



Suicide Prevention, Intervention, Postvention

STEP BY STEP

Creating a Comprehensive Approach in Your School



Acknowledgments

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This work would not have been possible without:

Emily Moser, MAT, MPA

YouthLine Program Director
Lines for Life

Kristilyn Woolner, BS

Suicide Prevention Consultant
Willamette Education Service District

Morgan Leets, MEd

YouthLine Operations Manager
Lines for Life

Dwight Holton

Chief Executive Officer
Lines for Life

Parker Sczepanik, BA

Kahae Rikeman, MSW

Melissa Trombetta, MSW

YouthLine Consultant
Lines for Life

Dave Novoteny, PhD

Superintendent
Willamette Education Service District

Mike Hansen

Graphic Designer
Lines for Life

Donna Harrell

Director of Communications
Lines for Life

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- ▶ The Trevor Project's Model School District Policy on Suicide Prevention
- ▶ LivingWorks
- ▶ Preventing Suicide: A High School Toolkit from SAMHSA
- ▶ Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, USF College of Behavioral and Community Sciences
- ▶ Maine Youth Suicide Prevention Program
- ▶ School Based Resource Guide, training information, screening and assessment forms, and Preventing Suicide: A High School Toolkit
- ▶ Salem-Keizer Public Schools, Safety and Risk Management

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**Suicide Prevention,
Intervention, Postvention**
STEP BY STEP

Introduction

▶ **Bring training, resources, and hope to your community**

A workbook to easily prioritize suicide prevention efforts and a resource to build mentally healthy schools

The YouthLine at Lines for Life teamed with the Willamette Educational Service District to address the challenges schools face when addressing suicide. With the support of partners at the Oregon Health Authority and Oregon Department of Education, this guide provides up-to-date, relevant and practical resources to school communities serving elementary, middle and high schools. This approachable easy-to-use resource combines suicide programming with messaging strategies for school connectedness. It also provides strategies for prevention, intervention and postvention. The objective is to reduce youth suicide and build awareness of mental health and wellness.

The Heart of the Matter

Suicide is the second leading cause of death for teens in Oregon. Teens face a barrage of pressures and stressors that, if uncared for, can amplify the mental health risk factors most commonly associated with suicide. When teens feel connected to their schools, friends, and a caring adult, they are better equipped to cope with life in a healthy way.

Senate Bill 52, also known as "Adi's Act," was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities, beginning no later than the start of the 2020/2021 school year.

As your school works to implement suicide related programming including policy, procedures and protocols, you also have an opportunity to positively change your school climate. Use Promoting Positive Mental Health Messages in your School to reduce stigma, increase mental health awareness, and help students understand that mental health can be discussed and addressed just like any other physical illness.

This is an interactive workbook rather than a manual. Use the examples, policies, and protocols and adapt them to fit your school.

Suicide Prevention: Step by Step has two sections:

Section 1. Promoting Positive Mental Health Messages in Your School

A plug-and-play resource for promoting mental wellness in your existing school communications.

Section 2. Prioritizing Your Suicide Prevention Efforts

A compact, easy-to-use guide for identifying the procedures and protocols your school needs to address suicide.

Suicide Prevention: Step by Step was created by the Willamette Education Service District and Lines for Life. This resource is guided by the principle that suicide prevention is everyone's business and that our schools need an approachable, easy-to-use guide for suicide prevention.

For more information, please see:
wesd.org/suicideprevention | oregonyouthline.org/step-by-step
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Suicide Prevention, Intervention, Postvention

STEP BY STEP

Section 1: Promoting Mental Health



► **Talking about mental health and suicide can be challenging and sometimes, even adults don't know how to start the conversation.** In this section, you'll find some terminology that will help normalize this conversation and guide you through this process. These definitions are adapted in part from the *Trevor Project's Model School Policy for Suicide Prevention*.

Mental Health:

Someone's state of being in regard to their emotions and feelings. Everyone has mental health! Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective/Risk Factors:

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Examples of risk factors may include trauma exposure, being LGBTQ+, and experiencing a recent loss. **Protective factors** are parts of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Assessment:

Evaluation of a student who could be having thoughts of suicide. This assessment would be performed by a trained school staff member. These assessments usually include questions such as: is the student having thoughts of suicide, do they have a plan for suicide, and do they intend to carry out this plan.

Safe Reporting:

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

Self-Harm:

A behavior that includes harming oneself (i.e. cutting, burning, scratching). Sometimes, self-harm takes on forms that are less obvious which can include but are not limited to over-exercise, limiting food, and sabotaging relationships. Self-harm can be a coping behavior for distress and does not necessarily indicate that a young person is thinking of suicide. However, treatment and intervention can help replace this behavior with healthy coping skills.

Stigma:

A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with societal messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide Contagion/Clusters:

The researched pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily "contagious" to otherwise mentally healthy individuals. Usually, suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide/Crisis Intervention:

The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include **written procedures, safety planning, parental involvement**, and **emergency services**.

Suicide Prevention:

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include **mental health education, staff training**, and **mental health awareness campaigns**.

Suicide Postvention:

The intentional steps that your school and its staff take in the event of a suicide in the school community. Best practices in postvention are designed to reduce the rate of suicide contagion. Examples include **communication with students and parents, providing grief counseling, memorials**, and **communication with the media**.

Suicidal Thoughts:

Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.





Section 1

► Promoting Positive Mental Health Messages

Why?

We now know that to be successful, schools must prioritize and embrace student mental wellness as they do academics and extracurriculars. We cannot build mental wellness by only checking the boxes around training, forms, and procedures. We can build a community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, frustration, fear of failure, and more.

Historically, student success has focused on performance related to grades and activities, but failed to prioritize student mental health. This imbalance, along with a host of societal pressures, has led to an increase in students feeling less well, both emotionally and physically.

As supported by data from the Oregon Healthy Teens and Student Wellness Surveys, risk factors for mental health challenges are more evident, and an alarming number of students are engaging in unhealthy behaviors such as self-injury and suicidal ideation.

We know that students are trying to manage a lot and many report that they feel overwhelmed by the expectations from school and family. Many students have a perceived message that they need to deal with problems alone, or that they cannot trust the adults in their life. We know that as mental health declines, so do grades, school connectedness, and positive school engagement.

You can shift the message in your school.

We believe teens are **strong, resilient**, and can learn **healthy coping skills**. Students thrive when they know their own capacity, better understand their mental health, and most importantly, know that it's okay to ask for help.

This is the message your school can deliver to students to balance the scales again.



Section 1

► Promoting Positive Mental Health Messages

What?

We believe your school has the power to reduce stigma and increase students' sense of well-being. You can ensure students know where and how to get help when they need it without feeling the shame or guilt often associated with stigma. We also recognize that shifting school culture can feel like a big undertaking.

School climate and culture are adaptable! By sharing messages of hope, help seeking and strength building that reduce stigma around mental health issues, you can **promote mental wellness for students!** Talk about it. Publicize it. Use your natural channels of communication (ie: tweeting, newsletters, announcements).

An open acceptance that students deserve and need balance in their lives, and a belief that mental health is real and deserves attention will be the undercurrent that ultimately pushes your school toward stronger suicide prevention.

How?

All faculty and staff play an important role in preventing youth suicide and promoting ways for your students to get help during distressing times. You can empower teachers to help students that disclose stress and distress, and help your students learn to identify and assess their mental health symptoms and stressors to get the crucial help they need and deserve.

You can strengthen how your whole school promotes wellness to positively impact the mental wellness of your students.

No Problem Is Too Big or Too Small for YouthLine

That's where YouthLine comes in.

YouthLine is a nation-wide peer to peer help, support, and crisis line, provided by Lines for Life — a non-profit dedicated to preventing substance abuse and suicide, and promoting mental wellness.

Our teen volunteers are highly trained and ready to help their peers via call, text, or chat daily from 4p-10p. **Call: 1-877-968-8491, text teen2teen to 839863, or chat at OregonYouthLine.org.**

► Cultural Responsiveness in Mental Health Promotion

It is critical that schools consider the importance of culture when conducting mental health awareness or suicide prevention activities. We define **culture** as a group of people’s shared beliefs, values, traditions, and history. A vital part of suicide prevention is **meeting every student where they are**. This means thinking critically about how action or lack of action might uphold systems of oppression in the school environment.

Suicide is a complicated topic for many people of all ages – including your school’s staff, teachers, administrators, students, and families. Our culture, religious belief system(s), personal experiences, and past trauma all inform the way that we personally will respond to suicide prevention efforts. While utilizing the Step by Step Guide, you might note that many folks in your school community are not ready or willing to have conversations surrounding suicide. No matter where your school is in terms of readiness to address suicide, creating effective and lasting suicide prevention systems is an **ongoing process and does not need to happen all at once**.

One way to address these concerns is through utilizing principles of **Trauma Informed Care**. As defined by Trauma Informed Oregon, Trauma Informed Care is an approach that is aware of the prevalence of trauma, understands that trauma can have significant impacts on our health and wellness, and understands that our current societal systems can re-traumatize the people in them. It is important that we work to create safety in our schools for **all students**, regardless if they have been through traumatic experiences or not.

Four Key Elements of Trauma Informed Suicide Prevention

1. Systems of care are available and accessible (do students and staff know where to go if they need help?)
2. Awareness that all information we share about suicide has an impact on students
3. A commitment from our staff, teachers, and administrators that mental wellness is a priority
4. Empowering students to seek resources for themselves and their peers

► Centering Equity

For young people, focusing on protecting their mental health can be made even more difficult by institutional barriers and systemic oppression. Adi’s Act (SB 52) explicitly names specific populations that experience higher risk, and that steps must be taken to protect these populations. They are: youth who are grieving a death by suicide; youth with disabilities, mental health diagnoses, or substance use disorders; youth experiencing homelessness or out-of-home settings like foster care; and LGBTQ2SIA+ youth. Fortunately, there are steps schools can take to mitigate these factors, and to help keep young people safe. Research supports it! For instance...

Did you know...

The use of transgender students’ chosen names have been shown to decrease suicidal ideation by 29% and a 55% decrease in suicidal behaviors ([Russel, et al., 2019](#)).

Encouraging Native American and Indigenous youth to connect to their culture serves as a buffer and protective factor ([Rasmus, et al., 2019](#)).

Food insecurity in childhood is a risk factor for depression and suicidal ideation in adolescence and young adulthood ([McIntyre, et al., 2013](#)).

A positive school climate is strongly correlated with decreased suicidal ideation amongst foster youth, a study out of California found ([Shim-Palayo, et al., 2018](#)).

How YOU can help...

Respecting students’ chosen names and pronouns is one way schools can help prevent suicide amongst transgender and gender expansive youth. Learn more: [The Diversity of Non-Binary Youth](#) (The Trevor Project)

Visit [Culture Forward](#) to learn more about honoring cultural traditions with Native youth and ways that your school can get involved. Learn more: [We R Native](#)

Meals in school and events with parents such as SNAP Enrollment assistance can help protect young people. Learn more: [Partners for a Hunger-Free Oregon](#)

Infusing mental health promotion into school has a significant positive impact on young people. Learn more: [Oregon Foster Youth Connection](#)

What this could look like for your community...

Keep in mind, young people are complex and can have a variety of intersecting identities whose experiences may vary from research. Research is a tool that can inform the way we support our communities. It is important never to make assumptions about whether someone is experiencing suicidal ideation, and instead to always look for invitations young people offer in search of support.

► Youth Empowerment & Prevention

What? Research tells us that as youth age, they rely less upon the adults in their lives and more heavily on their peers, which is even true when dealing with stressful life events. In fact, evidence suggests that teens that reach out to peers following a stressful event report lower levels of sadness and worry, and higher levels of happiness. One of the major barriers to young people seeking support is the perception that they will be viewed negatively, or experience bias. Peers can have a powerful impact on reducing stigma, and encouraging help-seeking behaviors.

**What is the goal of involving students in suicide prevention?
“...To transform culture around youth mental well-being by
reducing stigma and empowering young people to give and
get help. - YouthLine**

Benefits of a school community that encourages youth empowerment and conversation around mental health:

- Students will normalize asking for help and talking about mental health.
- Students will be active change agents in their own communities.
- Students involved will learn more about their own interpersonal skills, how to talk about mental health and suicide in a safe way, and build confidence in having these conversations, and showing their peers how to do the same.
- Cultivate a conversation that stems from compassion and understanding.
- Peer-to-Peer programs are cost-effective, provide more opportunities to support students who are hard to reach by more conventional methods, and provide students with professional development skills that will help them in the future.

Note that your school does not have to make this group solely focused on suicide prevention but can be focused on mental health/wellbeing.

Any number of ways to get students excited and involved!

- Plan events such as campaigns, spirit weeks, challenge days, workshops, art shows etc.
- Have a group that has reoccurring meetings to share school wide concerns, brainstorm ideas, and make collective goals. This could include:
 - Student Mental Health Ambassadors that have training and are equipped to share knowledge and resources
 - Students have ability to use social media platforms to share resources with one another
 - Use YouthLine materials to share in schools, as well as other local resources for youth to access

Curious about supports needed to make these happen? This is going to look different depending on your specific school culture! Contact the SSPW program to discuss details and talk through ideas!

* Refer to curriculum page for programs with focus on youth voice



School Notification Systems

In this section, you will find multiple ways to promote mental health, wellness, resources, and supports while also reducing the stigma around these topics. **Positive messaging that focuses on skillbuilding is the most effective.**

How

Parent Newsletter

Publish a mental health wellness article or advertisement (see Event Programs for mental wellness ads that may also fit your newsletter)



What

(use or adapt these sample messages)

We know that signs of stress and anxiety create added pressure for many students. At (school name) we care about each student’s total health which includes mental health and wellness. Worried about the mental health of a student in your life? Keep an eye out for these signs of distress:

- Emotions become more volatile (higher highs and lower lows)
- Mood is depressed for two weeks or more
- No longer showing interest in previous hobbies
- Struggling with sleep

These signs can be symptoms of treatable mental health issues. A doctor’s visit or consultation with a mental health counselor can help you and your student access life-saving treatment. Take your students mental health seriously. Getting help is courageous.

Telephone AutoRecorded Messages

Pre-recorded messages distributed to parents via a telephone notification system can quickly address mental health awareness



Your student’s mental health and wellness is just as important as their physical health. (Insert information about available school resources such as school counselors, nurse, or health center.)

If you have concerns that your student may be struggling with stress, anxiety or depression, there’s help. (Insert information about available school resources such as school counselors, nurse, or health center; or recommend www.OregonYouthLine.org.)

Note on Effective Messaging

For stronger impact, messaging to students and parents should be informative, positive, interactive and include skill-building.

School Notification Systems (continued)

How

Morning Announcements

Short mental wellness announcements can be read or recorded by students and played during morning announcements



Listserv

Add a message promoting mental health that can be woven into special event and informative notifications



Sharing Resources

Consider places in your school where you have the capacity to add a link to mental health resources for your area. This could also be a space to remind students to practice stress management, see the school counselor or reach out for crisis support. **Get creative!**

Examples:

- Grade portal site
- Teacher websites
- Bookmark websites on school computers and tablets
- Library portal online

What

(use or adapt these sample messages)

- **Your mental health and wellness are just as important as your physical health.** Take a minute to check on your emotional wellness today. At (school name) we want you to be well both physically and mentally. If you need support, please talk to someone you trust.
- **Good morning! We want to remind you that if you are feeling stressed or anxious, please talk to someone you trust.** Keeping your feelings bottled up never makes things better. Find someone you trust, or contact the YouthLine for support. You don't need to struggle alone. If you are not sure who to talk to, see _____ and we will help you.
- **Sometimes you just need someone to talk to.** YouthLine is here for you. Call, text or chat any day of the week. Visit www.OregonYouthLine.org for more information.
- **Welcome back to school.** Remember to take care of your mental and physical health this year. We care about how you are doing physically and mentally.
- **It's finals week!** We know the stress can be overwhelming. Take a few moments to pause, take a breath and notice if you need extra support this week. We are here for you.
- **Summer break is just around the corner!** Please know that your mental health matters. Check in with your counselor to plan for mental health resources available over the summer months.



Print Media

Letting your students know that YouthLine is an available resource can further normalize that getting help is possible and accessible. Consider utilizing YouthLine resources in spaces where your students hang out. Consider the impact when this message comes from peers in your school – encourage students to pass materials out and refer their friends to YouthLine! Download or order materials:

oregonyouthline.org/materials

How

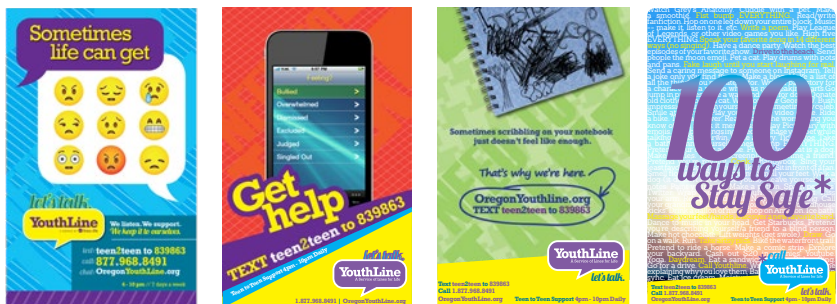
Posters

Best hung in classrooms, counseling offices, bathroom stalls, hallways.



What

(create your own visuals, or use these examples)



Create your own visuals or download these examples online at www.oregonyouthline.org

Small Wallet Cards

Discreet, easy to use, and can be distributed by teachers and counselors when a student discloses distress or needs crisis support or emotional support.



Create your own visuals or download these examples online at www.oregonyouthline.org

Print Media (continued)

How

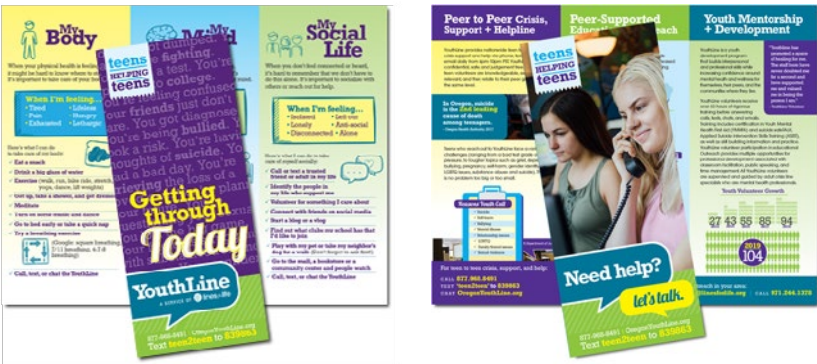
Brochures

“Need Help” provides information about YouthLine and is a good introduction for teachers and parents looking to understand who we are and what we do.

“Getting Through Today” provides self-care strategies for teens managing tough days; we recommend this goes to counselors to use with students.

What

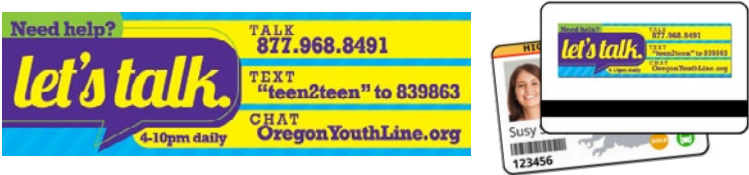
(create your own visuals, or use these examples)



Create your own visuals or download these examples online at www.oregonyouthline.org

Stickers

Designed to fit and stay secure on school ID's, phones, water bottles, or any place with visibility, these stickers ensure students have at least one resource on hand at all times should they need help.

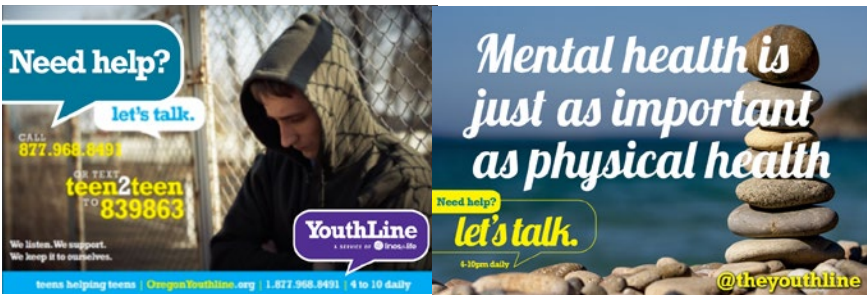


Create your own visuals or download these examples online at www.oregonyouthline.org

Event Program

Advertising in school based theater, music, and sporting event programs can also include promoting mental health.

Use a visual advertisement about your local resources (i.e. county crisis services, county mental health agencies, grief supports) or places in the school where students can access help. Or use existing YouthLine advertisements as a resource.



Use these examples to help create your own visuals!



Social Media

In the same ways that your school promotes sporting events, theater, and spirit week; you can also use social media to promote the mental health and wellness of your students. This is a small step that can really change and address the stigma around mental health issues. You can choose to promote YouthLine as a resource for your students, or you can use the local resources your school and community already have (e.g., school health center, counseling department, school nurse, community resources).

How

Messages for Students

What

(use or adapt these sample messages)

Support is available right where you are. YouthLine is available for you. Text teen2teen to 839863 to talk with a supportive peer daily from 4-10p (PST).

Feeling stressed? Dealing with stress can look different for everyone. Some ideas to try: getting outside, talking to friends, listening to music, going for a run, or doing a breathing exercise. Keep trying until you find what works for you.

Mental health is just as important as physical health. You deserve to be well and feel well. Get support right here at school. Talk to your school counselor, your favorite teacher or the school nurse.

Dealing with depression or anxiety? YouthLine wants to support you right where you are. Talk to your school counselor, or call/text/chat with the YouthLine.

We know that sometimes being a teenager is hard. We know all the pressures and expectations can feel like too much. If you need to talk, please check in with your counselor soon.



Share YouthLine's Social Media Content

You don't have to reinvent the wheel. Instead, follow YouthLine's social media accounts and you'll find lots of great messages that can be instantly shared with your audiences.

You can find us at: @theyouthline

How

Messages for Parents

What
(use or adapt these sample messages)

Adolescence is full of change and growth. If you notice a change in your student’s mental wellness, it might be time to explore what’s beneath the struggle. Have a conversation, take a car ride, get extra support from family or professionals, or reach out to your student’s teachers to get a fuller picture of what might be going on. We are on your team.

When your student is overwhelmed, the YouthLine can help.
Peer to peer support every day, from any place. Talk. Text. Chat.
www.OregonYouthLine.org

Your student’s mental health and wellness is just as important as their physical health. If you have concerns that your student may be struggling with stress, depression, loss of sleep, and more, there’s help. (insert information about available school resources such as school counselor, nurse, or health center; or recommend “Visit www.OregonYouthLine.org.”)

Images



Hashtags

#itsoknottobeok | #youarenotalone | #mentalhealthmatters
#reachout | #letstalk | #recoveryispossible | #itsoktoaskforhelp
#destigmatizementalhealth



Classroom Presentations

Our free 45 to 90 minute lessons are tailored to your classroom and designed to:

- ▶ Complements existing suicide prevention curriculum
- ▶ Normalize getting help instead of struggling alone
- ▶ De-stigmatize mental health and substance use issues
- ▶ Identify a personalized safety net of adults and community services

YouthLine provides interactive co-facilitated lessons by teen volunteers to keep students engaged. They help initiate and lead discussions that normalize subject matter.

For more information or to find out how your organization can benefit from our lessons, contact us at YouthL@linesforlife.org.



How?

Coping with Stress

What?

Learning to manage stress fosters resiliency and boosts capacity to develop independence (Grades 6-12)

Suicide Awareness

Moving past stigma improves life-saving ability to recognize and address the signs of suicide (Grades 9-12)

Under Pressure

Recognizing peer pressure when it happens helps teens stay true to themselves (Grades 6-8)

Understanding Bullying

Knowing the dynamics and socio-emotional impacts of bullying increases empathy (Grades 6-8)

Teen Decision Making

Understanding brain science helps put risky behavior in perspective (Grades 9-12)

Stress Management and Suicide Awareness

A combination of our Coping with Stress lesson with an added emphasis on suicide awareness (Grades 7-8)

Let’s Talk: YouthLine

Shorter promotion of YouthLine as a resource, usually involves distribution of ID card stickers to students (Grades 6-12)

Lessons meet Oregon Department of Education Health Standards for Analyzing Influences, Accessing Information, Self-Management, Advocacy, Decision Making, Goal Setting, Interpersonal Communication.



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Section 2: Prioritizing Your Suicide Prevention Efforts

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Section 2

► Prioritizing Your Suicide Prevention Efforts

Why? Suicide rates, mental health issues, and crisis are a prominent concern in schools. In the state of Oregon, suicide is the second leading cause of death for young people aged 10-24. These numbers are devastating, but we can turn the tide. As a strong team of teachers, administrators and school staff who know how to recognize, handle, and care for students in crisis, you can make a difference. This guide will help you sort through your options and build a manageable suicide prevention effort in your school.

Many barriers get in the way of good suicide prevention in schools:

- 1) Stigma about mental health makes talking about these issues challenging
- 2) Prevention efforts are difficult to prioritize
- 3) Getting started on a new suicide prevention policy and protocol is a big task

What? The task and strategies laid out in this section will help you prioritize what's most important to your school and take action toward creating your school's suicide prevention policy and procedures. You may also discover that you currently have some great work started. The intention of this guide is to notice what needs improvement and to notice what you are already doing well.

How?

1. Use **Step 1: Primary Checklist Assessment** to quickly review seven suicide prevention areas that represent the minimum of what can be done. Indicate whether the area is currently being addressed in your school. Then, determine one or two priority areas your school will focus on. Priority areas are color coded — just follow your color to the Advanced Assessment.
2. Use **Step 2: Advanced Checklist Assessment** to take a closer look at the areas you ranked priority #1 in the Primary Checklist. Review in-depth ways to bring your school up to date on suicide prevention best practices and determine what tasks you'll tackle first.
3. Use the extensive resources found in the "Further Info" column to put your priority areas into action.

Please see www.oregonyouthline.org/step-by-step to download a PDF of this document and to utilize active links to resources and further information to guide your assessment process.



Step 1: Primary Checklist Assessment

School Prevention UPSTREAM

Prevention

Suicide Prevention is the intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way.

- Mental health education for students
- Suicide prevention training for faculty and staff
- Mental health awareness campaigns

Intervention

Suicide/Crisis Intervention is the intentional steps that your school and its staff take in the event of a student mental health crisis.

- Safety planning
- Parental involvement
- Suicide assessments
- Emergency services

Postvention

Suicide Postvention is the intentional steps that your school and its staff take in the event of a suicide in the school community. Best practices in postvention are designed to reduce the rate of suicide contagion.

- Communication with students and parents
- Promoting healing in your community
- Communication with the media



Suicide Prevention, Intervention, Postvention STEP BY STEP

Step 1

► **Step 1 will help identify the areas you want to work on right away and those you'll tackle later.**

Create a small interdisciplinary work group to assess your school. This group should include: counselors, teachers, district and building administration, student leaders, parents, and classified staff.

Instructions

- Review seven areas that represent best practice components for suicide procedures in schools.
- Indicate whether the area is currently being addressed in your school.
- Use the priority ranking system to determine immediate priority areas for your school and the priorities you want to address later.

Ranking Your Priorities

- **Priority 1:** address within a few months
- **Priority 2:** address within this school year
- **Priority 3:** address next school year
- **N/A:** not a priority for your school at this time or already addressed

Then what? After you complete Step 1, you'll get more in-depth information about your Priority 1 areas and further prioritize your next action steps.

► *A Reminder:*

Adi's Act requires a suicide prevention policy in every school district in Oregon. If you do not have a policy in place, prevention/policy are recommended first priorities.

Please see oregonyouthline.org/step-by-step to download a PDF of this document and to utilize active links to resources and further prioritize your next action steps. **Follow the color of the highest priority section to the "Advanced Assessment."**



Open Links in a New Window (or Tab)
CTRL + Click on PC
CMD + Click on Mac

School Suicide Prevention Checklist: Step 1

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

Yes/No/Unsure

Priority

PREVENTION ▶ Does your school currently have a suicide prevention policy in place?	Yes	No	Unsure	Required by Senate Bill 52
INTERVENTION ▶ Do school procedures/ protocols identify key people within each building as contacts when suicidal behavior occurs? ▶ Do staff or students know who these people are?	Yes	No	Unsure	
POSTVENTION ▶ Do you have a policy or training in place for how to handle the loss of a student to suicide?	Yes	No	Unsure	
STAFF TRAINING AND EDUCATION ▶ Have all professional and support staff received training and information on Suicide Prevention?	Yes	No	Unsure	
STUDENT TRAINING AND EDUCATION ▶ Has an effective student suicide prevention education curriculum been incorporated?	Yes	No	Unsure	
FAMILY INVOLVEMENT ▶ Are there procedures in place that provide information to parents about adolescent suicide?	Yes	No	Unsure	
RESOURCES ▶ Does your school have a list of community agencies and resources that could provide help and assistance to a student at risk for suicide?	Yes	No	Unsure	

Choose a section that you want to address now.

Follow the color to the Advanced Assessment section of this workbook.

⬆️ Back to Table of Contents



Step 2:
Advanced Checklist
Assessment



- ▶ **Develop your priority areas to set specific next action steps for suicide prevention in your school.**

Instructions

- ▶ Find the areas that are high priority.
- ▶ Follow the color theme on the following pages. For example: If you chose to focus on prevention, just stay within the red section.
- ▶ Bring your school up to date on suicide prevention best practices and use the priority ranking system to determine immediate priority areas for your school.

Ranking Your Priorities

- ▶ **Priority 1:** address within a few months
- ▶ **Priority 2:** address within this school year
- ▶ **Priority 3:** address next school year
- ▶ **N/A:** Not a priority for your school at this time or already addressed

Then what? After you complete Step 2, use the resources in this guide to help you put your priorities areas into action.

Please see oregonyouthline.org/step-by-step to download a PDF of this document and to utilize active links to resources and further information to guide your assessment process.



PREVENTION TOOLS

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Does your school currently have a suicide prevention policy in place?	Yes No Unsure		AFSP/ The Trevor Project's Model School Policy on Suicide Prevention
*If no or unsure, this should be your first priority due to Senate Bill 52.			
2. Is there suicide prevention and awareness training for all faculty and staff? ▶ If yes, what training does your school provide? _____ ▶ All staff should be (re)trained every _____ year(s).	Yes No Unsure		Finding the Right Training page 36 - 39
3. Is there suicide prevention classroom training/ curriculum in place for students?	Yes No Unsure		Finding the Right Training page 40 - 47
4. Have all faculty and staff members been provided with the school protocol for suicide prevention? ▶ If yes, how is this protocol disseminated (ie: staff meetings, in-services, emails) _____ ▶ Is there a method for acknowledging receipt of these protocols, and a point of contact for questions and concerns? _____ ▶ Is there a plan for providing new staff with protocols? If yes, who implements that plan? _____	Yes No Unsure		AFSP/ The Trevor Project's Model School Policy on Suicide Prevention Publication and Distribution – pg 6

With funding from the Oregon Health Authority, school districts or local suicide prevention champions can offer various trainings to students, staff, school counselors, parents and other adults. This initiative (**Big River Programs**) includes Youth Mental Health First Aid (YMHFA), Applied Suicide Intervention Skills Training (ASIST), safeTALK, Question Persuade Refer (QPR), Sources of Strength, and Connect: Postvention. These trainings are offered at low to no costs.

PREVENTION TOOLS

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
5. Is there a person within your school, such as a guidance counselor or school psychologist, that is assigned the responsibility of maintaining and reviewing student mental health information? ▶ If yes, who? _____ ▶ Does this maintenance include tracking progress of students? _____	Yes No Unsure		
6. Is there a person within your school, such as a guidance counselor or school psychologist, that is assigned the responsibility of maintaining and reviewing suicide prevention efforts at school? If yes, who? _____	Yes No Unsure		AFSP/ The Trevor Project's Model School Policy on Suicide Prevention Best Practice: Suicide Prevention Task Force – pg 20

Notes:

INTERVENTION TOOLS

Priority Levels:

▶ **1** (Do now) ▶ **2** (Do this year) ▶ **3** (Do next year) ▶ **N/A** (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Do faculty and staff know what to do in the event that they come upon or hear about suicidal ideation?	Yes No Unsure		CAIRN's Toolkit for Oregon Schools - Sample Suicide Intervention Process - pg 15-17
2. Do school procedures/protocols identify key people within each building as contacts to help when suicidal behavior occurs? ▶ If yes, who are these people? _____ ▶ If yes, where can faculty and staff access this protocol? _____ ▶ Do the protocols inform staff about what to do if there is any reason to suspect access to lethal means? _____	Yes No Unsure		AFSP/ The Trevor Project's Model School Policy on Suicide Prevention - Suicide Prevention Task Force - pg 20
3. Is there a suicide screening tool(s) being used by the school? ▶ If yes, which one? _____	Yes No Unsure		Sample Risk Assessments - pg 58
4. Do school procedures designate someone to contact the parent/guardian when suicide risk is suspected? ▶ If yes, who? _____	Yes No Unsure		AFSP/The Trevor Project's Model School Policy on Suicide Prevention - Parental Notification and Involvement- pg 7-8
5. Does the school have procedures for when a parent/guardian is unreachable or unable to help (ie. financial stress, unwilling, or currently in crisis themselves)?	Yes No Unsure		CAIRN's Toolkit for Oregon Schools - Involving Parents in the Referral - pg 30-31
6. Does the school provide information to parents about the importance of removing lethal means and access to appropriate support and resources?	Yes No Unsure		CAIRN's Toolkit for Oregon Schools - Counseling on Access to Lethal Means - pg 14

*Further information available: www.oregonyouthline.org/step-by-step

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INTERVENTION TOOLS (continued)

Priority Levels:

▶ **1** (Do now) ▶ **2** (Do this year) ▶ **3** (Do next year) ▶ **N/A** (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
7. Does the school have a system to alert staff of an emergency while school is in session? ▶ Have volunteers and substitutes been informed of this system? _____	Yes No Unsure		AFSP's After a Suicide: A Toolkit for Schools - "Activities for Responding to a Crisis" - pg 8-9
8. Are there systems/teams in place to address the needs of students who are exhibiting high risk behaviors (ie. substance abuse, self-injury, isolation, sudden change in behavior)?	Yes No Unsure		AFSP/The Trevor Project's Model School Policy on Suicide Prevention - "Assessment and Referral" - pg 5
9. Are there supports provided to students who might be at higher risk for suicide (ie. students who are bullied, students who live with mental illness, students who are LGBTQ+, survivors of suicide loss, etc)?	Yes No Unsure		AFSP/The Trevor Project's Model School Policy on Suicide Prevention - "Risk and Protective Factors" - pg 17-18
10. Is there a written protocol for responding to students who attempt suicide at school? ▶ If yes, who is involved? _____	Yes No Unsure		AFSP/The Trevor Project's Model School Policy on Suicide Prevention - "In School Suicide Attempts" - pg 10

Notes:

FERPA and/or HIPAA Confidentiality
You are required to have a procedure in place to secure confidentiality of students under FERPA (Family Educational Rights and Privacy Act) and/or HIPAA (Health Insurance Portability and Accountability Act).
Here are some examples of school district policy in Oregon (examples from the CAIRN Toolkit for Oregon Schools)
▶ Bend LaPine School District places a sealed envelope with suicide assessments in a students cumulative file for additional protections
▶ Washington County Schools note to not place assessments within a student's cumulative file
Please consult with your school's legal representation to find out about your responsibilities under FERPA and HIPAA

POSTVENTION TOOLS

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Do you have a policy or training in place for how to handle the loss of a student to suicide? ▶ If yes, where can you access this protocol? _____	Yes No Unsure		AFSP/The Trevor Project's Model School Policy for Suicide Prevention "After a Suicide Death" pg 11-13
2. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for suicidal behavior?	Yes No Unsure		CAIRN's Toolkit for Oregon Schools – Reentry Procedures after a Suicide Attempt – pg 38-40
3. Are faculty and staff who will implement the suicide response protocol familiar with this protocol and the tools that will help them fulfill their responsibilities? ▶ If yes, who are the staff involved? _____	Yes No Unsure		Go to page pg 39 for information about Postvention Connect Training
4. In the event of a suicide of a student, do the protocols include a section about working with the media? ▶ If yes, has a spokesperson been designated? _____	Yes No Unsure		AFSP's After a Suicide: A Toolkit for Schools – Working with the Media – pg 24
5. In the event of a suicide, are there established protocols for identifying close friends/other vulnerable students and plans to support them in the grief process? ▶ If yes, who is the point person for this protocol? _____	Yes No Unsure		AFSP's After a Suicide: A Toolkit for Schools – Helping Students Cope – pg 14-16
6. Have protocols been developed that explicitly detail what to do following a suicide to avoid contagion? ▶ Do all faculty and staff know what contagion is? _____	Yes No Unsure		AFSP's After a Suicide: A Toolkit for Schools – Memorialization – pg 26-31

*Further information available: www.oregonyouthline.org/step-by-step

POSTVENTION TOOLS (continued)

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
7. Do the protocols recommend that all staff and student deaths should be treated the same, regardless of how they died? ▶ If yes, what does that treatment look like? _____	Yes No Unsure		AFSP/The Trevor Project's Model School Policy for Suicide Prevention – Messaging and Suicide Contagion – pg 9
8. Do the protocols take into account the role the school will play in the event of any and all death(s)? ▶ If yes, where can that protocol be found? _____	Yes No Unsure		AFSP's After a Suicide: A Toolkit for Schools – Introduction – pg 2-3
9. Have plans been developed for supporting students should a suicide occur during vacation or summer break? ▶ If yes, who will implement this? _____	Yes No Unsure		CAIRN's Toolkit for Oregon Schools – Sample Procedures – pg 46

Notes:

Did you know that Rapid Response is a resource all schools in Oregon can access? Provided by Oregon Health Authority and Lines for Life, The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24. See page 73 for more information.

STAFF TRAINING AND EDUCATION

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Have all faculty and staff received information about the importance of school-based suicide prevention efforts?	Yes No Unsure		
2. Are the following faculty and staff provided with training regarding suicide warning signs and risk factors and what to do if approached by a student who may be at risk for suicide?	Teachers Administration Paraprofessionals Student Resource Officers Librarians Office staff Activities and Athletics Personnel Bus Drivers Maintenance staff Janitorial staff Cafeteria workers Y N ?		Go to page 36 - 39 for information about trainings available
3. What suicide prevention training do faculty and staff receive? Circle all that apply:	QPR ASIST safeTALK Other		
4. In the event of risk for suicide, is there a backup plan in case trained faculty and staff are unavailable?			

*Further information available: www.oregonyouthline.org/step-by-step

STAFF TRAINING AND EDUCATION (continued)

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
5. Is there a plan in place to provide suicide prevention training to current and new faculty and staff? ▶ If yes, who ensures these trainings occur?	Yes No Unsure		
6. How do staff communicate to students that they are willing to talk about mental health and suicide? In what ways (ie. sign on a door, bracelet they wear)?	Yes No Unsure		Explore ideas in this guide's <i>Promoting Mental Health</i> section, see pg 6
7. Does your school intentionally provide support and resources to faculty and staff as they work with students who are at risk for suicide?	Yes No Unsure		

Notes:

STUDENT TRAINING AND EDUCATION

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Has an effective student suicide prevention education program been incorporated? ▶ If yes, which one? _____	Yes No Unsure		See student curriculum options in this guide, pg 40 - 47
2. Is suicide prevention integrated into student health/mental health courses and initiatives? ▶ If yes, in what ways? _____	Yes No Unsure		AFSP/The Trevor Project's Model School Policy for Suicide Prevention – Youth Suicide Prevention Programs – pg 6
3. Do students know who to go to at school if they are worried about a suicidal friend or struggling themselves?	Yes No Unsure		
4. Do students know who is trained and who is willing to have hard conversations about mental health and suicide? ▶ If yes, how is this communicated to students? _____	Yes No Unsure		

Notes:

*Further information available: www.oregonyouthline.org/step-by-step

FAMILY INVOLVEMENT

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Are there procedures in place that provide information to parents/guardians about youth suicide and supports available to families?	Yes No Unsure		Information can be found on WESD website, www.wesd.org/suicideprevention
2. Are parents/guardians of students educated about suicide and related mental health issues? ▶ If yes, how is this communicated? <input type="checkbox"/> Emails <input type="checkbox"/> Phone calls <input type="checkbox"/> Texts <input type="checkbox"/> Meetings <input type="checkbox"/> Social Media <input type="checkbox"/> Other	Yes No Unsure		Go to <i>Finding the Right Training</i> in this guide, pg 36 - 39
3. Are opportunities provided for parents/guardians to learn about suicide prevention? ▶ If yes, are trainings offered? Circle all that apply:	QPR ASIST safeTALK Other		
4. Have parents/guardians been told what the school is doing to prevent and address the issue of suicide and what steps will be taken if their child is at risk to ensure safety? ▶ If yes, how are parents/guardians involved?	Yes No Unsure		

Notes:

*Further information available: www.oregonyouthline.org/step-by-step

RESOURCES

Priority Levels:

▶ 1 (Do now) ▶ 2 (Do this year) ▶ 3 (Do next year) ▶ N/A (Already addressed)

	Yes/No/Unsure	Priority	Further Info.*
1. Does your school have a current list of community agencies and resources that could provide help and assistance to a student at risk for suicide? ▶ If yes, how can this be accessed? _____	Yes No Unsure		
2. Are behavioral health services readily available to youth? ▶ If yes, how do students, parents, and staff learn about and access them? _____	Yes No Unsure		
3. Are there established agreements with outside agencies to provide effective and timely mental health services to students? ▶ If yes, which agencies does your school work with? _____ ▶ If yes, how do students become aware of these services? _____	Yes No Unsure		
4. Are there identified community partners to help in the event of a suicide? ▶ If yes, who? _____	Yes No Unsure		See information about the Oregon Health Authority program Rapid Response on page 73
5. Are parents/guardians provided with a list of community resources and agencies to contact if they are concerned about their child being suicidal or following suicide behavior? ▶ If yes, how is this communicated? _____	Yes No Unsure		

Notes:

*Further information available: www.oregonyouthline.org/step-by-step



Suicide Prevention, Intervention, Postvention
STEP BY STEP

Section 3:
Finding the Right Training

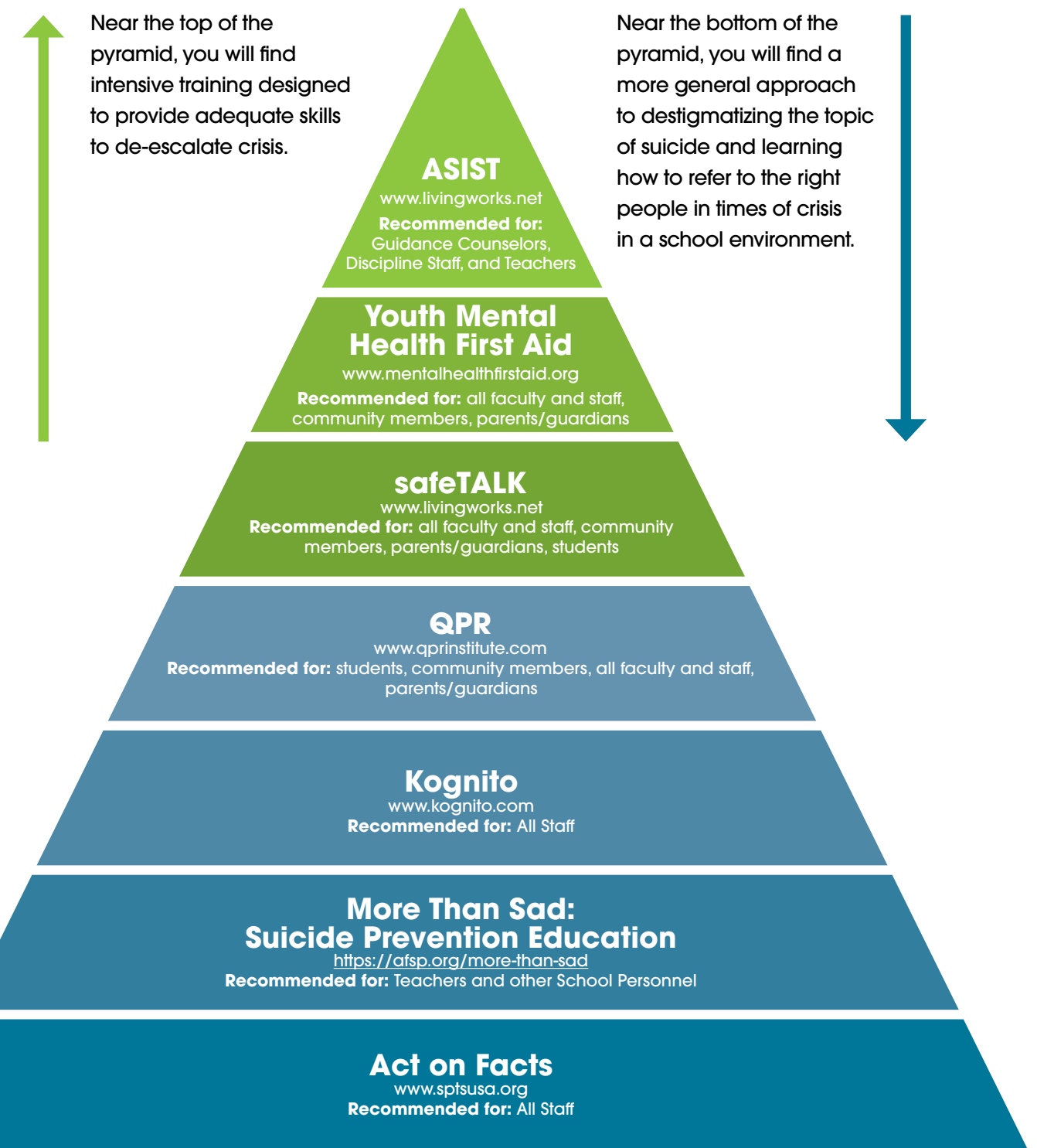




SECTION 3: Finding the Right Training

Wondering what training is right for you and your staff?

This simple chart will help you choose what suicide prevention training is the best fit for your team.







Recommended Staff Training Programs

School suicide prevention programs should train your entire school community to identify suicide risk factors and warning signs. Choosing a training program for your school or district can be challenging. Select a program that meets your school or district’s needs, readiness, and climate.

A more complete list of programs can be found in the SAMHSA Toolkit for High Schools (www.samhsa.gov).

NEED HELP? Mini-grants (up to \$2000) are available to help offset sub costs, training costs, or other associated costs for your district’s suicide prevention efforts. Contact: Claire Kille (ClairK@linesforlife.org) for more information [click here](#).


Program/ Training	Why this Training?
ASIST: Applied Suicide Intervention Skills Training 	<ul style="list-style-type: none">▶ Identify and respond to people at immediate risk of suicide▶ Provide suicide first aid and intervention to students when high risk or having thoughts of suicide▶ Practice these skills in group and one on one interventions▶ Composed of lectures, small group discussions, and interactive exercises
For more information: livingworks.net	
Program/ Training	Why this Training?
Youth Mental Health First Aid 	<ul style="list-style-type: none">▶ Assess risk of suicide or self-harm▶ Differentiate between typical adolescent behavior and signs/symptoms that a person may be developing a mental health disorder or experiencing a mental health crisis▶ Support youth in crisis▶ Develop crucial non-judgmental listening skills▶ Encourage youth to seek appropriate professional resources▶ Help youth help themselves
For more information: mentalhealthfirstaid.org	

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The following notes apply to asterisks within the “Recommended Training Programs” Section, pages 42-59.

*Gatekeeper training: programs that provide skills to identify those at risk for suicide and initiate crisis intervention
**Cost is estimated at the time of data retrieval.

Audience	Cost** (Varies By Trainer)
Gatekeeper Training* <ul style="list-style-type: none">▶ Principals▶ School counselors▶ Identified natural connectors with students (ie – deans, assistant principals, SROs)▶ School nurses	<ul style="list-style-type: none">▶ Varies by trainer and agency▶ Counties often offer FREE Trainings
Audience	Cost** (Varies By Trainer)
<ul style="list-style-type: none">▶ Department chairs in a school▶ Interested teachers/ support staff	FREE <ul style="list-style-type: none">▶ Offered by American Foundation for Suicide Prevention; based on grant funding availability \$\$ <ul style="list-style-type: none">▶ Varies by trainer/agency


 Open Links in a New Window (or Tab)
CTRL + Click on PC
CMD + Click on Mac

RECOMMENDED STAFF TRAINING PROGRAMS (CONTINUED)

Program/ Training	Why this Training?
<div>Suicide Alertness for Everyone (safeTALK)</div> <div>4 HRS. 1 SESSION</div>	<ul style="list-style-type: none">▶ Become Suicide Aware▶ Identify when a person may have thoughts of suicide▶ Apply TALK steps, including:<ul style="list-style-type: none">▶ Ask about suicide▶ Listen▶ Connect a person with suicidal thoughts to appropriate support
For more information: LivingWorks.net	
Program/ Training	Why this Training?
<div>Question, Persuade, Refer (QPR)</div> <div>1-2 HRS. 1 SESSION</div>	<ul style="list-style-type: none">▶ Learn how to recognize early warning signs▶ De-stigmatize asking about suicide▶ Persuade youth to accept help▶ Identify appropriate resources and help youth access needed services
For more information: QPRinstitute.com	
Program/ Training	Why this Training?
<div>Kognito</div> <div>1 HR. ONLINE</div>	<ul style="list-style-type: none">▶ Identify early warning signs▶ Learn how to approach students▶ Learn effective conversation strategies to talk about psychological distress▶ Make a referral to school support services▶ Motivate the student to seek help
For more information: kognito.com	

Audience	Cost** (Varies By Trainer)
<ul style="list-style-type: none">▶ Community members▶ Students 15+▶ Teachers▶ All Student Resource Officers▶ Non-certified staff	<div>FREE</div> <ul style="list-style-type: none">▶ Offered by American Foundation for Suicide Prevention; based on grant funding availability▶ Varies by trainer/agency
Audience	Cost** (Varies By Trainer)
<div>Gatekeeper Training*</div> <ul style="list-style-type: none">▶ Students▶ Family▶ Community members▶ All staff	<div>\$</div> <ul style="list-style-type: none">▶ \$29.95 / Individual trainer, discounts available for bulk pricing
Audience	Cost** (Varies By Trainer)
<div>Gatekeeper Training*</div> <ul style="list-style-type: none">▶ Teachers▶ Includes step-by-step modules for college students	<ul style="list-style-type: none">▶ Varies by school district/county

RECOMMENDED STAFF TRAINING PROGRAMS (CONTINUED)

Program/ Training	Why this Training?
More than Sad: Suicide Prevention Education for Teachers and Other School Personnel	<ul style="list-style-type: none">▶ Increase awareness for youth suicide▶ Better understand:<ul style="list-style-type: none">▶ What puts teens at risk for suicide▶ Available treatment options▶ How to identify at risk students▶ 1 Hour (2 DVD's)
Program/ Training	Why this Training?
Making Educators Partners in Youth Suicide Prevention: ACT on FACTS	<ul style="list-style-type: none">▶ Addresses the responsibilities of educators in identifying and referring potentially suicidal youth▶ Various training formats (lecture, Q & A with content experts, role plays.)▶ Highlights 4 categories of youth who may be at elevated risk for suicide (bullying, LGBTQ, gifted, and youth reintegrating back to school after an attempt)
For more information: sptsusa.org	
Program/ Training	Why this Training?
POSTVENTION (after a suicide) CONNECT 	<ul style="list-style-type: none">▶ Coordinate a comprehensive and safe approach after a suicide▶ Better understand grief around suicide▶ Understand appropriate memorial activities and safe communication/messaging▶ Help stakeholders respond to a suicide in a coordinated and comprehensive way
For more information: theconnectprogram.org	


Audience	Cost** (Varies By Trainer)
<ul style="list-style-type: none">▶ Teachers▶ Counselors▶ School Nurses	<p>\$</p> <ul style="list-style-type: none">▶ \$60.00▶ Facilitator materials: <p>FREE</p>
Audience	Cost** (Varies By Trainer)
Gatekeeper Training* <ul style="list-style-type: none">▶ Students▶ Family▶ Community members▶ All staff	<p>FREE</p> <ul style="list-style-type: none">▶ Offered by The Society for the Prevention of Teen Suicide
Audience	Cost** (Varies By Trainer)
<ul style="list-style-type: none">▶ School Administrators▶ Principals▶ Counselors	<p>\$\$\$\$</p> <ul style="list-style-type: none">▶ \$3000/cohort 30 participants▶ Counties often offer FREE trainings




Recommended Elementary School Student Curriculum

Elementary Upstream Suicide Prevention

Life skills including social-emotional and wellness learning are a key protective factor for suicide and include critical thinking, stress management, conflict resolution, problem-solving, and coping skills. Activities that enhance these skills can help youth as they face new challenges.

Program/ Curriculum	Overview	Time frame
Sources of Strength 	<ul style="list-style-type: none">▶ Upstream, strengths-based suicide prevention program▶ Use of peer-to-peer networks to identify/ elevate individual and community assets▶ Builds a community of strength through youth-adult partnerships and strategic messaging campaigns that use student voice, art, music, and activities▶ Empowers young people as agents of change and connectors to help	<ul style="list-style-type: none">▶ 4-6 hour in-person Adult Advisor training (3.5 hours virtual)▶ 4-6 hour in-person Peer Leader training (3 hours virtual)▶ Multi-year implementation cycle

For more information: sourcesofstrength.org

Program/ Curriculum	Overview	Time frame
Second Step 	<ul style="list-style-type: none">▶ Builds foundation for a positive, inclusive culture by developing social-emotional competencies for:<ul style="list-style-type: none">▶ perspective-taking, empathy, processing emotions, understanding and resolving conflicts, and building positive relationships▶ Includes Songs, photos, videos that add fun and variety▶ Spanish materials are included through Grade 3▶ Research/evidence based	<ul style="list-style-type: none">▶ 22 to 25 Lessons comprising 4 Units of activity▶ Lessons range from 20-40 mins depending on grade level

For more information: secondstep.org/elementary-school-curriculum




To further your understanding and support of upstream suicide prevention at the elementary school level please contact:

Darci Brown, Elementary SEL Specialist at Matchstick Consulting darci@matchstickpdx.com

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Evidence-based for suicide prevention▶ Evidence informed for bullying, violence and substance abuse prevention.▶ Strong equity lens- effective in diverse school settings.	<ul style="list-style-type: none">▶ Team of Adult Advisors▶ Peer Leaders	\$\$ Mini grants available through Matchstick Consulting

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Easy to teach, adapt, and scale▶ Online training▶ Additional resources for educators▶ Family communications▶ Offers two different ways to deliver curriculum	<ul style="list-style-type: none">▶ Teacher facilitated▶ Digital or In Person Options	\$\$\$\$ ▶ Single school, 1 year program ranges from \$2,259-\$3,103

ELEMENTARY SCHOOL CURRICULUM

Program/ Curriculum	Overview	Time frame
<div>Kelso's Choice</div> <div></div>	<ul style="list-style-type: none">▸ Focused on resolving conflict▸ Teaches youth peace-making skills▸ Allows youth autonomy and using choices▸ The nine solutions paired with strong visuals and body movements that make the lesson easy to grasp for young, developing minds	<ul style="list-style-type: none">▸ Basic programming is 23 lessons▸ 16 additional reinforcement activities for review and reinforcement▸ Each lesson fits into an allotted 15-45 minute time span
For more information: kelsoschoice.com		
Program/ Curriculum	Overview	Time frame
<div>Character Strong</div> <div></div>	<ul style="list-style-type: none">▸ Tool kit designed to develop character support and social emotional learning.▸ Skill building approach to self-awareness and management▸ Character development for respect, humility, patience, kindness +▸ Designed by veteran teachers, school counselors, and play therapists	<ul style="list-style-type: none">▸ Tool Kit supports several activities and resources that can be used individually or integrated into playground activity and other lessons
For more information: characterstrong.com/curricula/elementary		
Program/ Curriculum	Overview	Time frame
<div>Sanford Harmony</div> <div></div>	<ul style="list-style-type: none">▸ Social Emotional learning program for Pre-K to 6th grade▸ Explores healthy communication and problem solving▸ Fosters healthy identities and attitudes▸ Focus on creating meaningful relationships	<ul style="list-style-type: none">▸ Lessons integrate family,staff, and community▸ Lessons range from 20 to 30 minutes
For more information: harmonysel.org		


Highlights	Delivered	Cost**
<ul style="list-style-type: none">▸ Engages auditory, visual and kinesthetic learning▸ Flexible lessons▸ Experiential Moments▸ Key Message: Every student can make good choices and every student can make the choice that fits them best	<ul style="list-style-type: none">▸ Teacher or School Counselor facilitated	<div>\$\$\$</div> <ul style="list-style-type: none">▸ 3-in-1 Conflict Management Superpack: \$669.95▸ Conflict Management Core Kit: \$399 year▸ Other products of Kelso's Choice available at different prices
Highlights	Delivered	Cost**
<ul style="list-style-type: none">▸ Holistic approach▸ Flexible and adaptive▸ Integrates parents and staff into curriculum	<ul style="list-style-type: none">▸ Teacher or School Counselor facilitated	<div>\$\$\$\$</div> <ul style="list-style-type: none">▸ PurposeFull People Toolkit (Pre-K – 5th Grade): \$2,499▸ Annual renewal fee of \$699
Highlights	Delivered	Cost**
<ul style="list-style-type: none">▸ Flexible Pacing Plans▸ On-demand, live online, and live webinar training▸ SEL Professional Development	<ul style="list-style-type: none">▸ Teacher facilitated with options for in person or online	<div>FREE</div>




Recommended Middle School Student Curriculum

Suicide Prevention and Related Mental Health Issues

Suicide prevention programs involving students can help reduce the risk of suicide when combined with strategies like staff training and protocols. Involving students in your suicide prevention strategy is a key factor in supporting and promoting mental health and wellness. Below is a vetted list of curriculum. Select a program that meets your school district needs, readiness, and climate. **(all costs estimated at time of data retrieval)**

Program/ Curriculum	Overview	Time frame
Look, Listen, Link 	<ul style="list-style-type: none">Define stress and anxiety; identify causes and symptoms in self and others; demonstrate healthy coping skillsUnderstand facts about teen depression; recognize symptoms in a friendName adult resources to go to for helpDemonstrate 3 skills: Look, Listen, and Link	<ul style="list-style-type: none">1-3 hour teacher training; (encouraged, but not required)Four 45 minute lessons
For more information: crisisconnections.org/get-training/school		

Program/ Curriculum	Overview	Time frame
SOS (Signs of Suicide) 	<ul style="list-style-type: none">Recognize symptoms of depression and suicide in self and othersRaise awareness among teachers and parents with prepared presentations	<ul style="list-style-type: none">Three 45 minute classroom lessons (1 ½ hours total)1 Hour Staff Presentation1 Hour Parent Presentation
For more information: mindwise.org		

► For schools and teachers in Oregon, YouthLine offers an in-service training to certify teachers to teach the YouthLine mental health classroom lessons.

This training, titled Building Resiliency and Understanding helps teachers address challenging classroom scenarios around mental health lessons by deep-diving into the internal and external factors teachers may face when having tough conversations with students.

This in-service training also prepares teachers to present the YouthLine lessons in their school. This training and the lesson plans provided will prepare teachers to utilize best practices in mental health education in their own classrooms.




More information can be requested at: YouthL@linesforlife.org

Highlights	Delivered	Cost**
<ul style="list-style-type: none">Based on research about middle school learnersCurriculum authors relied heavily on feedback from Washington State middle school teachers and middle-school aged youth leadersCurriculum was beta tested with students from two culturally diverse seventh grade health classrooms in Washington State	<ul style="list-style-type: none">Teachers'Frequently Asked Questions' answers included in curriculum materials	\$\$ <ul style="list-style-type: none">\$250 outside of Washington State

Highlights	Delivered	Cost**
<ul style="list-style-type: none">Evidence basedIncludes screening tool for depression and related suicide risk factors to complete for self or child	<ul style="list-style-type: none">TeachersTeacher Training included in curriculum materials	\$\$\$ <ul style="list-style-type: none">\$495 first year\$300 renewal year



MIDDLE SCHOOL CURRICULUM


Program/ Curriculum	Overview	Time frame
<div>YouthLine Classroom Outreach</div> <div></div>	<ul style="list-style-type: none">▶ Complement existing health curriculum▶ Normalize help seeking behavior instead of struggling alone▶ Destigmatize mental health and substance use challenges▶ Identify a personalized safety net of trusted adults and community resources▶ Lessons meet Oregon Department of Education Health Standards for Analyzing Influences, Accessing Information, Self-Management, Advocacy, Decision Making, Goal Setting, Interpersonal Communication	<ul style="list-style-type: none">▶ Choice of 45 to 90 minute classroom presentations▶ One time guest presentations
For more information: oregonyouthline.org/our-lessons		
Program/ Curriculum	Overview	Time frame
<div>Sources of Strength</div> <div></div>	<ul style="list-style-type: none">▶ Promote mental wellness school wide via trained advisors and youth peer leaders▶ Engage whole school community in creation of unique messaging tools	<ul style="list-style-type: none">▶ 6 hour training for advisors▶ 4 hour training for peer leaders▶ 3-6 months for program implementation
For more information: crisisconnections.org/get-training/schools		
Program/ Curriculum	Overview	Time frame
<div>Lifelines</div> <div></div>	<ul style="list-style-type: none">▶ Learn about suicidal behavior▶ Recognize personal role in suicide prevention	<ul style="list-style-type: none">▶ Four 45 minute or two 90 minute lessons▶ 1 ½ hour staff training▶ 1 ½ hour parent presentation
For more information: hazelden.org (search bookstore)		

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Stress Management + Suicide Awareness▶ Peer Led Discussions▶ Lessons for:<ul style="list-style-type: none">▶ Coping with Stress▶ Understanding Bullying▶ Peer Pressure	<ul style="list-style-type: none">▶ Oregon YouthLine staff and volunteers	FREE
Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Evidence based▶ Peer Leader Program Includes peer to peer interaction▶ Peer based school wide branding and messaging▶ Successful use in diverse/underserved communities	<ul style="list-style-type: none">▶ Teachers 2-5▶ Peer Leaders 20-50 students	\$\$\$\$ <ul style="list-style-type: none">▶ \$5,000 per school, per year.▶ \$750 trainer fee for year one, \$500 trainer fee for following years"
Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Evidence based▶ Lifelines curriculum has three components. Purchased and use together or separately:<ul style="list-style-type: none">▶ Prevention▶ Intervention▶ Postvention	<ul style="list-style-type: none">▶ Teachers/ Guidance Counselors▶ Teacher Training included▶ Interactive teaching techniques, role-play	\$\$\$ <ul style="list-style-type: none">▶ Prevention: \$265.00▶ Intervention: \$185.00▶ Postvention: \$145.00▶ (Can be purchased and used separately)




Recommended High School Student Curriculum


Involving students in your suicide prevention program can help reduce the risk of suicide, especially when combined with strategies like staff training and protocols.

Program/ Curriculum	Overview	Time frame
Response: High School-Based Suicide Awareness Program 	<ul style="list-style-type: none">▶ Gain awareness about suicide prevention, depression, and suicidal ideation▶ Discover barriers that interfere with getting help▶ Help a friend▶ Improve identification and referral process for at-risk students	<ul style="list-style-type: none">▶ Four 1 Hour classroom lessons (4 hours total)▶ 2 Hour Staff Training▶ 1 Hour Parent Training

For more information: columbiacare.org/response

Program/ Curriculum	Overview	Time frame
More Than Sad: American Foundation for Suicide Prevention 	<ul style="list-style-type: none">▶ Raise Awareness for Suicide Prevention to increase knowledge related to teen suicide risk factors	<ul style="list-style-type: none">▶ 60-90 minute presentations for:<ul style="list-style-type: none">▶ Teens▶ Parents▶ Teachers

For more information: afsp.org

Program/ Curriculum	Overview	Time frame
Sources of Strength 	<ul style="list-style-type: none">▶ Promote mental wellness school wide via trained advisors and youth peer leaders▶ Engage whole school community in creation of unique messaging tools	<ul style="list-style-type: none">▶ 6 hour training for advisors▶ 4 hour training for peer leaders▶ 3-6 months for program implementation

For more information: sourcesofstrength.org

Students benefit from outreach programs, classroom lessons, and presentations that provide information, build skills, and raise awareness. Choosing a training program for your school or district can be challenging. Select a program that meets your school or district's needs, readiness, and climate. We recommend the following programs. A more complete list of programs can be found in the SAMHSA Toolkit for High Schools (www.samhsa.gov).

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Comprehensive▶ Step-by-step instruction for implementation of Protocols and Programming▶ Staff training, parent education, and student curriculum▶ Oregon-specific version available▶ Recommendation for school readiness assessment and 2 staff to be ASIST trained	<ul style="list-style-type: none">▶ School Wide Coordinator▶ Teachers▶ Teacher Training included in school kit	<p>\$\$\$</p> <ul style="list-style-type: none">▶ \$425

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Informational videos for:<ul style="list-style-type: none">▶ High School Students▶ Teachers▶ Parents▶ Presents information for:<ul style="list-style-type: none">▶ Prevalence of suicide▶ Risk factors▶ Resources	<ul style="list-style-type: none">▶ Teachers▶ Counselors▶ American Foundation for Suicide Prevention (ASFP)	<p>\$</p> <ul style="list-style-type: none">▶ DVD set of two: \$50▶ Facilitator Materials: FREE

Highlights	Delivered	Cost**
<ul style="list-style-type: none">▶ Evidence based▶ Peer Leader Program includes peer-to-peer interaction▶ Peer based school wide branding and messaging▶ Successful use in diverse/underserved communities	<ul style="list-style-type: none">▶ Teachers▶ Peer Leaders	<p>\$\$\$\$</p> <ul style="list-style-type: none">▶ \$5,000 per school, per year.▶ \$750 trainer fee for year one, \$500 trainer fee for following years"

HIGH SCHOOL CURRICULUM

Program/ Curriculum	Overview	Time frame
<div> <div> YouthLine Classroom Outreach </div> <div> <div>GRADES 9-12</div> </div> </div>	<ul style="list-style-type: none"> Complement existing health curriculum Normalize help seeking behavior instead of struggling alone Destigmatize mental health and substance use challenges Identify a personalized safety net of trusted adults and community resources Lessons meet Oregon Department of Education Health Standards for Analyzing Influences, Accessing Information, Self-Management, Advocacy, Decision Making, Goal Setting, Interpersonal Communication 	<ul style="list-style-type: none"> Choice of 45 to 90 minute classroom presentations 1-2 classroom visits per year
For more information: oregonyouthline.org/our-lessons		
Program/ Curriculum	Overview	Time frame
<div> <div>LifeLines</div> <div> <div>GRADES 9-12</div> </div> </div>	<ul style="list-style-type: none"> Learn about suicidal behavior Recognize personal role in suicide prevention 	<ul style="list-style-type: none"> Four 45 minute or two 90 minute lessons 1 ½ hour staff training 1 ½ hour parent presentation
For more information: hazelden.org (search bookstore)		
Program/ Curriculum	Overview	Time frame
<div> <div>SOS (Signs of Suicide)</div> <div> <div>GRADES 9-12</div> </div> </div>	<ul style="list-style-type: none"> Recognize symptoms of depression and suicide in self and others Raise awareness among teachers and parents with prepared presentations 	<ul style="list-style-type: none"> 1 Hour Staff Presentation 1 Hour Parent Presentation
For more information: sprc.org		

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Highlights	Delivered	Cost**
<ul style="list-style-type: none"> Peer Led Discussions Lessons for: <ul style="list-style-type: none"> Coping with Stress Suicide Awareness Understanding Bullying Peer Pressure Teen Decision Making 	<ul style="list-style-type: none"> Oregon YouthLine staff and youth volunteers 	<div>FREE</div>
Highlights	Delivered	Cost**
<ul style="list-style-type: none"> Evidence based Lifelines curriculum has three components. Purchase and use together or separately <ul style="list-style-type: none"> Prevention Intervention Postvention 	<ul style="list-style-type: none"> Teachers/ Guidance Counselors Teacher Training included Interactive teaching techniques, role-play 	<div> <div>\$\$\$</div> <ul style="list-style-type: none"> Prevention: \$265.00 Intervention: \$185.00 Postvention: \$145.00 Purchase and use together or separately </div>
Highlights	Delivered	Cost**
<ul style="list-style-type: none"> Evidence based Includes screening tool for depression and related suicide risk factors to complete for self or child 	<ul style="list-style-type: none"> Teachers Teacher Training included in curriculum materials 	<div> <div>\$\$\$</div> <ul style="list-style-type: none"> \$495 for first year, \$300 per renewal year </div>



Suicide Prevention, Intervention, Postvention
STEP BY STEP

Section 4:

Putting It All Together An Example of Suicide Prevention, Intervention, and Postvention in Willamette Education School District



SECTION 4: Putting It All Together

Congratulations! You’ve reviewed, identified, and prioritized the seven suicide prevention areas in your school. With your action items in hand, it’s time to pull it all together.

Let’s list your priority areas here:

In the following pages, you will find an example of how we **pull it all together** with *A Guide to Suicide Prevention, Intervention, and Postvention* procedures provided by Willamette Education School District.
In this example,

- ▶ The Suicide Prevention Protocol provides simple steps for your school-based approach to suicide prevention for staff, students, and parents.
- ▶ The Suicide Intervention Protocol and flowchart is composed of warning signs for suicide, suicide risk assessment, suicidal risk and protective factors, and a safety plan worksheet. For younger students, suicide risk assessments are included for primary and secondary education.
- ▶ The Suicide Postvention Protocol discusses postvention goals, response, and risk identification strategies following a suicide in your school-based community.



Willamette
EDUCATION SERVICE DISTRICT

School Based Resource

**A Guide To Youth Suicide Prevention, Intervention,
And Postvention Procedures**

**Utilized in the:
Willamette Education Service District**

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Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

Quick Notes:
What Schools Need To Know

- ▶ School staff are frequently considered the first line of contact with potentially suicidal students.
- ▶ Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- ▶ All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”.
- ▶ **Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.**
- ▶ School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- ▶ Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Confidentiality

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure”.

Request From Student To Withhold From Parents

The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

Exceptions for Parental Notification: Abuse or Neglect

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

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CMD + Click on Mac

Suicide Prevention Protocol

A large part of suicide prevention is ensuring all members of our community are properly trained in suicide awareness and prevention. The following are the Willamette ESD recommendations for a school-based approach to suicide prevention for staff, students, and parents.

Staff:

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The RESPONSE curriculum and/or the QPR Suicide Prevention model provide training on best practices.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

Identify two staff members to be ASIST trained:

1. _____

2. _____

Students:

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

Parents:

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

REMEMBER,

YouthLine can provide FREE classroom outreach lessons on a variety of topics related to mental health and wellness. See page 15 for more information.

Suicidal Behavior Risk + Protective Factors

Risk Factors	Protective Factors
<ul style="list-style-type: none">• Current plan to kill self• Current suicidal ideation• Access to means to kill self• Previous suicide attempts• Family history of suicide• Exposure to suicide by others• Recent discharge from psychiatric hospitalization• History of mental health challenges• Current drug/alcohol use• Sense of hopelessness• Self-hate or self-injurious behavior• Current psychological/emotional pain• Loss (relationship, work, financial)• Relationship issues (friends/family/school)• Feeling isolated/alone• Current/past trauma• Bullying• Discrimination and lived experience with oppression• Chronic pain/physical health problems• Impulsive or aggressive behavior• Unwilling to seek help• Members of disproportionately at-risk groups (LGBTQ+, Black, Indigenous, People of Color, etc.)	<ul style="list-style-type: none">• Engaged in effective physical and/or mental healthcare• Feeling connected to others (family, friends, school, at least one trusted adult)• Positive problem solving skills• Healthy coping skills• Restricted access to means to kill self• Stable living environment• Willing to access support/help• Positive self esteem• Resiliency• High frustration tolerance• Emotional regulation• Cultural and/or religious beliefs that discourage suicide• Successful at school• Has responsibility for others• Financial stability• Future planning• Acceptance of identity (family, peers, school) <div>KEEP IN MIND: Youth with many protective factors in place can still struggle with thoughts of suicide. Alternatively, youth with multiple risk factors many NOT experience suicidal ideation. It is important to not make assumptions about whether someone is experiencing suicidal ideation; look for invitations young people offer in search of support.</div>

For more information about how traumatic experiences can impact your students, refer to the Adverse Childhood Experiences (ACEs) study via The Center for Disease Control and Prevention (CDC).
www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

People with multiple risk factors may not experience suicidal ideation. It is important to not make assumptions about whether someone is experiencing suicidal ideation; look for invitations young people offer in search of support.

Suicide Intervention Protocol

Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer, but many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

Warning signs that indicate an immediate danger or threat:

- ▶ Someone who has already taken action to kill themselves
- ▶ Someone threatening to hurt or kill themselves
- ▶ Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- ▶ Someone talking, joking, or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to the school counselor or school administrator. If there is imminent danger, call 911. A Suicide Risk Assessment: Level 1 is performed by a trained school staff member. The screener will do the following:

- ▶ Interview student using Suicide Risk Assessment Level 1 screening form (see pg 70)
- ▶ Complete a Student Safety Plan, if needed (see pg 72)
- ▶ Contact parent/guardian to inform and obtain further information
- ▶ Determine need for a Suicide Risk Assessment: Level 2 based on level of concern and noted risk factors
- ▶ Consult with another trained screener prior to making a decision regarding a Level 2
- ▶ Inform administrator of screening results

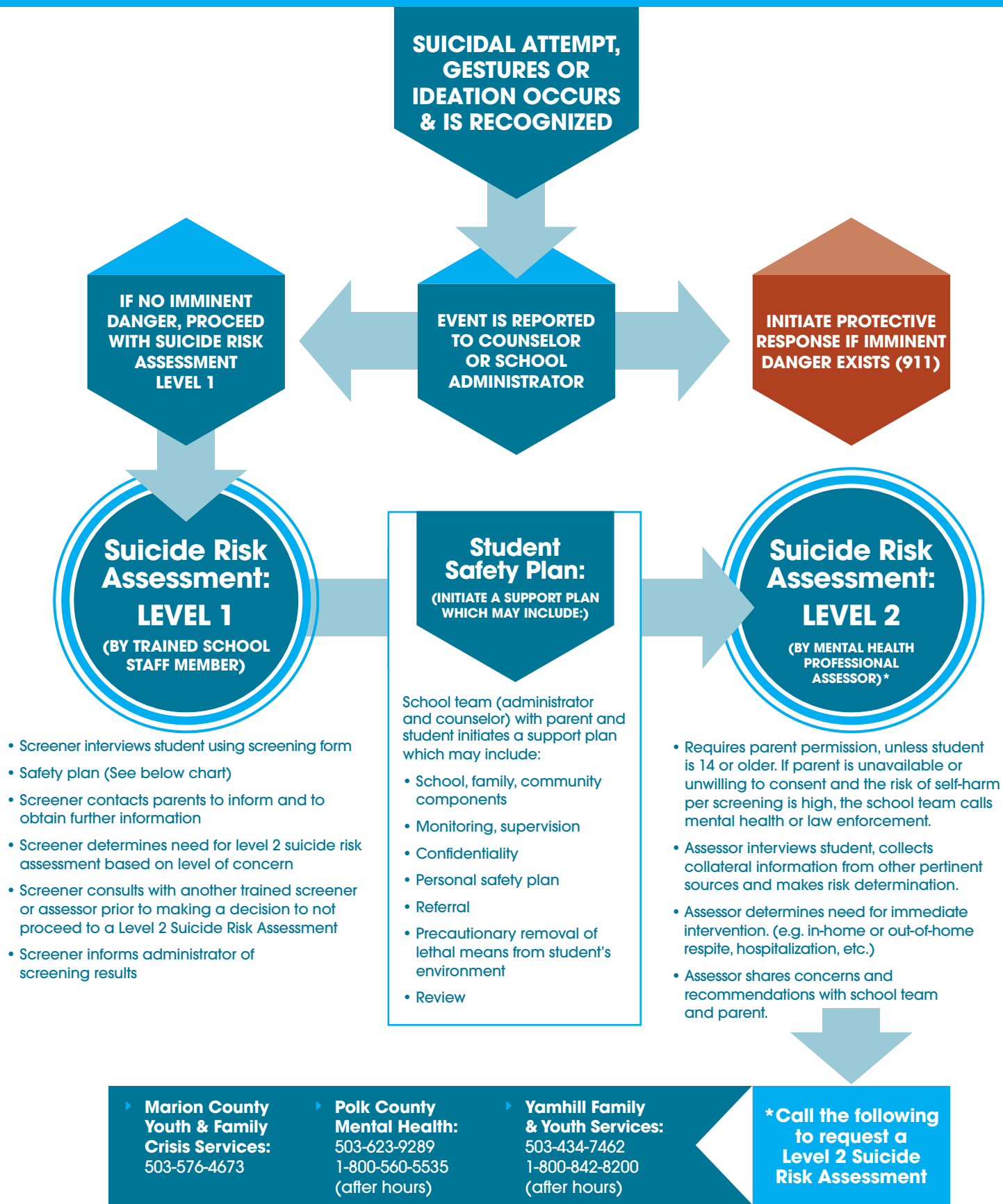
See following School Based Suicide Intervention Process flowchart for additional information.

Recommended Resources:

- ▶ **NATIONAL SUICIDE PREVENTION LIFELINE**
1-800-273-TALK, www.suicidepreventionlifeline.org
- ▶ **YOUTHLINE**
1-877-968-8491 | Text teen2teen to 839863 | www.oregonyouthline.org

For emergencies or imminent danger to self or others: Call 911.

School-Based Suicide Intervention Process for Marion, Polk and Yamhill Counties



Use the following example verbatim or adapt as needed.



Suicide Risk Assessment - Level 1

Date:
Time:

1. IDENTIFYING INFORMATION

Name: ID: School: DOB:
Age: IEP/504? Medicine/Health information:
Address:
Parent/Guardian #1 name/phone # (s):
Parent/Guardian #2 name/phone # (s):
Screener's name: Position:
Contact Info:

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other
When was concern disclosed: Contact information (If applicable):
What information did this person share that raised concern about suicide risk?

3. WARNING SIGNS/RISK FACTORS

Expressions of wanting to die, of being gone, or of death in any manner in their:
Writing
Verbal
Drawing
Social Media
Withdrawal from others
Preoccupation with death
Feelings of hopelessness/self-hate
Substance Abuse
Current psychological/emotional pain
Discipline problems
Conflict with others (friends/family)
Experiencing bullying or being a bully
Recent personal or family loss or change (i.e., suicide, death, divorce)
Recent changes in appetite, behavior, sleep
Family problems
Giving away possessions
Current/past trauma (domestic/relational/sexual abuse)
Crisis within the last 2 weeks
Stresses from: gender ID, sexual orientation, ethnicity
Engages in high risk behavior
Exposure and/or access to weapons, violent video games
Unmet basic needs
Mental Health concerns
Self-Injury (see NSSI Assessment & Protocol)
Other signs:

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK MEDIUM RISK HIGH RISK

5. PROTECTIVE FACTORS

Engaged in effective health and/or MH care
Positive problem solving skills
Positive coping skills
Restricted access to means to kill self
Stable living environment
Willing to access support/help
Positive self esteem
Resiliency
High frustration tolerance
Emotional regulation
Cultural and/or religious beliefs that discourage suicide
Does well in school
Feels well connected to others (family, school, friends)
Has responsibility for others

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6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: Date contacted:

Left a Voicemail
Date:
Time:
Parent/Guardian Called Back
Date:
Time:
Parent/Guardian Answered
Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes No
Parent/Guardian's perception of threat
Parent Action Plan -
Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist)
Mental Health evaluation appointment date:
Needs additional support
Other:
Additional Notes:

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1.
2.

8. POTENTIAL SCHOOL ACTION PLANS

Determined if Student Coping Plan was needed
Limited risk factors; Student Coping Plan not needed
Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
Provided student and family with resource materials and phone numbers
Parent/guardian contacted
Released back to class after Limited or NO risk factors noted
Released back to class after parent (and/or Agency) contacted and follow up plan established
Released to parent/guardian
Called 911. Contact name/date/time:
Parent/guardian took student to hospital
Parent/guardian scheduled mental health evaluation appointment - Notes:
School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time:

Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on
Date/time:
Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county
(Contact date/time/name):

Open Links in a New Window (or Tab)
CTRL + Click on PC
CMD + Click on Mac



Use the following example verbatim or adapt as needed.



STUDENT COPING PLAN

Student Name: _____ DOB: _____ Date of Plan: _____

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support.

National Suicide Prevention Lifeline 1-800-273-TALK [8255]
Text 273TALK to 839-863 (8am-11pm PST daily)
YouthLine 1-877-968-8491 or text “teen2teen” to 839-863

Marion County Crisis Line: (503) 576-HOPE (4673)
Polk County Crisis Line: (503) 623-9289, 1-800-560-5535 (after hours)
Yamhill Crisis Line: 503-434-7462, 1-800-842-8200 (after hours)

My follow-up appointment is: _____ with _____
(date) @ (time) (name)

Student Name: _____

Screener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screening Version – Since Last Contact – for Schools

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Contact	
	YES	NO
Ask questions that are bold and <u>underlined</u>		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <u>Have you been thinking about how you might do this?</u> E.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.”		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to “I have the thoughts but I definitely will not do anything about them.”		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: <i>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.</i>		

Possible Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Referral
- Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 6 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Means Restriction

Often multiple strategies are used to address youth suicide. One important component of comprehensive suicide prevention is means reduction, where understanding how a person might attempt, and minimizing access to the “how”, to help minimize risk.

Research shows that among youth access to means often come from a parent or family member in the form of firearms, medication, alcohol or other drugs.

Consider the following information when assessing students for suicidality.

Firearms (most common means in lethal attempts)

- ▶ Are firearms in the home?
 - ▶ How quickly can student access firearms
 - ▶ Ex from OHT: How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.
 - ▶ I could not get a loaded gun
 - ▶ Less than 10 minutes 10 or more minutes, but less than 1 hour
 - ▶ 1 or more hours, but less than 4 hours
 - ▶ 4 or more hours, but less than 24 hours
 - ▶ 24 or more hours
 - ▶ 46 % of 11th graders in 2019 indicated they could access a firearm in less than 24 hours
- ▶ Recommend parents/guardians/families store firearms outside the home OR securely using a gun lock or safe
- ▶ Practice motivational interviewing around keeping young person safe and any concerns around restricting firearm access. Keep conversation centered on safety, not framing as taking away firearm(s)

Medications (most common means for non-fatal attempts)

- ▶ Are medications in the home or available?
 - ▶ Ex. From OHT: If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?
 - ▶ Very easy
 - ▶ Somewhat easy
 - ▶ Somewhat hard
 - ▶ Very hard
 - ▶ 31% of 11th graders in 2019 indicated it would be very or somewhat easy
- ▶ Have parent/guardian/family lock up medications except rescue meds (inhaler, EpiPen)
- ▶ Recommend disposal of expired/unnecessary meds
 - ▶ [Drug take back locations \(by ZIP\)](#)

Means Restriction (continued)

- ▶ Supervise medication dispensing to youth
- ▶ If not possible to lock or dispose of medications, prioritize restricting:
 - ▶ Pain medication
 - ▶ Sleeping medication

Firearm safety resources:

- ▶ CALM Online Training: <https://sprc.org/comprehensive-approach/reduce-means>
- ▶ Means Matter: <http://hsph.harvard.edu/means-matter/>

Note:

THE FOLLOWING FORMS ARE ANOTHER EXAMPLE OF SUICIDE RISK ASSESSMENT DOCUMENTATION PROVIDED BY THE SALEM-KEIZER SCHOOL DISTRICT. KEEP IN MIND THAT THESE FORMS ARE FOR INFORMATION ONLY AND SHOULD ONLY BE FILLED OUT BY A TRAINED PROFESSIONAL. PLEASE REFER BACK TO PAGE 69 FOR AN APPROPRIATE IN-SCHOOL SUICIDE INTERVENTION PROCESS THAT UTILIZES BOTH LEVEL ONE AND LEVEL TWO ASSESSMENT FORMS.

Salem Keizer School District
Suicide Risk Assessment System
Secondary Level 1 Protocol - Student Interview

Concepts to Emphasize:

All people have emotional highs and lows	Crisis will pass in time
Problem solving is possible, one issue at a time	There is hope for the future
People care	They are not alone

Step 1:

DIRECTIONS FOR CASE MANAGERS:

This interview ideally is to be conducted by a school counselor to initiate the Level 1 Assessment Protocol. However, in the case of a counselor not being readily available, an administrator *should* conduct the interview. Address the following questions through an interview or open-ended inquiry with the student or students of concern (who is/are in a situation that poses a threat to themselves). Do NOT ask the student to read and complete the questions by themselves.

Address the student and describe the perceived threat of self-harm that has been brought to your attention. Explain our obligation and responsibility to investigate and assess all situations that may be dangerous for the student, other students, and/or staff.

Although the student can provide crucial information regarding intent, if the student is unwilling or denies intent, consider gathering information from other sources.

The following is an examination of current circumstances and as these circumstances change, so too does the risk potential. Therefore, review the results of this interview while being mindful of supervision, intervention, and the passage of time. Each question is a prompt for exploration of circumstances that may involve the escalation of suicidal ideation. The Level 1 Protocol-Student Interview is also the method of determining if there is a need to request a more extensive Level 2 Assessment by community mental health providers (Step 4). If consultation is needed regarding this process, please contact Ishawn Ealy, SRA Lead, at (503) 399-3642 extension 203358.

An equity lens has been applied to the threat response process. The lens identified concerns regarding underserved and underrepresented populations that lack confidence in support systems and, thus, tend to underreport. Be sure to approach information sources with cultural sensitivity and explore all leads. Provide assurance that safety, inclusion, and connection are the focus of the assessment and management of the situation. The lens also identified concerns for bias toward underserved populations and minority groups that may lead to overreaction or unnecessary discipline. Review the assessment and intervention process by focusing on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

Student’s Name: _____ Student ID: _____ Student DOB: _____ School: _____ Date: _____

Administrator / Case Manager’s Name: _____

Person conducting the Interview: _____ Position: _____ Email Address: _____

Reason for Level 1: _____

Step 2:

INTERVIEW WITH THE STUDENT: Ask the following questions through conversation or direct inquiry.
*Note: If the student references cutting or similar self-harm, explore circumstances. While this is a concerning behavior, it may or may not be a risk factor relevant to suicidal ideation.

1. Tell me how things are going for you. How is school? Home? Friends? _____
2. Are there people or things that are stressing you or harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, school work, threats to you)? ☐ Yes ☐ No

3. Do you have anyone you trust (education staff, relative, adult within the community) and can you talk with about things in your life? ☐ Yes ☐ No _____
4. What are some good things going on in your life? What makes you happy (reasons for living)? Are you involved in sports, clubs, recreational activities, art, music, church, scouts, etc.? _____
5. What are your plans for your future? Do you see yourself as an adult? _____
6. Have you noticed any recent changes such as difficulty sleeping, changes in your appetite, withdrawing from your friends or families or lacking interest in your preferred activities? ☐ Yes ☐ No

7. Have you ever used drugs or alcohol? ☐ Yes ☐ No Are you currently using drug and/or alcohol use?
☐ Yes ☐ No _____
8. Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? ☐ Yes ☐ No

a. Have you had any actual thoughts of about killing yourself in the past few weeks? ☐ Yes ☐ No _____

b. Have you ever done anything, started to do anything, or prepared to do anything to end your life? ☐ Yes (If yes, can you tell me about that?) ☐ No _____

c. If so, was this within the past 3 months? ☐ Yes ☐ No If yes, When? _____

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

e. Have you been thinking about how you might do this? (acquiring a weapon, medication, giving away belongings, saying goodbye, etc)? Do you have access to any of these or other lethal means? ☐ Yes ☐ No _____

f. (*If the student has a plan) What about today? Do you or have you had any intention to carry out your plan? ☐ Yes ☐ No _____

g. If so, when? _____

9. Have you ever had thoughts about hurting someone else? ☐ Yes ☐ No

a. If so, are you having any of those thoughts now? _____

b. If so, do you have a plan? Can you tell me about that? _____

c. (*If the student has a plan) Do you intend to carry out your plan? ☐ Yes ☐ No _____

(*If yes to any of Question #9, consider initiating a Level 1 student threat assessment)

10. Are you willing to work on a plan to keep you safe? ☐Yes ☐ No ☐ N/A11. Are you willing to talk to a mental health worker about these feelings that you are having? ☐Yes ☐ No
_____12. Is there anything else I should know?

Step 3:

1. What is the interviewer’s relationship with the student: ☐ difficult ☐ neutral ☐ positive relationship with this student?
2. In your opinion, was the student: ☐ guarded ☐ defensive ☐ communicative in a manner that appeared open and honest?
3. Is the risk to the student imminent? ☐ Yes ☐ No
 - Do not leave student unattended at any time.
 - If Risk is imminent or anyone is in immediate danger, call law enforcement (911).
 - Consult with Administrator. Name: _____Date: _____Time: _____
 - Notify parent or guardian of imminent concerns. Parent/Guardian contacted. Name: _____Date: _____Time: _____
 - As needed, consult with Ishawn Ealy, SRA Lead at 503-399-3642 extension 203358. Date: _____Time: _____
 - As needed, consult with another trained professional. Name: _____Date: _____Time: _____
4. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior? ☐ Yes ☐ No _____
5. Are there concerning behaviors that could be appropriate within the student’s culture? ☐ Yes ☐ No
Explanation: _____
6. Is the school team currently completing the Student Safety and Support Plan? ☐ Yes ☐ No (Consider all options available to inhibit or decrease potential suicide. If Yes, proceed to Student Safety and Support Plan for a partial list of options that are available within the district.)
Explanation: _____
7. **Is the school team currently requesting a Level 2 Suicide Risk Assessment?**
☐ No ☐ Yes (Level 2 Assessments require parent permission, unless student is 14 or older. If the parent is unavailable to consent and the risk is imminent, school team contacts mental health and/or law enforcement (depending on situation). If parent is unwilling to consent and the risk is imminent, also consider a mandatory report to DHS.)
Explanation: _____

If yes, see Step 4 for Level 2 Suicide Risk Assessment referral process.

Step 4: TO REQUEST A LEVEL 2 ASSESSMENT:
INFORMATION NEEDED FOR DISPATCHING A LEVEL 2

1. While awaiting the Level 2 assessment, supervise student at all times.
2. Contact your Administrator regarding the need to request a Level 2 assessment.
3. To begin process, immediately contact:

Marion County - Email Student Interview to Marion County Youth and Family Crisis Services via secure email at SCHOOLYFCS@co.marion.or.us and contact Youth and Family Crisis Services via phone at: **(503) 576-4673**

Polk County – Email Student Interview to Polk County Mental Health Services via secure email to akin.doug@co.polk.or.us and contact Polk County Mental Health Services at : **(503) 623-9289**
4. Contact SRA Liaison to inform a Level 2 request has been submitted.

Step 5: To be completed after Level 2 request is made:

1. Date of Level 2 request: _____ Time: _____ Agency: _____ Name of Initial Contact: _____
2. Estimated Time of Arrival: _____ Name of the Screener: _____
3. Was a Level 2 Suicide Risk Assessment completed? ☐ Yes ☐ No

If yes, Date: _____ Time: _____ Agency: _____

If no, explain the circumstances: _____

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

The school’s primary responsibility in these cases is to respond to the suicide attempt or completion in a manner which appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

Postvention Goals:

- ▶ Support the grieving process
- ▶ Prevent suicide contagion
- ▶ Reestablish healthy school climate
- ▶ Provide long-term surveillance
- ▶ Integrate and strengthen protective factors (ie community, positive coping skills, resiliency, etc)

How do we reach these goals?

- ▶ Do not glorify or romanticize the suicide. Treat it sensitively when speaking about the event, particularly with the media
- ▶ Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- ▶ Research and identify the resources available in your community.

RESOURCES:

- ▶ School based: _____
- ▶ Community: _____
- ▶ County Supports: _____
- ▶ Grief Support: _____
- ▶ Friends and Family: _____

Senate Bill 561 (2015) requires that Local Mental Health Authorities (LMHAs) work with partners to respond to a death by suicide of any community member age 24 or younger. In most counties, the SB 561 coordinator works within the county mental health system. If you are having difficulty finding out who your local LMHA is, contact Jill Baker, Suicide Intervention/Prevention Coordinator at the Oregon Health Authority, at Jill.Baker@dhsosha.state.or.us.

Suicide Postvention Protocol (continued)

Generally, postvention response includes, but is not limited to, the following actions:

- ▶ Verify the suicide attempt or completion
- ▶ Estimate level of response resources required
- ▶ Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- ▶ Mobilize the Crisis Response Team.
If your school has a Crisis Response Team, how are they contacted?

- ▶ Inform faculty and staff
- ▶ Identify at-risk students and staff (see “risk identification strategies”)
- ▶ Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event.
- ▶ Who is your trained school staff member that initiates this response?:

Key Points To Emphasize To Students, Parents, Media:

- ▶ Prevention (warning signs, risk factors)
- ▶ Survivors are not responsible for the death
- ▶ Mental illness etiology
- ▶ Normalize anger
- ▶ Stress alternatives
- ▶ Help is available

CAUTIONS:

- ▶ Avoid romanticizing or glorifying event or vilifying victim
- ▶ Do not provide excessive details or describe the event as courageous or rational
- ▶ Do not eulogize victim or conduct school-based memorial services
- ▶ Address loss but avoid school disruption as best as possible

SAFE REPORTING:

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

Suicide Postvention Protocol (continued)

Recommended Resources:

**After A Suicide:
A Toolkit for Schools**
www.afsp.org

**Suicide Prevention
Resource Center**
www.sprc.org

**American Foundation
for Suicide Prevention**
www.afsp.org

Suicide Rapid Response
SRR@linesforlife.org

To speak with a counselor or
schedule an appointment:

For Emergencies: 911
Local Emergency Department

Risk Identification Strategies:

- ▶ **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- ▶ **MONITOR** student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.
- ▶ **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

THEMES OF RESPONSIBLE POSTVENTION:

- ▶ Grief is normal
- ▶ Help is available
- ▶ Youth and young adults are resilient
- ▶ Healthy coping skills can be learned
- ▶ Suicide loss survivors are not responsible for the death
- ▶ Suicide is preventable

Suicide Rapid Response Program

Program Summary

The Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24.

Reporting

Throughout the Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report completed suicides to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen our response. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

CMHPs

The Rapid Response will involve coordination and collaboration with your local Community Mental Health Program (CMHP). They have a responsibility to report completed suicides to the Oregon Health Authority.

Not sure who your local CMHP is or how to contact them? Email SRR@linesforlife.org

- ▶ Name: _____
- ▶ Phone number: _____
- ▶ Email: _____



ACKNOWLEDGMENT

Special thanks to Oregon Alliance to Prevent Suicide, Oregon Athletic Coaches Association, Deschutes County Health Services, Oregon Health Authority, Oregon Department of Education, and the YouthLine Legislative Committee for providing invaluable feedback crucial to making this guide be the best that it can be! If you have any additional feedback to improve this guide, please reach out to EmilyM@linesforlife.org.



REFERENCES

Original content and design of this guide is a result of a partnership between The Oregon Health Authority and the Deschutes County Children and Families Commission and Health Services. Changes have been made by the Willamette Education Service District with the permission of the Deschutes County Prevention Coordinator.

This guide can be applied to any school district seeking to pro-actively address suicide. For the original document, please call 541-330-4632. Special thanks to the Marion & Polk County Suicide Intervention Task Force (2008) for it's creation of the Screener's Handbook, in which some content has been applied in this guide. Additional thanks to Salem-Keizer school district for the creation of safety assessment documentation for safety and risk management.

Information for this guide was derived from the following sources:

The Trevor Project. (2019, September). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources. Retrieved from https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf

Cairn Guidance. (2017, December). Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools. Retrieved from <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf>

American Foundation for Suicide Prevention. (2018). After a Suicide: A Toolkit for Schools. Retrieved from <https://chapterland.org/wp-content/flipbooks/afterasuicide/index.html?page=1>



NOTES

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NOTES

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Need help?

let's talk.

4-10pm daily

OregonYouthLine.org

877.968.8491

Text teen2teen to 839863



@theyouthline



lines for life
Building Hope Every Day



Willamette
EDUCATION SERVICE DISTRICT

For more information, please see:

wesd.org/suicideprevention | oregonyouthline.org/step-by-step

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