THE JASON FOUNDATION

SUICIDE PREVENTION IN SCHOOLS
A TOOLKIT

The Jason Foundation

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INTRODUCTION
ABOUT THE JASON FOUNDATION

The Jason Foundation, Inc. (JFI) began in October 1997 after our president, Clark Flatt, lost his son, Jason, to suicide. Clark describes Jason as an average 16-year-old who earned Bs and Cs on his report card, loved football, had a solid group of friends, and was actively curious and excited about the world around him. Before Jason's death, Clark was not aware of just how big 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. Even though people may be hesitant to talk about suicide, it still occurs at a high rate. Currently, we lose approximately 125 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, they will be adequately 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 encompasses the primary groups of people who regularly come into contact with a young person: their parents, educators or other youth workers, and friends and peers. For parents, we offer community presentations and resources about helping children through suicidal ideation and mental health struggles. For educators and youth workers, we provide professional development training modules on our online platform, as well as staff-led in-service presentations. For students, we have a classroom curriculum that teaches young people to look out for friends who may be struggling.

Although we offer a variety of resources for different demographics, the largest demographic utilizing our programs is teachers, primarily due 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. It became the nation's most inclusive mandatory youth suicide awareness and prevention legislation pertaining to teachers' in-service training. It requires all educators in the state to complete two hours of youth suicide awareness and prevention training each year to be licensed to teach in Tennessee. Since then, 21 states have passed the Jason Flatt Act.

We hope this toolkit will make a valuable addition to our library of resources for educators and school staff. For more information about our programs, please refer to the Resources for Suicide Prevention section of this toolkit or visit us 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 PREVENTION TOOLKIT

Summary

The Jason Foundation, Inc. is a nationally recognized leader in youth suicide prevention, committed to equipping schools and communities with the knowledge and tools necessary to save young lives. JFI advocates for every school to implement comprehensive suicide prevention policies and procedures that empower educators, counselors, and administrators to recognize, respond to, and reduce the risk of student suicide.

This Prevention Toolkit is a practical, adaptable resource that guides schools in developing a suicide prevention plan tailored to their specific needs and community context. Within the toolkit, schools will find tools, templates, and guidance to strengthen their prevention efforts, improve staff preparedness, and promote a culture of care and safety throughout the school community.

When to Use the Toolkit

Schools may turn to this toolkit whenever there is a recognized need to address suicide risk among students or to formalize existing prevention efforts. It is especially valuable for:

- Schools that have identified students at risk for suicide.
- Campuses or districts seeking to develop or update suicide prevention policies and procedures.
- Schools looking to translate district-level policies into actionable, school-specific implementation plans.

Implementing the toolkit before a crisis occurs ensures that schools and districts are ready to respond swiftly, compassionately, and effectively in the event of a suicide concern or tragedy. Proactive planning can significantly reduce confusion, strengthen communication, and promote a coordinated response across staff, students, and families.

How to Use the Toolkit

This Prevention Toolkit is designed as a research-informed guide that integrates the latest findings in suicide prevention, intervention, and postvention. School personnel can use it to:

- Develop or enhance suicide prevention policies and procedures aligned with best practices and organizational requirements.
- Educate and train staff to recognize warning signs and risk factors of suicide among youth.
- Establish clear communication and response protocols within the school or district.
- Coordinate with community mental health partners to ensure seamless support for students and families.

Each section of the toolkit is structured for practical application, making it accessible to school administrators, school mental health professionals, and multidisciplinary safety teams.

Where to Use the Toolkit

This toolkit is suitable for use in both individual schools and district-wide initiatives. It is intended for key school personnel, including:

- School administrators and district leadership.
- School Mental Health Professionals (SMHPs), such as school counselors, psychologists, and social workers.
- Teachers, support staff, and school resource officers who interact daily with students.

By integrating this toolkit into school operations, educational leaders can build a sustainable, comprehensive suicide prevention framework that promotes student well-being, fosters collaboration among stakeholders, and strengthens the overall safety net for youth in their care.

ADDRESSING
THE PROBLEM

Why Prevention is Important

Suicide represents a significant and preventable public health concern, with profound implications for individuals, families, communities, and national economies. The World Health Organization has identified suicide prevention as a paramount global priority.[2] The Department of Health National Strategy for Suicide Prevention states that suicide remains a serious public health threat, despite significant advances in the field. The new strategy advocates for developing and implementing protocols to identify, engage, and treat individuals at risk for suicide, including follow-up care. Schools are well-positioned to assist in this effort.[3]

The Magnitude of the Problem

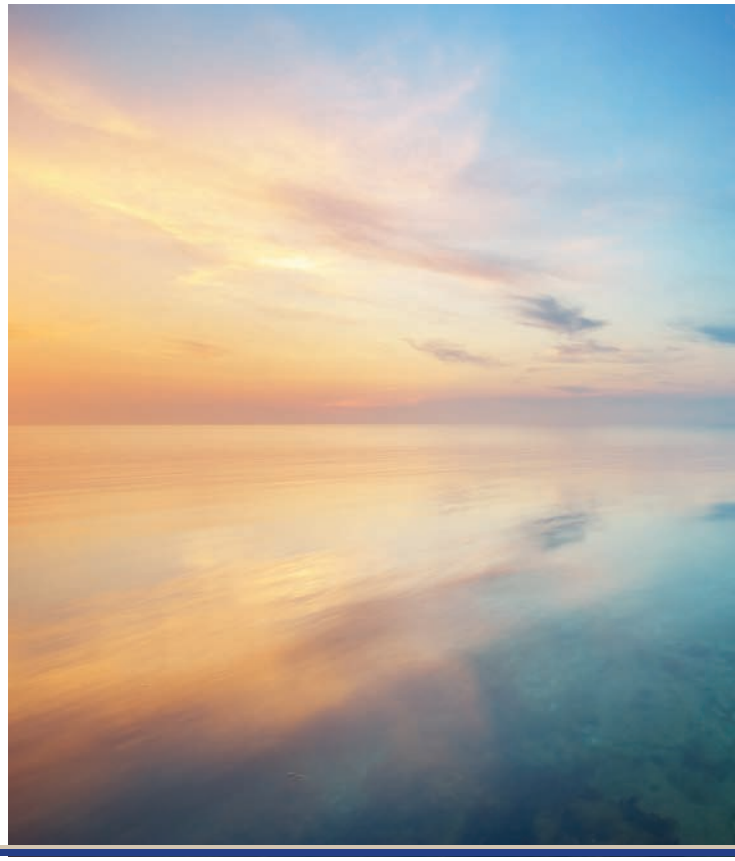
More teens and young adults die each year from suicide than from cancer, heart disease, COVID-19, congenital disabilities, stroke, influenza, pneumonia, and chronic lung disease COMBINED. Four out of five individuals considering suicide give some sign of their intentions, either verbally or behaviorally.

According to the Youth Risk Behavioral Survey,[4] available at www.cdc.gov/yrbs, historically (2013-2023):

- More than 3 of 10 high school students experienced persistent feelings of sadness or hopelessness in the past 12 months.
- Approximately 1 out of 5 high school students seriously considered suicide during the past 12 months.
- More than 15% of high school students made a suicide plan during the past 12 months.
- Approximately 1 of 10 high school students attempted suicide during the last 12 months.

According to the Centers for Disease Control and Prevention, in the United States, historically:[5]

- 47,500 – 49,000 people die by suicide each year. It has been ranked the 11th cause of death overall since 2020. This equates to 1 death every 11 minutes.
- Each year, 10.6 million to 13.2 million adults seriously thought about suicide. 3.1 million to 3.8 million people made a suicide plan, and more than 1.5 million people attempted suicide.
- The number of suicides for ages 10-14 has more than doubled since 2007.
- Suicide consistently ranks as the second or third leading cause of death for our middle and high school-aged students (ages 12-18). On average, over 4,000 suicide attempts are made by young people in grades 9-12 each day in our nation.
- Suicide consistently ranks as the second or third leading cause of death for young people ages 10-24.



[2] Geneva: World Health Organization (2021). Comprehensive Mental Health Action Plan 2013-2030. ISBN 978-92-4-003103-6.
[3] U.S. Department of Health and Human Services (HHS) (2024). National Strategy for Suicide Prevention. Washington, DC: HHS.
[4] 2023 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs
[5] Centers for Disease Control and Prevention (2023). WISQARS

SUICIDE MYTHS
AND FACTS

Understanding the facts about suicide helps reduce stigma, increase awareness, and save lives. The Mayo Clinic[6] and the National Alliance on Mental Illness[7] have identified the following myths about suicide:

Myth 1: Suicide cannot be prevented.
Fact: While suicide can be unpredictable, it is highly preventable. Most individuals contemplating suicide experience intense emotional pain, hopelessness, and a negative outlook on life. Suicide results from a combination of genetic, mental health, and environmental factors. Effective treatment and timely intervention for psychiatric or substance use disorders can significantly reduce risk and prevent tragedy.

Myth 2: People who talk about suicide are just seeking attention.
Fact: Many people who die by suicide have expressed thoughts of hopelessness or not wanting to live. Always take such statements seriously. Respond with compassion and ask direct, caring questions such as:

- "Are you thinking about hurting yourself?"
- "Are you thinking about suicide?"
- "Do you have access to weapons or other means to harm yourself?"

Listening without judgment and offering support can be lifesaving.

Myth 3: Talking about suicide encourages it and increases the likelihood of a suicide attempt.
Fact: Talking about suicide does not cause suicidal behavior. In fact, open and honest conversations can reduce risk. Stigma often prevents people from seeking help, but talking about suicide helps reduce shame, fosters understanding, and increases help-seeking behaviors. Asking someone directly about suicidal thoughts can help them feel seen, supported, and less alone.

Myth 4: Suicide only affects people with mental health conditions.
Fact: While mental illness can increase risk, not all who experience suicidal thoughts or behaviors have a diagnosed mental health condition. Life stressors—such as relationship difficulties, financial strain, loss of a loved one, trauma, or significant life transitions—can also contribute. Conversely, many people with mental health conditions never experience suicidal ideation.

Myth 5: Once someone is suicidal, they will always feel that way.
Fact: Suicidal thoughts are often temporary and situation-specific. With support and treatment, most people recover and go on to live meaningful lives. The CDC has reported that about 54% of individuals who die by suicide did not have a diagnosed mental health disorder. Effective care can relieve emotional pain and reduce suicidal thinking.

[6] Sharma, Pravesh (2024). 8 Common Myths About Suicide. https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/8-common-myths-about-suicide.
[7] Fuller, Kristen (2020). 5 Common Myths About Suicide Debunked. https://www.nami.org/stigma/5-common-myths-about-suicide-debunked/.

SUICIDE MYTHS
AND FACTS

Myth 7: Treatment for suicidal thoughts or mental health concerns doesn't work.
Fact: In most cases, treatment works. Addressing underlying conditions such as depression, anxiety, bipolar disorder, or problematic substance use can significantly reduce suicide risk. Evidence-based therapies, medication, and support networks help individuals learn coping skills and regain hope. While finding the proper treatment may take time, recovery is absolutely possible, and adequate treatment can significantly reduce risk.

Myth 8: People who die by suicide are selfish, cowardly, or weak.
Fact: Suicide is not an act of selfishness or weakness—it is often the result of unbearable psychological pain. They often feel helpless or hopeless. People who die by suicide typically wish to end their suffering, not their lives. Suicide is frequently linked to conditions such as depression, anxiety, bipolar disorder, schizophrenia, or problematic substance use. Compassion, understanding, and open dialogue are vital in supporting those who struggle.

Remember: Talking about suicide saves lives.
Be compassionate, listen without judgment, and reach out for help — hope and recovery are possible.

SUICIDE WARNING SIGNS

Four out of five individuals considering suicide give some sign of their intentions, either verbally or behaviorally. As school staff, you are in a unique position to notice changes in students' behavior, mood, or communication. Recognizing the warning signs and responding early can help save lives.

Here are some common warning signs[8, 9, 10]:

- **Expressions of hopelessness about the future**
  Students may talk about feeling worthless, hopeless, or that things will never get better. Depression is a significant risk factor for suicide, and most individuals who die by suicide have a mental health or substance use disorder.

- **Physical complaints related to stress**
  Frequent reports of fatigue, headaches, or stomachaches can sometimes be signs of emotional distress, especially when there is no clear medical explanation.

- **Severe emotional pain or distress**
  A student who seems overwhelmed by emotions, frequently cries, or expresses deep sadness may be struggling with thoughts of suicide.

- **Talking or posting about wanting to die**
  Any verbal, written, or online statements about death or suicide should always be taken seriously. These can be direct "I want to die," or indirect "Everyone would be better off without me."

- **Making plans for suicide**
  If a student talks about a specific plan—including when, where, or how—they might harm themselves, this indicates serious risk. It's essential to assess whether they have access to the necessary means and report any concerns to the school counselor or administrator immediately.

- **Making final arrangements**
  Students who give away favorite belongings, say goodbye to friends, or talk about "not being around much longer" may be preparing to end their lives. These behaviors should be treated as urgent warning signs.

- **Problematic substance use or overdose**
  Alcohol or drug use can increase impulsivity and worsen depression. A student who is misusing substances or has overdosed should be considered at elevated risk and referred for immediate support. Untreated mental illness increases vulnerability to problematic substance use, addiction, intentional overdose, and suicide. More than 10% of suicide-related emergency room visits involve drugs.

- **Previous suicide attempts**
  A history of prior suicide attempts significantly increases the risk of another attempt. Youth who have attempted suicide are at significantly higher risk—up to eight times more likely—to attempt again compared to those who have never attempted. These students require close monitoring and ongoing mental health support.

- **Noticeable behavior or personality changes**
  Watch for withdrawal from friends or activities, changes in eating or sleeping habits, a decline in personal hygiene, sudden anger or irritability, or agitation that seems out of character.

[8] SAMHSA Substance Abuse and Mental Health Services Administration (2024). Warning Signs of Suicide. https://www.samhsa.gov/mental-health/suicidal-behavior/warning-signs.
[9] National Alliance on Mental Health. Warning Signs and Symptoms. https://www.nami.org/about-mental-illness/warning-signs-and-symptoms\.
[10] Centers for Disease Control and Prevention (2024). Risk and Protective Factors for Suicide. https://www.cdc.gov/suicide/risk-factors/index.html.

SUICIDE WARNING SIGNS

What School Staff Can Do

- **Take all warning signs seriously—**never assume a student is "just seeking attention."
- **Report concerns immediately** to the school counselor, psychologist, or administration.
- **Stay with the student** until help is secured if you believe they may be in immediate danger.
- **Show care and listen** without judgment. Let them know they are not alone and that help is available.

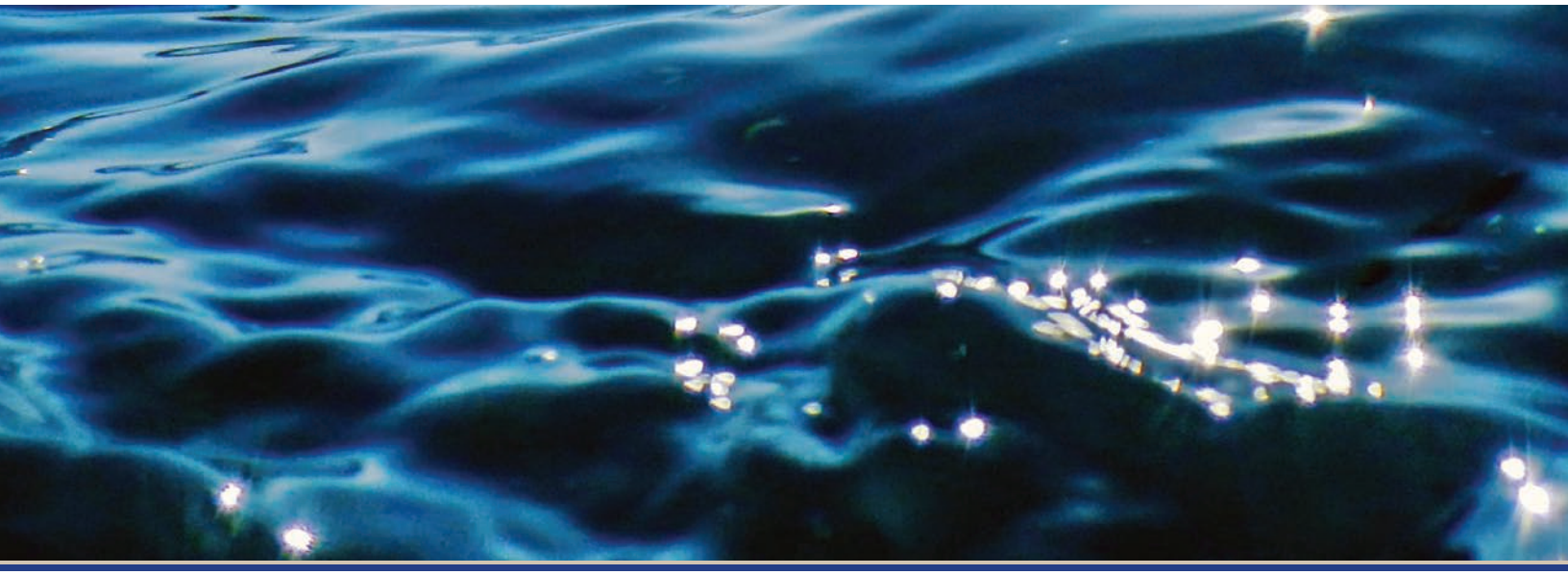
For a more comprehensive list, visit:
https://jasonfoundation.com/youth-suicide/warning-signs/

https://www.samhsa.gov/mental-health/suicidalbehavior/warning-signs

https://www.cdc.gov/suicide/risk-factors/index.html

If You or Someone You Know Needs Help

- **Call or text 988** to reach the **Suicide & Crisis Lifeline** (available 24/7).
- **If someone is in immediate danger,** call 911 or go to the nearest emergency department.



SUICIDE RISK AND PROTECTIVE FACTORS

Identifying risk factors[11] and embedding protective factors into the suicide prevention strategy is an important component of reducing suicide risk. Both decreasing risk factors and increasing protective factors should decrease suicide risk. If both decreasing risk and increasing protective factors are implemented into the suicide prevention plan, it will have the most benefit in reducing suicide risk.

A 2021 study identified significant risk and protective factors, specifically for youth bullying and suicide.[12] Previous suicide attempt, mental health problems, concurrent substance use, and history of physical or sexual abuse have been identified as risk factors. Good mental health, a safe school environment, positive family relationships, and an involved teacher were identified as protective factors. These should be considered when identifying and implementing suicide prevention strategies. For more on risk and protective factors, visit: **https://www.cdc.gov/suicide/risk-factors/index.html.**

Common Risk Factors:
Risk factors are conditions or experiences that can increase the likelihood of suicide and negatively impact a student's mental health and well-being. These factors may exist at the individual, relationship, community, and societal levels.

Individual Risk Factors
Personal circumstances or characteristics that can increase a student's risk include:

- Previous suicide attempt
- History of depression or other mental health conditions
- Serious or chronic medical conditions, including chronic pain
- Criminal or legal difficulties
- Job or financial stressors or loss
- Impulsive or aggressive behavior tendencies
- Problematic substance use or misuse
- Current or past experiences of trauma or adverse childhood experiences (ACEs)
- Feelings of hopelessness or helplessness
- Experiences of violence, whether as a victim or perpetrator

Relationship Risk Factors
Harmful or stressful experiences within personal relationships can increase suicide risk:

- Bullying (in person or online)
- Family or loved one's history of suicide
- Loss of a significant relationship (e.g., breakup, separation, death)
- High-conflict or violent relationships
- Social withdrawal or isolation

Community Risk Factors
Challenges within a student's community or environment can contribute to risk:

- Limited access to mental health or medical care
- Exposure to a suicide cluster within the community
- Stress related to acculturation or adjusting to a new culture
- Exposure to community violence
- Historical or intergenerational trauma
- Experiences of discrimination or marginalization

Societal Risk Factors
Broader cultural and environmental influences that can elevate risk include:

- Stigma surrounding mental health challenges or seeking help
- Easy access to lethal means of self-harm or suicide
- Unsafe or sensationalized media portrayals of suicide

[11] Centers for Disease Control and Prevention (2024). Risk and Protective Factors for Suicide. https://www.cdc.gov/suicide/risk-factors/index.html.
[12] Cuesta, I., Monteso-Curto, P., Metzler Sawin, E., Jimenez-Herrera, M., Puig-Llobet, M., Seabra, P., & Toussaint, L. (2021). Risk factors for teen suicide and bullying: An international integrative review. International Journal of Nursingpractice, 27(3), e12930.

SUICIDE RISK AND PROTECTIVE FACTORS

Common Protective Factors:
Protective factors are conditions or strengths that reduce the likelihood of suicide and help promote resilience and well-being among students. These can exist at the individual, relationship, community, and societal levels.

Individual Protective Factors
Personal qualities and strengths that can help protect students from suicide risk include:

- Effective coping and problem-solving skills
- A strong sense of purpose or reasons for living (e.g., family, friends, pets, personal goals)
- A strong sense of cultural identity and belonging

Relationship Protective Factors
Supportive and positive relationships can reduce suicide risk and promote resilience:

- Consistent support from family, friends, teachers, and other trusted individuals
- Feeling connected to and valued by others

Community Protective Factors
Engagement in a caring and inclusive community can strengthen protective factors:

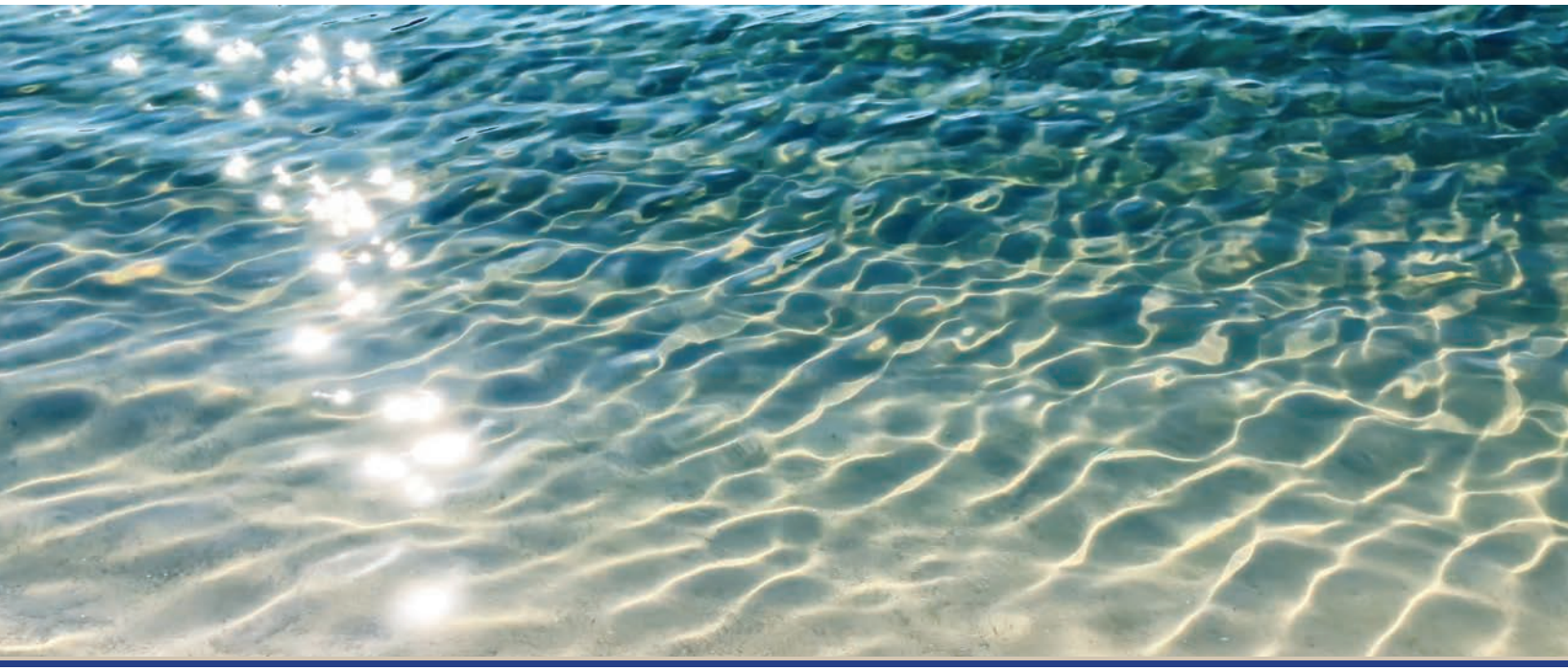
- Feeling connected to school, community organizations, and other supportive institutions
- Access to consistent, high-quality physical and behavioral healthcare services

Societal Protective Factors
Cultural and environmental influences at the broader societal level can also reduce suicide risk:

- Reduced access to lethal means for individuals at risk
- Cultural, religious, or moral beliefs that discourage suicide and promote hope and resilience

For a more comprehensive list, visit:

https://www.cdc.gov/suicide/risk-factors/index.Html



All of The Jason Foundation's training programs teach youth to go to a trusted adult should they recognize a friend who may be struggling with thoughts of suicide. For a community that has never been educated on suicide prevention, we recommend training those adults first. That way, they know what to do should a young person approach them for help. All of The Jason Foundation's curriculum and training use an evidence-informed approach. An evidence-informed approach uses previously published research (evidence) that is scientifically sound and proven. This evidence is combined with organizational experience and expertise (of the organization and its employees, advocates, partners, and supporters) to best address the needs of the population served. Using an evidence-informed approach enables the organization to apply known best practices without conducting costly, time-consuming studies, freeing up more time and resources to address the problem.

Main Components of an Evidence-Informed Approach

There are three main components to an evidence-informed approach.

1. **Research Evidence** – best practices, current research, and evaluation of services
2. **Practice** – expertise, skills, and knowledge of those delivering services
3. **People** – characteristics and nuances of those receiving services

Combining research and practice evidence reduces bias and balances professional and service recipient opinions. This can result in more effective programs and services, adapting established methods to the specific population being served.

Guided by SAMHSA (Substance Abuse and Mental Health Services Administration) and the CDC (Centers for Disease Control) guidelines on suicide prevention efforts, when developing programs, presentations, and materials, The Jason Foundation:

- Ensures they are grounded in a thorough understanding of local problems and assets
- Uses and reports research-based risk and protective factors for suicide
- Are guided by research-based theories on what is effective for Suicide Prevention and the voices of the community
- Has a clear theory of change (i.e., what will occur if a program is effective – more help-seeking behavior, more support of people exhibiting signs of suicide, etc.) and a plan for how the program will achieve its intended results
- Draws from research on what has been effective for suicide prevention in other programs

* All Jason Foundation programs are evidence-informed. See the complete Statement on Using an Evidence-Informed Approach at: **https://jasonfoundation.com/evidence-informed-2/**.

Training for Educators

Following a Multi-Tiered System of Support (MTSS) and using the Suicide in Schools (SiS) Model, which is discussed with Models for Comprehensive Suicide Prevention in Schools later in this toolkit, have been identified as best practices.[13]

Three types of training should be included in any comprehensive suicide prevention program:

- **Universal** prevention training for all teachers, administrators, and school staff. These typically educate staff generally about signs of suicidal ideation, risk factors, and how to respond when a student is potentially at risk of suicide. This training should include instruction on identifying at-risk students, responding effectively, and referring them for further screening and potential intervention.

[13] Singer, J.B., Erbacher, T.A., Rosen, P. (2019). School-Based Suicide Prevention: A Framework for Evidence-Based Practice. School Mental Health 11, 54–71.

- **Referral-Focused** for crisis intervention staff. This training is for staff expected to be responsible for suicide crisis (SMHPs). This training should include instruction on providing appropriate screening, assessment, and interventions once an at-risk student has been referred to them.
- **High-Risk Focused** training is also for staff expected to be responsible for suicide crisis (SMHPs). This training will focus on intervention protocols for students identified as high-risk for suicide. It should also include how to respond to a suicide attempt or death.

Training for Parents

Parents and community members should also be trained about the problem of suicide, signs of suicidal ideation, risk factors, and how to respond when a student is potentially at risk of suicide. This training should include how to identify a young person at risk, respond effectively, how to refer a child for further screening and potential intervention, and where to seek help. There are many parent trainings available. Refer to Resources for Suicide Prevention in Schools for more resources.

For help with the selection of training and curricula, the Suicide Prevention Resource Center gives the following recommendations:[14]

- Avoid simply selecting a training or intervention without further research. Be sure to choose a training or curriculum that will meet your needs and align with your suicide prevention plan.
- Begin with a needs assessment (referred to in Appendix D: **Comprehensive Suicide Prevention Plan Worksheet**). Carry out a local evaluation of suicide issues, as well as risk and protective factors, and current initiatives in your area.
- Evaluate relevance. Seek out programs and interventions that target relevant risk and protective factors identified.
- Consider practical compatibility. Look for programs and interventions that align with your population, setting, and objectives, while being feasible regarding capacity, resources, and readiness.

Training for Students

Elementary students should be trained using a Social Emotional Learning (SEL) focused curriculum that does not discuss suicide, but instead builds emotional resilience, good mental hygiene, and caring for others. Research suggests that these types of curricula are effective in reducing significant suicide risk factors and can contribute positively to suicide prevention efforts.[15] Focus on self-awareness, self-management, responsible decision making, social awareness, and relationship skills have been shown to mitigate the risk factors of hopelessness, anxiety, problematic substance abuse, and child sexual abuse. Middle and high school students should be trained in the signs of suicidal ideation or behavior, risk factors, and help-seeking (for themselves or a friend who is exhibiting signs of suicidal ideation or behavior).

In recent years, human services agencies have shifted toward an evidence-informed rather than an evidence-based approach. The Jason Foundation, Inc., a national leader in the awareness and prevention of youth/young adult suicide, uses this evidence-informed approach when designing and evaluating all our programs and resources.

[14] Suicide Prevention Resource Center. Best Practice Registry.https://bpr.sprc.org/.
[15] Posamentier, J., Seibel, K., and DtTang, N. (2023). Preventing Youth Suicide: A Review of School-Based Practices and How Social-Emotional Learning Fits into Comprehensive Efforts.Trauma, Violence and Abuse 242(2) 746-759.

PROTOCOLS

Crisis response protocols are essential for ensuring a coordinated and effective response when a student is identified as at risk for suicide. These protocols help safeguard students' well-being and support schools in maintaining a safe environment. An effective crisis response protocol includes clear procedures for identifying, assessing, and responding to students who may be at risk of suicide. Key components include immediate safety planning, timely communication with appropriate school personnel and parents or guardians, documentation of actions taken, and coordination with mental health professionals or emergency services when necessary. Ongoing monitoring and follow-up support should also be provided to ensure the student's continued safety and well-being.

Sample General Guidelines for Staff[16]

- Take all suicidal behavior seriously.
- Never send a student expressing suicidal thoughts home alone, and do not leave them alone during or after screening.
- If there's any reason to suspect a student is having suicidal thoughts, make every effort to avoid sending them home to an empty house.

When a peer, teacher, or school employee suspects someone may be suicidal due to expressions of suicidal thoughts or warning signs, suicide risk increases. If a student is having suicidal thoughts, there's a risk of suicide. If a student is in immediate danger, call 911 or the School Resource Officer, then contact your School District Crisis Contact for support. This is crucial if the student has missed school, left campus, or a suicide plan is found. If no immediate danger exists but concern remains, a school counselor, social worker, or psychologist will begin screening.

How you can help:

- **Talk to your student about suicide.** Asking direct questions won't put ideas into their heads, as many fear. Asking for help is the best way to protect your student. Help them connect with caring adults for support.
- **Know risk factors and warning signs.** Review your school's suicide prevention training regularly.
- **Remain calm.** Getting emotional or upset can send the message that you're not comfortable discussing suicide.
- **Listen without judging.** Allow open conversation to share experiences, thoughts, and emotions. Be prepared for strong emotions to be expressed. Aim to understand the reasons behind suicidal thoughts without taking a side on whether this behavior is justified.
- **Always keep a close eye on the person.** Don't leave them alone until a caregiver or a school crisis team member has been contacted and agrees to provide proper supervision.
- **Ask the student directly if they have a plan to harm themselves.** If a student has access to means for self-harm, remove those items whenever possible—provided it can be done safely for both you and the student.
- **Respond immediately.** Accompany the student to a member of your school's crisis team. If you're unsure who's on the team, look for the principal, assistant principal, school social worker, psychologist, counselor, or school nurse.
- **Join the crisis team.** You know your student best. Provide key background information to the crisis team that will help assess their risk for suicide. When a teacher notes, "this behavior isn't typical for this student", it indicates a possible need for intervention.

[16] Adapted from https://preventsuicide.lacoe.edu/educators/staff/guidelines/ and NC Project AWARE/ACTIVATE. (2025). Tips for Keeping Your Child Safe. Suicide risk referral protocol. North Carolina Department of Public Instruction. https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open.

SUICIDE PREVENTION PROTOCOLS
DO'S AND DON'TS

Implementing effective suicide prevention protocols requires clear guidance on actions that support student safety while maintaining a professional, compassionate, and responsible approach.

Do

- **Take all warning signs seriously:** Listen carefully to students' expressions of distress or suicidal thoughts, whether verbal, written, or online.
- **Follow established protocols:** Report concerns immediately to the school counselor, psychologist, or designated suicide prevention coordinator.
- **Ensure student safety:** Stay with the student if there is an immediate risk and remove access to potential means of self-harm whenever possible.
- **Document accurately:** Record observations, conversations, and steps taken in accordance with district policy.
- **Engage parents or guardians:** Inform families promptly while maintaining sensitivity to confidentiality and cultural considerations.
- **Coordinate with professionals:** Connect students to school-based or community mental health services for assessment, intervention, and ongoing support.
- **Maintain calm and compassion:** Approach the student with empathy, listen without judgment, and convey that help is available.

Don't

- **Do not ignore warning signs:** Never assume a student is "just seeking attention" or that the situation is minor.
- **Do not promise secrecy:** Avoid promising confidentiality regarding suicide risk; safety must always take priority.
- **Do not delay action:** Waiting or "monitoring" a student without involving trained professionals increases risk.
- **Do not handle alone:** Teachers and staff should not attempt to manage suicidal students without the involvement of trained mental health professionals or designated crisis personnel.
- **Do not judge or criticize:** Avoid making statements that minimize the student's feelings or shame them for expressing distress.

Following these do's and don'ts ensures that school staff respond consistently, compassionately, and effectively to students at risk, promoting safety and trust while adhering to professional standards.

SUICIDE PREVENTION PROTOCOLS

Task Force Creation

It is recommended that each school or district form a suicide prevention task force, as well as adopt a suicide prevention policy, or create one if no such policy exists.[17] It is likely that your school district already has a suicide prevention policy. The task force will implement that policy and create a specific policy for their school that follows the district policy guidelines. Ideally, the task force will include administrators, teachers, school mental health professionals, other school personnel, parents, community mental health providers, and community suicide prevention providers. The purpose is to provide your school's governing bodies with suicide prevention activities and policy implementation informed by current research, data, trends, and best practices. The task force should also keep a list of suicide prevention resources and community mental health resources continually current.

The Model School District Policy on Suicide Prevention[18] highlights the importance of establishing a task force to develop and implement suicide prevention policies and protocols. School districts are encouraged to form a suicide prevention task force when implementing a suicide prevention policy. This group plays a critical role in guiding the district's efforts to support student mental health and safety. Membership should include a diverse mix of stakeholders, such as district and school administrators, teachers, parents or caregivers, school-based mental health professionals, representatives from local suicide prevention organizations, and other individuals with expertise in youth mental health. Selection of members should prioritize both professional knowledge and a commitment to student well-being, ensuring the team represents a broad range of perspectives on prevention strategies.

The task force's responsibilities include advising district leadership and the school board on the development, implementation, and evaluation of suicide prevention policies and programs. Additionally, the group should stay informed on the latest research, trends, and evidence-based practices related to youth suicide prevention. The task force can also maintain a current directory of community resources to support prevention efforts and facilitate referrals to local mental health services, helping ensure students have access to comprehensive care.

Policy Creation Planning

After a task force is identified, the first step is to conduct an assessment. This can be an assessment that you have identified or you create. Be sure to assess both the school or district's needs and current strengths regarding suicide prevention. The Education Development Center has created an assessment and a companion guide that can be used for these purposes and addresses the six components of an effective suicide prevention strategy that they have identified.[19]

Key elements for a successful suicide prevention coalition or task force[20] are shared vision, a strategic planning process, integrated strategies, clear communication, use of data, and a focus on sustainability. To accomplish these elements:

1. Establish your purpose.
2. Recruit the right people.
3. Develop a successful structure.
4. Develop activities and maintain engagement.

These can be translated into four steps for creating and maintaining an effective task force:

1. Create a task force.
2. Conduct an assessment.
3. Establish school suicide prevention strategies.
4. Establish actions that will fit with each strategy and meet the requirements for an effective 3-tier suicide prevention program (refer to Models for Comprehensive Suicide Prevention for more on this).

See **Appendix A: Planning Questions Worksheet** for help planning your task force.

[17] American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

[18] American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

[19] Education Development Center. Multi-tiered Suicide Prevention for Schools (2025). https://solutions.edc.org/solutions/education-wellbeing/services/consultations/multi-tiered-suicide-prevention-schools.

[20] California Mental Health Services Authority (2019). Creating Suicide Prevention Community Coalitions: A Practical Guide. www.EMMResourceCenter.org.

SCREENING AND MONITORING

Risk Screeners and Assessment Tools

The current standard for identifying a person at risk of suicide is a universal screening, followed by a suicide risk assessment. They are used for specific purposes. The brief screener ascertains whether there may be a risk. If a student answers yes to a question about past month or year suicidal ideation or attempt, they will be referred for a more comprehensive Suicide Risk Assessment (SRA). The more thorough SRA is necessary because 1) sometimes a screener will provide a false positive, and 2) a comprehensive SRA can provide more data, specifically risk level, and will inform decisions to either refer to a hospital or seek community mental health services.[21] The SRA is a preventive tool to determine whether intervention is necessary (hospitalization or community mental health services). Two such tools are the **Ask Suicide-Screening Questions (ASQ) Tool**[22] and the **Columbia Suicide Severity Rating Scale (CSSR-S) Brief**.[23] Refer to The Jason Foundation's **Suicide Intervention in Schools Toolkit** to access these tools.

Suicide Risk Monitoring Tools

Although continuous monitoring of at-risk students is technically an intervention activity, a school must have a plan in place within its prevention policy. Research has suggested that something is missing in the current screen–assess model.[24] These steps do not adequately address ongoing suicide risk, especially given that suicidal thoughts and behaviors are likely to change over time, fluctuating even more rapidly for adolescents than adults.[25] It is, therefore, essential to monitor the suicide risk continuously to uncover any increasing thoughts or behaviors before they result in a suicide crisis attempt.[26] The Suicide in Schools model provides such a tool for K-8 and one for High School.[27] See **Appendix B: Suicide Risk Monitoring Tools** for examples.

Suicide Risk Screening Process

Early intervention has been identified as a key component of any comprehensive suicide prevention strategy.[28]

[21] Erbacher, T.A., Singer, J.B. (2017). Suicide Risk Monitoring: the Missing Piece in Suicide Risk Assessment. Contemporary School Psychology 22, 186–194.
[22] Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L., Wharff, E. A., Ginnis, K., Cannon, E., Joshi, P., & Pao, M. (2012). Ask suicide-screening questions (ASQ): A brief instrument for the pediatric emergency department. Archives of Pediatrics and Adolescent Medicine, 166(12), 1170-1176. https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials.
[23] Posner, K. (2007). Columbia-Suicide Severity Rating Scale (C-SSRS) [Database record]. APA PsycTests.
[24] Smith, A. R., Witte, T. K., Teale, N. E., King, S. L., Bender, T. W., & Joiner, T. E. (2008). Revisiting impulsivity in suicide: implications for civil liability of third parties. Behavioral Sciences & the Law, 26(6), 779–797
[25] Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). Reformulating suicide risk formulation: from prediction to prevention. Academic Psychiatry, 40,623–629.
[26] Millner, A. J., Lee, M. D., & Nock, M. K. (2017). Describing and measuring the pathway to suicide attempts: a preliminary study. Suicide & Life-Threatening Behavior, 47(3), 353–369.
[27] Erbacher, T., Singer, J. & Poland, S. (2024). Suicide in Schools: Practitioner's Guide to Multi-Level Prevention, Intervention, and Postvention. 2nd Edition. New York: Routledge Publishing.
[28] Ackerman, J.P., Horowitz, L.M. (2022). Youth Suicide Prevention and Intervention : Best Practices and Policy Implications. Cham, Switzerland: Springer, 2022.

Suicide Risk Screening Process (Continued)

School-based depression screenings are recommended as a strategy to identify youth in need of additional services (ages 12 and up).[29] Asking students about suicidal thoughts or behaviors does not increase suicidal ideation or behavior, cause distress, or other harm.[30] Screening for suicide risk, universal and targeted, are both strategies for early identification of students at risk for suicide, and both can be conducted in schools. Universal screening involves administering a screening tool to all students (by grade or school) at regular intervals. Universal screening allows schools to identify youth who may not have been identified as at risk and does not rely solely on school mental health professionals to identify them. Targeted screening is screening administered to students who have been identified as having known risk factors (most importantly, current suicidal thoughts and behaviors or other warning signs). Once a student has been identified as at risk,[31] a more in-depth assessment must be completed. The school must plan to have adequate mental health support staff available on the day of a universal screening to speak with each student identified as at risk. Research has shown that anywhere from 9% to 19.7% of students who are screened universally require a secondary screen. The ability to estimate the number of students who will need a secondary screening will increase the feasibility of conducting a universal screening.[32]

One critical missing component identified is the assessment of family factors and profiles. Family factors have been identified as significantly contributing to suicide risk, academic performance, bullying, depression, and anxiety. One study found that homes characterized by critical parents, violence or conflict, and a lack of close parental support increase the risk of bullying, poor academic performance, social isolation, and mental health issues such as anxiety, depression, and suicide.[33] Suicidal ideation and attempts have been linked to parental criticism, emotional unresponsiveness, lack of care and support, rejection, lack of parental warmth, high levels of parental control, low family responsiveness and cohesion, and high conflict. Even families that do not exhibit blatant conflict, but where children feel disconnected from their parents, may cause feelings that can lead to depression, anxiety, thoughts of suicide, and death. Conversely, a positive family environment acts as a protective factor against mental health issues and suicide risk.

Appendix C: **Suicide Screening Protocol Example Forms** contains a screening protocol, adapted from the North Carolina Department of Public Instruction's Suicide Risk Referral Protocol (used with permission). This is a great, comprehensive screening example that can be adapted as you create your screening protocol. This protocol and the form examples are intended as a reference for developing local policies. Local school boards and legal counsel should review all protocols and policies to ensure they comply with existing local policies and applicable laws.

Additional resources related to the formation of a Suicide Risk Screening Protocol:

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Youth Mental Health First Aid (YMHFA)

[29] Erbacher, T. A., & Singer, J. B. (2018). Suicide risk monitoring: The missing piece in suicide risk assessment. Contemporary School Psychology, 22, 186–194.
[30] Polihronis, C., Cloutier, P., Kaur, J., Skinner, R., & Cappelli, M. (2020). What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal. Archives of Suicide Research, 1–23.
[31] Mirick, R.G., Berkowitz, L., McCauley, J., Bridger, J. (2023). Universal School-Based Screenings for Depression and Suicide: Identifying Students at Risk of Suicide, Children & Schools, Volume 45, Issue 2, April 2023, Pages 100–109.
[32] Clark, K. N., Strissel, D., Malecki, C. K., Ogg, J., Demaray, M. K., & Eldridge, M. A. (2022). Evaluating the Signs of Suicide program: Middle school students at risk and staff acceptability. School Psychology Review, 51, 354–369.
[33] Weissinger, G., Rivers, A.S., Atte, T., Diamond, G.(2023). Suicide risk screening in the school environment: Family factors and profiles. Children and Youth Services Review, Volume 145.

REPORTING AND COMMUNICATION

Reporting Students at Risk:
When developing a suicide prevention policy, you should include how to report students at risk. Here are some general guidelines. A complete protocol is included in The Jason Foundation's **Suicide Intervention in Schools Toolkit**. Notification to the parent or caregiver, regardless of the suicide risk level, is essential. It is imperative to consider cultural factors that may affect the parents' or caregivers' reactions. The goal of the conference is to receive a cooperative response and ensure the safety of the student who is at risk of suicide. A parent notification protocol and sample are included in The Jason Foundation's **Suicide Intervention in Schools Toolkit**.

Risk Categories:
- **Low-Risk:** A low-risk student has current thoughts of suicide but no plan, no history of mental illness or previous attempts, and numerous protective factors that exist, such as cooperative parents, an intact family, and hopes for the future.
- **Moderate-Risk:** A moderate-risk student not only has current thoughts of killing themselves but may have a history of previous attempts or chronic mental illness. While they do not report having a plan or access to means now, the best practice is to proceed as if they did.
- **High-Risk:** A high-risk student has active ideation, a desire to die, a specific plan, and access to the means, and can identify few, if any, reasons for living. These students require a comprehensive formal clinical suicide assessment done by a community-based mental health provider.

Protocols:
- **Low-Risk:** Return the student to class and their regular activities following parent notification.
  1. Enlist parent support in monitoring their child's online behaviors and social media and following up on any community mental health services.
  2. Always obtain a parental release of information (included in the **Suicide Intervention in Schools Toolkit**).
  3. Review information regarding firearms in the home.
  4. Modify school protocol for that student, such as implementing a check-in/check-out with a trusted staff member.
  5. Provide mental health services at school.
  6. Generate a safety plan that includes identifying trusted adults at school and at home, as well as developmentally and culturally responsive community mental health and online resources.
  7. Provide ongoing follow-up by an SMHP.

Moderate-Risk or High-Risk:
1. Supervise the student throughout the referral process.
2. Hand off the student only to the parent (moderate-risk only), law enforcement, or psychiatric mobile response team.
3. It is never recommended that any one individual, either a parent or crisis team member, transport a student to a local ER alone.
4. Always obtain a parental release of information (included in The Jason Foundation's **Suicide Intervention in Schools Toolkit**).
5. Review Sample Parent Notification Form for Student at Risk of Suicide (included The Jason Foundation's **Suicide Intervention in Schools Toolkit**).
6. Refer the student and parent/guardian to a community-based provider for a comprehensive assessment.
7. Develop a safety plan.
8. Develop a reentry plan the day following discharge from mental health hospitalization.

Communication Guidelines:
- Notify School Mental Health Professional
- Notify Parents
- Create a Follow up Plan

Refer to The Jason Foundation's **Suicide Intervention in Schools Toolkit** for more information.

MODELS FOR COMPREHENSIVE SUICIDE PREVENTION IN SCHOOLS

Developing effective suicide prevention policies requires a clear understanding of the foundational models that guide comprehensive prevention efforts in schools. This section is included to help school mental health professionals, administrators, and other key school staff gain deeper insight into the frameworks and evidence-based models that inform best practices in suicide prevention. By reviewing these models, schools can ensure that their prevention policies are not only compliant with state and district expectations but also grounded in research, aligned with national standards, and responsive to the unique needs of their student populations. Understanding these models provides a solid foundation for crafting policies and procedures that promote early risk identification, effective intervention strategies, and coordinated postvention support within a safe and caring school environment.

Comprehensive Suicide Prevention in schools must include prevention, intervention, and postvention components. While all three are part of prevention, each component is unique. This toolkit will address all three when talking about having policies in place for each. Please refer to The Jason Foundation's **Suicide Intervention in Schools Toolkit** and **Suicide Postvention Toolkit** for further information and tools on intervention and postvention.

Suicide in Schools (SiS) Model

The Suicide in Schools Model[34] uses a Multi-Tiered System of Support (MTSS) that is familiar to educators. It aligns with recommendations by the American Academy of Pediatrics[35] to include the best practices of screening, assessment, and safety planning. The SiS model also includes suicide risk monitoring[36] and re-entry.

Evidence-based practices for each tier are as follows:[37]

Tier	Staff Education	Student Education and Training	Screening / Assessment / Planning
Tier 1 Universal	General Training for all staff	Suicide awareness, skill building, coping, help seeking, connectedness, relationship skills	Universal brief screen
Tier 2 Selected	Targeted to School Mental Health Professionals on screening and assessment procedures, form use, and implementation of school policy	Targeted to students who have been identified at risk due to screening or possess known risk factors. Focuses on small group training on life skills and peer support	Suicide Risk Assessment / Targeted Screen
Tier 3 Indicated	Targeted toward School Mental Health Professionals on intervening with students identified as high risk and responding to a suicide attempt or death	Individualized intervention for students identified as high risk (ex., school-based counseling, safety planning, referral to community-based services, or inpatient care)	Safety Planning Suicide Risk Monitoring Reentry Planning

[34] Erbacher, T., Singer, J. & Poland, S. (2024). Suicide in Schools: Practitioner's Guide to Multi-Level Prevention, Intervention, and Postvention. 2nd Edition. New York: Routledge Publishing.

[35] Liwei L. Hua, Janet Lee, Maria H. Rahmandar, Eric J. Sigel, Committee on Adolescence, Council on Injury Violence and Poison Prevention (2024). Suicide and Suicide Risk in Adolescents. Pediatrics January 2024; 153 (1).

[36] Erbacher, T.A., Singer, J.B. Suicide (2018). Risk Monitoring: the Missing Piece in Suicide Risk Assessment. Contemporary School Psychology 22, 186–194.

[37] Singer, J.B., Erbacher, T.A., Rosen, P. (2019). School-Based Suicide Prevention: A Framework for Evidence-Based Practice. School Mental Health 11, 54–71.

MODELS FOR COMPREHENSIVE SUICIDE PREVENTION IN SCHOOLS

MTSSP Model

The Education Development Center (EDC) has created a Multi-Tiered School Suicide Prevention (MTSSP) Model for Schools,[38] an evidence-based framework to help schools create effective, comprehensive suicide prevention strategies within their existing multi-tiered systems of support. EDC has identified six evidence-based components of an effective suicide prevention strategy.

These components are:

- Engagement of the school community (key stakeholders, including parents and school leadership) in suicide prevention messaging, planning, and training
- Written protocols for helping students at risk
- Written protocols for response after a death by suicide
- Identification of and support for students who are at risk
- Promotion of protective factors
- Development of community partnerships to ensure that students receive necessary support and services

The following components should be implemented within a comprehensive approach to suicide prevention.

Tier	Traditional MTSS Tiers of Support	Suicide Prevention Components to Embed
Tier 1	School and program practices and culture	Promoting protective factors
Tier 2	Targeted small group supports	Identification and support of youth at increased risk for suicide
Tier 3	Intensive individual interventions	Implementation of suicide risk response and postvention protocols

[38] Education Development Center. Multi-tiered Suicide Prevention for Schools (2025). https://solutions.edc.org/solutions/education-wellbeing/services/consultations/multi-tiered-suicide-prevention-schools

MODELS FOR COMPREHENSIVE SUICIDE PREVENTION IN SCHOOLS

This framework identifies the following Tier 1, 2, and 3 supports to embed the Multi-Tiered System of Support for suicide prevention in your school's plan. The CDC has identified these strategies as effective ways to reduce suicide.[39] The table below shows the CDC strategy and how it can be translated to a school community environment:

CDC Strategy	Sample School Strategy
Strengthen Economic Supports	Support Low-Income Students and Families
Create Protective Environments	Create a Healthy School Environment
Improve Access and Delivery of Suicide Care	Ensure Access to Care through Community Partnerships
Promote Healthy Connections	Promote Student Body and Staff Connectedness
Teach Coping and Problem-Solving Skills	Implement Skill-Building Training
Identify and Support People at Risk	Properly Train School Personnel to Identify At-Risk Students
Lessen Harms and Prevent Future Risk	Establish and Follow Suicide Prevention Procedures (Prevention, Intervention, and Postvention)

The task force should first identify strategies you would like to implement in your school or district. After drafting a list of school strategies, use them to plan actions that will support each one.

Appendix D: Comprehensive Suicide Prevention Plan Worksheet

Once the assessment is completed, goals have been identified, and any current policies have been reviewed, a comprehensive plan should be created. This will take into consideration all data and information collected. Use **Appendix D: Comprehensive Suicide Prevention Plan Worksheet** to begin to collate information and make decisions that will best suit the needs of your school and students.

As the suicide prevention task force addresses needs and gaps, use this worksheet to make decisions and ensure that the plan is comprehensive. If more than seven strategies are identified, duplicate the worksheet. Use the completed worksheet to develop a written plan that includes all the tools (e.g., screening, curriculum, education, training, written materials, counseling) you will use for each strategy. For each strategy (use sample strategies above as a starting point), document actions you will take in applicable tiers and the tools you will use to implement each strategy, if appropriate. Not all strategies will have actions or tools in every tier. Refer to the aforementioned tiers and strategies in this document.

When writing policies and procedures, ensure that all identified information from the worksheet is incorporated into a policy, procedure, or guideline. Additionally, remember that official policies and procedures typically require approval from a governing body, such as the school administration or school board. Any changes will also require approval. Guidelines, on the other hand, can usually be changed more easily. Consider writing guidelines instead of formal policies and procedures for any items that you foresee as changing over time, such as which curriculum or tool will be used to implement a particular strategy's action.

[39] Centers for Disease Control and Prevention. (2022). Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/suicide/resources/prevention.html.

INFORMATION FOR CAREGIVERS

Keeping Students at Home

A 2022 study supported by the National Institute of Mental Health,[40] found that family-based intervention lowers suicide risk for up to ten years. Family support is an essential component of reducing suicide in youth and serves as a protective factor against suicidal ideation and attempt risk. A necessary tool to help accomplish this goal is to train and educate parents in suicide prevention, whether they have an at-risk child or not. The following information can be shared with parents as needed to help them at home.[41] Appendix E: **Tips for Keeping Your Child Safe** contains a Tip Sheet for caregivers.

Suicide is a significant concern among youth and young adults, with many young people experiencing suicidal thoughts and behaviors. Parents and caregivers need to be ready to support youth who may be struggling with suicidal ideation. There are things you and other family members can do to help your child cope when life feels overwhelming.

1. **If you see signs that your child's mental health is under threat, tune in.** Maybe your child is just having a bad day, but persistent signs of mental health issues need attention. Studies show that 9 of 10 teens who died by suicide had mental health struggles like depression. Keep in mind: teens without diagnosed conditions may still be at risk, as issues can be challenging to detect early. Sometimes, teens who attempt suicide don't have mental health diagnoses but show signs of considering self-harm. Stay calm, alert, and ready to talk. Don't wait for your teen to approach you. You might say, "You seem sad. I'm open to talking because I love and care about you."

2. **Listen—even when your child is not talking.** Don't be surprised if your teen turns away when you first raise the subject of mental health or suicide. Remember, actions can speak louder than words, even if they remain silent initially. Watch for significant changes in sleep, appetite, and social activities. Self-isolation, especially in kids who usually enjoy socializing or activities, can signal serious problems. If your child struggles more than usual with schoolwork, chores, or responsibilities, these are signs to notice.

3. **Realize that your child might be facing suicide risks you haven't considered yet.** Many parents wonder if their child is at risk for suicide. Sadly, the answer is yes. Suicide consistently ranks as the second or third leading cause of death among 10 to 24-year-olds, affecting youth across all backgrounds. Risk factors include: Loss of loved ones due to divorce, deployment, deportation, or incarceration; bullying, discrimination, rejection, or hostility related to gender identity or sexual orientation; racism and related stress; stigma around mental health or suicide; witnessing or experiencing violence or domestic abuse; financial insecurity; suicide in social circles; significant life changes like breakup, social shifts, academic disappointment, health issues; and self-harming behavior.

4. **Do not dismiss what you're seeing as "teenage drama."** Never dismiss statements such as "I want to die," "I don't care anymore," "Nothing matters," "I wonder how many would come to my funeral?" "Sometimes I wish I could sleep and never wake up," "Everyone would be better off without me," or "You won't have to worry about me much longer." Many teens who attempt suicide warn their parents by making these types of statements, but not all. Always take these statements seriously.

5. **Respond with empathy and understanding.** When your child talks or writes about suicide, you may feel shocked, hurt, or angry. You might want to deny or argue with your child. These feelings are natural and valid.

[40] Connell, A. M., Seidman, S., Ha, T., Stormshak, E., Westling, E., Wilson, M., & Shaw, D. (2022). Long-term effects of the family check-up on suicidality in childhood and adolescence: Integrative data analysis of three randomized trials. Prevention Science.

[41] Adapted From Sigel, E.J. and Rahmander, M.H. (2023). American Academy of Pediatrics. Suicide Prevention: 12 Things Parents Can Do. https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/suicide-prevention-things-parents-can-do.aspx.

INFORMATION FOR CAREGIVERS

However, it is crucial to prioritize your child's needs. Create a safe space where your child feels trusted to share feelings without fear of judgment or blame. Instead of dismissive comments like "That's a ridiculous thing to say," or "You have a great life – why would you end it?" and "You don't mean that," have empathy and say things like: "I'm sorry you're feeling this way—can you tell me more?" or "It sounds like you're in pain and can't see a way out." Show understanding of their struggles without judgment.

6. **Get help right away.** Predicting suicidal behavior is difficult, and signs aren't always obvious. If you're worried about depression, self-harm, or vague suicidal thoughts, contact your doctor, a school counselor, a mental health professional, or a suicide hotline. If your teenager is in immediate danger, take them to the emergency room or call 911. Acting quickly is essential in urgent cases.

7. **Remove access to lethal means.** It is crucial to remove lethal means from a person who may be contemplating suicide. These may include weapons, prescription drugs, medications and sharps. If someone is actively cutting themselves, remove any sharps you are aware of.

8. **Focus on creating hope.** Many suicidal individuals have lost all hope that life will improve. They may struggle with problem-solving even with simple issues. Remind your child that no matter how dire the situation is, it can be resolved. Offer your support.

9. **Encourage them to spend time with family and friends and monitor social media.** Socialization is integral to good mental health and can make your child feel better. Red flags may appear on social media or in communications with friends.

10. **Encourage sleep and exercise.** Sleep and exercise can help decrease symptoms of anxiety or depression and generally improve mental health.

11. **Encourage balance, moderation, and self-care.** Encourage your child to take things at a realistic pace and to monitor whether an experience could overwhelm them emotionally. Let your child take the lead on what to get involved in and encourage self-care.

12. **Remind them that it takes time to feel better.** It's helpful for you and your child to understand that progress will unfold at its own pace. Setbacks are a regular part of the healing process. Encourage your child to be patient and kind to themselves. They've been through a lot, but with the proper care and support, you'll both see improvement.

IMPORTANT: If your child is thinking about suicide, call or text 988 or chat on 988lifeline.org immediately. The Suicide & Crisis Lifeline offers 24/7, free, confidential support for those in crisis, as well as resources for prevention and crisis intervention for you and your loved ones.

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RESOURCES FOR SUICIDE PREVENTION IN SCHOOLS

Crisis Support and Mental Health Resources

Crisis Help:

988 Suicide & Crisis Lifeline – Provides 24/7, free crisis support for all ages. Call or text 988 or chat at **https://chat.988lifeline.org/.**

Trevor Lifeline – National 24-hour, free crisis support for lesbian, gay, bisexual, transgender, queer, and questioning youth. Providing crisis intervention and suicide prevention to LGBTQ youth. Call 1-866-488-7386, text 678-678 or chat online at **https://chat.trvr.org/.**

Peer Support:

Teenline – Peer-to-peer support for teens, by teens. Trained teens provide support, resources, and hope to those who contact them. Call 800-852-8336, text TEEN to 839863, or join a message board or email at **https://www.teenline.org/.**

Youthline – Free peer-to-peer support. Call 877-968-8491, text teen2teen to 839863, chat at **https://youthlinechat.linesforlife.org** or email **teen2teen@linesforlife.org.**

Mental Health Resources:

National Alliance on Mental Illness Helpline – One-on-one emotional support, mental health information, and resources.
Call 1-800-950-NAMI, text NAMI to 62640.

Helpful Apps:

A Friend Asks is JFI's free smartphone app designed to provide users with the information, tools, and resources to help recognize when someone may be struggling with thoughts of suicide and how to help. This app includes a Spanish translation. The feature will allow you to seamlessly switch between English and Spanish. All pages have been translated to better serve a variety of communities. To download the app search "Jason Foundation" on the Apple App Store or Google Play.

Virtual Hope Box provides users with coping tools, relaxation exercises, distraction content, and positive activity prompts. It can be utilized alongside behavioral health providers to support personalized treatment plans. The box is free to download and does not require a subscription.

The Suicide Safety Plan allows users at risk of suicide to create customizable plans with their providers and family. It is not intended to replace medical or behavioral treatment. The app helps users identify warning signs, contacts, and coping strategies to prepare for a potential crisis. If users find themselves in a crisis, they will have access to emergency numbers, helplines, text crisis hotlines, and the ability to use their mobile devices to locate local emergency care and services. The Suicide Safety Plan is free to download and does not require a subscription.

RESOURCES FOR SUICIDE PREVENTION IN SCHOOLS

Other Resources

The Jason Foundation
https://jasonfoundation.com/

Suicide Prevention Resource Center
https://sprc.org/

American Foundation for Suicide Prevention
https://afsp.org/

Trevor Project https://www.thetrevorproject.org/

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

Suicide Prevention Ongoing Resilience Training (SPORT) Los Angeles County Office of Education https://preventsuicide.lacoe.edu/.

Social Media Posts https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-suicide-prevention

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.**

RESOURCES FOR SUICIDE PREVENTION IN SCHOOLS

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.

RESOURCES FOR SUICIDE PREVENTION IN SCHOOLS

First Responder Training (Continued)
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.

RESOURCES FOR SUICIDE PREVENTION IN SCHOOLS

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[42] 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.

[42] 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/.

DEFINITIONS

To adequately address suicide in our schools, we must be informed about definitions[43] and language addressing suicide prevention and commonly used terms within school counseling programs. This is not a comprehensive list, but are terms commonly used in suicide prevention and/or throughout this document:

At Risk Individual – someone who has attempted, expresses intent, shows behavioral changes suggesting mental health issues, has suicidal thoughts or plans, or exhibits feelings of hopelessness, isolation, and pain intolerance. Such cases require a referral based on the risk level, as per district policy.

Comprehensive Suicide Prevention Plan – suicide prevention plans that use a multi-faceted approach, which includes prevention, intervention and postvention protocols targeting biopsychosocial, social and environmental factors

Crisis Team – a multidisciplinary team of staff, including administrators, psychologists, counselors, social workers, nurses, police, and teachers, focuses on crisis preparedness, intervention, response, and recovery. These professionals are trained in crisis planning and lead the development of protocols, ensuring staff can implement them effectively. Mental health professionals on the team may provide crisis intervention and recovery services.

Intervention – a strategy or approach to intervene after a student has been identified as at-risk for suicide, intended to prevent suicide or suicide attempt

Mental Health – a state of emotional, cognitive, and psychological well-being affecting perceptions, choices, and actions related to wellness and functioning. Mental health conditions include depression, anxiety, PTSD, and substance use disorders. Factors impacting mental health include home and social environment, early trauma, physical health, and genetics.

MTSS (Multi-Tiered System of Supports) – a three-tier (large group, small group, individual) framework used in schools to provide support to students who are struggling academically or behaviorally. The Every Student Succeeds Act (ESSA) defines MTSS as a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs (e.g., academic, behavioral, social-emotional, student physical and mental health) with regular observation to facilitate data-based instructional decision making that supports all learners.

Postvention – a strategy or approach that is implemented after a suicide

Prevention – a strategy or approach that reduces the likelihood of risk of suicide or suicide attempt

Protective Factors – characteristics that make it less likely that individuals will consider, attempt or die by suicide

Risk Assessment – an evaluation of a student to determine whether they are at risk of suicide, and/or the level of risk, conducted by designated school staff (e.g., psychologist, social worker, counselor, or trained administrator)

Risk Factors – characteristics that make it more likely that an individual will consider, attempt or die by suicide

Self-Harm – self-directed behavior causing injury or risk to oneself, either non-suicidal (NSSI) or suicidal. Youth engaging in any self-harm should seek mental health care.

[43] Adapted from American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.

DEFINITIONS

SMHP (School Mental Health Professional) – a state-licensed or state-certified school counselor, school psychologist, school social worker, or other state licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents as defined by the Every Student Succeeds Act (ESSA)

STBs (Suicidal Thoughts and Behaviors) – encompass a range of experiences from thinking about or planning suicide (thoughts) to making an attempt (behaviors). Some common STBs are verbal indications of suicidal thoughts, self-destructive actions/impulsivity, changes in typical behaviors such as school or work, social isolation, and difficulties in school or work.

Suicide – death caused by self-injurious behavior with the intent to die. Note: The coroner or medical examiner must confirm it was a suicide before school officials can state this. The school should consider input from parents or guardians when deciding how to communicate the death within the school and the broader community.

Suicide Attempt – self-injurious behavior where there is an indication of at least some intent to die, which may result in death, injuries, or no injuries

Suicidal Behavior – includes attempts, injury with intent, planning, gathering means, actions or thoughts demonstrating the intent to end one's life

Suicidal Ideation – thinking about or planning self-injury that may cause death. Wanting to be dead without a plan is still suicidal ideation and must be taken seriously.

Suicide Contagion – the process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Warning Signs – behaviors that indicate an immediate risk of suicide

APPENDIX A:
PLANNNG QUESTIONS WORKSHEET

Question:	Answer:
What is the purpose of the task force?	
What are the goals of the task force?	
Who should be involved in the suicide prevention task force?	
Where, when, and how often should we meet?	
Does our school district already have a suicide prevention policy?	
Does our individual school already have a suicide prevention policy?	
Have we conducted an assessment? If not, what assessment are we going to use? What is the timeline to complete the assessment?	

APPENDIX B:
SUICIDE RISK MONITORING TOOLS

Suicide Risk Monitoring Tool – Middle/High School Version

Student name _____ Date _____

Completed by (name / title): _____

I. IDEATION

Are you having thoughts of suicide?	❑	Yes	❑	No
Right now	❑	Yes	❑	No
Past 24 hours	❑	Yes	❑	No
Past week	❑	Yes	❑	No
Past month	❑	Yes	❑	No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute

How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more

How disruptive are these thoughts to your life (Intensity): not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

II. INTENT

How much do you want to **die**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How much do you want to **live**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

III. PLAN

Do you have a plan?	❑	Yes	❑	No		
Have you written a suicide note?	❑	Yes	❑	No		
Have you identified a method?	❑	Yes	❑	No		
Do you have access to the method?	❑	Yes	❑	No	❑	N/A
Have you identified when & where you'd carry out this plan?	❑	Yes	❑	No	❑	N/A
Have you made a recent attempt?	❑	Yes	❑	No		

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How much do you feel like a burden to others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How depressed, sad or down do you currently feel? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How disconnected do you feel from others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

Is there a particular trigger/stressor for you? If so, what? _____

Has it improved? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things good at / like to do / enjoy / other)*	**SUPPORTIVE PEOPLE** *(family / adults / friends / peers)*

What could change about your life that would make you no longer want to die?

APPENDIX B:
SUICIDE RISK MONITORING TOOLS

Suicide Risk Monitoring Tool – Elementary/Middle School Version

Student name _____ Date _____

Completed by (name / title): _____

I. IDEATION

Are you having thoughts of suicide?	❑ Yes	❑ No
Right now	❑ Yes	❑ No
Past 24 hours	❑ Yes	❑ No
Past week	❑ Yes	❑ No
Past month	❑ Yes	❑ No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute

How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more

How disruptive are these thoughts to your life (Intensity): ❑ not at all ❑ somewhat ❑ a great deal

II. INTENT

How much do you want to **die**? ❑ not at all ❑ somewhat ❑ a great deal

How much do you want to **live**? ❑ not at all ❑ somewhat ❑ a great deal

III. PLAN

Do you have a plan?	❑ Yes	❑ No	
Have you written a suicide note?	❑ Yes	❑ No	
Have you identified a method?	❑ Yes	❑ No	
Do you have access to the method?	❑ Yes	❑ No	❑ N/A
Have you identified when & where you'd carry out this plan?	❑ Yes	❑ No	❑ N/A
Have you made a recent attempt?	❑ Yes	❑ No	

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better?	❑ not at all	❑ somewhat	❑ a great deal
How much do you feel like a burden to others?	❑ not at all	❑ somewhat	❑ a great deal
How depressed, sad or down do you currently feel?	❑ not at all	❑ somewhat	❑ a great deal
How disconnected do you feel from others?	❑ not at all	❑ somewhat	❑ a great deal

Is there a particular trigger/stressor for this student? If so, what? _____

Has it improved? ❑ not at all ❑ somewhat ❑ a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things good at / like to do / enjoy / other)*	**SUPPORTIVE PEOPLE** *(family / adults / friends / peers)*

What could change about your life that would make you no longer want to die?

APPENDIX C:
SUICIDE SCREENING PROTOCOL EXAMPLE FORMS

SUICIDE RISK SCREENING PROCESS

*This **Suicide Protocol and Forms** document is intended to be used as a reference for PSU/LEAs as local policies are developed. All policies should be reviewed by LEA executives, local school boards, and legal counsel to ensure all protocols and policies are in accordance with existing local policies and all relevant laws.*

Additional resources related to the formation of a Suicide Risk Screening Protocol:

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- American Foundation for Suicide Prevention (AFSP)
- National Alliance on Mental Illness (NAMI)
- Question, Persuade, Refer (QPR)
- Youth Mental Health First Aid (YMHFA)
- School-Based Behavioral Threat Assessment & Management: Best Practices Guide For SC K–12 Schools
- Preventing Suicide: The Role of High School Teachers Issue Brief

Emergency crisis response resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- National Hopeline Network: 1-800-SUICIDE (800-784-2433)
- Crisis Text Line: Text "DESERVE" TO 741-741
- Lifeline Crisis Chat (Online live messaging)
- Self-Harm Hotline: 1-800-DONT CUT (1-800-366-8288)
- Suicide Prevention Wiki

To access the full form follow this link

https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open

or scan the QR code below.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

SUICIDE RISK SCREENING PROCESS

- **TAKE SUICIDAL BEHAVIOR SERIOUSLY EVERYTIME**
- **NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS**.
- **IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME TO AN EMPTY HOUSE.**

The **risk of suicide** is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other warning signs. If a student is having thoughts of suicide, there is suicide risk.

If imminent danger exists, phone 911 or the School Resource Officer immediately and then contact {School District Crisis Contact} for crisis support. This is especially important if the student of concern has skipped school altogether or left the campus and a plan to attempt suicide is discovered.

If imminent danger is *not* present but a concern about suicide risk exists, the school counselor, school social worker, or school psychologist initiates the screening process.

Screening Process

1. The school staff person who identified the student at risk stays with the student in a quiet, private setting to provide supervision and appropriate support until a school counselor, school social worker, or school psychologist meets with the student.
    a. ***If a student makes a suicidal threat directly to an SRO he or she has the discretion to transport the student to the hospital and/or follow any other law enforcement protocol. If this occurs, obtain a signed release to obtain information from the hospital. If necessary continue the assessment process when the student returns to school if he/she has not been assessed by medical staff.***
2. Use the Suicide Risk Assessment Checklist. Complete first 2 questions of the Suicide Risk Assessment Checklist with all students who have shown signs of suicidial ideation.
    a. If **NO** to question 1 and 2 and you deem the student is **NO** risk and confidentiality isn't broken, keep documentation that protocol was started and schedule a check-in with the student within the next school week.
    b. If **YES** to 1 and **NO** to 2 skip down to questions 7-28 and call {School District Crisis Contact} to see if further action should take place.
    c. If **YES** to question 2, complete questions 3 - 6.
        i. If **NO** to all questions 3 - 6 risk is determined as **LOW** complete all steps of the low risk assessment as well as Coping Plan and complete {School District Documentation} so that {School District Crisis Contact} has documentation.
        ii. If **YES** to any question 3-6 {School District Crisis Contact} for consultation to identify risk level and develop a Coping Plan. While crisis support is on the way complete questions 7-28 and crisis support will assist with completion of suicide assessment.
3. School personnel completing the assessment will make a determination of risk level with the support of a {School District Crisis Contact}
4. Complete necessary steps based on moderate or high risk levels on page 6.
5. **Parents/guardians must be notified no matter what level of risk.** Complete Parent notification letter and keep copy of SIGNED letter for the student's file. If parents are unable to come in and sign, review parent letter verbally over the phone with another school staff person present and send parent letter and a copy of Coping Plan with student.
6. Complete Coping Plan with student. Inform parents a Coping Plan has been completed.
7. Refer to outpatient provider if needed.
8. Complete {School District Documentation}
9. Provide a Handle with Care Notice to School Administrator.
10. Complete Support Plan with {School District Crisis Contact} team if deemed necessary.

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Suicide Risk Assessment Checklist

Student: _____ **Date:** _____ **Time:** _____

Parent/Guardian: _____ **Contact Number:** _____

Risk Assessors (individuals conducting risk assessment): _____

Referral Source (who referred the individual for risk assessment): _____

Reason for Assessment: (Describe the cause for concern to ***include specific behaviors/comments heard or reported***)

The first portion of this document is to be completed with the referred individual in a private interview, conveying nonjudgmental support for the individual and their reported feelings, perceptions, and thoughts. The interviewer is encouraged to probe for additional information to better understand the individual's current intent, ideation, and feasibility of plan to harm self. Regardless of specific responses, DIRECT SUPERVISION AT ALL TIMES is required if the individual is believed to be at imminent risk of harming self and/or others until the student is released to approved individuals to pursue immediate mental health assessment or law enforcement intervention. Professional discretion is to err on the side of caution.

Suicide Ideation Definition and Prompts			
Ask questions that are bolded and underlined.		**Past Month**	
Ask Question 1 and 2		**Yes**	**No**
1.	**Wish to be Dead:** *Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.* **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2.	**Suicidal Thoughts:** *General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.* **Have you actually had any thoughts of killing yourself?**		
If YES to 2 ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			

To access the full form follow this link
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or scan the QR code to the right.

Student: _____ School: _____ Grade: _____ DOB: _____

If YES to 2 ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		Past Month	
		Yes	No
3.	**Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it… and I would never go through with it.*" **Have you been thinking about how you might kill yourself?**		
4.	**Suicidal Intent (without Specific Plan):** *Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."* **Have you had these thoughts and had some intention of acting on them?**		
5.	**Suicide Intent with Specific Plan:** *Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.* **Have you started to work out or worked out the details of how to kill yourself?** **Do you intend to carry out this plan?**		
6.	**Suicide Behavior Question:** **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** *Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.* **If YES, ask: How long ago did you do any of these?** *Over a year ago? Between three months and a year ago? Within the last three months?*		
	Explain:		

If yes to any questions 3 - 6 call {School District Crisis Contact} immediately for crisis assistance to staff the case and then continue with questions 7-28.

☐ **Face to Face Assistance Requested** ☐ **Staffed Case Over the Phone**

If you have not been able to speak directly with {School District Crisis Contact} after **15 minutes**, please call:
{School District Crisis Contact Supervisor}

Based on The Research Foundation for Mental Hygiene, Inc., 2008.
Adapted from the Columbia Suicide Severity Rating Scale (CSSRS).

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Additional Categories		Assessment Questions	Yes	No	?
Changes in Mood/Behavior	**7.**	In the past year, felt so sad he/she stopped doing regular activities? Specify:			
	8.	Demonstrated abrupt changes in behaviors? (e.g. eating, sleeping, decline in school performance, quit club/sports activities, gave away personal possessions)			
	9.	Demonstrated recent, dramatic changes in mood? (e.g., change from depression to contentment, happiness to depression, etc.)			
	10.	Experiencing emotional pain that feel unbearable ? (e.g., desperate for relief from pain, willing to do anything to stop the pain, etc.)			
Stressors	**11.**	Had a personal connection to, or identified with, someone who committed suicide? Who:			
	12.	Had a recent death of a loved one or a significant loss? (i.e. breakup of a romantic relationship)			
	13a.	Experienced a new trauma/stressor? Specify: What:			
	13b.	Experienced a chronic/ongoing stressor? (feelings of loneliness, life stress) Specify:			
	14.	Experienced a significant health concern? (self or other) Specify:			
	15.	Experienced abuse or victimization? Specify:			
Mental Illness	**16.**	Has a history of mental illness? (i.e., depression, conduct, or anxiety) Specify:			
	17.	Currently in counseling? (If student is in counseling you must inform their therapist of ideations.) With whom:			
Substance Use	**18.**	Has a history of substance abuse? Specify:			
Protective Factors	**19.**	Has a support system of family, friends, or pets? Specify:			
	20.	Has a sense of purpose in his/her life? (commitments, plans, etc.) Specify:			
	21.	Readily names plans for the future/indicates a reason to live? Specify:			

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Protective Factors continued	**22.**	Who would the individual want to stop him/her if he/she had a plan? Specify:
	23.	Who would be hurt if the plan was carried out? (family, friends, pet, etc.) Specify:
	24.	What happens to people who die? (religion/spiritual beliefs) Response:
	25.	What happens to people who die by suicide? (religion/spiritual beliefs) Response:

Personal Factors	**26.**	Engages in risky behavior? Specify:					
	27.	Impulsive acting-out? (quickly escalates conflict, flees/runs away, ___etc. Specify:					
	28.	Affect: ☐ Calm ☐ Elated ☐ Labile	☐ Irritable	☐ Enraged	☐ Depressed/Despondent		
		Behavior: ☐ Cooperative ☐ Withdrawn ☐ Varied	☐ Avoidant	☐ Defensive	☐ Hostile		

To access the full form follow this link
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or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Assessment Results

LOW RISK

The individual does not pose imminent danger to self; insufficient evidence for suicide potential. Low risk indicators may include: thoughts of suicide only in the past; history of depression; no previous attempts; no plan; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; positive coping skills. ***A Coping Plan should be completed with the individual.***

Required Actions:

___ Parent called and briefed on the process and given the ***Suicide Risk Assessment – Parent/Guardian Notice***

Parent: _____ Date: _____ Time: _____

___ **Complete Coping Plan**

___ Complete {School District Crisis Documentation}

As Needed Actions : (Check all that apply)

___ Reassure and supervise student.

___ Assist with connecting with school and community resources.

___ Child released to parent custody for parent follow-up or routine after-school transportation.

___ Distribute "Handle with Care" Notice to all staff involved.

___ Other factors: _____

___ MODERATE RISK

The individual presents with a questionable or non-viable plan of self-harm (i.e., lacks clear or viable intent, ideation, and/or plan) but is deemed to be at elevated risk of harming him/herself due to current stressors, personal and/or environmental variables, and/or lack of protective factors. ***A Coping Plan should be completed with the individual and guardian and individual should be referred to an outpatient provider***.

Required Actions:

___ Parent called and briefed on the process and given the ***Suicide Risk Assessment – Parent/Guardian Notice***

Parent: _____ Date: _____ Time: _____

___ **Complete Coping plan**

___ Reassure and supervise student.

___ Distribute "Handle with Care" Notice to all staff involved.

___ Release student only to: Name: _____ Time: _____

____ Parent/guardian committed to scheduling a mental health assessment.

____ Law enforcement/SRO with parental permission (document all actions)

____ DSS

____ Ambulance transport requested by parents

____ Complete {School District Crisis Documentation}

As Needed Actions : (Check all that apply)

____ Supervise student at all times (including restroom).

____ The school requests a note from the physician or mental health professional's assessment.

____ **Complete Support Plan**

____ Sign Release of Information for mental health services.

____ Other Factors: _____

To access the full form follow this link
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or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

HIGH RISK

The individual poses imminent danger to self with a viable plan to do harm. High risk indicators may include: current thoughts of suicide; current sense of hopelessness; previous attempts; access to weapons or means; weak support system; alcohol/substance abuse; mental health history; precipitating events, such as loss of loved one, traumatic event, or feelings of victimization. ***The individual must be sent for an immediate mental health assessment by a medical professional or hospital.***

Required Actions:

____ Parent called and briefed on the process and given the *Suicide Risk Assessment – Parent/Guardian No*
Parent: _____ Date: _____ Time: _____

_____ Secure/remove weapon(s) or item(s) mentioned in the student's plan.

____ Supervise student at all times (including restroom).

_____ Release student only to: Name: _____Time: _____

____ Parent/guardian committed to seeking immediate mental health assessment.

____ Law enforcement/SRO with parental permission (document all actions)

____ DSS

____ Ambulance transport requested by: parents, school, unable to contact parent.

____ The school requests the results from a physician or mental health professional's assessment and any recommendations related to the child's return to school.

____ Complete {School District Crisis Documentation}

_____ Other Factors: _____

As Needed Actions : (Check all that apply)

____ Sign Release of Information for mental health services.

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Insert Release of Information Here

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Coping Plan

Step 1: Warning signs/Triggers

Step 2: "By myself" Coping Tools: Things I can do to take my mind off my problems

Step 3: People and places that I can go to who/which will distract me, to make me feel better	
At School: Who: Where:	
At Home: Who: Where:	

Step 4: People who care about me and who I can ask for help **Individual student names should NOT be listed**

Name	**Relationship**	**Contact Information**

Step 5: Reasons to Live

Step 6: Safety resources if you need help right away-
1. Call 911 2. Call or Text the National Suicide Prevention Lifeline 988

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Suicide Risk Assessment – Parent/Guardian Notice

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe.

I have been advised to:

- ☐ Provide increased supervision for my child and safety-proof my home.
- ☐ Not allow my child to be left alone at this time or allow them access to weapons, drugs, medications, or other dangerous items.
- ☐ I have been advised to take my child to receive a clinical assessment as soon as possible.
- ☐ I have been advised to immediately take my child to the hospital to be evaluated.
- ☐ Help the school staff create a **Coping Plan** for my child to be used at school.
- ☐ Share with the school the names of other professionals helping my child.
- ☐ Sign a release of information form so that school staff and other professionals may share information to benefit my child.

Agreement:

Note: interventions required to help ensure safety in the school environment may be implemented regardless of agreement

- ☐ I agree to follow the recommendations of {School District} understanding that fulfilling those recommendations comes at my expense, unless otherwise identified through the **Support Plan.**
- ☐ I accept the recommendations of {School District} with the following exceptions:

- ☐ I do not agree to follow the recommendations of {School District}.

In case of emergency, I should:

1. Call 911.
2. Call or Text the National Suicide Prevention Lifeline 988
3. Take my child to a hospital emergency room.

Parent Signature _____ School Staff Signature _____

Date _____ Date _____

{School District Crisis Contact & Supervisor Information}

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Support Plan

If the student has a BIP, 504, IEP, or other regularly reviewed plan, incorporate the Support Plan as part of the existing plan.

School Support Options **Date:**

☐Check-ins ☐Daily ☐Weekly With: _____

☐Designated safe place at school: _____

☐Increase supervision in the following settings: _____

☐Decrease or eliminate pass time or unsupervised time _____

☐Check for safety of personal belongings/spaces

Person responsible: Time:

Student will seek out the following school staff:

1.
2.
3.

☐Late Arrival/Early Dismissal ☐ Distribute "Handle with Care" notice to all staff involved

Family/Home Options

☐Removal of dangerous objects from the home: _____

☐Increase supervision: _____

☐Pursue mental health services:

Permission Agency/Individual Contact Information

Permission to Release Information to: _____

_____

Student returned to school with written note by authorized provider.

{School District} Crisis Support (Review of plan must be completed within 6 to 8 weeks) will review the status of this plan on (date) _____ to determine:_____

☐ discontinue plan ☐ revise plan (use new form) ☐ continue plan

Comments

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Form Completed by: _____ Position: _____ Date: _____

Other Participant Signature: _____ Position: _____ Date: _____

Copies to: ☐ Parent/Guardian ☐ Student ☐ Administrator ☐ School Counselor ☐ {Crisis Team}

To access the full form follow this link
https://www.dpi.nc.gov/suicide-risk-protocolpdf-1/open
or scan the QR code to the right.

Student: _____ **School:** _____ **Grade:** _____ **DOB:** _____

Tips for Keeping Your Child Safe

Risk factors for exhibiting suicidal behavior:

- Loss of significant other
- Problems at school
- Family and personal stress
- Substance abuse
- Depression and other mental health issues
- Previous suicide of peer or family member
- Access to weapons / means of harming self
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

- Significant changes in behavior such as changes in appearance, in grades, in eating or sleeping habits, or withdrawing from friends.
- Making suicidal threats – either direct "I want to die" or indirect "things would be better if I weren't here."
- Appears sad or hopeless
- Reckless behavior
- Self-inflicted injuries
- Giving away prized possessions
- Saying goodbye to friends and family
- Making out a will

I**t is important to remember the signs and risk factors listed are generalities.** Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

WHAT CAN I DO TO KEEP MY CHILD SAFE?

- **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.
- **TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.
- **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school psychologists, or school counselors for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.
- **LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATION, AND OTHER MEANS.**
- **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can stop in and help as needed.
- **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are, the problem can be worked out. Offer your help.
- **LISTEN.** Avoid making statements such as "I know what it's like" or "I understand". Instead make statements such as "Help me understand what life is like for you right now."

KNOW AND BE READY TO USE EMERGENCY RESOURCES (such as):

Police/Emergency Medical Care	**911**
National Suicide Prevention Lifeline	**988**
National Suicide Prevention Lifeline	**TEXT 988**
For more information about depression and suicide.	
American Association of Suicidology	**www.suicidology.org**
Mental Health America	**www.nmha.org**
American Academy of Pediatrics	**www.aap.org**

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APPENDIX D:
COMPREHENSIVE SUICIDE PREVENTION PLAN WORKSHEET

School Strategy	Tier-Specific Strategy	Tool
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:
	Tier 1: Tier 2: Tier 3:	Tier 1: Tier 2: Tier 3:

APPENDIX E:
TIPS FOR KEEPING YOUR CHILD SAFE

Tips for Keeping Your Child Safe

Suicide is a significant concern among youth and young adults, with many young people experiencing suicidal thoughts and behaviors. It's essential for parents and caregivers to be ready to support youth who may be struggling with suicidal ideation. There are things you and other family members can do to help your child cope when life feels overwhelming.

1. **Know the risk factors and warning signs.** Keep in mind that the risk factors and warning signs listed are generalities. Not every student who considers or attempts suicide will show these symptoms, AND not all students who display these behaviors are suicidal.

Risk factors for exhibiting suicidal behavior:	Warning signs and symptoms (including, but not limited to):
• Loss of significant other • Problems at school • Family and personal stress • Problematic substance use • Depression and other mental health issues • Prior suicide attempt • Previous suicide of peer or family member • Access to weapons/means of harming self • Questions regarding sexual orientation or gender identification	• Significant changes in behavior such as changes in appearance, in grades, in eating or sleeping habits, or withdrawing from friends. • Making suicidal threats – either direct "I want to die" or indirect "Things would be better if I weren't here." • Appears sad or hopeless • Reckless behavior • Self-inflicted injuries • Giving away prized possessions • Saying goodbye to friends and family • Making final arrangements

2. **Ask.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives them permission to discuss it. This inquiry conveys that you are concerned and want to help.

3. **Take signs seriously.** Studies have found that approximately 80% of people who die by suicide exhibited some warning signs in the weeks or months leading up to their death.

4. **Get help.** If you are concerned your child is suicidal, seek immediate help from a mental health professional. They can assess risk and create an appropriate treatment plan. Parents should contact school psychologists or counselors for resources or check with their insurance provider for covered services. When scheduling, state that your child is suicidal and needs urgent care.

5. **Limit access to lethal means (Weapons, prescription drugs, medications, sharps, etc.).** It is crucial to remove lethal means from a person who may be contemplating suicide. These may include weapons, prescription drugs, medications and sharps. If someone is actively cutting themselves, remove any sharps you are aware of.

APPENDIX E:
TIPS FOR KEEPING YOUR CHILD SAFE

6. **Do not leave your child alone.** It is important for parents to surround themselves with a team of supportive friends or family members who can assist as needed.

7. **Reassure your child that life can get better.** Many suicidal individuals have lost all hope that life will improve. They may struggle with problem-solving even simple issues. Remind your child that no matter how dire the situation, it can be resolved. Offer your support.

8. **Listen.** Avoid making statements like “I know what it’s like,” or “I understand.” Instead, say “Help me understand what life is like for you right now.”

NOTES

NOTES


The Jason Foundation