THE JASON FOUNDATION

SUICIDE POSTVENTION TOOLKIT: 10 TOOLS FOR SCHOOLS

The Jason Foundation

SCOTT POLAND & RICHARD LIEBERMAN WITH DONNA POLAND

INTRODUCTION

ABOUT THE JASON FOUNDATION

The Jason Foundation (JFI) began in October of 1997 after our president, Clark Flatt, lost his son, Jason, to suicide. Clark describes Jason as being an "average 16-year-old," who made Bs and Cs on his report card, loved football, had a solid friend group, and was actively curious and excited about the world around him. Before Jason's death, Clark was not aware just how big of an issue youth suicide was in the United States. This lack of awareness that Clark had and that many other people in the nation continue to have to this day is why JFI refers to youth suicide as "the silent epidemic." Because of the stigma surrounding mental health issues, many people may not feel comfortable discussing suicide with others, which contributes to a general silence surrounding the issue. Despite the fact that people may be hesitant to talk about suicide, it still occurs at a high rate. Currently, we lose approximately 120 young people aged 10-24 to suicide each week nationwide.[1]

The Jason Foundation strives to replace this silence with awareness. All of our programs aim to get people talking about the problem of youth suicide and to inform people of the warning signs that could indicate a loved one is considering suicide. We believe that once a person is familiar with the signs of concern that often accompany suicidal thoughts and knows about the crisis resources available in their area and nationally, they will be properly equipped to assist a young person in crisis get the help they need.

JFI's programs build what we call a "triangle of prevention." This triangle includes the main groups of people who come into contact with a young person on a regular basis, so their parents, educators or other youth workers, and friends and peers. For parents, we offer community presentations as well as a library of sources about helping children through suicidal ideation and mental health struggles. For educators and youth workers, we provide professional development training modules through our online training platform as well as staff-led in-service presentations. For students, we have a curriculum designed to be shown in a classroom setting that teaches young people how to look out for friends who may be struggling.

Though we offer a variety of resources for many different demographics, the largest demographic utilizing our programs is teachers due in part to our efforts to encourage state legislatures to pass the Jason Flatt Act. In 2007, The Jason Flatt Act was first passed in our home state of Tennessee and became the nation's most inclusive mandatory youth suicide awareness and prevention legislation pertaining to teacher's in-service training. It requires all educators in the state to complete two hours of youth suicide awareness and prevention training each year in order to be licensed to teach in Tennessee. Since then, 21 states have passed the Jason Flatt Act.

We hope this toolkit will make a useful addition to our library of resources for educators and school staff. For more information about our programs, see **Tool 10**, or visit us online at **www.jasonfoundation.com.**

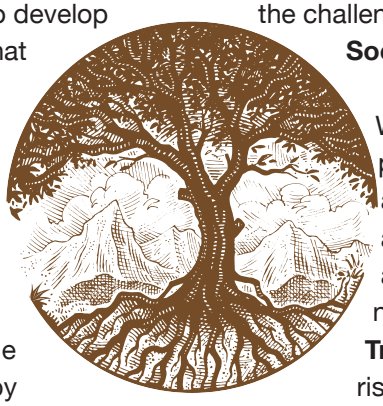
[1] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024.

ABOUT
THE POSTVENTION TOOLKIT

The Jason Foundation is a national leader in suicide prevention and advocates that all schools have comprehensive suicide postvention policies and procedures in place to help guide key school personnel in the aftermath of a student death by suicide. The recognized goals of postvention planning include:

- Assisting survivors in the grief process
- Identifying, referring, and supporting individuals who may be at risk following the suicide
- Providing accurate information while minimizing the risk of suicide contagion
- Implementing ongoing prevention efforts

JFI has turned to experts in the field to develop a concise yet comprehensive toolkit that provides such guidance and reflects knowledge of the research related to best practices for suicide postvention in schools. Scott Poland and Richard Lieberman have developed many training modules for The Jason Foundation and assisted many communities in the aftermath of suicide and suicide clusters. They are joined by Dr. Donna Poland to add the critical perspective of a school principal to the development of this toolkit. The Table of Contents outlines 10 tools for schools to help schools act proactively in the aftermath of suicide to prevent future suicides. While the toolkit focuses on responding to a student death by suicide, there is important information and strategies contained here that will also assist schools in the event of a staff member or parent death by suicide.



The authors hope that key school personnel, such as administrators and mental health professionals, will review this toolkit in prevention mode and use it to assist in developing policies and procedures. Postvention is prevention. However, we also understand that some educators might only be accessing this document in crisis mode after a student suicide has occurred. Therefore, we direct the reader to immediately review **Tool 1 – Postvention Checklist**, which summarizes initial activities and strategies that should be addressed within the first 24 hours.

This toolkit addresses some of the more complex contemporary issues of postvention in schools, such as communicating with staff, students, and parents utilizing safe messaging **(Tool 2 – Communicating about Suicide)** and coping with the challenging impact of social media **(Tool 3 – Social Media)**.

We must stress that suicide postvention is a critical time to identify and intervene with students who are now at increased risk for suicide and to take the steps to prevent the next suicide. **Tool 4 – Psychological Triage** focuses on identifying high-risk youth and recommends necessary interventions. There are many cultural issues that are extremely important for schools to recognize when responding to the aftermath of a suicide, and it is important to always use developmentally appropriate language and culturally responsive interventions that can be understood by the students and families affected.

ABOUT
THE AUTHORS

Scott Poland, Ed.D.
Professor at Nova Southeastern University's College of Psychology

Director of The Suicide and Violence Prevention Office at Nova Southeastern University

I worked in schools as a psychologist or director for 26 years and am still very involved in school crisis response and consultation. I have provided on-site assistance after suicides in many school districts and consulted with many other school leaders after the loss of a student to suicide. As a survivor of the suicide of my father, my family and I are an example of those who never believed a suicide could happen. After being promoted to the Director of Psychological Services in Cypress-Fairbanks ISD in Texas and being faced with the suicides of several students, I became dedicated to suicide prevention. The district superintendent asked me in 1982 what I was going to do about these suicides. At the time, I answered that I did not know. Figuring out how to prevent youth suicide has been my highest professional priority ever since, and I have presented more than 1,500 times on the topic of school crisis and suicide intervention. I am a licensed psychologist and an internationally recognized expert on youth suicide and school crisis, and I have authored or co-authored six books on the subject. Additionally, with my wife, Donna, we have authored the Suicide Safer School Plan for the state of Texas, the Montana CAST-S (Crisis Action School Toolkit on Suicide), and the Florida STEPS (School Toolkit for Educators to Prevent Suicide). I am a past President of the National Association of School Psychologists and a past Prevention Division Director of the American Association of Suicidology. Richard Lieberman and I contributed to the After a Suicide Toolkit for Schools for the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, and we developed numerous suicide prevention, intervention, and postvention training modules for The Jason Foundation.

Richard Lieberman, MA NCSP
Lecturer at the Graduate School of Education at Loyola Marymount University

Lead Suicide Prevention Consultant for the Suicide

Prevention Ongoing Resilience Training Program (SPORT)[2]

II am a school psychologist with 50 years of experience in schools. I began my career as an advocate for suicide prevention in schools in 1986 after learning that suicide was the third leading cause of death for high school students. I co-authored the Youth Suicide Prevention Program that provided guidance to over 1,200 schools, covering the one million students of the Los Angeles Unified School District (LAUSD). For many years, the LAUSD program was one of the only suicide prevention efforts in schools, which brought scrutiny and many opportunities for my personal growth. Along the way, I have co-authored numerous book chapters, articles, and curricula on suicide prevention in schools. I have contributed to SAMHSA's Preventing Suicide: A Toolkit for High Schools, the SPRC and AFSP's After a Suicide: A Toolkit for Schools toolkit, and the AFSP and California Department of Education's Model School District Policy on Suicide Prevention. Perhaps a highlight of my career was serving on the founding Steering Committee for the Suicide Prevention Resource Center. I have joined Scott Poland in many projects for The Jason Foundation, and together we have presented internationally and consulted nationally with districts and communities experiencing suicide clusters.intervention, and postvention training modules for The Jason Foundation.

[2] SPORT resources have been accessed by over 70 school districts of the Los Angeles County Office of Education and many counties throughout California.

Donna Poland, Ph.D.
Lifetime teacher certification in several subject areas, educational supervision certification, and educational principal certification

I have been a professional educator for 37 years, of which 27 years were in public schools in the great state of Texas, where everything is big! Imagine my surprise, as a first-year teacher, when I discovered that my middle school classes averaged 30+ students, and I had six classes each day! I very quickly discovered that I needed to get to know my students and build a respectful and nurturing environment before I could even consider teaching the curriculum. Having that vital connection with each student was the reason I walked joyfully into the building every day. After 17 years in the classroom, I began my administrative journey as a director of instruction, an at-risk coordinator, an associate principal, and finally, a principal. Immediately upon taking a leadership role, I was faced with the tragedy of a scholar-athlete taking his life by suicide just days before he was due to enter 9th grade, and at that time, there was not a toolkit to follow. I felt a lot of responsibility to provide leadership and support to the affected school community and relied on the school mental health personnel to guide me. I also provided extensive support for the school crisis team that provided front-line help to affected staff and students. I would like to say it was the only student suicide I experienced.

Unfortunately, every year resulted in working with parents, staff, and children in the aftermath of a death by suicide or accidental death. It would have been very helpful to have a memorial policy in place, as with each loss, we struggled with appropriate ways to memorialize the student. For the next 10 years (at a small private college preparatory school in Florida), I continued to need the skills for developing programs, educating staff, and working with parents regarding the signs of depression and suicide. After experiencing a death by suicide, especially of a young person, one never forgets the details of a life that ended too soon and the haunting questions of “What did I not see?” and “What could I have done?” I hope the information contained in this toolkit will help you in your work with our young people.

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Tool 1 – Postvention Checklist:

The First 24 Hours

Introduction

Advocates of best practices for suicide postvention in schools ardently believe all postvention strategies and interventions are directed toward a single goal: preventing the next suicide. Perhaps the most needed guidance for administrators upon notification that a student has died by suicide is a checklist of actions or strategies to consider during the first 24 hours.

In the authors' experience with postvention in schools, a well-coordinated postvention effort following a death by suicide can minimize and contain the effects of suicide contagion and restore a safe, healthy learning environment.

Authors' Observations

- Schools are often late to respond, interventions appear too short in duration, and there is a focus on too few students.

- All students should be considered at increased risk, not just those physically or emotionally proximal to the event or victim. Vulnerable youth can be those with pre-existing mental health issues or a history of traumatic losses or events. Still, all youth have emotional responses in some form following a death by suicide.

- Many school districts lack comprehensive suicide postvention policies and procedures to help guide administrators and school mental health personnel in the aftermath of a student death by suicide.

- In general, school personnel have reported limited knowledge and self-efficacy in providing crisis intervention services and even less competency in limiting the effects of contagion in their communities.

Suicide Postvention Checklist

1. Verify that the death has occurred and confirm the cause through the family, coroner, or law enforcement.

2. Mobilize the school crisis team or assemble a team that consists of administrators, school mental health personnel, the public information officer (PIO), and security.

3. Assess the impact on the school community and estimate the level of postvention response needed. There may be a need to bring outside mental health support from other schools or the community.

4. Contact the family of the suicide victim, preferably in person, as soon as possible. It is recommended that the principal and a school mental health professional (SMHP) contact the family together to express sympathy and offer support.

    - Ask the family to allow the school to share the facts about the cause of death. Raising the conversation about a death by suicide can help prevent future suicides by reducing the stigma around mental health issues. Assure the family that the school will not discuss why the suicide occurred. The emphasis will be on preventing further suicides, and that can best be accomplished by sharing the facts of the death. Respect the family's wishes if they don't want the cause of death of their child disclosed.

    - Identify and support any siblings of the victim that attend school in the district.

    - Discuss with the family the funeral arrangements and request the funeral be held after school or on the weekend so that parents can accompany their children to the funeral. The location of the funeral should be in the community, not at school.

- Ask the family for the name of the individual who will be conducting the funeral and ask permission to speak with them.

- Encourage the family to allow school staff to attend the funeral to support grieving students.

5. Notify other school personnel and provide support to the school staff. School staff need to be made aware of employee assistance programs and grief support available to them.

6. Communicate with staff and students about the death.

7. Determine what information about the death to share and how to distribute it to staff and students.

Recommended Best Practices:

- It is especially important that students be notified in a group size no larger than a classroom and not via the PA system.

- Students should be given permission for a range of emotions and provided opportunities to express them.

- Messaging should avoid graphic details about the suicide method.

- Students and staff may look for a simplistic explanation for the suicide, and it should be emphasized that no one person and no one thing is ever to blame. The victim traveled a long road and likely struggled in ways we can never know.

8. Conduct a faculty planning session as soon as possible to discuss supporting students and the parameters of memorialization of the victim at school.

Notes for Staff:

- The emphasis should be on dispelling rumors by providing facts.

- Faculty should have an opportunity to express emotions and ask questions.

- Procedures for students who want to leave campus for a variety of reasons should be outlined. A student might need to leave campus to seek comfort from their family during a time of grief, receive mental health services for their own struggles, take space away from school demands to grieve and focus on their wellbeing, or any number of other reasons that should be taken seriously by school staff.

- Teachers should be encouraged to allow students to express their emotions in class and validate the wide range of grief and trauma reactions. The emphasis must be on helping students with their emotions and should avoid speculation about the reasons behind the suicide.

- Identify students at risk of an imitative response and refer them to the SMHP.

- Teachers need to know how to access classroom assistance from SMHPs.

- School staff should refrain from talking to the media and direct all media requests to the principal.

- Provide the elements of psychological education. Key questions to ask students include, “How can the adults at school and at home help you at this time?” “What can you do for your self-care at this difficult time?”

TOOL 1
POSTVENTION CHECKLIST:

9. Determine what information to share with parents, how to distribute it, and which staff members they can turn to for guidance.

10. Conduct psychological triage and establish referral procedures. The SMHP should identify students most affected by the death, provide support, and screen them for potential suicide risk.

    Students Potentially at Risk:[3]

    - Those students emotionally proximal to the victim, including siblings, relatives, classmates, fellow club members, and teammates
    - Those physically proximal to where the suicide occurred
    - Vulnerable students, including those with a history of mental illness or trauma, previous suicide attempts, substance abuse, stressful life events, and access to lethal means
    - All students at the school at any grade level previously assessed for suicidality

11. The SMHP notifies the parents of all students considered at risk for suicide. The only exception to this practice is when there is suspected abuse within the home. In these situations, school personnel should notify Child Protective Services. Part of the task of notifying parents includes reaching out about those students who are considered low risk. Parents should be strongly encouraged to seek a comprehensive community-based suicide assessment for their child. The SMHP should request that parents sign a release of information form so that information can be shared between the community-based provider and the school.

12. Meet with the district's Public Information Officer to discuss safe messaging after suicide and media reporting guidelines.

    Recommended Safe Messaging Best Practices:
    Messages to Reiterate:

    - Everyone plays a role in suicide prevention; most suicides can be prevented.
    - No one thing and no one person is ever to blame for a suicide.
    - The victim traveled a long road and likely struggled in ways we can never know.
    - There are evidence-based treatments for all the risk factors of youth suicide.
    - Kids are resilient, and they can get better.
    - There are easily accessible 24-hour crisis call and text lines available for youth.
    - It is important for all students to know how to get help for themselves or a suicidal friend.
    - Any student newspaper coverage of suicide should also follow reporting guidelines found at the following links: **www.save.org** and **www.reportingonsuicide.org.**

13. SMHPs are encouraged to meet with students to gain insight into what is being posted on social media about the death. They should also encourage students to post safe messages about suicide prevention, the importance of getting adult help for themselves or a friend, and crisis resources.

[3] See **Tool 4** for a broader look at triage.

14. Students may have thoughts on memorializing the suicide victim, and their ideas should be heard by the administration and given careful consideration with no immediate decision made.

15. Spontaneous memorials have become commonplace, and if students create one at school, it should be respected and allowed, albeit monitored, for three to five days or until after the funeral.

16. Additional Considerations for Administrators:
    - The administration should review any district policies for the memorialization of a student and best practices after a suicide, which should emphasize striving to treat all deaths the same regardless of the cause of death, popularity, or socio-economic level of the victim.
    - The principal should review any curriculum content coming up in classes that has dark content about death and suicide and consider postponing them.
    - The school crisis team should debrief at the end of the school day and identify the students that are the most affected by the suicide and make plans for continuing support for staff and students. Any outside mental health support brought to assist should also attend the meeting.
    - The principal should recognize how stressful the day has been for the school crisis team members, thank them for their support, and encourage them to engage in self-care.
    - The school crisis team is encouraged to meet daily until the mood of the school returns to normal.

17. Students considered to be at risk for suicide need to be monitored closely.

18. Students often want to increase awareness of suicide and become more involved in suicide prevention after losing a friend or a classmate to suicide.
    - Students can be directed to memorialize their friend by contributing to a suicide prevention effort in the community.
    - The Jason Foundation has a program called B1 that is great for students looking to get involved in suicide awareness efforts. B1 is designed to be quick and informative. This program encourages students to Be Aware of the problem of youth suicide, Be Able to recognize the warning signs that a friend may be considering suicide, and Be Prepared to react by being familiar with crisis resources and identifying a trusted adult to reach out to for help. Because the program is brief and generalized, it can be adapted in any number of imaginative ways by students.[4]
    - The student role in suicide prevention can be communicated succinctly: stand by your friend, keep no secrets, and tell a trusted adult.

19. Schools are encouraged to share local suicide survivor group information with the family of the victim and their closest friends at the appropriate time. There are national online resources for survivors who lost loved ones to suicide.[5]

20. The SMHP should be aware of future dates that will be difficult for the friends and family of the suicide victim, such as the birthday of the victim, the anniversary of their death, and graduation time. These dates will be an important time for the SMHP to reach out and provide support.

[4] For more information about the B1 program or to request materials at no charge, visit **b1.jasonfoundation.com**.
[5] See **Tool 10** for survivor resources.

Tool 2 – Communicating about Suicide using Safe Messaging

Introduction

Exposure to suicide is a significant risk factor for youth. How this very complex public health problem is presented in the news, television, social media, and school communications can either increase or decrease the possibility of another suicide occurring.

Unfortunately, many educators believe that if they talk about suicide, it will put the idea into students' heads. Nothing could be further from the truth. The more a young person talks about dark feelings, the less anxious and isolated they feel. One study found that a single exposure to the suicidal behavior of others does not result in imitating suicidal behaviors in the absence of other vulnerability factors.[6] Communicating about suicide carefully can change perceptions, dispel myths, and inform the school community of the complexities of the issue. These conversations can result in help-seeking outreach by parents, students, and staff when they include helpful resources and messages of hope and recovery.

The authors have compiled a brief list of facts and messaging for school staff and media to serve as potential content for school communications.

Suicide and Mental Illness Facts and Messages

- Untreated or undertreated mental illness is one of the most common risk factors of youth suicide, often in combination with adverse childhood experiences.
- Suicide is the 3rd leading cause of death for young people ages 10-24.[7]
- Since 2013, suicide rates have doubled for young children aged 5-11.[8]
- Suicide rates have increased for Black children, particularly for middle school-aged girls and elementary-aged boys.[9]
- Untreated or undertreated depression is often a major factor in the suicide of a young person. The most recent data about suicide and high school-aged youth is from the 2021 Youth Risk Behavior Surveillance Survey done by the CDC, which found that 42% of students surveyed reported feeling sad or hopeless for two or more weeks in a row in the last 12 months. The incidence was higher for girls (57%) than boys (29%). Some states survey middle school students on the same question, but the time frame is over their lifetime rather than over the last twelve months. Regardless, the figures are equally alarming. Readers of this toolkit are encouraged to review the YRBSS data for their individual state. The data reported in 2021 is the most concerning the authors have seen in their 40+ year careers.[10]
- Depression is among the most treatable of all mood disorders. Many people with depression respond positively to treatment.
- The best way to prevent suicide is through early detection, diagnosis, and treatment of depression and other mental disorders, including substance use disorders.
- Suicide is preventable. There are evidenced-based treatments for mental illness that may make it less likely that an individual attempts suicide.
- Protective factors that reduce youth suicide include living in stable families, connections to school, positive relations with peers, access to mental health care, problem-solving skills, religious involvement, knowing the importance of seeking adult help, and lack of access to lethal means.

[6] Brent et al., "Long-Term Impact of Exposure to Suicide: A Three-Year Controlled Follow-Up."
[7] 2022 WONDER.
[8] As of the most recent CDC WONDER data ending in 2022.
[9] Meza et al., "Black Youth Suicide Crisis: Prevalence Rates, Review of Risk and Protective Factors, and Current Evidence-Based Practices," 198.
[10] For more information about the YRBSS, visit www.cdc.gov/healthyyouth/data/yrbs/index.htm.

School Response Message after Suicide

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to their family and friends and the entire community.
- The parents have requested that their privacy be respected at this difficult time, and we are hoping to dispel all rumors by addressing all student questions directly.
- We recognize the problem of youth suicide and want to work with parents, students, and the community to prevent further deaths.
- The predominant message to parents, students, and staff should be that suicide and the grief that follows a death by suicide are complex, and no one person and no one thing is ever to blame.
- We recognize that removing lethal means available to a suicidal youth is a powerful tool for the prevention of suicide.
- We will be offering grief counseling for students, faculty, and staff starting on [date] through [date].
- If you are concerned about your child or any child, please contact [contact name] at [contact].
- We will be hosting an informational forum for parents and other adults in the community regarding suicide prevention on [date/time] at [location]. District administrators will be present to answer all questions regarding the district's response, and experts from our community will be on hand to answer questions and review all resources.
- No TV cameras or reporters will be allowed in the school or on school grounds.
- All communication should include local community and national resources.

Sample School Statement

To be provided to local media outlets either upon request or proactively.

School personnel were informed by [the parents, law enforcement, or coroner's office] that a [age]-year-old student at [school name] has died. The cause of death was suicide. Our thoughts and support go out to [his/her/their] family and friends at this difficult time. Key school personnel have reached out to the family in person to provide support and respect their wishes regarding their privacy and plans for the funeral.

Several postvention activities will be conducted in the school, and these activities will help our staff and students manage the complex emotions they may be experiencing, such as shock, confusion, and grief because of the suicide. Postvention activities are very important to prevent further suicides. The school will be hosting a meeting for parents and others in the community on [date/time] at [location]. Members of the school's Crisis Response Team will be present to provide information about common reactions following a suicide and how adults can assist their children at this difficult time. Information will be provided about suicide prevention and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [e-mail address] for more information.

Trained crisis counselors will be available to meet with students and staff starting tomorrow and continuing over the next few weeks as needed. Please contact the school counseling office if you have concerns about your child being at risk of suicide. Do not hesitate to get help for your child. It is very important that all parents know the warning signs of youth suicide. This is a time when all lethal means available in your home, such as firearms and medication, should be secured from your child.

Please be alert for precipitating events, such as a severe argument with parents, the break-up of a relationship, severe discipline problems, severe disappointment, or extreme humiliation.

Other Warning Signs:

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as obtaining access to a gun or medications
- Researching suicide online
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Previous suicide attempts
- Engaging in non-suicidal self-injury involving superficial injury to the body as a means of coping
- Acting anxious or agitated or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing hostility or rage or talking about seeking revenge
- Displaying extreme mood swings
- Feeling overwhelmed by stressors in life

National Suicide & Crisis Lifeline –
Call or Text 988

Local Community Mental Health Resources - [To be inserted by school]

Local Hotline Numbers –
[To be inserted by school]

School Response to Media

- Media are strongly encouraged to follow media guidelines that are available at the following websites: www.save.org and at www.reportingonsuicide.org.
- Graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion ("copycat" suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.
- Media is encouraged to avoid printing or showing a picture of the suicide victim or making the suicide front page news in the local newspaper or a leading news story on local television.
- The media is encouraged to avoid repetitive coverage of suicide.
- Safe messaging matters, and the media is encouraged to provide messages about suicide that support safety and help-seeking.
- No one thing and no one person is ever to blame for a suicide. The young person traveled a very long road, and their suicide is no one's fault. Media should also avoid oversimplifying the cause of suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a very complicated issue. The answers to why the suicide occurred were lost with the victim.
- Instead, remind the public that more than 90% of people who survive a suicide attempt go on to live many more years and do not die by suicide. Suicide is not inherited and is not anyone's fate or destiny.[1] The media is encouraged to provide stories about suicidal individuals who obtained the needed help and went on with their lives. Stories of this type emphasize hope and resiliency.
- Media should include links to and information about helpful resources, such as warning signs of suicide and local crisis hotlines or the 24-hour 988 Suicide & Crisis Lifeline.

[11] Harvard Chan School of Public Health. "Attempters' Longterm Survival." Means Matter, November 8, 2023. https://www.hsph.harvard.edu/means-matter/means-matter/survival/.

Tool 3 – Considerations for Coping with Social Media

Introduction

Social media plays an important role in the lives of our youth, and some students are online almost constantly. The U.S. Surgeon General's 2023 Advisory Report, "Social Media and Youth Mental Health," outlines many concerns about the impact of social media on youth as it affects their self-esteem, ability to interact in person with others, and, most importantly, sleep. Excessive screen time and social media usage have been associated with numerous mental health issues for youth, such as loneliness, anxiety, depression, and social isolation. Screen time is also associated with sleep deprivation, and proper rest is at the foundation of well-being for youth.

Social media is always changing, and it is impossible for any publication like this one to stay current, but it is important for school personnel and parents to do their best to keep up with the latest trends, applications, and social networking platforms. The Surgeon General's report recommends that parents model appropriate use of technology, and families are encouraged to have blackout evenings where everyone interacts with each other instead of using technology.

Potential Benefits of Social Media

- Young people can build community and make connections on social media, and these connections may be more diverse than their offline interactions.[12] Teens can benefit from sharing experiences and emotions, as well as receiving support from others.
- Social media provides a place to reduce the stigma surrounding mental health and may encourage young people to seek mental health care.[13]
- Social media can play a very important role in prevention, as many platforms provide suicide prevention resources and screen for suicidal terms posted by content users.

Potential Risks of Social Media

- Many young people are exposed to misinformation through internet sources.
- Unfortunately, some forms of media, such as the news, television, and movies may glamorize suicide by detailing the methods used or presenting suicide as a solution to a problem. This sort of presentation may encourage suicide if a viewer is already having suicidal thoughts.
- Social media may give voice to pro-suicide groups that portray suicide as a solution and an acceptable option, which may normalize and encourage suicide for a troubled individual.
- The impact of a suicide is greater than ever before and is not confined to a specific geographical area. A tragedy anywhere becomes a tragedy everywhere.
- Emotional negativity can be spread much more quickly and to more recipients on social media than through interactions in person.
- Other negative effects may include access to suicidal images or methods that may normalize suicidal behavior and directly increase contagion.

Social media platforms commonly used by teens involve the sharing of content that is created by users who do not have the same media training as professionals. Because of this, it is important to expand safe messaging guidelines to incorporate content creators on social media. It is important for

[12] U.S. Department of Health and Human Services, "Social Media and Youth Mental Health," 6.
[13] Ibid.

school personnel to not only model responsible social media usage but to educate our youth on how to communicate information via social media about suicide appropriately by emphasizing that suicide is preventable and the intervention of any one young person knowing the importance of seeking adult help can make all the difference to save a life.

Recommended Postvention Practices for Social Media

1. **Educate users on creating content.**
   In the creation of any content, we need to teach our youth how to relay effective and safe messages to their audience. Safe messaging guidelines for other digital media outlets can benefit content creators in the social media sphere.

   - Avoid sharing suicidal material, such as video or audio footage (e.g., emergency calls) or links to the scene of a suicide, especially if the location or method is clearly presented.
   - Avoid using pictures of a person who has died by suicide.
   - Avoid harmful wording in headlines.
   - Don't use language that normalizes suicide or implies that it solves problems.
   - Don't provide details about the location of the suicide.
   - Do include information about the warning signs of suicide and where to seek help.

2. **Teach teens how to help other teens.**
   Many of the existing gatekeeper programs provide important information to students about safe messaging through social media and teach teens suicide warning signs and the importance of seeking adult help. Stigmatizing attitudes about suicide can be replaced with empathy, understanding, and the ability to reach out to those in need to let them know they are not alone and there is help available. Moreover, by educating our teens about suicide prevention, they will know how to communicate effectively, help one another, and understand the importance of receiving adult help. Core messages to youth include standing by your friend, making no deals to hold secrets confidential, and contacting a trusted adult for assistance.

3. **Proactively provide resources.**
   In the future, we expect social media to have an even greater impact than it currently has. We all need to be aware of the influence that social media has on our youth. We encourage school districts and SMHPs to keep up with the research on the impact of social media and to be aware of harmful information and messages that are posted. School districts are encouraged to name a Social Media Manager to assist the Public Information Officer. We recommend the following for the Social Media Manager and the SMHPs:

   - Utilize students as "cultural brokers" to help faculty and staff understand the social media that is currently most used by students.
   - Train students so they can identify what suicide risk looks like when they see it on social media.

TOOL 3
CONSIDERATIONS

- Utilize students to help school staff monitor social networks.
- Help students post safe messages about preventing suicide and the correlation between suicide and mental illness.
- Encourage students to make use of social media to post prevention resources, the 988 24-hour number, crisis support lines, and school and community mental health resources.
- Direct parents and students to the suicide prevention information posted on the district website.
- Give students specific helpful language to include when making use of social media.
- Report messages with disturbing images or language to YouTube, Facebook, or other relevant social media companies.
- Encourage parents to monitor their child's social media.

Suggestions for School Site Crisis Teams

- School personnel should be aware of how to follow platform procedures for flagging concerning posts. All major social media sites have procedures for responding to concerning content.
- Use social media to communicate the school's crisis response.
- Assess the impact of social media exchanges in times of crisis.
- Mitigate the "celebrity status" of siblings, best friends, or boy/girlfriends to help them cope with returning to school.
- Monitor memorial pages.
- All suicide prevention, intervention, and postvention efforts should be done in partnership with students and parents.

Tool 4 – Conducting Psychological Triage in Schools: *Identifying High-Risk Youth*

Introduction

Psychological triage is the procedure used for identifying those in need of support following a traumatic event. As with all crises that occur within the school community, we must look through both developmental and cultural lenses before selecting appropriate interventions.

We have heard the phrase "a generation at risk" to describe our nation's youth. School personnel are encouraged to be familiar with the Youth Risk Behavior Surveillance Survey (YRBSS) data which may support this view. The YRBSS is provided by the Centers for Disease Control and Prevention (CDC) every two years and measures risky behaviors among youth. Recent data for 2021 is alarming: 42% of teens reported feeling so sad or hopeless for a period of two weeks or more that they stopped doing their usual activities. Girls demonstrated twice the rate as boys. For boys and girls, 22% reported seriously considering suicide, while 10% reported they made one or more attempts to kill themselves over the past 12 months. According to the 2021 YRBSS, less than a third of teens that attempted suicide sought medical aid. Put succinctly, for every three kids that attempt suicide in the U.S., only one gets help, while the other two wake up and go to school the next day.

While the suicide rate for youth aged 10–24 increased steadily from 2011 to 2021,[14] the rate for middle school-aged youth has doubled, indicating that a new frontier for suicide prevention will be in K-8 schools.[15] There is a need for these schools to embed suicide prevention in a multi-tiered system of support where all efforts to enhance social-emotional learning and positive behavioral interventions are seen as upstream suicide prevention. "Upstream" prevention strives to strike a balance between focusing on those individuals already at risk of suicidal behaviors while also seeking to change the "societal factors that influence suicide risk and mental health, including adverse childhood experiences, unemployment, a lack of safe and affordable housing, and financial hardship."[16]

Looking at youth suicide through a cultural lens indicates we need to do more research in identifying risk factors in our most marginalized and diverse populations. The highest numbers of youth dying by suicide remain among the White population.[17] However, the highest rates of suicide occur in the American Indian/Alaskan Native populations.[18] The highest suicide rate increase from 2018-2022 was reported in Native Hawaiian or Pacific Islander youth.[19] Latina and Latino youth continue to report the most suicidal ideation and behaviors on national surveys, while Asian Americans, particularly girls, report the highest numbers of those experiencing depression.[20]

The recent pandemic had a disproportional impact on many of these diverse populations. An overwhelming number of students were caught on the wrong side of the digital divide and did not benefit from any form of distance learning. Many of our young people suffered family losses and isolation from essential peer and school support systems but were also alienated from obtaining any kind of online support services. In addition to COVID-19, racism and victimization, historical trauma, stigma, access to firearms, and obstacles to mental health services are all factors that exacerbate risk in these diverse groups.

[14] At the time of writing, 2021 data was the most recently provided by the CDC. Since writing, the CDC has released 2022 statistics that suggest the suicide rate for youth aged 10-24 decreased from 2021 to 2022, likely due to pandemic-related effects.
[15] 2022 WONDER. [16] U.S. Surgeon General and of the National Action Alliance for Suicide Prevention, "National Strategy for Suicide Prevention," 18.
[17 & 18] 2022 WONDER. [19] 2018 - 2022 WONDER.
[20] Stone et. al., "Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group."

TOOL 4
CONDUCTING PSYCHOLOGICAL TRIAGE

Districts that are in the process of developing comprehensive suicide prevention policies and procedures should address the needs of certain high-risk youth:

- LGBTQ+ youth
- Youth with alcohol and substance use problems
- Homeless youth or youth in foster care
- Youth involved in bullying (either the bully or victim)
- Youth with disabilities
- Youth engaging in non-suicidal self-injury (NSSI)

Psychological Triage

We have already referenced that exposure to suicide is a significant risk factor for potential future suicidal behaviors. A common phrase in the literature and an alarming estimate is that once a youth suicide occurs in a community, the chances of another youth suicide can increase by as much as 300%. This is a statistic that is hard to verify but all our experience in responding to youth suicide clusters certainly reinforces the fact that youth are the most susceptible to imitating suicidal behavior and many communities have experienced several youth suicides in a short space of time. Some vulnerable populations worthy of immediate evaluation based on exposure are those discussed in Tool 2. Establish or reinforce the current referral procedures for all school staff (not just teachers) to refer any student. It is very important that schools recognize that following a suicide, those now at increased risk may not have even known the suicide victim well or at all. They may view their life as parallel and having as many, or even more, problems as they believe the victim had. To a young person whose barriers and inhibitions are down, the suicidal act might seem more viable.

After a student suicide, the following questions should be posed to the school crisis team to help identify those potentially at risk.

- Did another student back out of a suicide pact?
- Did any student have a very negative final interaction with the suicide victim?
- Did any student encourage suicide?
- Does any student feel like they missed obvious warning signs of suicide?
- What previous schools did the victim attend?
- Did the victim participate in school sports or clubs?
- What other students at the school have been previously known to be suicidal?
- What other students have their own adverse childhood experiences or struggles with mental illness?

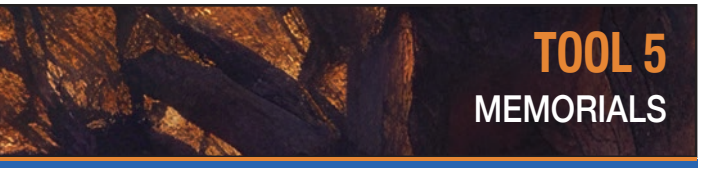
Two evidence-based strategies for intervening with youth experiencing traumatic events are psychoeducation and psychological first aid. Psychoeducation is comprised of providing communications and materials that inform students about resources that might be helpful to them in coping with a complicated loss. Some of these resources are discussed in **Tool 2**.

Psychological first aid provides guidelines for helping those impacted youth with processing a suicide. Sometimes this is all a young person requires. However, it is strongly recommended that all interventions with students take place in small groups only. Assemblies or intercom announcements, which are common in schools to address entire student bodies, are *strongly discouraged* here.

TOOL 4
CONDUCTING PSYCHOLOGICAL TRIAGE

Steps for intervening with all students identified as potentially suicidal should be spelled out in district policies and procedures. It is recommended that, during the referral process for any student, the SMHP collaborate with two staff members, one of whom should always be an administrator. The student must be supervised every step of the way until screening is completed to determine low, moderate, or high risk. In addition to collaboration and supervision, the best practice procedures of a model intervention component include:

- Screening the student for suicide risk
- Notifying the parent or guardian or Child Protective Services agency
- Providing interventions to students, parents, and school staff
    - Low-risk students can be returned to class following parent notification and safety planning.
    - Moderate and high-risk students should be supervised and not allowed to return to class or leave school. These students should be escorted from one adult to another, such as a parent or guardian, law enforcement officer, or behavioral health mobile response team.
- Documenting all actions
- Safety planning for all referred students regardless of risk level
- Re-entry planning when students return from mental health hospitalization



TOOL 5
MEMORIALS

Tool 5 – Memorials

Introduction

Many schools have struggled with requests made by the parents or close friends of the suicide victim to create a memorial for a student who has died by suicide. As much as possible, the goal should be to treat all student deaths the same way across the school district. It is strongly recommended that all school districts create a memorialization policy so that all student deaths are treated the same, regardless of the cause of death or factors such as socioeconomics or popularity.

Immediate recommended memorialization strategies and points to be considered:

- Encourage and allow students, with parental permission, to attend the funeral.
- Encourage staff attendance at the funeral to support the family and monitor the reactions of the students.
- Contribute to suicide prevention efforts in the community.
- Develop living memorials, such as student assistance programs, that address risk factors in local youth.
- Prohibiting all memorials has been problematic for schools, resulting in students and parents becoming upset that the memorialization of a student who died from other causes was managed very differently from that of the suicide victim.
- Recognize the challenge of striking a balance between the needs of distraught students and fulfilling the primary purpose of education.
- Meet with students and be creative and compassionate.
- Spontaneous memorials at school should be left in place until after the funeral.
- Avoid holding funeral services on school grounds and suggest the funeral be held after school so parents can accompany their children.
- Schools may hold supervised gatherings, such as candlelight memorials.
- Monitor student gatherings off campus.
- Student newspaper coverage should follow media reporting guidelines available at www.save.org and at www.reportingonsuicide.org.
- Yearbook and graduation dedications or tributes should all be treated the same regardless of the cause of death for the student.
- Grieving friends and family should be discouraged from dedicating a school event in memory of the suicide victim and guided instead towards promoting suicide prevention.
- Permanent memorials on campus are discouraged, but schools are encouraged to memorialize all students the same way regardless of the cause of death. If a precedent has already been set, for example, such as planting a tree on campus or establishing a bench on campus in memory of a student who died in an accident or from an illness, then it can also be done in memory of the suicide victim.

TOOL 6
UNDERSTANDING

Tool 6 – Understanding Suicide Contagion and Clusters

Introduction

Social proximity among adolescents is progressively transcending physical geography. As a result, high-profile deaths by suicide of national and local youth are no longer isolated. There is a long-documented history of memorializing how a single suicide death of a central figure, described in detail in books, news, television, or social media, has been linked to suicidal thinking and imitative behavior in vulnerable others. The suicide of a student has a rippling effect on the school and community. This phenomenon is referred to as contagion. Consequently, the task of predicting and managing contagion has become vastly more difficult for educators. Schools cannot act alone, and the response to suicide contagion must involve the entire community.

Clusters Explained

Mass clusters are characterized by a temporary increase in suicides nationally and are associated with the media coverage of celebrity suicides. For example, there was an increase in suicide rates nationally after the highly publicized suicide of well-known actor and comedian Robin Williams. Calls to the national hotline increased in the days and weeks that followed the publication of the intimate details of the suicide. If a victim is a highly popular web influencer or TV star with millions of followers on social media, the impact might be the same. Countless school districts had to implement interventions in response to the impact of the popular television series 13 Reasons Why.

Point clusters are characterized by an increase in suicides that are close in time or space and occur in the school community. It can begin within one school's geographical boundaries and then spread to surrounding schools. The authors have assisted schools and communities in the aftermath of more than 20 point clusters in many different states. Factors contributing to the clusters identified were male gender, mental health issues, history of suicidal ideation or suicide attempt, substance abuse issues, relationship problems, a recent crisis, cutting behavior, parents not recognizing the severity of the mental health needs of their child, sleep deprivation, academic pressure, sexual orientation, and intimate partner violence. A detailed summary of interventions they led during one of these point clusters is chronicled in **Tool 8 – Cluster Muster**. Please see **Tool 4 – Identifying High-Risk Youth** for more information about which students are most at risk after a suicide.

Four Key Points in Responding to a Point Cluster

1. **Need for Timeliness:** Many schools are slow to respond when a student suicide occurs in their community. When a school implements a timely response plan following a suicide cluster, fewer students are likely to be negatively impacted. However, doing so is complicated by the fact that, increasingly, students are often aware of a peer's suicide prior to the knowledge reaching educators and parents, narrowing the window during which adults can intervene. Schools, parents, and communities need to find ways to intervene and provide information and support to students sooner.

2. **Need for Interventions of Longer Duration:** Generally, the authors have observed that postvention assistance in schools after a suicide is too short in duration. In fact, some research has revealed that as many as a third of students continue to show signs of PTSD as long as six months after a suicide cluster occurs in a school.[21] Support must last even longer for those students identified as vulnerable following a death by suicide or who may be further triggered by a peer's suicide.

3. **Need to Intervene More Broadly:** In the authors' experience in the schools, often postvention efforts focus on too few students. As supported by experience and confirmed by research, the impact of a youth suicide on the student population is much wider than the victim's closest friends. Though there are varying degrees of impact among those exposed, a significant portion report persistent distress and will require substantial support at school.

   Clearly, schools cannot do it alone. It takes a village—a collaborative effort among schools, community agencies, mental health practitioners, medical personnel, law enforcement, clergy, parents, survivor groups, and, most importantly, youth. Community members, medical personnel, clergy, and mental health professionals can assist school personnel in screening exposed teen populations for individuals who are at the greatest risk. Community personnel with training can make themselves available to school staff to provide resources and support following a student death.

4. **Need to Utilize Best Practice Resources:** We hope that school site crisis teams will seek guidance from this and other evidence-based publications on how best to intervene in the aftermath of student deaths by suicide.

[21] Poijula, Wahlberg, and Dyregrov, "Adolescent Suicide and Suicide Contagion in Three Secondary Schools," 163.

TOOL 7
CLUSTER MUSTER

Tool 7 – Cluster Muster:
One School District's Response

Introduction
For those districts currently impacted by multiple suicides in their community, this tool is provided so they can review a summary of the multitude of interventions implemented by one school district when confronting a most serious point suicide cluster. The name of the district is understandably held confidential here, but their actions are an extraordinary example of a community coming together behind the common cause of their youth's mental health and might serve as an example to any other district facing similar challenges.

District A is a K-12 school district with over 25,000 students. In the spring of 2016, following the deaths of five students by suicide, District A reached out to Scott Poland and Richard Lieberman to help guide them through the difficult days, weeks, and months ahead with a best-practice strategy to address this most serious cluster. The plan was to design immediate actions, recommend intervention strategies, and set in motion prevention efforts with the single goal of abating the cluster. The commitment of the district to a two-year plan was highly commendable.

Immediate Actions

- The district reached out to national experts in suicide prevention in schools for assistance with designing a comprehensive postvention plan.

- The district immediately planned for the training of all district personnel. Everyone plays a role in suicide prevention, but school personnel play different roles.

- All district administrators attended a three-hour training on the role of administrators in suicide postvention. Many questions on best practices, the law, and liability were posed and answered.

- All school personnel (not just teachers) were required to attend training on risk factors and warning signs of youth suicide and the process for referring any student for screening. Staff were also informed of how to access mental health services and employee assistance for themselves. Self-care was emphasized.

- School mental health professionals attended an extensive six-hour training in suicide assessment and intervention.

- Parents were invited to a community forum that was very well attended. The meeting emphasized the warning signs of depression and youth suicide, how to talk to your teen, referral procedures, resources at school and in the community, and, most importantly, that parents should remove or secure guns in the home if their child has a history of depression or previous suicide attempts. In this postvention, most of the suicide victims had used a firearm, so the topic had to be discussed. This was both a difficult and necessary conversation. It is not about gun ownership. It is about the number-one killer of youth in America and gun responsibility.

- When the sixth death occurred in the fall of 2017, experts were contacted immediately, follow-up actions were undertaken, and additional webinars were conducted for parents and staff.

TOOL 7
CLUSTER MUSTER

Intervention Strategies

- An extraordinary number of students were identified and triaged according to exposure. Each was screened for suicide and encouraged to create an individual safety plan in collaboration with their parents. Re-entry planning was conducted for every student who was hospitalized. It was very important to follow up on each student in a timely fashion to monitor progress.
- Poland and Lieberman established an ongoing webinar series for parents and staff on relevant topics requested by the district.
- The district involved the wellness centers within the community.
- The district moved to better track the transition of students moving between schools.
- Intervention efforts improved coordination between the schools and mental health agencies in the community.
- The district opened schools for support services to the community during summer recess.

Prevention Efforts

- The district helped form the County Youth Suicide Prevention Coalition, which included school leaders, civic leaders, school and community mental health personnel, physicians, law enforcement, clergy, survivor groups, parents, and student representatives. Often a community in fear of a cluster will view these deaths initially as a school problem. It is clearly a community problem, and it will take a village to confront it.
- The district developed a memorial policy that acknowledges all student deaths, regardless of the cause of death, popularity, or socio-economic level of the family.
- The district implemented a student curriculum for all middle and high schools.
- The district implemented a suicide prevention program for 5th graders at the elementary level that includes direct language about depression and suicide.
- The district implemented a program emphasizing peer to peer communication about hope, resiliency, and suicide prevention at high schools.
- The district established a staff position of Coordinator of Prevention/Wellness.
- The district applied for a Project SERV grant from the Department of Education.
- One of the high school teachers received a County Mental Health Award for writing a personal letter to every one of her over 100 students telling them how much they meant to her and identifying many of their positive attributes. Additionally, the school district adopted the theme of “keep on swimming,” and every student throughout the district colored a papier-mâché fish that was displayed in the schools throughout the district, emphasizing the need for hope and resiliency.

TOOL 8
EMPOWERING STAFF

Tool 8 – Empowering Staff to Support Students:
Answering their Difficult Questions

Introduction
The aftermath of youth suicide is a sad and challenging time for a school community. Postvention is a term coined by Dr. Edwin S. Shneidman that describes appropriate acts after a dire event designed to help everyone process their emotions. The term has become synonymous with the challenging aftermath of suicide, and few events are scarier for a school and community than the suicide of a student. The major tasks for suicide postvention are to help students and staff to manage the understandable feelings of shock, grief, and confusion. The major focus after a suicide should be grief alleviation and prevention of further suicides. It is important to note that there may be no clear resolution for grief in the community. A suicide may affect classmates and friends for many years to come.

The role of staff in postvention has been reviewed in Tool 1. The following additional suggestions are intended to guide staff.

- It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone plays in prevention.
- It is important to balance being truthful and honest about suicide without violating the privacy of the suicide victim and their family and to take great care not to glorify their actions.
- It is important to have the facts of the incident. Be alert to speculation and erroneous information that may be circulating, and assertively, yet kindly, redirect students toward productive, healthy conversations about coping mechanisms and the prevention of further suicides.
- It is important that students not feel that the suicide victim has been erased and that students be provided an opportunity to talk about and memorialize the deceased.
- There has been debate about how to memorialize a suicide victim at school appropriately. The debate has unfortunately resulted in some schools concluding that nothing should be done after a student suicide. No one ever said do nothing after a suicide, as the focus after a suicide must be on grief resolution and prevention of further suicides. Recommendations are provided in Tool 6.
- Some professional associations caution that memorials should not be dramatic or permanent and instead encourage activities that focus on living memorials, such as funding suicide prevention. We recommend that schools strive to treat all deaths the same. Students have been frustrated with school administration who would not memorialize their friend who died by suicide but had memorialized other students who had died from other causes.
- Suicide is always on the minds of numerous high school students, and 42% of students reported a profound sense of sadness or hopelessness over the past year, twice the rate in young girls than boys.[22]

[22] 2021 YRBS.

- School personnel are encouraged to monitor student social media after a suicide occurs, as vulnerable youth often connect with each other online. Unfortunately, it is not unusual for messages to be posted encouraging suicide, thinking suicide is destiny, and emphasizing suicide to solve problems. See **Tool 2** for recommendations on safe messaging and **Tool 3** about involving social media in postvention. Safe messaging is always important when it comes to suicide but critically important after a suicide has occurred.

- School personnel should review curriculum content that focuses on death and suicide in literature readings such as Romeo and Juliet. Tragic readings of this type should be postponed, and when reading is resumed, there should always be a discussion of prevention and crisis resources.

- School personnel often consider postponing previously scheduled suicide prevention programs if a suicide has occurred, but prevention information is needed more than ever as suicide postvention focuses on the prevention of further suicides. The Jason Foundation recommends not instituting a suicide prevention curriculum for students for a period of 4 – 6 months after a known suicide or attempt. This time should be reserved for grief counseling. That being said, we believe that adults are capable of compartmentalizing what has happened and what needs to occur moving forward. As such, prevention training can, and should, be offered to teachers, school personnel, and parents.

- Schools are often reluctant to implement depression screening programs that are available for middle and high school students. Often, the reluctance for schools to utilize depression screening is only overcome after a school has experienced multiple suicides. Depression screening reaches students, helps them to identify symptoms of depression, and encourages them to seek adult help for themselves or a friend. The National Institute of Mental Health has an Ask Suicide-Screening Questions (ASQ) toolkit with more information on depression screening.[23]

- The authors wish to reiterate here that research has found talking with youth about suicide does not cause them to think of it and, in fact, provides the opportunity for them to relieve anxiety and unburden themselves.

- Major protective factors against youth suicide identified by the World Health Organization are the following: stable families, positive connections at school, good connections with other youth, religious involvement, lack of access to lethal weapons, access to mental health care, problem-solving skills, and awareness of crisis hotline resources.

[23] National Institute of Mental Health, "Ask Suicide-Screening Questions (ASQ) Toolkit."

Q&A with the Authors

The following questions posed by students to the authors have been collected over many years of supervising postvention responses. The answers provide valuable information for school staff and could be formulated in a handout for parents, students, and staff.

Why did they die by suicide?

We are never going to know the answer to that question, as the answer has died with them. The focus needs to be on helping students with their thoughts and feelings and everyone in the school community working together to prevent future suicides.

What method did they use to end their life?

It is generally best not to state the method, but it is especially important not to go into explicit details such as what was the type of gun or rope was used or the condition of the body, etc.

What should I say about them now that they have made the choice to die by suicide?

It is important that we remember the positive things about them and respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.

Didn't they make a poor choice, and is it okay to be angry with them?

Many young people who survived a suicide attempt are very glad to be alive and never attempt suicide again. You have permission for all your feelings in the aftermath of suicide, and it is okay to be angry.

Isn't someone or something to blame for this suicide?

There is no one to blame. The decision to die by suicide involved every interaction and experience throughout the young person's entire life up until the moment they died, and yet it did not have to happen. It is no one's fault. No one person and no one thing is ever to blame.

How can I cope with this suicide?

It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings with them. It is important to maintain normal routines, proper sleeping and eating habits, and to engage in regular exercise. Please avoid drugs and alcohol. Resiliency, which is the ability to bounce back from adversity, is a learned behavior. Everyone does their best in recovery when surrounded by friends and family who care about them and by viewing the future in a positive manner.

What is the ideal memorial for a suicide victim?

Please review the memorial section, Tool 6. The most appropriate memorial is a living one, such as a scholarship fund or contributions to support suicide prevention. School districts are encouraged to develop a memorialization policy that treats all student deaths the same, regardless of the cause of death, socioeconomics, or the popularity of the deceased.

How serious is the problem of youth suicide?
In 2022, suicide was the 3rd leading cause of death for young people ages 10-24 and the 11th leading cause of death for all Americans.[24] More than 49,000 Americans, including over 6,500 young people, died by suicide in 2022.[25] On average, suicide rates have been on the rise for Americans. The CDC maintains records of the most recent suicide-related data on their website.[26]

Many young people think about suicide. The National Youth Risk Behavior Surveillance Survey for 2021 found that 42% of high school students reported feeling sad or hopeless for two weeks or more in the last year. 22% of high school students reported seriously considering suicide. 10% of high school students made a suicide attempt in the last year. All of these figures represent increases from the 2019 results. Since the YRBSS began in 1991, 9th grade students have shown to be the most at risk of a suicide attempt. Talking with youth about suicide does not cause them to think of it and, in fact, provides the opportunity for them to relieve anxiety and unburden themselves.

What are the warning signs of suicide?
Four out of five individuals considering suicide give some sign of their intentions, either verbally or behaviorally.[27] Some of these signs of concern are suicide threats, depression, anger or increased irritability, lack of interest in previously enjoyable activities, sudden changes in appetite, changes in academic performance, increased art or conversations about death or suicide, a history of attempting suicide, and making final arrangements by giving away prized possessions or saying goodbyes.
What should I do if I believe someone is suicidal?
Listen to them, support them, and let them know that they are not the first person to feel this way. There is help available, and mental health professionals, such as counselors and psychologists, have special training to help young people who are suicidal. Do not keep a secret about suicidal behavior, and save a life by getting adult help, as that is what a good friend does. Someday your friend will thank you for getting them help.

How does the crisis hotline work?
Just like 911 connects you with help in an emergency situation, 988 does the same for mental health crises. When a person calls or texts 988 or visits the 988 Suicide & Crisis Lifeline website, they are connected with trained counselors who can assist in providing vital resources and emotional support during a difficult time. The hotline is available 24 hours a day.

How can I make a difference in suicide prevention?
Know the warning signs, listen to your friends carefully, do not hesitate to get adult help, remember that most youth suicides can be prevented, and become aware of ways to get involved with suicide prevention. Remember, one person can make the difference and prevent a suicide!

Where can I go for more information about preventing suicide?
A plethora of information can be found at The Jason Foundation's website, **www.jasonfoundation.com.** Information regarding warning signs, risk factors, and how you can become involved are detailed. **Tool 10** also covers some of the programs that are available at no cost through JFI.

How do families who lost a child to suicide cope with the loss?
A suicide can have a devastating effect on the family. Family members often feel isolated and are profoundly affected, especially when there is little or no explanation behind their loved one's suicide. Family members may experience anger towards those they believe are somehow responsible, loss of interest in their employment or schoolwork, increased absences, disrupted sleeping and eating patterns,

[24] 2022 WONDER.
[25] Centers for Disease Control and Prevention, "Provisional Suicide Deaths in the United States, 2022," https://www.cdc.gov/media/releases/2023/s0810-US-Suicide-Deaths-2022.html.
[26] Centers for Disease Control and Prevention, "Suicide Data and Statistics," https://www.cdc.gov/suicide/suicide-data-statistics.html.
[27] Golden and Peterson, The Truth about Illness and Disease, 53.

grief, helplessness, abandonment, isolation, loneliness, shame, and guilt. Suicide survivors have more difficulty with the grieving process than survivors of losses from other causes. Survivors often report feeling uncomfortable with naturally occurring support systems, and school and community members are unsure of what to say and how to reach out to those who lost a family member to suicide.

If a family member has a pre-existing mental health condition, it will likely be exacerbated. The family member may begin using substances or increase their current usage. Families have reported receiving less support than they deemed necessary, and what support they receive is often poorly timed and especially ineffective for younger siblings. Adults may avoid talking with children about the cause of a death if it was deemed a suicide, but children are often upset to learn later that they were not told the truth. Bereavement is complicated when family members have deeply held religious beliefs and moral convictions against suicide. Family physicians and school personnel who are knowledgeable about helping survivors cope and available community resources can play a significant role in supporting a grieving family. Family members often receive the most help when they participate in groups attended by only those who lost a loved one to suicide. Major metropolitan areas may even have a suicide survivor group for siblings. School personnel are encouraged to be familiar with suicide survivor groups in their community. It is especially challenging to locate suicide survivor groups in the rural parts of the U.S. However, there is an online suicide survivor support group. Many survivors also find comfort and meaning in becoming involved in suicide prevention, and school personnel are encouraged to be familiar with suicide prevention foundations in their community.

Tool 9 – Postvention Q&A with the Authors

Introduction

Included below are some of the many questions posed to the authors about postvention in schools that warrant further mention.

1. What causes cluster suicides?

Clusters of suicides fall into two different categories, mass clusters and point clusters. In his 1989 book, Suicide in Schools, Scott Poland cited the work of Loren Coleman who wrote the book Suicide Clusters. Coleman documented that concerns about suicide clusters have existed since the 1700s, while there are documents that tell of mass clusters as early as the 4th century BCE.[28] A mass cluster might occur when a celebrity or known national figure dies by suicide, as vulnerable individuals think more about suicide after a celebrity suicide and may utilize the same method. There is not yet extensive research being done on mass suicide clusters. However, the suicide of beloved actor, Robin Williams, a few years ago resulted in an increased suicide rate in America.[29]

Point clusters refer to more suicides than we would expect in a short space of time in one geographical region. It is well known that teenagers are more susceptible to imitating suicidal behavior than any other age group. Exposure to suicide has been added as a suicide risk factor. Think of it this way: the suicide of a young person is like throwing a rock into a pond, causing a ripple effect in schools, communities, and places of worship. This ripple effect is greater than ever before because of social networks. Vulnerable youth find each other online. Schools have tended to think that suicide only affected their school when students in many middle schools and high schools in the area are affected. There needs to be a collaboration between schools, agencies, mental health professionals, law enforcement, the medical community, and survivor groups. Essentially, youth suicide prevention must involve the entire village, as no single entity or agency can do enough of it alone. It is essential that suicide information be shared with all concerned and everyone understands that suicide is not fate, nor is it destiny, and most youth suicides can be prevented.

2. How can we engage parents who are in denial or who don't want to talk about youth suicide in our community?

The topic of suicide is a very difficult one. In our careers, we have found many parents, school leaders, and even personal friends and colleagues are very reluctant to talk about suicide. Many people believe the myth that if we talk about suicide, we will plant the idea in their minds, and they will think about it for the first time. Nothing could be further from the truth. Scott Poland remembers speaking at a conference with then U.S. Surgeon General Richard R. Carmona who said, "We need to talk more about suicide prevention in our homes, our schools, our places of worship, and in our communities." Numerous U.S. Surgeon Generals since have emphasized the need for more suicide prevention through many different initiatives and advisories. Unfortunately, many students personally know someone who died by suicide. Although often a school administrator's initial thoughts are that we shouldn't bring it up because these suicides have occurred, we need to talk about it more. This discussion should always focus on prevention and utilizing national and state crisis helplines such as 988, which includes telephonic, text, and online chat functionality.

If you are aware of a family in your community that is very hesitant to talk about suicide, then the best way to open that conversation is through listening. Begin with a simple question like, "I'm sorry that

[28] Loren Coleman, Suicide Clusters, 9.
[29] Fink, Santaella-Tenorio, and Keyes, "Increase in Suicides the Months after the Death of Robin Williams in the US," 5.

suicides have affected your family. How can I help?" You should actively listen and mention key points referenced above. It is important that we address the most common myth that talking about suicide plants the idea of suicide in a student's mind.

The greatest problem we have that limits suicide prevention is the misinformation and myths surrounding this subject and our reluctance to talk about it.

3. Is there any significance to the location that a student chooses for a suicide attempt?

Most youth suicides occur in the home, after school hours, and when their family members are most likely to be home. The authors have always believed that most suicidal individuals do, in fact, want to be stopped, and they are hoping that someone will figure out what they are planning. A suicidal individual is experiencing unendurable pain, is not thinking clearly, and sees no other alternatives. Very rarely does a suicide occur at school; however, this has happened in several schools in our country. Our response to a suicide happening at school would be to not make a dramatic conclusion about the location that was chosen but instead to focus on the young person, who very likely wanted to be stopped and hoped that someone would recognize the warning signs they had displayed and get them help.

4. Are affluent communities at a higher risk for suicide?

Just in the last few years, the authors have responded to suicide contagion and clusters in New Smyrna Beach, Florida; Fairfax County, Virginia; Palo Alto, California; Jordan, Utah; and Colorado Springs, Colorado. All of those communities would meet the definition of being affluent. However, youth suicide crosses all racial and socio-economic boundaries in our country. It is difficult to clearly ascertain whether affluence contributed to the suicides in those communities. Clusters in less affluent communities may have occurred but stayed under the radar and somehow were not the focus of media stories. The CDC has been studying suicide contagion in adolescents. They have identified several risk factors, including family reluctance to get mental health services for their children, substance use, gun availability, harassment of LGBTQ+ students, and academic pressure. Though the CDC has identified the previous risk factors, there is still much work to be done in determining social and environmental factors that impact suicidal behaviors.

5. How can I help my child who tried to assist a friend who later died by suicide?

This question brings up an important point because many young people have lost someone they knew to suicide. Some of your children may have even reached out and tried to help, and yet their friend or classmate still died by suicide. It's important that young people know that we cannot prevent every suicide. The young person who died by suicide traveled a very long road. It was never one thing or one person, and no one is to blame. In most cases, a multitude of factors contributed to an individual's decision to attempt suicide. After the suicide death of a friend, young people have shared that they didn't know much about suicide. They didn't really think it could happen to someone they knew and cared about. Unfortunately, no one had ever provided them with information about suicide prevention and what to do to intervene with their friend.

Scott lost his father to suicide and missed the obvious warning signs he was exhibiting. He will always second-guess himself for failing to take action to secure mental health treatment and for failing to ask his father directly about suicide plans. He has found some comfort in getting involved in suicide prevention and believes that many survivors of suicide ultimately reach a point where they also get involved in suicide prevention because they just may be able to save the life of someone else's loved one.

For the young person who lost a friend to suicide, it will always be something they feel sad about, but it's very important that they give themselves permission to go on with their lives and focus on what is in front of them so they can be successful. There will be times when this will be especially difficult. This would logically be the birthday that the deceased would have had or the anniversary of their death. Do not hesitate to reach out to parents and counselors at that time. As months and years go by, it will get a little easier, but it is always something that will stay with the survivor. Many people who have lost loved ones to suicide decide that they would like to get into a helping profession as a counselor, physician, or social worker, for example.

The adults who are reading this question should always be there for the child who has lost a friend to suicide. We have been aware that young people have unfortunately been told by well-meaning adults, "Oh, you should be over that by now. You shouldn't be focusing on that. I'm tired of hearing you talk about the friend(s) you've lost to suicide." Obviously, these are not the correct responses from adults. Instead, the answer should be, "I'm always here to listen to you. Please know there will be a lot of ups and downs to this, and I'm here for you every step of the way. Things will get better, and if you feel they are not getting better, we are going to get you professional help." We strongly recommend that many young people do, in fact, seek private mental health counseling because of losing friends to suicide. Please contact the school counseling office and get a referral to recommended providers in your community that are skilled at working with teenagers on trauma and loss issues.

6. As a school psychologist, I find it very difficult to discuss gun ownership with parents even though I am aware that their child is suicidal. Means restrictions is very important to discuss with parents, but what advice do you have for me in talking with parents?

It is critical that everyone knows that perhaps the single greatest suicide prevention strategy is to reduce access to lethal means for a student. We acknowledge that this is a very sensitive issue and would approach it directly by stating to parents, "We know that your child and their safety is very important to you as a parent. Do you have any ideas about how safety could be improved in your home? Your child has mentioned the availability of a gun in your home. You probably have that gun for safety, but isn't it possible that now that you've been notified that your child is suicidal that having the gun in your home makes it more unsafe?" Counseling on Access to Lethal Means (CALM) training is available free at **www.sprc.org**.

7. Have there been any studies of suicide clusters that are from affected schools and communities?

There have been several studies done by the CDC that are called epidemiology studies. In recent years, studies were done in the communities of Fairfax County, Virginia[30] and Palo Alto, California, where the authors joined local teams in responding.[31] Those studies have found the common factors in youth suicide clusters to be untreated mental illness, extreme academic pressure, access to lethal weapons, substance use history, intimate partner violence, sleep deprivation, and LGBTQ+ issues. Additionally, parents often do not recognize the warning signs of depression or see the need for mental health treatment for their child.

[30] CDC, Erica Spies et. al., "Epi-Aid 2015-003: Undetermined Risk Factors for Suicide Among Youth, Ages 10-24 – Fairfax County, VA 2014, Final Report," https://www.fairfaxcounty.gov/health/sites/health/files/assets/images/suicide-epi-aid-final-report.pdf.
[31] CDC, Amanda Garcia-Williams et. al., "Epi-Aid 2016-018: Undetermined Risk Factors for Suicide Among Youth, Ages 10-24 – Santa Clara County, CA 2016," https://bhsd.sccgov.org/sites/g/files/exjcpb711/ files/cdc-samhsa-epi-aid-final-report-scc-phd-2016.pdf.

8. What can stop a suicide cluster?
There is no absolute answer, but most certainly, a partnership is required between schools and their community and must include leaders, law enforcement, parents. students, local mental health agencies, medical personnel, survivor groups, local suicide prevention advocates, and clergy. The authors have found the most productive first step a community can undertake is to establish a knowledgeable county-wide youth suicide prevention coalition to address the complex challenges of a cluster response.

9. Has the school system ever been sued for failing to provide best practices postvention procedures after a student's suicide?
Yes, Scott Poland was involved on the side of the plaintiff in a case in Kansas in 2007. The school district provided absolutely no outreach to his classmates, friends, or family following the suicide death of a student, who was a high school sophomore. His older brother was a senior at the same high school and understandably had great difficulty after the suicide of his younger brother. Sadly, the older brother died by suicide a few months later. The school district settled the lawsuit brought by the parents charging that failure to enact commonsense, widely known suicide postvention procedures, contributed significantly to the death of the older brother. The school district settled the case out of court with all details undisclosed.

10. The day after the suicide of a middle school student, her friends arrived with t-shirts that had the picture of the suicide victim on them. The principal asked if they should allow students to wear those t-shirts at school or send them home to change.
This scenario creates a dilemma for the school administrator. Our first question is if t-shirts have been worn with the pictures of other students from your school that have died before. If so, then we would recommend allowing the t-shirts for the day. We recommend meeting with the students and letting them know that you acknowledge that this is how they are expressing their emotions, and they may wear the t-shirts today, but you expect them to wear normal school attire the following day. This is an opportunity for personnel such as the school counselor, social worker, or school psychologist to sit down with the affected students, help them with their grief, and guide them towards other memorials, such as contributing to a suicide prevention effort in the community or establishing a living memorial that might raise money and awareness to prevent future suicides. Schools should strive to treat all deaths the same.

11. I know there have been several lawsuits brought by parents against schools after the suicide of their child and parents believing that bullying at school that was not addressed was a proximate cause of the suicide. Have you been involved in these lawsuits, and what have the courts concluded?
We have followed this very closely, and Scott has been involved as an expert witness in several of these cases. Several school districts have settled cases of this type out of court. We are not aware of a single court that has found a school liable in this type of case. Scott was involved on the side of a school district in Missouri in 2012 and believed the school district did nothing wrong, but that district settled out of court for $500,000. A case in Kentucky in 2013 went all the way to the Kentucky Supreme Court, but the school district was not found liable. Scott was also involved as an expert witness on the side of the plaintiff in Texas in 2011 where a nine-year-old special education student, believed to be the victim of bullying, hung himself at school. The U.S. 5th Circuit Court did not find the school district liable. The court concluded that no special relationship existed, as the individual was not incarcerated, involuntarily committed, nor was he in foster care. There is a strong association between bullying and suicide, but it is very difficult to rule out the impact of other factors in a young person's life. In addition to bullying, a young person

may experience untreated or under-treated mental illness or adverse childhood experiences, such as rejection from a natural parent, abuse, living with a mentally ill or substance-abusing parent, living in poverty, and experiencing multiple losses. Our strongest recommendation is when we know a child is involved in bullying, as either the bully or the victim, we should not hesitate to ask them direct questions about hopelessness, thoughts of giving up, and suicide.

12. What do you think of the fact that after the third suicide of a student from the same high school, the principal had an assembly, and the main speaker was a grieving parent who spoke emotionally about the loss of their child to suicide?

One of the biggest problems in suicide prevention is that we do not talk enough about how to prevent suicide and that it is everyone's responsibility. However, the ideal way to talk to students about suicide prevention is individually, in a small group, or in a classroom where students will be likely to feel a sense of safety to ask questions and reach out. We strongly caution against assemblies after a suicide for the reason outlined above, not only to avoid the glamorization of the suicide victim but to avoid an increasing sense of isolation of vulnerable students.

13. What was an outstanding postvention activity that you were involved in?

An exemplary response to a cluster is chronicled in **Tool 8 – One District's Response**. District A had gone many months without a student suicide, but sadly another death occurred. However, this time, the district mobilized immediately and, on the second evening, scheduled a webinar for parents featuring Scott Poland and Richard Lieberman that provided an update on the school's response, information about resources, and how to support their children. Over 750 parents attended either online or at the high school.

14. You have responded to many youth suicides and numerous suicide clusters, and what has been most frustrating?

The authors have found several things quite challenging over the years. The first is the apparent fact that school administrators have been either unaware or reluctant to follow postvention recommendations. A second frustration has been dealing with the challenging issue of firearms in the community. On more than a few occasions, parents, even after the suicides of young people with a gun in their community, did not take steps to secure firearms in their homes. There is tremendous resistance to even talking about firearms, much less gun safety. It has also been challenging to encourage the involvement of physicians in a community experiencing a suicide cluster.

15. What advice do you have for a principal if a student dies by suicide?

Donna would say the short answer is to follow the recommendations in The Jason Foundation's School Postvention Toolkit. Remember to include school mental health staff in every step of your planning. Be careful not to underestimate the impact of suicide. One high school principal thought the impact of the suicide of the school soccer player would be confined to the high school she attended. However, she played on an elite travel team with teammates from high schools across the city, and her death did not just impact the high school she attended, but it was felt countywide.

16. Have you ever been involved in school postvention responses that did not go well?

Sadly, all of us have. Scott remembers two such examples very well. One example was arriving at a middle school after the suicide of a student, and the building principal stated that they had just made an announcement. Scott asked what was announced over the PA system. The principal said, "I told students, if you want more information about Larry's death, come to the cafeteria." Scott recommended that students be asked to go back to their classrooms immediately, where the tragic news

could be shared in smaller groups. The principal said no, they would tell them it was a suicide in the cafeteria, and it would be manageable. Several hundred middle school students were in the cafeteria, and when they were told that Larry had died by suicide, they became very upset, and many of them immediately blamed his girlfriend. School security had to be called to restore order, as students were out of control and roamed the hallway for hours. Larry's girlfriend had to be escorted out of the school by local police.

The second example was following a high school student's death by suicide. Scott noticed students openly weeping in the classroom before the bell rang to start class and was shocked when the classroom teacher asked, "Dr. Poland do you want to talk with them before or after their science test?" Scott responded, "There cannot be a test today. Look around. Students are openly grieving the loss of their classmate." The teacher responded that they could not take his word for it and the class would fall behind if no test was given that day. Scott called the principal's office, and the teacher was told to postpone the test.

17. What if parents do not want anyone to know that their child died by suicide?

We have discussed the importance of meeting with parents in person and helping them to understand that school staff will not be discussing the reason their child died by suicide in **Tool 1** and **Tool 4**. We have had very good luck with convincing parents that the best way we can support a child's classmates and prevent further suicides is to be given permission to matter-of-factly state that the death was a suicide and put all the focus on helping everyone to manage their grief and emotions. The authors suggest that a communication to parents state that the victim's parents have requested the cause of death of their child not be disclosed. However, the letter may state that many students are talking about suicide, and we feel the necessity to provide information on the student's role in suicide prevention and the importance of getting adult help if they or a friend are thinking about suicide. Providing the 24-hour crisis and text hotlines is essential.

18. What if the suicide victim was a staff member?

We are not aware of any guidelines that have been developed to provide guidance to schools if the suicide victim was a staff member. However, many of the points we have already made about postvention after the suicide of a student are very relevant. It is most important in this, and many of the scenarios discussed, that psychological triage begins with staff. How the staff responds in the aftermath of a colleague's suicide is critical to the potential degree of traumatization of their students who observe them. This is particularly true with elementary school-aged students. Staff who may require immediate intervention should be relieved of their duties and guided to helpful resources.

Scott remembers the suicide of the middle school math teacher. The death was confirmed as a suicide by local police and discussed as a suicide at a local church on Sunday. The superintendent, however, said that students were not to be told the truth without permission from the teacher's widow. Scott visited with the widow in person and received permission to disclose the death was by suicide. Many of the teacher's students immediately blamed themselves and said their poor classroom behavior was why the suicide occurred. Scott stressed that no one thing and no one person is ever to blame for a suicide and that their teacher had traveled a very long road, and their classroom behavior was not the cause of the suicide.

Richard recalls an elementary school where a beloved 4th-grade teacher died by suicide. As the day began after being notified, the staff was devastated and huddled together in the middle of the campus, with many teachers visibly crying. He remembers how students walking up the path to school, who suddenly witnessed their teachers so upset, were immediately impacted by their behavior.

19. Should the funeral for the student who died by suicide be held at school?

It is acknowledged that in some rural communities in our country, a high school gymnasium might seem to be the logical place to hold the funeral for a suicide victim. If it is indeed judged to be the only convenient location, it is recommended it take place outside the hours of school and left to be organized by the family or their representatives.

In general, the authors strongly believe that funerals should not be held at school and should instead take place in the community. A funeral that is held at school may inadvertently glamorize suicide, and students, who might otherwise go unexposed, may feel pressure to attend. Most concerning would be the precedent such an event might set for acknowledging all student deaths in the future.

Tool 10 – Resources for Suicide Postvention in Schools

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TOOL 10
RESOURCES

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* Indicates projects written or assisted by the authors.

More from the Authors

Modules for The Jason Foundation:[32]

- Bullying and Suicide
- Childhood and Teen Depression
- Developing a Comprehensive Suicide Prevention Protocol for Elementary Schools
- Non-Suicidal Self-Injury
- Suicide Contagion and Clusters
- Suicide Postvention: The Critical Role of Educators
- Suicide Prevention in Challenging Times
- Suicide Prevention in Schools: Contemporary Issues
- Supporting LGBT Students in Schools: Suicide Prevention among LGBT Youth
- Tools of Suicide Prevention for School Professionals

NSU Florida Suicide and Violence Prevention Office: www.nova.edu/suicideprevention

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[32] All JFI modules can be accessed at no cost through our website at https://jasonfoundation.com/get-involved/educator-youth-worker-coach/professional-development-series/.

TOOL 10
RESOURCES

Survivor Resources

https://afsp.org/find-a-support-group/

https://sprc.org/tools/resources-survivors-suicide-loss/

https://988lifeline.org/help-yourself/loss-survivors/

https://allianceofhope.org/

The Jason Foundation Programs and Resources

A Promise for Tomorrow Student Curriculum

The student curriculum "A Promise for Tomorrow" presents a positive look at how students can help friends who may be depressed or having suicidal thoughts. This curriculum aims to provide information and strategies needed to be a lifesaving influence. The program is designed to be used within a school's current health and wellness program for grades 6-12.

It is designed in a two-lesson format for the traditional high school schedule of 50-to-60-minute classes. These can be presented as two separate lessons or back-to-back to accommodate an extended block class of 90 minutes or longer. The curriculum content is delivered digitally with facilitator-led sections to reiterate information and lead discussion.

B1 Project

A friend, especially an informed friend, can help make a difference for someone who may be struggling with thoughts of suicide or self-harm. The B1 Project is designed to be quick, informative, and target the most important aspects of youth suicide prevention.

The purpose of B1 is to give you some of the information, tools and resources to better:

- Respond to a friend who may come to you for help
- Help recognize when a friend might be struggling with thoughts of suicide
- Help you prepare a plan on how you can help that friend

We are not trying to make you a counselor but assist you in guiding a friend to help in your school or community. Working together, we can help our friends find the help they need should they be struggling with life's issues or thoughts of suicide. Share that you have taken the B1 Pledge with others via social media. Encourage your friends to B1, too.

The Jason Foundation offers several materials that you could use to market the B1 Project in your community. Visit the B1 website at **b1.jasonfoundation.com**.

Bee the Friend Elementary Curriculum

Our Bee the Friend program, a unique peer support initiative for elementary schools, is tailored for 3rd-5th graders. Bee the Friend is a positive, engaging program that fosters friendship and prepares our young children to become compassionate, supportive, and responsible middle and high schoolers. It aims to guide children in becoming the best friends they can be through acts of kindness, sharing, observing, showing empathy, and supporting their peers.

Bee the Friend consists of four lessons with accompanying activities. Each lesson aims to educate students about what it takes to be a

friend to someone at school, on the bus, on the playground, or in their neighborhood and community.

Students learn how to show the characteristics of a good friend, identify a student who might need a friend or help from an adult, identify adults who can assist them, be mindful of their surroundings and their peers, and identify situations in which they can show empathy and be ready to help their peers. Visit the Bee the Friend website at **https://beethefriend.com/**

Crisis Support Team

The Jason Foundation and Acadia Healthcare teamed up to create the Crisis Support Team (CST) as a resource that communities in need can access at no cost. CST is a free resource for guidance and advice when dealing with traumatic events that could affect a young person's emotional health. CST will provide telephonic assistance from a clinical professional who will listen to your situation and share insights on the most appropriate way to respond to these traumatic events. The service is NOT crisis counseling for individuals but intended to offer guidance for administration or leadership responding to groups dealing with adverse events. These events could range from suicide, suicide attempt, auto accident, or school violence. Reading a protocol or watching an informational module does not allow for the opportunity to ask questions or receive clarification for your specific situation. The Crisis Support Team will act as a sounding board where professionals will help guide your efforts to ensure that the youth involved receive proper care and instruction.

This resource provides an excellent opportunity to reach out to your schools, school districts, colleges, places of worship, and anywhere else that awareness of this program could benefit. For more information visit **https://www.acadiahealthcare.com/programming-treatment/jason-foundation/cst**.

First Responder Training

The Jason Foundation's First Responder Training Module addresses suicide among youth in the community and within the profession. The goal of this training is to provide First Responders with the knowledge, skills and resources to enable them to recognize the signs of concern and elevated risk factors for suicidal ideation in youth within their community, as well as in coworkers and fellow First Responders. As with everything that we do, the first part of the training focuses on statistics, warning signs, and information related to youth suicide. The second part of the module highlights stress, statistics, and how to help fellow First Responders.

Researchers found that elevated levels of PTSD were associated with a higher likelihood of thinking about suicide and/or having a history of suicide attempts. Police officers, firefighters, and EMS workers suffer from PTSD at a rate 2 to 5 times higher than the general population. Some First Responders work around the clock to ensure that medical services are available. Especially now, it is imperative that we provide them with the resources necessary to care for themselves as well.

To access the online training module, visit The Jason Foundation's website and look for First Responders under the How to Get Involved tab. The module was designed for both individual study and group training.

Foster Care Training Module

While suicide is a significant public health crisis for the general population, the risk for suicidal ideation and behavior increases for youth in care because of the complex circumstances they often face.

- At any given time, there are estimated to be approximately 400,000 youth in care.

- Youth in care may have complex medical, mental, and behavioral health concerns stemming from a trauma history.

- Children who are adopted wait an average of almost three years in the foster system.

- Youth in care may struggle with separation anxiety.

This training module discusses facts, myths, and signs regarding suicide risk for youth involved with the child welfare system and specialized topics such as trauma and adverse childhood experiences. Material is presented by a professional speaker and people with lived experience (former foster youth, foster and adoptive families, and experts in the field). Suggested protective factors and recommendations are provided for caregivers.

I Won't Be Silent

#IWONTBESILENT is an awareness campaign by The Jason Foundation to raise the national conversation of the "silent epidemic" of youth suicide. Learn the warning signs associated with suicide and challenge the people you know to learn them as well. Challenge your co-workers, school, social club, friends, or family to join you. Taking a few short minutes to challenge the people you know will help take some of the silence away from the tragedy of youth suicide. Our nation should be familiar with the warning signs, suicide facts and statistics, and how to find help for at-risk youth.

Visit **www.iwontbesilent.com** and learn how you can help raise the national conversation of youth suicide prevention. The site will provide you with ideas on how you can conduct an awareness campaign within your school, business, church, or other organization. Materials are available for download so that you can obtain them within minutes.

Parent Resource Program

The Parent Resource Program site will help provide you with some of the information, tools, and resources to help you identify at-risk youth and know how to assist them in getting help before a tragedy occurs. Prevention begins with education. This website also offers a Parent and Community Seminar, with basic information on suicide and awareness and prevention strategies for parents and other adults. For more information visit: **https://prp.jasonfoundation.com/**

Professional Development Series

The Jason Foundation's series of online Staff Development Training Modules provide information on the awareness and prevention of youth suicide. These training modules are suitable for teachers, coaches, other school personnel, youth workers, First Responders, foster parents, and any adult who works with or interacts with young people or wants to learn more about youth suicide. This series of programs introduces the scope and magnitude of the problem of youth suicide, the signs of concern, risk factors, how to recognize young people who may be struggling, how to approach the student, and how to help an at-risk youth find resources for assistance. At the conclusion of each training module, an opportunity to print a certificate of completion is provided.

The Jason Flatt Act is legislation that requires teachers and certain school personnel to complete two hours of youth suicide awareness and prevention training in order to maintain or renew their licensing credentials. The requirement for this training does not add additional hours of training, but rather falls within the number of hours already required to continue the professional teaching license. Twenty-one states have taken the initiative to be proactive in preventing youth suicide by passing The Jason Flatt Act. The Jason Foundation Staff Development Training Modules are provided at no cost to those requesting the programs.

NOTES

SCOTT POLAND & RICHARD LIEBERMAN WITH DONNA POLAND