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State of Nevada Division of Child and Family Services Suicide Postvention Plan for Schools: Released June 2016

The State of Nevada Suicide Postvention Plan for Schools was developed by the Division of Child and Family Services (DCFS) as a coordinated effort among Children's Mental Health staff. This plan was created as part of DCFS's larger effort to address suicide among children and adolescents as a critical public health problem.

Suicide postvention is an array of activities that occur following an episode of serious suicidal behavior, including suicide attempts and death by suicide. These activities are conducted with the goal of fostering positive adjustment in the school community following a crisis. Postvention activities are intended to facilitate the grief process in survivors—such as family, friends, and teachers—as well as to reduce the risk of adverse effects such as depression, anxiety, and imitative behavior or contagion. Most postvention programs also address the way information is transmitted to the school community and larger community to ensure appropriate, accurate information about the event and its aftermath is released in a responsible manner.

Suicide postvention is seen as an important step on a continuum that begins with suicide prevention. Organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Suicide Prevention Resource Center, and the National Association of School Psychologists have released guidelines for suicide postvention. These guidelines, along with the existing plans of several other US States, were used in development of the Nevada Plan.

Postvention efforts reduce the stigma surrounding mental and behavioral health services by connecting survivors with individual and group support. Postvention programs have been shown to reduce suffering in the bereaved in the immediate aftermath of a suicide. Postvention planning can also reduce distress in affected school administrators and personnel by providing step-by-step instructions during a crisis. Specific guidelines assist in reducing imitative behavior or contagion. Finally, postvention efforts educate the public about suicide and suicide risk. DCFS and the State of Nevada consider suicide postvention planning to be an urgent priority for schools and communities statewide.





State of Nevada Suicide Postvention Plan for Schools





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Suicide & School Suicide: Background and Facts¹

Suicide is a serious public health problem that takes an enormous toll on families, friends, classmates, coworkers, and communities, as well as on our military personnel and veterans.

41,149 Americans took their lives in 2013, the most recent year for which full data are available. Suicide accounted for 12.6 deaths for every 100,000 people nationwide, making it the country's 10th leading cause of death.

Non-fatal suicidal behavior further swells the emotional and economic costs associated with suicide. An estimated 1 million suicide attempts occur each year, many requiring medical attention.

Facts and figures:

- Suicide is the third leading cause of death among youth ages 10-24.
- For each suicide death among young people, there may be as many as 100-200 suicide attempts.
- Suicidal thoughts and suicide attempts are more common during adolescence than any other time of life
- 17% of high school students reported that they had seriously considered suicide in the past year in a nationwide study.
- Approximately 1 out of every 15 high school students attempts suicide each year.

What causes suicide?

Suicide is not inexplicable and is not simply the result of stress or difficult life circumstances. Uncovering the reason for an individual suicide death is complex and challenging. What we know from research is that 90% of people who die by suicide have a potentially treatable mental disorder at the time of their death—a disorder that often has gone unrecognized and untreated. Most people who kill themselves also experienced a combination of deep psychological pain, desperate hopelessness, and challenging life events.

In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, substance use disorder, and eating disorders. While in some cases these disorders may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious "reason."

Suicide is almost always complicated. In addition to the underlying disorders listed above, suicide risk can be affected by personality factors such as impulsivity, aggression, and hopelessness. Moreover, suicide risk can also be exacerbated by stressful life circumstances such as a history of childhood physical and/or sexual abuse; death, divorce, or other trauma in the family; persistent serious family conflict; traumatic breakups of romantic relationships; trouble with the law; school failures and other major disappointments; and bullying, harassment, or victimization by peers. Availability of lethal means (such as a gun) also increases the risk of death by suicide.

¹ Sources:

American Foundation for Suicide Prevention (2016). Understanding Suicide. New York, NY: American Foundation for Suicide Prevention. Available at: http://www.afsp.org/understanding-suicide.

Joiner, T. (1999). The clustering and contagion of suicide. Current Directions in Psychological Science, 8(3), 89-92.

Substance Abuse and Mental Health Services Agency (2012). *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

While researchers have identified many factors that are associated with an increased risk for suicide, it is important to remember that the vast majority of individuals experiencing one or more of the above risk factors will *not* attempt suicide.

What are common suicide warning signs that parents and school personnel should be aware of?

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- C Looking for ways to kill oneself, such as searching online or buying a gun
- C Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- O Displaying extreme mood swings

Why is the way that schools address suicide so important?

Maintaining a safe school environment is part of a school's overall mission.

- Schools bear responsibility to protect the safety of children while they are in the care of the school. Suicide prevention is consistent with many other efforts to protect student safety.
- Activities designed to address and prevent violence, bullying, and alcohol and drug use may also reduce suicide risk among students
- Programs and activities that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance use

Students' mental health can affect their academic performance. Depression and other mental health issues can interfere with the ability to learn and can affect academic performance.

A completed student suicide or even attempt is likely to have a significant impact on other students and the larger school community. Adolescents may be susceptible to suicide contagion.

What is suicide contagion?

Suicide contagion is the transmission of suicidal behavior from one person to another. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents do appear more susceptible to imitating the behaviors of peers who have attempted or completed suicide than

people of other age groups. However, suicidal thoughts and behaviors do not "spread" the way that contagious diseases do, such as a cold or flu, where anyone who comes into contact with the germ can catch the disease. A person who develops suicidal thoughts or behaviors in reaction to a peer most likely had pre-existing risk factors or vulnerabilities.

There are several reasons why suicidal thoughts/behaviors appear to cluster together among teens who know each other or go to the same school:

- Vulnerable individuals may choose to become friends (that is, they may have mental health issues in common).
- The suicidal behavior of a friend or peer is a stressful event in itself. Individuals with mental and behavioral health challenges may have difficulty coping and may use inappropriate coping skills such as suicidal behavior.
- Because of physical and social proximity, including social media, adolescents are exposed more often to details of the suicidal behavior that occurred. This may desensitize them to the fear that might normally be experienced when thinking about suicidal behavior.

Postvention Planning Basics²

Why is having guidelines for postvention important to survivors of suicide loss?

Guidelines pave the way for decisive, effective advances in comprehensive care after a suicide occurs—and a strengthened partnership between the fields of suicide prevention and suicide grief support. It has long been understood that the suicide of a family member, friend, or other emotionally close person can have a powerful and sometimes devastating impact on the people who are left behind. It is well established that exposure to death by suicide can be a significant risk factor for the development of many negative consequences in the bereaved, including an increased risk of suicide.

The guidelines are a *call to action* to all professionals engaged in supporting those bereaved by suicide loss to strengthen and expand their response to every fatality. Doing so will potentially reduce the risk of suicide and meet the needs of the bereaved and others who may suffer from a range of negative effects related to exposure to suicide.

What are some practical coping strategies that students and staff members can use?

Encourage students/staff to think about specific things they can do when intense emotions such as worry or sadness begin to well up, including:

- Simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favorite calm and relaxing place.
- Engaging in favorite activities or hobbies such as music, talking with a friend, reading, or going to a movie.
- C Exercising.
- Thinking about how they've coped with difficulties in the past and reminding themselves that they can use those same coping skills now.
- Writing a list of people they can turn to for support.
- Writing a list of things they're looking forward to.
- Focusing on individual goals, such as returning to a shared class or spending time with mutual friends.

Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.

Students should also be encouraged to think about how they want to remember their friend. Ideas range from writing a personal note to the family, to attending the memorial service, to doing something kind for another person in honor of their friend. Be sure to educate students about the school's guidelines regarding

² Sources:

Higher Education Mental Health Alliance (2014). Postvention: A guide for response to suicide on college campuses.

Substance Abuse and Mental Health Services Agency (2012). *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

memorialization. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

Why do schools need guidelines for memorialization?

Memorializing a student who has died by suicide can be a difficult process. Faculty, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It can be challenging for schools to strike a comfortable balance between compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. Schools must also consider how to appropriately memorialize the student who has died without risking suicide contagion among those surviving students who may themselves be at risk. It is very important that schools strive to treat all deaths in the same way. Some forms of memorialization (such as spontaneous memorial collections, assemblies) may trigger emotional crisis in others, or contribute to the possibility of contagion through romanticism or glamorization. Additionally, the family's wishes and religious and cultural traditions must be honored.

Postvention Planning Guidelines for Schools³

Immediate Response

 \checkmark = action item

General Considerations

- ✓ If the incident has happened at school: Ensure the immediate safety of school staff and students (e.g. provide first aid, call ambulance and police).
- ✓ If the incident has happened away from school: Find out as many of the facts and circumstances as possible. Do not ignore rumors investigate them immediately.
- ✓ Confirm facts with the family and/or police.
- ✓ Ensure those affected (students/parents/staff) are not left alone.

Detailed Considerations

If the incident has happened at school, ensure the immediate safety of all school staff and students.

- \checkmark Ensure no other students or staff are in immediate danger.
- ✓ Administer first aid where necessary.
- ✓ Call 911 for emergency services.
- ✓ Alert the Emergency Response Team (Team) for assistance.
- ✓ Move witnesses to safe locations. They must be supported and supervised by staff/counselors until police have taken statements or advised about other actions.
- ✓ Isolate the site of the suicide from student and unauthorized staff access by using screens, blocking corridors and using established evacuation procedures. Do everything possible to protect others from viewing the site, without disturbing the area which police will need to inspect. Do not remove or disturb items from the site.
- ✓ Depending on the means of the suicide, think about making changes to the environment or limiting access to materials.
- ✓ If the student has attempted suicide but is physically unharmed, it is important they have a risk and mental status assessment. This is best done by an experienced mental health practitioner (possibly at the local emergency department, by the local mental health crisis team or by a trained school staff member).

³ Sources:

Headspace School Support (2012). Suicide postvention toolkit: A guide for secondary schools. North Melborne, Australia: National Youth Mental Health Foundation.

Higher Education Mental Health Alliance (2014). Postvention: A guide for response to suicide on college campuses.

Substance Abuse and Mental Health Services Agency (2012). *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

If not a school based event, find out the facts.

- ✓ Do not ignore "rumors" about suicide from students, parents or staff. Do not ignore suicide notes/emails/messages sent to staff by students. Immediate follow up should occur in both of these situations.
- ✓ If after following up on notes or rumors, a student is found safe in the school, organize a mental status and risk assessment. In most cases, it will be essential to share this information with the student's parents and refer the young person to a mental health provider (if one is not already involved).
- ✓ If the student cannot be located at school, make contact with the family immediately. If parents are unaware of the student's whereabouts and safety, contact police or local law enforcement.
- ✓ Reports of suicide that do not come from immediate family members should be verified through the police, hospital staff or, with extreme sensitivity, the family.

If a suicide report is made or confirmed by the family, ask them if others can be informed

It is appropriate to seek the family's feelings about informing the school community of the incident right away. If the family asks for advice, it is appropriate to talk about:

- The recommendations of these guidelines;
- The damaging impact of misinformation;
- The needs of other affected parents to know, so they can support their own children's grief.

Ensure that affected students, parents and staff are not left alone

Exposure to suicide is a traumatic experience. Staff, students and parents immediately affected by a suicide should not be left alone. They should be comforted and supported by others until family members can take over that care. Your emergency response plan should identify safe and secure places where this kind of crisis support can be provided.

Inform the relevant Department of Education office

Youth suicide can lead to other vulnerable young people being at an increased risk of harm. International research confirms the risk of suicide 'contagion', where a vulnerable person's knowledge of a suicide increases the likelihood of them viewing suicide as an option. It is important that you alert other schools to any immediate connections between the deceased student and members of their own school community. Schools should also be informed of the possible influence of information about the suicide being exchanged between the student populations. Given the instant and global communication networks that young people utilize, schools need as much advance warning as possible, so that sensitive inquiries can be made between schools and extra monitoring can be put in place for identified vulnerable students.



General Considerations

Inform the relevant representative at the Department of Education (or equivalent body for your school).

Convene the Team and plan the following steps:

- ✓ Contact the relevant mental health agency.
- ✓ Identify and plan support for students who are at risk.
- ✓ Set up a student support room in the school.
- ✓ Inform staff. Give them a script explaining what has happened, so that all staff are giving students that same consistent message.
- ✓ Inform students via a script. Do this in small groups, not at a whole school assembly. Do not describe the method of suicide.
- ✓ Inform the wider community via a letter.
- ✓ Contact the media liaison advisor. Refer all media inquiries to that individual.

Detailed Considerations

Convene the Emergency Response Team (Team)

Ideally, your school should have already selected the staff members who will be on your Team. New members can be added as necessary. These may include people from outside the school, such as mental health professionals. If your school does not have this Team in place already, you should put it together as soon as possible, and have it meet immediately.

Emergency response teams should be made up of five or six people. The Team should include your school's psychologist/social worker, other welfare staff and the principal (or senior staff). You should also consider including IT or computer staff to deal with social media. Other staff members who can work effectively under pressure with compassion and empathy may also be an asset. A mental health clinician from an outside agency may also be helpful. The Team should have a nominated leader. After a suicide, many actions need to be coordinated in a very short space of time. However, unlike other kinds of emergencies, suicide postvention also needs to continue for many months. Therefore, it is essential for the Team to ensure:

- The well-being of all members of the school community is monitored and protected; all responsibilities are undertaken efficiently.
- Accurate and consistent advice is provided to students, staff and parents; and no single member of staff assumes the full burden of responsibility.
- Once the immediate safety needs of staff and students have been met, the Team must meet to continue carrying out the school's postvention plan.

The Team will need to delegate the following responsibilities to its Team members:

- \checkmark Liaising with family
- ✓ Identifying vulnerable students, staff and close friends for personal contact and follow up

- ✓ Preparing written information for students, staff and parents
- \checkmark Liaising with mental health professionals
- ✓ Liaising with police
- ✓ Protecting student belongings (e.g. securing the student's locker)
- ✓ Liaising with department support staff
- ✓ Managing all incoming and outgoing information (for example sympathy cards or newspaper notices)
- ✓ Managing media contact
- ✓ Documenting all actions
- ✓ If the incident has happened at school, making appropriate environmental changes (e.g. locking away ropes, poisons and other materials)

Make contact with relevant mental health service providers

Having the immediate support of mental health professionals is invaluable in assisting a school to manage its postvention responsibilities. For this reason, it is sensible to invite a mental health representative to be a part of the Team for an appropriate period. This will also assist the referral process for any students who are felt to be high-risk and in need of additional counselling. Mental health professionals will be able to work alongside the school in the following key areas:

- The immediate counseling needs of affected students;
- Identifying other vulnerable young people;
- Screening young people at risk;
- Taking referrals from families and staff;
- Providing information sessions as required for parents, staff and students;
- Planning the management of significant occasions (funerals, anniversaries);
- C Liaising with hospital personnel and the media where relevant.

Identify and plan support for students at risk

After a suicide, one of a school's main responsibilities is to ensure their processes of identifying, supporting, referring and monitoring vulnerable students are well understood and effective. In the first 24 hours, it is important that:

- ✓ The student's closest friends (and any other students identified as vulnerable) are personally informed of the incident by appropriate staff and provided with immediate support and information about where they can receive continuing assistance at school;
- ✓ The affected students' cooperation is sought in not spreading sensitive information about the deceased student, and that they follow the protocols about leaving the school grounds;
- ✓ Direct contact is made with the parents of these students, so that support at home can be planned; and
- ✓ Direct contact is made with the principals of schools attended by the student's siblings or known close friends, to ensure awareness.

Set up a support room for students

A support room provides a safe, supervised location where students' grief and needs can be expressed, responded to and monitored. An appropriate staff member (such as a counselor or a mental health provider) must supervise the room at all times. The room's door should be left ajar rather than shut (as per normal protective practices). The support room should be quiet and out of the way. Keep a sign-in sheet, so you can monitor which students are using the room and may be at increased risk. Allow distressed students access to this room for several days after the incident. Monitor student movement to and from the room and ensure they are returning to class or being collected by parents or family members.

Keep staff well-informed

It is vital that staff are informed of all available information regarding the suicide. Ideally, staff should meet at the beginning and end of the working day following the suicide. This allows for ongoing communication about decisions made by the Team, while also providing space for staff feedback and support. The leader of the Team should brief staff about:

- ✓ The facts of the situation, including any parent wishes about information being shared/withheld. If a death is not confirmed as suicide or parents have asked that the term suicide is not used, then refer to it as a student "death" at this stage;
- ✓ Immediately following up on all unauthorized/unexplained student absences; the members of the Team and their roles, particularly identifying the person other staff members should come to if they receive any new or relevant information; the response plan for the day, in particular changes to responsibilities or routines, such as more staff on yard duty and interim measures to track movement, how phone inquiries are to be managed, the importance of **not** asking students for information relating to the suicide, but passing on what they are told or observe;
- ✓ Forwarding items of the student's work to a nominated team member, including art, assignments, and journals;
- ✓ Contact being made with staff who were absent at that time or who are on leave. Relevant information about roles and special procedures should also be displayed in the staff room.

The Team leader should also ensure all adults who will have contact with students in the following 24 hours are briefed. This includes regular bus drivers, sports coaches, canteen staff, support staff, out of school hours care staff and tutors.

Staff should be provided with:

- ✓ A script which they should follow to inform students information on how to offer support, how to manage discussion about suicide, signs to watch out for and information on grief.
- ✓ Sources of support they can access for themselves; and the option of not being involved in supporting students or reading the statement, if they feel this will put their own wellbeing at risk.
- ✓ Individual staff members who are considered particularly vulnerable should be spoken to ahead of the meeting. However, it is important to encourage **all** staff to access support or respite whenever they need it.
- ✓ An opportunity to provide the Team information regarding which students they consider will need particular support and which students are of concern. Also ask them about relevant information they may have, such as connections with other students, particular events that need to be monitored or changed, and possessions of the deceased student that need to be collected for the family.

✓ Briefings in the postvention period which should be used to pass on information, as well as to seek it out. This contributes to a sense of collegiality and shared responsibility, which helps protect the wellbeing of staff.

Inform students, but do not provide details of the method of suicide

The Team should prepare a statement for teachers to read to students. This is an important way of supporting staff who find the task of informing students stressful. It also ensures that accurate and consistent information is provided to students, which helps counter the rumors and misinformation that inevitably arise in a crisis. Students need to look out for each other at times like these, and this statement should promote this important notion. Friends closest to the student should be spoken to individually, or in small groups. This should be done by a counsellor or a staff member. Depending on their responses, they should be offered the use of the support room. You may also consider making arrangements for them to be collected by their parents.

No students affected by the news should be allowed to leave the school unaccompanied, unless by direct arrangement with parents. Students in the same year level should be provided with a modified statement. This is done in recognition of their close association with the student, their anticipated desire for more information, and their different need for support. Students in the same class as a sibling will need to be given additional assistance in understanding how to support their classmate once they return to school. It may be appropriate to have the counsellor or mental health professional speak to this group, as well as to the class teacher. Home groups, class groups or year level groups are the preferred environments in which to inform students about the incident, assuming staff are comfortable to do so. Whole school assemblies are not recommended, because student reactions are more difficult to manage in this environment, and it is harder to support individuals there.

Inform parents

The Team should also plan to contact the parents of affected students to inform them of the suicide and the possible impact it may have on their child. Giving parents immediate and accurate information about the school's response to the suicide is supportive of students and parents. It also protects the school in a number of ways:

- C Limits misinformation and distress to the parent population;
- Reduces the number of inquiries;
- G Encourages actions and attitudes that complement the school's postvention plan;
- G Helps parents to take supportive and protective action with their own children;
- Promotes communication with the school about wellbeing concerns;
- Gives parents confidence in the school's capacity to return to a normal routine.

Parents may appreciate additional information and support, in particular, information on how to talk about suicide and answers to frequently asked questions and concerns. Mental health services will be able to provide the team with this information.

Inform the wider community

How you let the wider community know of the suicide will vary, depending on your school's location and its links to the local community. However, information of this nature spreads quickly, via social media and word of mouth, and can have a profound effect on young people not connected to the school. For this reason, it may be important for the team to communicate with other agencies that involve young people.

Help the media report on the incident in appropriate manner

Give one member of the Team the role of media liaison person, or involve your District's communication liaison. This will assist you in giving an accurate and consistent message to the media. All contact with the media should be made via this person. Your media liaison person should prepare a statement that contains accurate information and is agreed to by the Team and/or parents. They may also refer the media to experts on youth suicide, who can give them further material. The media liaison person can reduce the risk of contagion by helping the media report on suicide in the most appropriate manner.



General Considerations

- ✓ Restore the school to its regular routine.
- ✓ Communicate with the bereaved/affected family.
- \checkmark Plan the school's involvement in the funeral.
- \checkmark Organize regular staff meetings, to ensure they are provided with up to date information.
- ✓ Monitor students and, in collaboration with the relevant mental health agency, begin assessments of students identified as being at risk.
- ✓ Monitor staff wellbeing and provide opportunities for debriefing.
- ✓ Keep parents informed via notices.
- ✓ Collect all the belongings of the deceased student for the police and family.
- \checkmark Continue documenting all of the school's actions.

Detailed Considerations

Ensure regular school routine

As much as possible (and appropriate), school routines should return to normal after approximately three days. The use of the support room should reduce as time passes. Schools will need to use their discretion to decide when this is "closed" and normal counselling processes resume. The return to regular daily routines and activities is an important contribution to the recovery of all affected members in the school community. Returning to normal routines does not mean that vigilance and awareness of student and staff wellbeing are lessened. This should continue for a number of months, or longer for some individuals.

Communicate with the family

One member of the Team should have the responsibility of communicating with the family at this time. This role should be done with sensitivity and compassion, given the grief the family will be experiencing. There may be a great variation in the accessibility of the family and their capacity and willingness to communicate. A number of factors may influence this:

- The family's existing relationship with the school;
- The family's cultural or religious practices regarding death and suicide;
- The level of support the family has;
- Whether there are siblings also attending the school.

This early communication with the family is important for a number of reasons, including to:

- \checkmark Offer the condolences of the school;
- ✓ Alert the family of potential or advised media contact;
- ✓ Offer support and liaison with the school, including giving them information about the school's postvention plans;
- \checkmark Determine the family's wishes on the school's representation at the funeral/service; and

✓ Discuss and arrange support of siblings if they also attend the school.

If there was a suicide attempt, this early communication is important to plan support for the student's return. If it is proving difficult to speak directly with the family, it may be possible to communicate with an extended family member or a close family friend. This may also limit the number of times the family have to relay distressing information. If the family does not wish the incident to be referred to as a suicide or attempted suicide, keep them or their liaison person informed of the information being exchanged between students. If the family is made aware that attempted or completed suicide is being discussed by many students, they may change their mind about confirming this aspect of the incident.

Plan the school's involvement in the funeral

After discussion with the family, it is important to consider and plan how the school and students will be involved with the funeral. In order to monitor and support students and staff, the school should know who will attend the funeral. If it occurs on a school day, students must have parental consent to attend. Ideally, attendance at the funeral should be limited to close friends and staff, and this should only happen after communication with the family. It is important to consider the need for increased support of those people who attend the funeral or who may play a role in the proceedings.

Students and/or family members may wish to hold a memorial service in the school. Generally, memorials involving large numbers of students are not recommended. Schools could consider using their support room for reflective activities that involve smaller groups of students. It's possible for staff to use large routine assembly opportunities to acknowledge the grief felt by friends and family. However, it's critical that the messages are delivered in a way that ensures the suicide is not glamorized.

Ensure regular staff meetings

School staff should meet regularly during this first week. This allows for regular debriefing, which ensures staff feel supported and up to date with relevant information. In turn, this helps create calm and restores order to a distressed school population. At each meeting, staff should share any information, concerns or observations which they consider important. The Team can also use these meetings to provide feedback and information about what has occurred during the last day. It is important the team's mental health representative attends the staff meetings so they can hear information about students who staff feel may be at risk. The team may also be required to support staff.

Suggested example of topics for all staff meetings:

- ✓ Staff should be provided with a handout describing risk factors and how to respond to student who may be at increased risk.
- ✓ Staff should be encouraged to discuss this information and ask questions, particularly of the mental health professional.
- ✓ Staff should be directed to immediately pass on names of students they are concerned about to the team member delegated with coordination of this information.
- ✓ Use staff to brainstorm all upcoming events or activities which might need to be altered or cancelled in view of the suicide. Staff should think about: projects, plays, research, novels or other items in the curriculum that could invite a focus on suicide; all the roles that a deceased student would have been playing in the near future (e.g. sporting, academic or community roles); and events where a deceased student would be expected to be honored.

The Team's responsibilities during staff meetings are:

- ✓ Inform staff about what has been planned for funeral attendance, parent consent requirements and provisions for student support;
- ✓ Discuss potential media involvement;
- ✓ Offer any new information/requirements;
- \checkmark Address the need to collect information for the documentation process.

Monitor students and begin assessments of those identified as being at risk.

This needs to be done with school personnel trained to assess for risk or collaboration with a mental health agency. Ideally, a mental health professional will be on the Team and will be helping with this work from the outset. This may also be the role of school counselors. In the first 24 hours, the closest friends and associates of the student and any students who witnessed the suicide should be contacted and provided with immediate support. The following information can help you identify other young people who may be at increased risk. Developing a plan to support them and respond to their risk is vital.

1. Identify students who are immediately or already considered at risk. This may include:

- Siblings of the student concerned;
- Students with a past history of suicide attempt(s);
- Students who are (or have been) accessing mental health services for depression/suicide ideation/self harm;
- Students known to be struggling with grief or trauma related to other events (such as deaths, accidents, catastrophes, family breakdown or emotional, physical or sexual abuse).

2. Identify other young people who may be profoundly affected. This can be done with the help of staff, student, parent and family networks. This group may include:

- Friends or boyfriends/girlfriends who attend other schools;
- Friends/acquaintances who communicated with the student in any fashion in the hours before the incident;
- Students who are expressing guilt about "messages" that they were given by the student, but did not act on or share with an adult.

3. Identify other students of concern. This can be done via referrals from staff, students or parents.

- ✓ Information sent home to parents should encourage parents and students to contact the school if they are worried about any young people they know.
- ✓ Staff will be encouraged to discuss any students they're concerned about with welfare/mental health staff and this may result in the young person being referred for support or monitoring.

4. Develop response and support plans for all identified students (in collaboration with mental health professionals). As part of these plans, the team should:

- ✓ Contact the young person;
- ✓ Contact the identified person's parents (unless it is believed that such contact will place the student at further risk);
- ✓ Give the at-risk person a referral to a mental health professional for suicide risk screening (if appropriate);

✓ Develop a written plan outlining the support the student will receive from the school, their family and any external support agencies.

Monitor staff well-being

Staff well-being must be monitored and responded to at regular intervals. Encourage staff to put their own well-being first and to ask for respite, support or a change in role if they need it. Healthy staff will assist the school in returning to regular routines and help make students feel well supported and cared for. Staff may experience their own feelings of guilt and grief about the suicide. Regular meetings and opportunities for them to debrief are important. Consider referring them to the appropriate professional support staff and/or Employee Assistance Program (EAP).

Once normal routines have been re-established, the team should consider all avenues of support that can assist the school in maintaining this condition. Schools can help manage the extra load placed on staff at this time by bringing in additional mental health professionals, as well as relief teachers. All outside support staff must be briefed on the school's emergency response plan and must follow it.

Keep parents informed

Ensure that parents are advised of any significant events or changes to the school's routine. In this early stage, this could include:

- Funeral arrangements and consent requirements;
- Changes to previously planned activities or excursions;
- Availability of additional counseling services in the school;
- Changes to attendance and/or sign-in/sign-out procedures;
- Planned building changes.

Alternatively, schools may choose to organize a parent meeting to distribute this information. This can also provide parents with a forum to ask questions, express concerns and seek support. It is important that Team members attend, as well as the principal and counseling staff. This meeting should have a clear agenda and be chaired carefully. The chair should allow for information to be shared and for parents to express their concerns. Depending on its size, it may be helpful to break the meeting into two parts. Use the first part to provide general information to the whole group. Areas to cover include the school's response and plans for the next week. Also provide parents with information on suicide, risk factors and how to talk with their child about suicide. The second part of the meeting could involve splitting into smaller groups, with each group facilitated by a counselor or mental health professional. This allows for discussion or questions in an environment that can easily contained.

Protect the student's belongings for the police and family

The protection of a student's belongings is an important act of respect for a grieving family. It is also critical to the work that police will undertake. When other students take/distribute these belongings, they may unwittingly cause distress for the deceased student's parents and compromise police work. It is vital this does not happen. Any item can assume a precious status for family members and be significant to the work of police or the coroner. Once the police give you their approval, a staff member should empty the student's locker. This should only be done when students are not present. These items should be kept together with the student's other belongings. An inventory should be made of these items and they should be stored securely in the school until they are collected by the family. Schools need to be prepared for the grief that parents will be experiencing. By bringing all these items together, you protect the family from having to move around the school (perhaps in a distressed state) looking for items or emptying a locker in the presence of other students.

An empty locker space can be a particularly distressing symbol for close friends, so it is appropriate to forewarn them when this is going to happen.

Ensure good documentation

All the actions of the team must be clearly documented, ideally by one team member. This will help the school provide the details of its postvention actions to an authorized agency, if need be. It also means the information needed for the critical incident review process is ready. Having one Team member manage this documentation ensures actions are not lost.

It also protects the school from stress if there is urgent request for information from outside agencies.



General Considerations

- ✓ Monitor staff and student wellbeing.
- ✓ Plan for relevant events that will be held by the school (year book photographs, award nights, graduation).
- \checkmark Gather information from staff that is relevant for a critical incident review.
- \checkmark Conduct a critical incident review.
- ✓ Consider offering parents and/or the community information sessions with a mental health agency.
- \checkmark Continue documentation of all the school's actions.

Detailed Considerations

Continue to monitor staff and student wellbeing

In the first month, the Team should be looking for obvious signs of staff or student distress and responding to them in the ways outlined earlier. This should be done in partnership with mental health professionals. The Team may consider that the needs of staff and students and the impact on team members themselves warrants extra longer term support, and this should be negotiated with the relevant agencies.

The interim appointment of an additional, experienced school leader can provide invaluable support to a school managing suicide postvention. It can relieve school leaders from the day-to-day administrative responsibilities and allow them to devote their attention to specific postvention tasks. If other crises in the school community occur following a suicide, it is possible that this will impact on those who have been affected by the suicide. If further deaths, attempts or accidents occur, it should be anticipated that many staff and students will return to their earlier levels of grief and therefore require their earlier levels of support and monitoring.

Plan for and consider school events of relevance

Following a suicide, the school may be faced with some dilemmas around how to manage events or documents that represented the deceased student, including yearbooks, graduation nights, and award ceremonies. Decisions will need to be made about how to manage these situations. Schools can and should celebrate the young person's achievements in the normal way without fear that they are sensationalizing the suicide. However, very careful communication with the family should occur regarding their wishes, and these should be respected. Each school community will approach these decisions differently, but cultural and family sensitivity and awareness must guide the decisions.

Conduct a critical incident review

Another role of the Team is to conduct a critical incident review. The purpose of a review is to evaluate the processes and procedures employed by the school in response to a critical incident; that is, an event outside the normal range of experience of the people involved. During this review it is helpful to allow all staff an opportunity to contribute their views on how the school community has managed its postvention responsibilities. It is also important that the review considers the school culture that preceded the suicide.

It is important to perform a critical incident review so that ideas on how to improve your school's emergency response or practices can be shared, considered and incorporated into school policy and planning. It is also

important to acknowledge the efforts of the school community and highlight what has worked well. All members of the Team usually participate in the critical incident review, along with a facilitator from the Department of Education (or equivalent body). Prior to the critical incident review, it is helpful for Team members to consider a number of issues and whether these could be improved, including:

- Identification and support of students at risk of suicide;
- Staff and student understanding about what to do when they have concerns about a young person's safety;
- Communication within the school;
- Communication with parents;
- Support for staff;
- Communication with and support from sector offices and mental health agencies.

It is also helpful for the Team to have a summary of the documentation to date. They should also have thought about the above information prior to the critical incident review. Critical incident reviews are most effective when all participants come prepared and have thought through their ideas and opinions. They need to feel safe to openly express their views and believe the school will use this opportunity to improve processes and acknowledge achievements.

Consider running an information session for parents

Schools should use their experienced mental health staff or mental health partners to run these sessions. It is important that the team continues to consider what parents may need. This may vary greatly, depending on the circumstance of the suicide and the location and size of the school and community. The following are examples of what schools have offered parents under varying circumstances:

- General information sessions on recognizing signs of suicide risk, current research on building resilience, understanding grief and loss, and supportive parenting.
- Year level or general parent sessions to discuss the outcomes of the critical incident review.
- Information sessions targeted at parents of an identified group of at-risk students.

Ensure good documentation

As is the case in the second phase, it is important that you continue documentation of any decisions or actions in the postvention phase. The amount of documentation will decrease over time, but good practice would be to ensure that documentation occurs for approximately 12 months.



General Considerations

- \checkmark Continue to support and monitor students and staff.
- ✓ Keep parents, staff and students informed.
- ✓ Plan for anniversaries, birthdays and other significant events.
- ✓ Implement the recommendations of the critical incident review.
- \checkmark Include your school's postvention plan in its staff induction process.

Detailed Considerations

Continue support and monitoring of staff and students

Students:

By this time, students who are at increased risk will have been identified and should be receiving ongoing support and monitoring, in partnership with mental health professionals and parents. The management of this group of students should be conducted as part of the school's ongoing and multi-layered systems of student support. However, specific attention should be given to identified students whose social support networks may change through:

- A holiday period;
- An exam period;
- C Leaving the school (transition to work, further learning or a family move).

Similarly, identified students whose family support is likely to change (e.g. through divorce/separation) should also receive increased attention. It is also important to be mindful that despite some high-risk students having been identified and supported by this stage, it does not mean that other students will not continue to be identified as high risk. These students should be referred for assessment and possibly treatment by mental health staff. Close friends of a deceased student can put pressure on each other by insisting on a particular way of "remembering" their friend and forgetting that people manage grief in very different ways. Staff can help these students by reinforcing (at appropriate times) that there is no right way to remember or grieve the loss of a friend and that they must be kind to each other and respect their differences.

Staff:

At this stage, the school leadership and the Team should again consider the need for additional personnel support in the school. This applies particularly if the school has been managing more than one critical event. School leaders should also take advice from the Team about whether changed roles/appointments should be offered to identified staff. Continued communication with the relevant educational authority is important in helping to quickly facilitate this kind of support.

Keep parents, students and staff informed of relevant information

Giving parents, staff and students regular and relevant communication is just as important in the long term as it is in the short term. Advice about anniversaries involving the deceased student, media coverage or any other forms of potential stress will continue to help protect the wellbeing of the school community and reinforce a consistent and supportive approach from the Team. People's desire to see something positive emerge from a tragedy like suicide is very strong. The results and recommendations of the critical incident review can help the community achieve some of this sense of moving forward.

Plan for important anniversaries

As with deaths from any cause, the anniversary of a death or the birthday of someone deceased are occasions that can take friends and family members back to their original levels of mourning. Being aware of (and prepared for) this possibility is a significant long term postvention responsibility. Students may wish to do something to recognize different anniversaries. If this is the case, discourage large group memorials. These occasions are best handled in very small groups, with parent knowledge/consent and where an adult can be close by, if not actually present. A limited group of staff, students and parents may also need to be kept informed of police processes, inquests and legal proceedings. These events have the potential to create high levels of stress. Again, schools need to be alert and responsive to people's needs.

Implement recommendations from the critical incident review

It is important that schools begin to plan and implement any recommendations that were agreed to as part of the critical incident review. Implementing the results of the critical incident review helps people appreciate the positive work that the school community has undertaken.

Include postvention plan in staff inductions

All new staff (teaching and non-teaching) and volunteers should be made aware of your school's postvention plan. In particular, teaching staff must be made familiar with the school's support processes for identified students, as well as your referral pathways and relationships with mental health professionals. Nominate a member of the Team to whom new staff can direct queries regarding the school's postvention work.

Team meetings should be held until the affected population of students have completed their schooling. These meetings need to be included in the postvention plan.

Appendix A: Local & National Resources

Emergency Services

Dial 911 24 hours

State of Nevada Children's Mobile Crisis Response Team

www.knowcrisis.com

Northern Nevada Mobile Crisis

775-688-1670 Monday - Friday: 7AM - 8PM Saturday - Sunday: 9AM - 8PM

Southern Nevada Mobile Crisis

702-486-7865 Monday - Friday: 8AM - 11PM Saturday - Sunday: 12PM - 11PM Holidays - 8AM - 11PM on call

National Suicide Prevention Lifeline

800-273-8255 24 hours Text Support: text "listen" to 839863 www.crisiscallcenter.org

<u>Nevada 211</u>

Dial 211 or text your 5 digit zip code to 211. You will be referred to an organization that can help. 24 hours

Appendix B: Myths about Suicide⁴

From the Nevada Office of Suicide Prevention

These myths about suicide stand in the way of providing assistance to those who are in danger. By correcting the myths, those responsible for the care and education of young people will be more able to recognize those who are at risk and provide the help that is needed.

MYTH: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

FACT: Talking about suicide provides the opportunity for communication. Fears that are shared are more likely to diminish. The first step in encouraging a suicidal person to live comes from talking about those feelings That first step can be the simple inquiry about whether or not the person is intending to end their life. However, talking about suicide should be carefully managed.

MYTH: Young people who talk about suicide never attempt or complete suicide.

FACT: Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide. If you have concerns about a young person who talks about suicide:

- ✓ Encourage him/her to talk further and help them to find appropriate counseling assistance.
- \checkmark Ask if the person are thinking about making a suicide attempt.
- \checkmark Ask if the person has a plan.
- ✓ Think about the completeness of the plan and how dangerous it is. Do not trivialise plans that seem less complete or less dangerous. All suicidal intentions are serious and must be acknowledged as such.
- ✓ Encourage the young person to develop a personal safety plan. This can include time spent with others, check-in points with significant adults/ plans for the future.

⁴ Sources:

Caruso, K. (date unknown). Suicide Myths. Available at: http://www.suicide.org/suicide-myths.html

Nevada Office of Suicide Prevention (date unknown). The Myths & Facts of Youth Suicide. Available at: http://suicideprevention.nv.gov/Youth/Myths/

MYTH: Attempted or completed suicides happen without warning.

FACT: The survivors of a suicide often say that the intention was hidden from them. It is more likely that the intention was just not recognized. There are almost always warning signs. These warning signs include:

- \checkmark The recent suicide, or death by other means, of a friend or relative.
- ✓ Previous suicide attempts.
- ✓ Preoccupation with themes of death or expressing suicidal thoughts.
- ✓ Depression, conduct disorder and problems with adjustment such as substance abuse, particularly when two or more of these are present.
- ✓ Giving away prized possessions/ making a will or other final arrangements.
- ✓ Major changes in sleep patterns too much or too little.
- ✓ Sudden and extreme changes in eating habits/ losing or gaining weight.
- ✓ Withdrawal from friends/ family or other major behavioral changes.
- ✓ Dropping out of group activities.
- ✓ Personality changes such as nervousness, outbursts of anger, impulsive or reckless behavior, or apathy about appearance or health.
- ✓ Frequent irritability or unexplained crying.
- ✓ Lingering expressions of unworthiness or failure.
- ✓ Lack of interest in the future.
- ✓ A sudden lifting of spirits, when there have been other indicators, may point to a decision to end the pain of life through suicide.

MYTH: Once a person is intent on suicide, there is no way of stopping them.

FACT: Suicides can be prevented. In fact, barriers on bridges, automatic gun bans, and restrictions on the number of pills per package have been shown to reduce the number of suicides. Suicidal crises can be relatively short-lived. Suicide is a permanent solution to what is usually a temporary problem. Immediate practical help such as staying with the person, encouraging them to talk and helping them build plans for the future, can avert the intention to attempt or complete suicide. Such immediate help is valuable at a time of crisis, but appropriate counselling will then be required.

MYTH: People who threaten suicide are just seeking attention, or trying to manipulate others.

FACT: People who talk about suicide are in pain and need help. All suicide attempts must be treated as though the person has the intent to die. Do not dismiss suicidal behavior as simply a way to get attention or manipulate. People who die by suicide usually talk about it first. They are in pain and oftentimes reach out for help because they do not know what to do and have lost hope. Always take talk about suicide seriously.

MYTH: All suicidal young people are depressed.

FACT: While depression is a contributory factor in most suicides, it need not be present for suicide to be attempted or completed.

MYTH: Marked and sudden improvement in mental state following a suicidal crisis or depressive period signifies that the suicide risk is over.

FACT: The opposite may be true. In the three months following an attempt, a young person is at most risk of completing suicide. The apparent lifting of the problems could mean the person has made a firm decision to commit suicide and feels better because of this decision.

MYTH: Suicidal young people are always angry when someone intervenes and they will resent that person afterwards.

FACT: While it is common for young people to be defensive and resist help at first, these behaviors are often barriers imposed to test how much people care and are prepared to help. For most adolescents considering suicide, it is a relief to have someone genuinely care about them and to be able to share the emotional burden of their plight with another person. When questioned some time later, the vast majority express gratitude for the intervention.

MYTH: Most suicides occur in winter months when the weather is poor.

FACT: Seasonal variation data are essentially based on adult suicides, with limited adolescent data available. However, it seems adolescent suicidal behavior is most common during the spring and early summer months.

MYTH: Every death is preventable.

FACT: No matter how well intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from occurring.

Appendix C: School Readiness Self-Assessment⁵

Prevention refers to an outline of specific actions to be implemented to reduce suicidal behavior.

1	Does your school have an up-to-date crisis response plan?	Yes	No
Com	nments:		

	2	Does the crisis response plan have full administrative support?	Yes	No
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Comments:

	Does the crisis plan have written protocols on how to manage suicidal student behavior? (Including attempt on campus, attempt off campus)	Yes	No
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Comments:

4	Have crisis team members already been identified?	Yes	No

Comments:

5	Are there both school and community individuals involved on the crisis team?	Yes	No	
Comments:				

6 Has training been established, and if so have crisis team members already been Yes No trained?

Comments:

7	Have back up/substitute crisis team members been identified for situations where the primary member(s) are not available?	Yes	No
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⁵ Source: Maine Youth Suicide Prevention Program (2009). Youth suicide prevention, intervention & postvention guidelines: A resource for school personnel. Maine Department of Health and Human Services Center for Disease Control and Prevention.

8 Is the crisis team equipped to support multiple schools in the event when a suicide Yes No
--

9	Does the crisis team, if identified, practice and perform drills on a regular basis?	Yes	No
Comments:			

	Are all staff, including non-crisis team members, provided with established school suicide and crisis protocols?	Yes	No
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Comments:

II Is there a plan in place for providing new staff with protocols? Yes No	11	Is there a plan in place for providing new staff with protocols?	Yes	No
--	----	--	-----	----

Comments:

	Has an individual been assigned to complete ongoing data collection, including completed suicides, attempts, and referrals?	Yes	No
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Comments:

13Are policies in place related to student, family, and staff confidentiality related to a crisis event? If so, has it ben disseminated to all school personnel?YesNo	related to a Yes No
--	---------------------

Comments:

14	Is there an active Memorandum of Understanding (MOU) in place with community		
	mental and behavioral health partners that are/will be called upon for support in the	Yes	No
	case of a crisis event? If so, does it address the services to be provided by the agency?		

Comments:

15Has all school staff been trained in suicide prevention? If yes, is there an annual refresher plan, as well as a plan to train new staff in a timely manner?YesNo
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16 Has an educational suicide prevention program been provided to the school students? Yes No	16 Has an educational suicide prevention program been provided to the school students? Yes	No
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17Has contact with local law enforcement occurred so that you and they know what to expect in the event of a crisis in school buildings or on school grounds?Yes	No
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Comments:

18	Do law enforcement personnel have copies of school floor plans for their use, if needed?	Yes	No
~			

Comments:

response personnel? Yes No

Comments:

Intervention refers to an outline of specific actions to be implemented in response to suicidal behavior.

20 Do school procedures/protocols identify key people within each building as contacts Yes N to help when suicidal behavior occurs?	No
---	----

Comments:

suicide risk is suspected?		Do school procedures designate someone to contact the parent/guardian when suicide risk is suspected?	Yes	No
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Comments:

22	Does the school have procedures for when the parent/guardian is unreachable?	Yes	No

23	Does the school have procedures for when a parent refuses to get help for their child?	Yes	No

24 Does the school provide information to parents about the importance of removing Yes No lethal means? Yes Yes Yes	t the importance of removing Yes No
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Comments:

25	Does the school have a system to alert staff of an emergency while school is in	Yes	No
	session? If yes, have volunteers and substitutes been informed about the system?		

Comments:

26 Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior?	Yes	No
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Comments:

Postvention refers to a sequence of planned support and interventions carried out in the aftermath of a suicide with the intention of preventing suicide contagion.

27	Do the protocols include a section about working with the media?	Yes	No
0			

Comments:

28Has a spokesperson been designated?YesNo
--

29	a. In the event of a suicide, are there established protocols for identifying close friends/other vulnerable students and plans to support them?b. Does this include students at other schools or other locations?	Yes	No
	c. Does this include staff that might be affected either due to their relationship with the youth or their own experience of suicide in their family?		

30 Have protocols been developed that explicitly detail what to do following a suicidal risis to avoid contagion?

Comments:

31	Do the protocols delineate the school's role following any student/staff death (for any reason)?	Yes	No
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Comments:

Do the protocols take into consideration the fact that following a suicide, whole-	Yes	No
school and/or permanent memorials are NOT recommended?	- •••	

Comments:

	Have plans been developed for supporting students should a suicide occur during vacation or summer break?	Yes	No	