health provider, complete Safety Plan
- Email updates to school administration, school counselor, school psychologist

### Intensive Assessment Needed

- School Resource Officer/School Police XXX.XXX.XXXX or Police Department XXX.XXX.XXXX or 9-1-1
- County Crisis Response Team/Psychiatric Emergency Team XXX.XXX.XXXX
- School administration must be onsite until student transported to hospital or Parent(s) Notification/Release is signed.
- Parent notification/collaboration
- Notify front office of ambulance arrival
- Email updates to school administration, SRO, school counselor, school psychologist

A Mental Health Re-entry meeting must be coordinated by school administration and must include support staff, parents, and student (as appropriate) upon student's return from hospitalization and before returning to class

### **Mental Health Re-entry Plan Shall include:**

- Completion of Mental Health Re-entry Plan form. Plan not to be stored in Student folder/CUM.
- Coordination of a plan to monitor/support student (If IEP or 504 in place, notify case manager)
- Provision of counseling resources and updated Safety Plan
- Release of information form with mental health providers to consult and collaborate
- Designation of lead staff contact for student support and notification of other team members working with student
- Minimum of two follow-up visits within 1<sup>st</sup> month of return from class
- Monitoring of attendance, behavior, grades, and school engagement

## All Staff – Trauma Informed Suicidal Prevention Support

### *In person/On School and District Campus Guidelines*

If you are concerned or hear that a student might consider harming themselves . . .

**“Walk or Talk” Referral: Contact mental health staff immediately to complete risk assessment or contact administrator to seek assistance.**

**Stay with the student until help arrives.**

**For more information, contact your district’s Student Services Department. XXX.XXX.XXXX**

## All Staff – Trauma Informed Suicidal Prevention Support

### *Distance Learning Guidelines*

If you are concerned or hear that a student might consider harming themselves . . .

#### **Immediate Referral:**

- Immediately call designated school mental health staff immediately to complete risk assessment or call administrator to seek assistance.
- Do not wait until the end of instructional day; Follow crisis guidelines for off screen coverage/support

#### **Maintain contact with student until help arrives.**

- Do not wait until the end of instructional day
- Follow crisis guidelines for off screen coverage/support
- Confirm student supervision and location

**For more information, contact your district’s Student Services Department. XXX.XXX.XXXX**

## SAFE MESSAGING AND REFERRING STUDENTS TO SUPPORT

Here is a template of a simplified referral protocol for staff. It was discovered that the protocol for the mental health assessment staff proved to be too overwhelming for teachers and other staff and the most critical message was lost. Creating a simple flow chart that emphasizes how critical it is to refer immediately and to the appropriate person reduces the stress from.

### Teacher Referral Protocol:

## HOW DO WE SHOW WE CARE?

(Mandated Protocol - Suicide Prevention)

IF YOU ARE CONCERNED OR HEAR THAT A STUDENT MIGHT CONSIDER HARMING THEMSELVES...

"I'M **NOT** OK  
RIGHT NOW."

"LET'S GET  
YOU **HELP**  
RIGHT AWAY."



**1.) WALK OR TALK REFERRAL:**  
CONTACT MENTAL HEALTH STAFF TO COMPLETE IDEATION ASSESSMENT OR CONTACT ADMINISTRATOR TO SEEK ASSISTANCE.



**2.) STAY WITH THE STUDENT UNTIL HELP ARRIVES.**



FOR MORE INFORMATION, PLEASE CONTACT PUPIL SUPPORT SERVICES  
714.433.3481.



## REFERENCES:

1. Hedegaard, H., Curtin, S. C., & Warner, M. (2020). Increase in Suicide Mortality in the United States, 1999–2018. NCHS Data Brief No. 362. Hyattsville, MD: National Center for Health Statistics. <https://www.cdc.gov/nchs/products/databriefs/db362.htm>
2. Pupil suicide prevention policies, Cal. Assemb. Bill 2246. (2016). Chapter 642 (Cal. Stat. 2016). [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160AB2246](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246)
3. Thorn, P., Hill, N. T., Lamblin, M., Teh, Z., Battersby-Coulter, R., Rice, S., Bendall, S., Gibson, K. L., Finlay, S. M., Blandon, R., de Souza, L., West, A., Cooksey, A., Sciglitano, J., Goodrich, S., & Robinson, J. (2020). Developing a Suicide Prevention Social Media Campaign With Young People (The #Chatsafe Project): Co-Design Approach. JMIR mental health, 7(5), e17520. <https://doi.org/10.2196/17520>
4. Beaton, S., Forster, P., & Maple, M. (2013). Suicide and language: Why we shouldn't use the 'C' word. Australian Psychological Society. <https://www.psychology.org.au/publications/inpsych/2013/february/beaton>
5. Suicide Prevention Resource Center. (2003). Glossary of Suicide Prevention Terms. <https://www.sprc.org/sites/default/files/migrate/library/glossary.pdf>
6. Suicide Prevention Resource Center. (2003). Glossary of Suicide Prevention Terms. <https://www.sprc.org/sites/default/files/migrate/library/glossary.pdf>
7. Substance Abuse and Mental Health Services Administration. (2012). Preventing Suicide: A Toolkit for High Schools. <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4669.pdf>
8. Mitchell, A. M., & Terhorst, L. (2017). PTSD Symptoms in Survivors Bereaved by the Suicide of a Significant Other. Journal of the American Psychiatric Nurses Association, 23(1), 61–65. <https://doi.org/10.1177/1078390316673716>
9. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 7. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
10. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
11. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
12. Substance Abuse and Mental Health Services Administration. (2012). Preventing Suicide: A Toolkit for High Schools. 28. <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4669.pdf>
13. Each Mind Matters: California's Mental Health Movement. (2017). Making Headlines: A Guide to Engaging the Media in Suicide Prevention in California. <https://emmresourcecenter.org/resources/making-headlines-guide-engaging-media-suicide-prevention-california>
14. Bilsen, J. (2018). Suicide and Youth: Risk Factors. Frontiers in psychiatry, 9, 540. <https://doi.org/10.3389/fpsy.2018.00540>

15. Society for the Prevention of Teen Suicide. (2015). Memorials After a Suicide: Guidelines for Schools and Families. [http://www.sptsusa.org/wp-content/uploads/2015/05/Memorials\\_After\\_a\\_Suicide.pdf](http://www.sptsusa.org/wp-content/uploads/2015/05/Memorials_After_a_Suicide.pdf)
16. Menschner, C. and Maul, A. (2016). Key Ingredients for Successful Trauma-Informed Care Implementation. Center for Health Care Strategies. 10-11. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/childrens\\_mental\\_health/atc-whitepaper-040616.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)
17. U.S. Department of Education. (2021). ED Covid-19 Handbook: Roadmap to Reopening Safely and Meeting All Students' Needs, Volume 2. <https://www2.ed.gov/documents/coronavirus/reopening-2.pdf> 8-11
18. Organisation for Economic Cooperation and Development. (2020). The impact of COVID-19 on student equity and inclusion: Supporting vulnerable students during school closures and school re-openings. <https://www.oecd.org/coronavirus/policy-responses/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings-d593b5c8>
19. Coats, S. K., & Sopp, T. J. (2020). Technology Checklist for School Telehealth Services. California Association of School Psychologists. <https://casponline.org/pdfs/workshop-materials/pps-services-guidance/Technology%20Checklist%20for%20School%20Telehealth%20Services%20v2.2%20CASP%20Webinar.pdf>

*Funded by OC Health Care Agency (OCHCA), Mental Health and Recovery Services,  
Mental Health Services Act/Prop. 63*



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