

# LACONIA SCHOOL DISTRICT



## CRISIS *AND* SUICIDE RESPONSE PLAN

*Developed in collaboration with*

Elm Street School  
Pleasant Street School  
Woodland Heights School  
Laconia Middle School  
Laconia High School  
Huot Technical Center  
Office of School Wellness

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# Introduction

Crisis situations, such as natural disasters or acts of violence, and the death of a school community member, including suicide of a student or staff member, can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. In these situations, schools need reliable information, practical tools, and pragmatic guidance to help them protect their students and staff, to communicate with the public, and to return to their primary mission of educating students.

To support the Laconia School District in pre and postvention efforts related to crisis and suicide events, this plan was developed in 2020 by key stakeholders across the district. This plan reflects consensus recommendations developed by national experts, including school-based administrators and staff, clinicians, researchers, and crisis response professionals. It provides guidance and tools for prevention, intervention, and postvention, a term used to describe activities that help people cope with the emotional distress resulting from a suicide or unexpected crisis and prevent additional trauma that could lead to further suicidal behavior and deaths, especially among people who are vulnerable.

This resource was developed primarily for administrators and staff in our schools, but it can also be useful for parents and the Laconia community. This plan focuses on how to prevent, intervene, and respond in the immediate aftermath of a suicide death or crisis event and includes crisis response and postvention planning information that will enable staff to respond in an organized and effective manner. While this plan is meant to be an overarching resource for crisis event response, it specifically addresses response to suicide throughout.

The following principles have guided the development of this resource:

- Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased student's family and close friends.
- Adolescents are vulnerable to the risk of suicide contagion, that is, when a struggling student experiences the loss of another student to suicide and becomes at greater risk. Therefore, it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Adolescents are also resilient. With the proper information, guidance, and support from school staff, students can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.
- Suicide has multiple causes. However, a student who dies by suicide was likely struggling with significant concerns, such as a mental health condition that caused substantial psychological pain even if that pain was not apparent to others. But it is also important to understand that most people with mental health conditions do not attempt suicide.
- Help should be available for any student who may be struggling with mental health issues or suicidal feelings.
- Postvention efforts need to consider the cultural diversity of those affected by a suicide.

This resource was designed to help Laconia schools respond immediately in the minutes, hours, and days after a suicide or crisis, as well as in the weeks and months it takes the school community to heal and move forward.

# Suicide Prevention Preparation

## Staff Professional Development

The Laconia School Districts provides Youth Mental Health First Aid (YMHFA) training on an annual and ongoing basis for any staff who have not previously completed YMHFA. In addition, staff complete a minimum of two hours of annual training using a variety of mediums in suicide awareness and prevention that includes youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention, and information on available resources in the schools and community and how to access them.

## Suicide Warning Signs

### **What are warning signs for suicide?**

Warning signs are changes in a person's behaviors, feelings and beliefs about oneself that are out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to be different from individual to individual. However, there are common traits that have been observed (either before or after the fact) in individuals who are contemplating suicide. Individuals who are displaying these warning signs should be asked directly if they are thinking of hurting or killing themselves and should be referred to a qualified physician or mental health practitioner for a full assessment.

A warning signs handout can be found in *Appendix A: Prevention Tools & Templates*.

### **Warning Signs for Suicide: Cause for Immediate Action**

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills or other means
- Talking or writing about death, dying or suicide

### **Direct Statements of Suicidal Intent: Cause for Immediate Action**

- "I'm going to end it all."
- "I wish I were dead."
- "I've decided to kill myself."

### **Less Direct Statements of Suicidal Intent: Cause for Immediate Action**

- "Everyone would be better off without me."
- "Pretty soon you won't have to worry about me."
- "Who cares if I am dead anyway?"

### **Take Immediate Action:**

- Call 911, or an ambulance, or get them to the emergency room
- Do not leave the person unattended, even briefly

### **Warning Signs for Suicide: Cause for Concern**

- Feeling hopeless
- Feeling rage or uncontrollable anger or seeking revenge

- Feeling trapped—like there’s no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Acting reckless or engaging in risky activities—seemingly without thinking
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated; being unable to sleep, or sleeping all the time
- Sudden improvement in mood after being down or withdrawn
- Giving away favorite possessions

**Connect with Help (Additional Supports) in the Community:**

- Community mental health center
- Primary care provider
- School nurse/School counselor/School psychologist
- Pastoral counselor
- Other qualified professionals
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- This list of warning signs is promoted by the National Suicide Prevention Lifeline ([www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)).

## Risk and Protective Factors

### RISK FACTORS

Risk factors are influences that make it **more likely** that individuals will develop a mental health problem. They include biological, psychological, or social factors in the individual, family, or community. The more risk factors a person has, the more he/she is at risk for suicide and other self-destructive behaviors, such as substance abuse.

#### Individual Risk Factors

- Mental health problems, including depression, bipolar disorder, and anxiety disorders
- Alcohol and other substance use problems
- Loss (due to death, relationship, job, or status)
- Poor impulse control
- Feelings of hopelessness, helplessness, powerlessness, or desperation
- History of trauma or abuse (e.g. physical, mental, or sexual)
- Prior suicide attempt (significantly increases risk)
- Fascination with death and violence
- History of bullying or interpersonal violence
- Confusion or conflict about sexual orientation/identity
- Compulsive, extreme perfectionism

#### Family Risk Factors

- Family history of suicide
- Depressed and/or suicidal parents
- Alcoholic and/or drug-addicted parents
- Changes in family structure (e.g. death, divorce, remarriage, frequent moves/relocation)

- Financial difficulties

### **Community Risk Factors**

- Access to lethal means (e.g. firearms or other lethal means)
- Stigma associated with help-seeking
- Lack of access to helping services
- Loss of family, friends, or idols to suicide
- Anniversary of someone else's suicide or other death
- Incarceration or loss of freedom; trouble with the law

*This list of risk factors was developed by the National Center for Suicide Prevention Training.*

## **PROTECTIVE FACTORS**

Protective factors are influences that make it **less likely** that individuals will develop a mental health problem. They include biological, psychological, or social factors in the individual, family, or community. Protective factors help to lower the risk level of suicide and other self-destructive behaviors. These are strengths that we can develop and enhance for citizenry in our community.

### **Individual Protective Factors**

- Abstinence from alcohol and other drugs
- Help-seeking behavior
- Friends and supportive significant others
- Hope for the future
- Having goals
- Pets/Connectedness to others
- Good problem-solving skills
- Medical compliance and a sense of the importance of health and wellness

### **Family Protective Factors**

- Strong interpersonal bonds, especially with family and adults
- Family cohesion
- Parental presence at key times
- Cultural and religious beliefs that discourage suicide and support self-preservation
- Ability to cope and handle crises

### **Community Protective Factors**

- Reasonably safe, stable environment
- Effective care for mental and physical health and substance use problems
- Availability of counseling or trusted adult in the life of a youth
- Restricted access to firearms or other lethal means
- Opportunities to contribute/participation in school and/or the larger community

*This list of risk factors was developed by the National Center for Suicide Prevention Training.*

## Effective Coping & Resiliency Strategies for Students

Through the Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B), schools in the Laconia School District implement a continuum of Tier I, Tier II and Tier III prevention and intervention strategies, supports, and services for all students. As part of the Suicide Prevention Preparation work at the Tier I, or Universal level, all students in grades K-5 receive comprehensive classroom-based school counseling instruction. This includes instruction on effective coping strategies, emotional regulation, resiliency strategies, and how to access or seek building-based supports annually. In grades 6-12 students receive instructional units on suicide prevention and coping strategies in their health and wellness classes.

At the Tier II level K-12 students who are identified as being at-risk receive targeted group instruction in the following areas as needed: emotional regulation, coping strategies, social skills, problem solving, anxiety, anger management, and other related effective coping and resiliency strategy interventions.

Students in need of Tier III individual and intensive supports receive school-based mental health counseling, drug and alcohol counseling, Wraparound, RENEW, Special Education, and/or 1:1 supports from school counselors, behavior support specialists, and social workers.

### School Safety Teams

Each school building will have a school-based team who will receive training and professional development. These teams will enact and follow protocols in order to support students and the school community in prevention, intervention and postvention of a crisis event or suicide.

- 1) School-Based Teams Training and Protocol
  - a. School Safety Teams will receive training, such as the Gate Keeper Suicide Prevention Training, during 2020-2021 with ongoing training and supports; new members will receive initial training.
  - b. Team Coordinators will meet quarterly and participate and support district level needs.
  - c. Full teams meet annually for booster training and revisit of protocols.
- 2) School-Based Team Structure
  - a. Each School Safety Team will be responsible for knowing where their critical incident response plan lives (binder in main office, online/password protected site, staff handbook) within their building.
  - b. Team Composition by Building:

ESS, PSS, WHS	1) Principal (Team Coordinator/Point of Contact), 2) School Counselor, 3) School Social Worker/Student Outreach Coordinator, and 4) Teacher or Staff Designee
LMS, LHS	1) Principal or Assistant Principal (Team Coordinator/Point of Contact), 2) School Counselor, 3) School Social Worker/Student Outreach Coordinator, and 4) Teacher or Staff Designee
Huot	1) Director (Team Coordinator/Point of Contact), 2) CTE Coordinator, 3) Career Support Specialist, and 4) Teacher or Staff Designee
SAU	1) Superintendent (Team Coordinator/Point of Contact), 2) Assistant Superintendent, 3) Human Resources Coordinator, and 4) Office of School Wellness Director

## Community Partnerships

When experiencing a crisis event, or unexpected death in the school community, it is important to have ongoing relationships with key community agencies to help ensure accurate and consistent messaging from all parties. These key members will be coordinated through the Emergency Management Committee, which includes the Laconia Police Department, Laconia Fire Department, and Laconia School District School Safety Team Members. Along with the police and fire departments, other key community members to consider, and their possible role in helping with a crisis are as follows:

**Mayor/City Manager:** A student death by suicide may reveal an underlying community-wide problem, such as drug or alcohol use, bullying, or a possible suicide cluster. Because schools function within—not separate from—the surrounding community, the mayor’s office can be a helpful partner in promoting dialogue and presenting a united front in the interest of protecting the community’s youth.

**Medical Examiner/Coroner:** The medical examiner is a key source of information about whether the death has been declared a suicide. This knowledge, with parent/guardian/family consent, will help the school share accurate information available and avoid or stop the spread of rumors as quickly as possible.

**Community Mental Health Center:** The school will be able to notify the community mental health center of an unexpected student death, which will help seamless referrals for distressed students. Through this relationship, information can also be shared with local primary care physicians and pediatricians, so they are more likely to screen their patients for suicidal ideation who they see for depression, substance abuse, or other related disorders, and refer them to a mental health professional.

**Funeral Home Director:** The school and local funeral homes can have a conversation about the number, and type of students likely to attend, which helps prepare for the appropriate amount of staff and security present at the funeral. Schools are also able to ask that information be shared about local counseling options, and other resources, to the attendees of the funeral. It is also important to discuss scheduling the services outside of school hours, encouraging parents to attend, and providing counselors after the service to meet with distraught students, along with a quiet place to do so.

**Faith Leaders:** The school can help encourage a dialogue with the family and the community faith leaders to help them understand the risk of suicide contagion. It is important when talking about the student death that it is not inadvertently romanticized, and that there is an emphasis on the connection between suicide and underlying mental health issues.

Various other community organizations and partners to be considered: Partnership for Public Health, Family Resource Center, Stand Up Laconia, Santa Fund, etc.

## Suicide Intervention Guidelines

When a student makes a comment or demonstrates intention towards suicide, he/she will be immediately brought to the school counselor (SC) or designee\*. SC or designee will complete a risk assessment using the Columbia Suicide Severity Rating Scale form that is Substance Abuse and Mental Health Services Administration (SAMHSA) recommended, (see Appendix A) with the student.

After assessment, all parents/guardians of students who express thoughts of suicide will be contacted by the Laconia School District.

*\* Social Worker, School Nurse, Behavior Support Specialist, Student Services Administrator*

## Low-Risk for Suicide Protocols

<b>LOW RISK FOR SUICIDE</b>
<ol style="list-style-type: none"><li>1. If following the risk assessment, the student is determined to be at low risk for suicide (no indication of intent and specific plan), the SC or designee will immediately notify an administrator of the situation.</li><li>2. SC and/or designee will notify the student's parent/legal guardian. If there is a concern, we will have the parent/guardian pick up the student if needed.</li><li>3. SC or designee will notify student's therapist, if they have one, regarding suicide risk assessment.</li><li>4. If parents and/or legal guardians are not able to be reached, the SC or designee will conduct a home welfare check to ensure student's well-being and safety upon school dismissal.</li><li>5. If parents/legal guardians are still not found or contacted, the student will remain with one of the Laconia School District staff until parent/legal guardian has been contacted.</li><li>6. Before school ends, SC or designee will re-connect and/or re-assess student for suicidal risk. The following school day, SC or designee will do a check-in with student for support and possibly re-assess for suicide risk if needed.</li></ol>

## High-Risk for Suicide Protocols

<b>HIGH RISK FOR SUICIDE</b>
<ol style="list-style-type: none"><li>1. If student is determined to be at high risk (intent and specific plan) for suicide, SC or designee will keep student under supervision at all times and immediately inform administration.</li><li>2. SC or designee will contact the student's parent/legal guardian and ask him/her to come pick up the student immediately and take the student for an emergency evaluation at either the emergency room at Lakes Regional General Hospital (LRGH) or with Lakes Region Mental Health Center (Child &amp; Family) if they are known active clients. For Lakes Region Mental Health Center before 5pm call: 524-1100 and ask to be speak to the student's therapist or Clinical Supervisor on Duty; after 5pm ask for the Emergency Service Department.</li><li>3. If parent/guardian refuses to take student for a safety evaluation, 9-1-1 emergency services will be called to bring the student to the LRGH. The Department of Children, Youth and Families (DCYF) will also be contacted.</li></ol>

4. When you call 9-1-1 Emergency, be prepared to answer the call-taker's questions, which may include:
  - The location of the emergency, including the street address
  - The phone number you are calling from
  - The nature of the emergency
  - Details about the emergency, such as a physical description of a person who may have committed a crime, a description of any fire that may be burning, or a description of injuries or symptoms being experienced by a person having a medical emergency
5. SC or designee will stay with student at all times until student is in the physical custody of his/her parent or legal guardian. DCYF and/or Laconia Police Department (LPD) will be consulted.
6. Prior to returning to school, a re-entry team meeting will be required to help the student make a safe transition. A goal of this meeting includes creating and/or sharing a safety plan (see Appendix B) for the student. Team members may include but are not limited to: administration, school counselor, mental health clinician, psychiatrist, school nurse, school psychologists, teachers, and student's parents/legal guardians. Notes of this meeting will be provided to all team meeting members.

## Suicide or Loss of Life Postvention Guidelines

### Activities for Responding to a Crisis

#### Immediately Following an Incident:

1. Building administration receives info from public source, shares with superintendent (not required if information received from superintendent). Superintendent contacts law enforcement to verify death and circumstances (if appropriate). Superintendent notifies key district administrators.
2. Building administration activates the School Safety Team for the school.
3. Principal or superintendent contacts family to offer condolences and determine what can be shared (only done when appropriate).
4. School Safety Team completes Critical Incident Assessment (see Appendix C).
5. Notify faculty and other school staff via telephone chain or other methods and plan a faculty meeting prior to school opening (if the critical incident is learned about during the school day, schedule a faculty meeting at end of day).
6. School Safety Team plans faculty meeting, including consideration of the following (see Appendix C All Staff Meeting Guidelines for further information):
  - a. What information can be publicly shared at this time?
  - b. How we will deliver information to students? If teachers are giving the message, provide written statement for teachers to read to students (see Appendix C).
  - c. Provide staff with information on what typical and atypical responses might look like;

- i. Determine who may need to complete the PTRC (Psychological Trauma Risk Checklist) for students with physical or emotional proximity to loss; Organize copies of PTRC for dissemination.
  - ii. Any students who are scored at moderate to high risk on the PTRC are referred to the Crisis Response Team.
  - d. What to do if a student is in distress or need of support (where to go, safe rooms, how to communicate they are coming).
  - e. What to do if you are feeling distress as a staff member.
  - f. Who will speak with subgroups of students? Where? When?
  - g. Is the overall school schedule being adjusted? Will classes run as typical?
  - h. What are the overall support mechanisms in the school?
  - i. How will we reassure staff that discussing traumatic incidents in a non-judgmental setting is safe and helpful, and will not elevate risk?
7. Hold faculty meeting. Disseminate PTRC as needed.
  8. Deliver information to students as previously determined.
  9. School Safety Team determines how to inform school community (families) and puts the plan into action (see Appendix C Sample Death Notifications for Students and Parents).
  10. Crisis Response Team determines need for Parent/Guardian meetings and schedules meeting(s) if appropriate (see Appendix A Sample Parent Meeting Guidelines).
  10. School Safety Team determines need for Assistance Center (centralized place where students and families can go to for help, have counselors on site to respond.) Create if needed.
  11. Assess whether further staff meeting(s) are needed for information sharing, continued planning, and peer support.
  12. Evaluate continued need for support services. Keep in mind that the grief process is different for each individual and may progress in different ways.
  13. Continue to assess students, especially those most closely impacted or otherwise at-risk.
  14. Relay information about visiting hours and funeral to students, staff and community as it becomes available.
  15. At close of each of the first few days, the School Safety Team takes the following steps:
    - a. Offer appreciation of the staff. Remind of importance of self-care.
    - b. Review any referrals made to the School Safety Team. Make a plan of support for these students, including contacting a parent or guardian directly.
    - c. Express concerns and ask questions.
    - d. Check-in with staff, check-in with staff partners/teammates who provide peer support.
    - e. Discuss any new information learned, such as funeral arrangements.
    - f. Discuss plans for the next day.
  16. The School Safety Team additionally coordinates efforts with the SAU Crisis Response Team and Superintendent to leverage district supports for the building.

## Helping Students and Staff Cope

In order to support a healthy approach to addressing the crisis event being faced, it is important to consider how to help various subpopulations of the school community, including students and staff.

### Considerations for Working with Students:

- Different levels of support and information will be required for different age/developmental levels of students, as well as relationship to the deceased.
- Keep in mind that reactions and responses can change over time as students go through the grief cycle.

- The school counselors and school social workers can provide assistance, as well as resources (i.e., books to support understanding of situation).
- Enlist support from others (school counselors, social workers, etc.) in the district to support students.
- Preparation of age appropriate language related to the crisis event will help with understanding and consistency.
- Focus on needs within afterschool program as well.

### **Considerations for Working with Staff:**

- Create a plan of who and how to check in with staff following an incident.
- Use substitute (floating) staff to step in for traumatized staff intimately involved or others needing a break or support.
- Provide staff with resources for healing: (i.e. energy healing yoga, etc.) as well as other Staff Self-Care Suggestions (see Appendix C).
- Enlist support from others (school counselors, social workers, etc.) in the district to support staff.
- Provide resources for prevention and information (signs of depression, suicide, mental health resources) and information on how to seek support.
- Offer opportunities to bring staff together as needed.

## **Working with the Media**

A death within a school system can attract a lot of media attention, be it suicide or otherwise. It is important for a school to develop safe messaging, which can help avoid further issues such as suicide contagion. The person enlisted as the media spokesperson will ensure that news is released to the media in a deliberate and consistent manner, respecting the privacy of those involved in the crisis event.

The risk of contagion is related to the amount, duration, prominence and content of media coverage. Therefore, it is extremely important that schools strongly encourage the media to adhere to the recommendations for safe reporting, which were developed by the nation’s leading suicide prevention organizations.

These recommendations include the following:

- Do not glamorize or romanticize the victim or the suicide.
- Do not oversimplify the causes of death.
- Do not describe the details of the method.
- Do not include photographs of the death scene or of devastated mourners, which can draw in vulnerable youth who may be desperate for attention and recognition.
- Use preferred language, such as “died by suicide” or “killed himself/herself” rather than “successful” suicide.
- Include messages of hope and recovery.
- Consult suicide prevention experts.
- Include a list of Warning Signs.
- Include the National Suicide Prevention Lifeline number 1-800-275-8255 and include information about local mental health resources in each article or broadcast.

# School Procedures Regarding Funerals

## Funerals and Memorial Services

To the extent possible, schools are focused on keeping the regular school schedule intact, to limit exposure to those who may not have known the student.

- School grounds should *not* be chosen for funeral or memorial services so that the regular school schedule, structure, and routines can remain consistent for all. Using school spaces can inextricably connect that space to the death, making it difficult for students to return to regular activities in those spaces.
- When school staff are able to collaborate with the family around funeral and memorial services, it is advisable to make arrangements take place after school hours.
- If services are to be held during school hours, schools should remain open and school buses should not be used to transport students to and from the services. Students shall only be excused from school to attend these services with parental permission.
- Schools should consider supporting the family by having school counseling staff attend the services. An administrative representative from the school should also be in attendance.
- Schools should strongly encourage parents of children who wish to attend services to attend with their child in order to provide emotional support.

## School's Attendance at the Service

With regard to attendance of their loved one's services, the wishes of the family of the deceased must be considered. The family may openly invite and encourage the schools' and students' attendance and participation. On the other hand, there may be factors, including cultural, that may lead them to not want the presence of students. Gain knowledge of the facts of the service including the length, what will occur and whether there will be a casket, cremation, etc. If there was a sudden, traumatic or violent death, the emotional responses by adults attending may be overwhelming for certain age children. Sitting through a long service may be too much for younger children.

Allow school faculty and staff to attend services if during a school day. This type of closure and ritual is an important aspect in many people's lives. Student absences should be excused. If many teachers are interested in attending services, decide how to handle their absences. Recognize that the day of the funeral may be difficult. Have additional support available.

## *Parent Considerations for Children Attending Services:*

### **Consider your expectation and involvement in the service.**

Parents need to understand their own involvement as they decide whether to bring their child to a funeral or memorial service. If a parent is going to be involved in the service, they may want to ask a trusted person to accompany their children.

### **Consider what the child wants.**

If the child is adamant in not attending, this wish needs to be seriously considered. Generally, children appreciate the opportunity to make their own decisions about attendance. They may not be ready for this type of life experience. Ask a trusted individual to stay with the child during the service and connect with them immediately afterward. Although not physically present at the service, they may have questions or may feel guilty that they could not attend.

### **There is no magic age in which attendance at a service is recommended.**

The child's personality and developmental issues need to be taken into consideration.

Explain the ritual of the service they will be attending. Considerations may include:

- Length and type of service
- Open casket – if there is a body to view, explain that the deceased is not hurting, hungry or cold.
- Cremation – assure the child that the deceased was in no pain during cremation
- Projected emotional responses by those attending
- Child's development, temperament, capability to acclimate
- Child's relation to the deceased
- Child's wishes as to whether or not they want to attend. It is not recommended to force a child to attend
- Wake, Religious or Memorial Service, Burial Service – consider who may be there or the amount of people in attendance
- Spending time with your child after the service is important as emotions may arise after the fact
- Children are learning from their parent during this process. It is perfectly okay to cry and show emotion

### **Be prepared for many questions after the service.**

These questions and concerns from a child may not come until weeks later as the child begins to work through their grief. Older children may be hesitant to start the conversation. It is recommended to check in often with your child.

If the child does not go they may feel guilty, disappointed in their self, or feeling as if they let the deceased person down. Be prepared to attend to these needs.

### **If you or your child do not attend the services there may be other opportunities for honoring the deceased individual.**

The child (and parents) might bake for the family, collect pictures of the deceased or flowers to give to the family, hand craft a card with a special message inside, or assist in a memorial that is occurring in the community, such as a school-based activity, a fund-raiser for a scholarship memorial, or the building of a wildflower garden.

## **Memorialization**

Any death of a student is a tragic event for schools. This tragedy is compounded when a student dies by suicide. While memorializing the student may be the wishes of some, a balance needs to be met by schools between meeting needs of grieving students and maintaining and serving the educational programming for students.

For deaths by suicide, the risk of suicide contagions must be considered when preparing for any memorizations. In general, schools should strive to treat all deaths in the same manner. We do not want to inadvertently romanticize or glamorize either the student or the death. Therefore, schools are encouraged to find ways to emphasize the connection between suicide and underlying mental health issues. When possible, schools should meet with the student's friends and coordinate with the family to identify ways to acknowledge the loss. The following are creative responses for memorializing students who have died by suicide.

### **Spontaneous Memorials**

Immediately after a death by suicide, students may want to create spontaneous memorials by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place associated with the student (i.e.,

his or her locker, classroom seat, site of death, etc.). The school's goal is to balance the students' need to grieve with restoring equilibrium, and to help avoid any glamorization of the death, if by suicide.

- All responses to student deaths, regardless of manner, should be handled the same way in policy.
- Setting limits, using compassion and sensitivity, for students is important. Coming up with creative ways to remember their friend can be helpful for the grieving process. For example, provide poster board and markers for students to write messages, set up in a location where those who do not wish to participate can avoid the location. After a few days the posters can be offered to the family.
- If memorials are created on school grounds, school staff are responsible to monitor the content of messages for inappropriate messages or for students who may be themselves at-risk.
- Spontaneous memorials can be left in place until after the funeral (or approximately five days), then offered to the family.
- It is recommended that schools discourage the creation and distribution of t-shirts and buttons showing images of the deceased, explaining that those images could be upsetting for others. Should students arrive at school wearing such items, it is advisable they be allowed to do so for that day only but that repeatedly bringing images of the deceased student could be disruptive and could glamorize suicide.
- The student's empty seat in class could become upsetting. After five days, seat assignments can be rearranged to create a new environment. Teachers should explain to students the intention of honoring the student who has died while returning focus back to classroom curriculum. Involving the students in the planning of how to respectfully remove the desk is advisable.
- When spontaneous memorials are created off school grounds, the school's response may be limited. Staff can encourage a responsible approach, such as having memorials be time-limited (about five days or until after the funeral), then disassembling the items and offering them to the family. A supervised disassembly could also be suggested, during which music is played and students in attendance could take parts of the memorial home, with the rest offered to the family.
- Spontaneous gatherings and candlelight vigils may also take place. While unsupervised events should be discouraged, if they are to occur, administrators may want to consult with local police to monitor student safety and have counselors available to offer support.
- It is *not* recommended that flags fly at half-staff (that is a local government decision).

### **School Newspapers**

The student's death may be covered by the school newspaper and would be seen as a kind of memorial. This is an opportunity to educate students about suicide warning signs and available resources. All school newspaper coverage should be reviewed by an adult to ensure it conforms with the standards set forth which was created by the nation's leading suicide prevention organizations (see Sample Media Statement Appendix C).

### **Events**

Students may wish to dedicate an event to the memory of their friend. End-of-the-year activities may raise questions of whether to award a posthumous degree or award or include a video tribute to the deceased student during graduation. Again, all deaths should be treated the same way.

- Encourage students to consider organizing a suicide prevention awareness event or a fundraising event.
- Parents of the deceased student sometimes express interest in holding an assembly or other event in hopes to dissuade other students from taking their own lives. Schools are strongly advised that this is *not* an effective approach to suicide prevention and could actually be risky. Parents should be encouraged to work with the school to bring appropriate educational programming to the

students that discusses the signs and symptoms of depression, along with how to access appropriate resources.

### **Yearbooks**

If there is a school history of dedicating the yearbook (or a page in the yearbook) to students who have died, that policy is equally applicable to a student who died by suicide, since all deaths are treated the same way, though final editorial decisions should be made by an adult. When possible, focus should be on mental health and/or suicide prevention.

### **Graduation**

If there is a tradition to include deceased students who would have graduated with the class, students who have died by suicide should also be included. Some schools may include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include should be made by an adult.

### **Permanent Memorials and Scholarships**

At times, communities want to establish permanent memorials for students who have passed. Though no research suggests permanent memorials create risk of contagion, they can be reminders to bereaved students and disruptive to the school's goal of maintaining emotional regulation.

- If a permanent memorial is created, it is best to have that memorial off school grounds.
- When schools choose to plant trees, put up plaques, install park benches, or establish named scholarships for one student, all student deaths should be treated equally. This response can become difficult to sustain over time.

### **Creative Suggestions**

Schools play an important role in channeling the energy and passion of the students during times of grief and can focus that energy in positive ways.

- Proactively, schools can meet with the student's close friends to talk about the type and timing of any memorializations. This gives school staff an opportunity to show sensitivity, explain its rationale for permitting certain kinds of activities but not others, and provides students with a means to meet and express emotions on an as-needed basis.
- Constructive suggestions for memorializations could include:
  - Holding a day of community service in honor of the deceased.
  - Creating a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations.
  - Sponsoring a mental health awareness day.
  - Purchasing books on mental health for the school or local library.
  - Working with administration to develop and implement a curriculum focused on effective problem-solving.
  - Volunteering at a community crisis hotline.
  - Raising funds to help the family defray their funeral expenses.
  - Making a book available in the school office for several weeks in which students can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the school community.

# Social Media

## Key Considerations

Following a death by suicide, students may immediately turn to social media for a variety of purposes including:

- Getting and sharing news about the death (both accurate and rumored)
- Expressing their feelings about what has happened
- Giving and receiving emotional support
- Calling for impromptu gatherings (both safe and unsafe)
- Creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased

The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate important and accurate information to the school community
- Identify students who may need additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages that emphasize suicide prevention
- Minimize the risk of suicide contagion that could occur through glorifying suicide or describing the details of the means used

## Involve Students

Students themselves are in the best position to assist in the school's efforts. They can:

- Help identify the particular media favored by the student body
- Engage their peers in honoring their friend's life appropriately and safely
- Inform school or other trusted adults about online communications that may be worrisome or inappropriate

It will enhance the credibility and effectiveness of social media efforts to have designated members of the Crisis Response Team who is familiar with social media work in partnership with school leaders.

Students recruited to help should be reassured that school staff are only interested in supporting a health response to their peer's death, not in thwarting communication. They should also be made aware that staff are available to provide support if they see a social media post that indicates someone may be at risk of suicide.

## Disseminate Information

Share information with students, teachers, and parents through school designated websites; for example:

- The funeral or memorial service (schools should check with the student's family before sharing information about the funeral)
- Where students can go for help or to meet with counselors
- Facts related to mental illness and the warning signs of suicide
- Local mental health resources

- The National Suicide Prevention Lifeline : 800-273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) for live chat
- Other national suicide prevention organizations, such as AFSP and SPRC
- Emphasize help-seeking and suicide prevention. Students can also be enlisted to post this information on their own social media outlets. More specific guidance for safe message content is in the Resources - *Framework for Successful Messaging*

## Monitor and Respond

Social media sites, including the deceased’s wall or personal profile pages, should be monitored to whatever extent possible for the following:

- Rumors
- Information about upcoming or impromptu gatherings
- Derogatory messages about the deceased
- Messages that bully or victimize current students
- Comments indicating students who may themselves be at risk

Responses should emphasize safe messaging and dispel rumors, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, it may be appropriate to go beyond replying online, for example, to notify parents and local law enforcement about the need for security at late-night student gatherings.

It may also be necessary in some cases to take action against so-called “trolls,” who seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most services (e.g., Facebook, Twitter, Instagram) have a reporting mechanism or comparable feature that enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site. On occasion, the school may become aware of posted messages indicating that another student may be at risk of suicide. Messages of greatest concern are those suggesting hopelessness or referring to plans to join the deceased student. In these instances, it may be necessary to alert the student’s family, refer the student for immediate mental health services, an/or contact the National Suicide Prevention Lifeline to request that a crisis center follow up with the student.

### Additional Resources

National Suicide Prevention Lifeline - *Lifeline online postvention manual*. Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/LifelineOnlinePostventionManual.pdf>

*Framework for Successful Messaging*: Retrieved from <http://suicidepreventionmessaging.org/>  
 Riverside Trauma Center-Trauma center resources. *Social media and suicide*. Retrieved from <http://riversidetraumacenter.org/trauma-center-resources/>

For more resources on Social Media, see *Appendix B: Intervention Tools & Templates*.

## Suicide Contagion

Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may

identify more readily with the behavior and qualities of their peers. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.

If there appears to be contagion, the Laconia School District will consider taking additional steps beyond the basic crisis response outlined in this plan to avoid suicidal behavior and death. Laconia School District will increase efforts to identify other students who may be at heightened risk of suicide, actively collaborate with community partners in a coordinated suicide prevention effort, and possibly bring in outside experts.

## **Identifying Other Students at Possible Risk for Suicide**

In the face of potential contagion, Laconia School District will use mental health professionals and others who have been trained to identify students who may be at heightened risk for suicide due to underlying mental disorders or behavioral problems (e.g., depression, anxiety, conduct disorder, and/or substance abuse) or who have been exposed to the prior suicide either directly (by witnessing the suicide or by close identification or relationship with the deceased) or indirectly (by extensive media coverage).

Of special concern are those students who:

- Have a history of suicide attempts
- Have a history of depression, trauma, or loss
- Are dealing with stressful life events, such as a death or divorce in the family
- Were eyewitnesses to the death
- Are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, significant others, and acquaintances of the deceased)
- Received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- Had a last very negative interaction with the deceased
- May have fought with or bullied the deceased

## **Connecting with Local Mental Health Resources**

Laconia School District work with local primary care and mental health resources (including pediatricians, community mental health centers, and local private practice mental health clinicians) to develop plans to refer at-risk youth. Once these plans are established, they will be reviewed with all the school-based mental health professionals so that any student who is identified as being at high risk can be referred to a local mental health screening center or private practitioner for further evaluation.

## **Suicide Clusters**

The possibility of contagion resulting in multiple suicides in a community (also known as a suicide cluster) is rare. But if a potential cluster is suspected, at a minimum, school-based mental health professionals and/or trained outside professionals will be available to meet with distraught students for grief counseling and help them connect with other resources in the community.

Laconia School District will collaborate with community partners to effectively manage all aspects of reacting to possible contagion and preventing its spread.

If multiple suicides do occur, media coverage will likely be more extensive, and journalists may try to interview students, school administrators, and staff. Laconia School District will utilize a designated school spokesperson who will proactively reach out to media outlets to ensure that media recommendations are followed.

For more resources on suicide contagion, see *Appendix B: Intervention Tools & Templates*.

## Bringing in Outside Help

School Crisis Response Team members should remain mindful of their own limitations and consider bringing in crisis team members from other parts of their school district (if there are any), trained trauma responders from other school districts, and/or staff from local mental health centers to help them as needed. Often, crisis team members are also impacted by a suicide death, and it is important that they respond in a way that protects the school community while not diminishing or ignoring their own reactions to a death.

In especially complicated situations, schools may even consider bringing in local or national experts in school suicide postvention for consultation and assistance (provided that sufficient funding is available). Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references and clearances checked.

Following is a list of state and national organizations that provide crisis response, postvention consultation, or that can put schools in touch with appropriate experts:

-NH Disaster Behavioral Health Response Teams 603-271-9454 or 603-419-0074

-NAMI New Hampshire: 1-800-242-6264. 603-225-5359 | info@naminh.

NAMI State Contact-NH: Elaine de Mello, (603) 225-5359 x15, edemello@naminh.org

-The National Association of School Psychologists' School Safety and Crisis Response Committee:  
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis>

-The National Institute for Trauma and Loss in Children (TLC): provides schools, agencies, and parents with names of TLC-certified trauma practitioners in their area who are available for consultation and referrals. TLC also has certified trauma trainers who can come to a school, organization, or community to provide training on suicide crisis response and postvention as well as other trauma-related topics. Call 877-306-5256 or e-mail info@starr.org.

-The Dougy Center: National Center for Grieving Children & Families: provides phone and onsite consultation and onsite training.

## Going Forward

To support the Laconia School District in efforts to move forward from an unexpected death and/or crisis, the following guidance is offered.

Everyone grieves differently and there is no one specific way an unexpected death, suicide, and/or crisis will impact students, staff, and the greater school community. Grief is a journey, not a finite process. There is no formula for knowing how and when to move forward, but efforts to gather ideas and offer opportunities for self-care for students and staff are an important part of the process. Providing unconditional support, compassion and caring will go a long way in helping people to cope with loss. The following websites should be used to garner grief resources and support for students, staff, and families:

- The Dougy Center: The National Center for Grieving Children & Families, [www.dougy.org](http://www.dougy.org)
- National Alliance for Grieving Children, [www.childrengrieve.org](http://www.childrengrieve.org)

In the event of a death by suicide, students and staff will likely be more ready to receive suicide prevention information after grief needs have been appropriately addressed. Some experts suggest waiting several months or a semester before providing prevention education to students, teachers, and other school staff.

The Laconia School District will continue to use social media, websites, email, and other means of communication to continue ensuring prevention messaging is being provided to the greater school community.

# Appendix A: Prevention Tools & Templates

## NAMI NH: Recognize the Warning Signs for Suicide



### ***Recognize the Warning Signs for Suicide to Save Lives!***

Sometimes it can be difficult to tell warning signs from “normal” behavior, especially in adolescents. Ask yourself, *Is the behavior I am seeing very different for this particular person?* Also, recognize that sometimes those who are depressed can appear angry, irritable, and/or hostile in addition to withdrawn and quiet.

Take action if you see any of the following warning signs:

- Talking about or threatening to hurt or kill oneself
- Seeking firearms, drugs, or other lethal means for killing oneself
- Talking or writing about death, dying, or suicide
- Direct Statements or Less Direct Statements of Suicidal Intent: (Examples: “I’m just going to end it all” or “Everything would be easier if I wasn’t around.”)
- Feeling hopeless
- Feeling rage or uncontrollable anger or seeking revenge
- Feeling trapped - like there's no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Acting reckless or engaging in risky activities
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated
- Being unable to sleep, or sleeping all the time

For a more complete list of warning signs and more information on suicide prevention, please consult the *Connect* website at <http://www.theconnectprogram.org> and click on Understanding Suicide.

*If you see warning signs and/or are otherwise worried that this person:*

### ***Connect with Your Loved One, Connect Them to Help***

- 1) Ask directly about their suicidal feelings. Talking about suicide is the first step to preventing suicide!
- 2) Let them know you care.
- 3) Keep them away from anything that may cause harm such as guns, pills, ropes, knives, vehicles
- 4) Stay with them (eyes on at all times) and get a professional involved.
- 5) Offer a message of hope - Let them know you will assist them in getting help.
- 6) Connect them with help:
  - National Suicide Lifeline (24/7) **1-800-273-TALK (8255)** (press “1” for veterans)

- **Crisis Text Line: 741741**
- Your local community mental health center or emergency department
- For an emergency, **dial 911**.



For more information about  
suicide prevention training and resources in NH:

**[www.theconnectprogram.org](http://www.theconnectprogram.org)**

# Appendix B: Intervention Tools & Templates

This appendix contains tools and templates to help carry out different parts of the intervention process.

## Columbia Suicide Severity Rating Scale

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
*Screen Version*

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
<b>Ask questions that are bolded and <u>underlined</u>.</b>		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i><b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b></i>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <i><b><u>Have you actually had any thoughts of killing yourself?</u></b></i>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." <i><b><u>Have you been thinking about how you might kill yourself?</u></b></i>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i><b><u>Have you had these thoughts and had some intention of acting on them?</u></b></i>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <i><b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b></i>		
<b>6) Suicide Behavior Question:</b> <i><b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b></i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

*For inquiries and training information contact: Kelly Pozner, Ph.D.  
 New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; poznerk@nyspi.columbia.edu  
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# Sample Parent Notification for At-Risk Students

## Laconia High School



### Information and Support for Parents of Children Who Have Been Identified as At-Risk for Suicide

**Dear Parent or Guardian,**

You are receiving this handout because your child has been identified as having risk factors for suicide. This is a quick reference guide for you to use as you prepare for additional support. If you have any questions, please refer to one of the contact numbers listed below.

**Laconia High School**

**524-3350**

**Principal: Rob Bennett ext 4001**

**Asst. Principal: Dave Bartlett ext 4002**

**Student Services: Jen Sottak ext 4012**

**School Counselors: Christy Schofield ext 4008; Wendy Hamill ext 4007;**

**Phil Reed ext 4009**

**Director of School Counseling: Mollie Greeley x4010**

**School Nurse: Kate Rodrigue x4011**

**Lakes Region Mental Health Therapist: Hope Dixon**

**Dear Parent or Guardian,**

Receiving information that your child is thinking about suicide can produce a wide range of emotions including disbelief, anxiety, sadness, guilt, and anger, to name a few. All of these reactions are normal and common in a situation such as this. Fortunately, there are services and supportive professionals willing to step forward to offer information and a helping hand.

**So, what happens next?** After you receive the phone call from school staff informing you that your child is at risk, you will be provided with some recommendations and requirements for additional assessment. *The safety of your child is our first priority.*

***If a student discloses suicidal thoughts along with a plan to act on these thoughts, it is recommended that he/she be evaluated by psychiatric professionals and/or Lakes Region Mental Health Emergency Services to determine the level of risk to their safety. A safety evaluation will be completed before your***

*child returns to school. We generally utilize the emergency services at the Lakes Regional General Hospital (LRGH) where a Lakes Region Mental Health Emergency Clinician will perform the safety evaluation.*

**Lakes Region Mental Health Behavioral Health**

603-524-1100

[www.LakesRegionMentalHealthbh.org](http://www.LakesRegionMentalHealthbh.org)

**Lakes Region General Hospital**

603-524-3211

[www.lrgh.org](http://www.lrgh.org)

**New Hampshire Hospital**

603-271-5300

[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

**Suicide Warning Signs**

- Talking about death and dying in general
- Talking about suicide or wanting to die; talking about means to kill oneself; obtaining a weapon or other means
- Isolating self from friends and family
- Feeling life is meaningless; hopeless; helpless
- Putting life in order or giving away possessions
- Picking fights, arguing, irritability, increased anger
- Refusing help, feeling beyond help
- Sudden improvement in mood after being down or withdrawn
- Neglect of appearance, hygiene
- Sleep and/or appetite changes
- Dropping out of activities
- Direct Verbal Clues such as “I wish I were dead”, “You’ll be better off without me”, “I’m so tired of it all”, “Pretty soon you won’t have to worry about me”, “No one will miss me when I’m gone”.

If you observe any of these signs or have other reasons to suspect your child may be at risk for suicide, **ASK THEM.** Say “I’m concerned about you. You’re not yourself lately. Are you thinking about killing yourself?” If you are having some difficulty discussing suicide with your teens, please read the hand out on “Talking to your Kids About Suicide” or click [here](#). It may help him or her realize that they have been heard. **DO NOT LEAVE YOUR CHILD ALONE!**

**Other considerations:**

Children are at a far greater risk for suicide when medications or guns are accessible in the home. **LOCK THEM UP and/or HAVE THEM TEMPORARILY STORED OUT of the HOUSE and/or at the LPD.** Other factors may increase suicidal behavior, such as previous tragedy, alcohol, substance abuse, mental illness, a family tragedy, and exposure to other young people who have experience with suicide thinking/behavior. Grief and loss issues such as: the death of a relative, friend, or pet, or a breakup of a relationship can trigger thoughts of dying. We also need to pay special attention to those young people who are exploring or questioning their sexual orientation because this can be a significant factor in assessing increased risk.

## **Resuming the School Routine**

Once your child is determined to be safe and is allowed to return to home/community, it is helpful to create a sense of routine and structure. It is also helpful to keep the school informed so that your child may return to their coursework and activities as soon as possible. With this in mind, we require that a re-entry meeting be held after the safety assessment and BEFORE your child begins school. It is strongly recommended that you attend this meeting.

Acting as your child's advocate, the School Counselor and School Nurse can be of tremendous support. The School Nurse can regularly assess for any medical complications or medication side effects. District policy states that all medications a child uses are to be kept under the supervision of the Nurse to ensure its appropriate application and monitor safe usage. We would like to assist in the coordination of care between your health providers and Laconia School District. Let us know what your child needs and how we can help. We'll do our very best to support your child and you during this challenging time.

## **Additional Information**

To learn more about youth suicide, a number of resources are available to you.

**The National Suicide Prevention Lifeline, 800-273-8255**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**NH National Alliance on Mental Illness**

[www.naminh.org](http://www.naminh.org)

**The American Association of Suicidology**

[www.suicidology.com](http://www.suicidology.com)

**The American foundation for Suicide Prevention**

[www.afsp.org](http://www.afsp.org)

**Society for the Prevention of Teen Suicide**

[www.sptsusa.org](http://www.sptsusa.org)

# Student Safety Plan Template

## Student Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>
1. _____
2. _____
3. _____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>
1. _____
2. _____
3. _____
<b>Step 3: People and social settings that provide distraction:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
<b>Step 4: People whom I can ask for help:</b>
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
<b>Step 6: Making the environment safe:</b>
1. _____
2. _____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown. Is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>

The one thing that is most important to me and worth living for is:

# Appendix C:

## Postvention Tools & Templates

### Critical Incident Assessment

Date: \_\_\_\_\_ Person Completing the Assessment: \_\_\_\_\_

Description of Event: (date & time of occurrence, location, name(s) of decedents, official cause of death)

Who does this incident involved: (student, staff, community member)?

Who were the responders to the incident? (i.e. police, fire, school personnel, others)

Who has been contacted within district so far? (Superintendent, Principal, Assist. Principal, School Counselor, Other Schools, External Teams)

Who is aware of the incident so far? (students, parents, media, etc.)

Do we have permission to disclose details to students, staff, etc.? (Legal permission, family permission)

Were there witnesses to the incident?

Was he/she/they involved in other groups: (sports, clubs, band/choir, Huot center, daycare, etc.?)

What other social groups/subgroups may be affected? (who has physical and emotional proximity to the loss)?

Are there siblings? Which schools do they attend, and have they been notified?

What are the predominant rumors thus far? Is the media involved?

Is there a history of previous events that have the potential to impact the response to this event?

What Behavioral Health Supports do we need to reach out to immediately (refer to where list of supports exist)?

Key Contacts and Phone Numbers:

- 1.
- 2.
- 3.

## Sample Guidelines for Initial All-Staff Meeting(s)

The first meeting with school staff is typically conducted by the Crisis Response Team coordinator and should be held as soon as possible, ideally before school starts in the morning. However, depending on when the death occurs, there may not be enough time to hold the meeting before students begin to hear the news through word of mouth, social media, or other means. If this happens, the Crisis Response Team coordinator should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. Information about the cause of death should be withheld until the family has been consulted.

### Goals of Initial Meeting (allow at least one hour):

- Introduce the Crisis Response Team members.
- Share accurate factual information about the death, honoring the family's request for privacy.
- Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional support and refer them to appropriate resources.
- Have substitute teachers available to replace any teachers who are too upset to teach (a task for the principal).
- Remind staff of the school's policy or response following a student death and any considerations specifically for a suicide death.
- Provide appropriate staff (e.g., homeroom teachers or advisors) with a scripted Sample Death Notification Statement for Students and arrange coverage for any staff person who is unable to manage reading the statement.
- Prepare for student reactions and questions by providing staff with the handouts Tips for Talking about Suicide and Facts about Suicide in Adolescents.
- Share with staff how to handle parent inquiries and plans for communicating with parents, including who parents should contact for further information and resources.
- Explain plans for the day, including locations of crisis counseling rooms or other supports.
- Remind all staff of the following:
  - How they respond to the crisis can have a strong impact on their students. They need to project that they are in control and are concerned about their students' mental health.
  - They can play an important role in identifying changes in students' behavior. Discuss a plan for handling students who are having difficulty.
- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Let staff know about any outside crisis responders or others who will be assisting.
- Remind staff of student and staff dismissal protocols for the funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson, and instruct staff to refer all media inquiries to him or her.

### End of the First Day Meeting:

It can also be helpful for the Crisis Response Team coordinator and/or assistant coordinator to have an all-staff meeting at the end of the first day. This meeting provides an opportunity to take the following steps:

- Offer verbal appreciation of the staff.
- Review the day's challenges and successes, including any students of particular concern.
- Debrief, share experiences, express concerns, and ask questions.
- Check in with staff to assess whether any of them need additional support, and refer accordingly.
- Disseminate information regarding the death and/or funeral arrangements.
- Discuss plans for the next day.
- Remind staff of the importance of self-care.
- Remind staff of the importance of documenting crisis response efforts for future planning and understanding

# Psychological Trauma Risk Checklist

Psychological Trauma Risk Checklist		
Low risk	Moderate risk	High risk
<p><i>Physical proximity</i></p> <input type="checkbox"/> Out of vicinity of crisis site	<p><i>Physical proximity</i></p> <input type="checkbox"/> Present on crisis site	<p><i>Physical proximity</i></p> <input type="checkbox"/> Crisis victim or eye witness
<p><i>Emotional proximity</i></p> <input type="checkbox"/> Did not know victim(s)	<p><i>Emotional proximity</i></p> <input type="checkbox"/> Friend of victim(s) <input type="checkbox"/> Acquaintance of victim(s)	<p><i>Emotional proximity</i></p> <input type="checkbox"/> Relative of victim(s) <input type="checkbox"/> Best friend of victim(s)
<p><i>Internal vulnerabilities</i></p> <input type="checkbox"/> Active coping style <input type="checkbox"/> Mentally healthy <input type="checkbox"/> Good self regulation of emotion <input type="checkbox"/> High developmental level <input type="checkbox"/> No trauma history	<p><i>Internal vulnerabilities</i></p> <input type="checkbox"/> No clear coping style <input type="checkbox"/> Questions exist about pre-crisis mental health <input type="checkbox"/> Some difficulties with self regulation of emotion <input type="checkbox"/> At times appears immature <input type="checkbox"/> Trauma history	<p><i>Internal vulnerabilities</i></p> <input type="checkbox"/> Avoidance coping style <input type="checkbox"/> Preexisting mental illness <input type="checkbox"/> Poor self regulation of emotion <input type="checkbox"/> Low developmental level <input type="checkbox"/> Significant trauma history
<p><i>External vulnerabilities</i></p> <input type="checkbox"/> Living with intact nuclear family members <input type="checkbox"/> Good parent/child relationship <input type="checkbox"/> Good family functioning <input type="checkbox"/> No parental traumatic stress <input type="checkbox"/> Adequate financial resources <input type="checkbox"/> Good social resources	<p><i>External vulnerabilities</i></p> <input type="checkbox"/> Living with some nuclear family members <input type="checkbox"/> Parent/child relationship at times stressed <input type="checkbox"/> Family functioning at times challenged <input type="checkbox"/> Some parental traumatic stress <input type="checkbox"/> Financial resources/relations at times challenged	<p><i>External vulnerabilities</i></p> <input type="checkbox"/> Not living with any nuclear family members <input type="checkbox"/> Poor parent/child relationship <input type="checkbox"/> Poor family functioning <input type="checkbox"/> Significant parental traumatic stress <input type="checkbox"/> Inadequate financial resources <input type="checkbox"/> Poor or absent social resources
<p><i>Crisis reactions and coping behaviors</i></p> <input type="checkbox"/> Only a few common crisis reactions displayed <input type="checkbox"/> Coping is adaptive (i.e., it allows facilitates daily functioning at pre-crisis levels)	<p><i>Crisis reactions and coping behaviors</i></p> <input type="checkbox"/> Many common crisis reactions displayed <input type="checkbox"/> Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)	<p><i>Crisis reactions and coping behaviors</i></p> <input type="checkbox"/> Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, and re-experiencing of the crisis; depression, psychosis) <input type="checkbox"/> Coping is absent or maladaptive (e.g., suicidal/homicidal ideation, extreme rumination, excessive avoidance/precautions, substance abuse)
Total:	Total:	Total:

Note: From "Best Practices for School Psychologists as Members of Crisis Teams: The PREPARE Model" (p. 785), by S. E. Brock and J. Davis. In A. Thomas and J. Grimes (Eds.), *Best Practices in School Psychology*, 7, 2008, Bethesda, MD: NASP. Copyright 2008 by the National Association of School Psychologists.

## Sample Death Notification Statement for Students

Share this death notification with students in small groups, such as homerooms or advisories, **not** in assemblies or over loudspeakers. These statements are examples that can be modified by the Principal or Crisis Response Team as needed.

### Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, [NAME], has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why [NAME] ended [HIS/HER] life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option. Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for counselors in [NOTE SPECIFIC LOCATION] between classes or during lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

### Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, [NAME], has died. The cause of death has not yet been determined.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in [NOTE SPECIFIC LOCATION] between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

### **Option 3 - When the Family Has Requested the Cause of Death Not Be Disclosed**

I am so sorry to tell you that one of our students, [NAME], has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in [NOTE SPECIFIC LOCATION] between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

## Sample Death Notification Statement for Parents

This death notification statement is to be sent by the most efficient and effective method(s) for the school, including e-mail, text, printed copy sent home with students, or regular mail. It can also be posted on the school's website and social media accounts. If there is a resource about talking to students and children about suicide, it should be shared. It should be translated for parents who may know little or no English. See AFSP's *Children, Teens, and Suicide Loss* for information about how to talk to students about suicide.

### Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER] family and friends.

All of the students were given the news of the death by their teacher in [ADVISORY/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. Suicide is a very complicated act. Although we may never know why [NAME] ended [HIS/HER] life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents and others in the community as [DATE/TIME/LOCATION]. Members of our Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide and how adults can help you cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendee's questions or concerns.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION].

Sincerely,  
[PRINCIPAL'S NAME]

## **Option 2 – When the Cause of Death is Unconfirmed**

I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER] family and friends.

All of the students were given the news of the death by their teacher in [ADVISORY/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.

The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumors may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. We will do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION].

Sincerely,  
[PRINCIPAL'S NAME]

## **Option 3 – When the Family Has Requested That the Cause of Death Not Be Disclosed**

I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER] family and friends.

All of the students were given the news of the death by their teacher in [ADVISORY/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.

The family has requested that information about the cause of death not be shared at this time. We are aware there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you or your child is not feeling well in any way to reach out for help. Suicide should not be an option. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the death of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), call 911, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION].

Sincerely,  
[PRINCIPAL'S NAME]

## Sample Agenda for Parent Meeting

Meetings with parents can provide a helpful forum for disseminating information and answering questions. The Crisis Response Team coordinator and all other Crisis Response Team members, the superintendent, and the school principal should attend parent meetings. Representatives from community resources, such as mental health providers, county crisis services, and clergy, may also be invited to be present and provide information. This is a good time to acknowledge that suicide can be a difficult subject to talk about and to distribute the handout [Tips for Talking about Suicide](#).

Be sure to consider the racial, ethnic, and religious backgrounds of students and parents:

- Address the language needs of parents who speak little or no English.
- Determine if there is any content or format that would feel uncomfortable or inappropriate for those who might attend the meeting. For example, if parents of the deceased are in attendance, how might discussing this in a group setting impact their experience?

Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming.

The meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counselors for questions and discussion.

The following is a sample meeting agenda.

### **Part 1 – General Information (45–60 minutes)**

#### **Crisis Response Team coordinator, school superintendent, or principal:**

- Welcomes all and expresses sympathy
- Introduces the school administration and members of the Crisis Response Team
- Expresses confidence in the staff's ability to assist the students

- Encourages parent and school collaboration during this difficult time
- Reassures attendees that there will be an opportunity for questions and discussion
- States school's goal of treating this death as it would any other death, regardless of the cause, while remaining aware that adolescents can be vulnerable to the risk of imitative suicidal behavior
- States the importance of balancing the need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide

**Principal or Crisis Response Team coordinator:**

- Outlines the purpose and structure of the meeting
- Verifies the death (see Sample Death Notification Statement for Parents)
- Discourages the spread of rumors
- Informs parents about the school's response activities, including to media requests
- Informs parents about the student release policy for funerals

**Crisis Response Team coordinator, assistant coordinator, or other designated crisis team member:**

- Discusses how the school will help students cope
- Mentions that more information about bereavement after suicide is available on AFSP's website
- Shares the handouts Facts about Suicide in Adolescents, Youth Warning Signs and What to Do in a Crisis, and Tips for Talking about Suicide
- Explains risk factors and warning signs
- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal thoughts or behaviors
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at the school and in the community, such as:
  - School mental health professionals
  - Community mental health agencies
  - Emergency psychiatric screening centers
  - Children's mobile response programs
  - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

**Part 2 – Small Group Meetings (1 hour)**

- Ideally, each small group should have no more than 8 to 10 parents.
- Each group should be facilitated by at least two trained mental health professionals.
- Support staff should be available to direct parents to meeting rooms, distribute handouts, and make water and tissues available.
- If possible, additional mental health professionals should be available to meet with parents individually as needed.

**Some Additional Considerations**

- Since some parents may arrive with young children, provide onsite childcare.
- Some students may accompany their parents so provide separate discussion groups for them.
- Media should not be permitted access to the small groups. Arrange for the media spokesperson to meet with any media at a separate location away from parents and children.
- In some cases (e.g., if the death has received a great deal of sensationalized media attention), security may be necessary to assist with traffic flow and media and crowd control.

**Common Student Reactions to Loss and Grief**

Children experience loss and grief in their own way. Factors that need to be considered as you work with the student include the age of the child or teenager, their personality, developmental stage, temperament as well as familial and cultural factors.

### **Normal Grief Responses**

Typical grief responses may be seen through various behaviors, emotional responses, physical manifestations and thought patterns.

**Behavior** – Sleep disturbance and differences from the child’s typical pattern, sleep interruption, social withdrawal, appetite changes, nightmares, anxiety over activities, going to school, being left alone, avoidant behavior (missing or skipping school, not engaging in friendship, sports or activities, etc.

**Emotional Responses** – For each individual this will differ. There is NO right way to grieve; everyone has his or her own path with this. One may experience sadness, anxiety, guilt, shock, feeling numb, feeling lonely, worried. A sense of relief may be felt after the death of a loved one or a close individual who was suffering. This sense of relief may not be understood by the child and may lead to guilt.

**Physical Manifestations** – common signs and symptoms a child may experience include changes in appetite (little or no appetite to overeating), feelings of being tired/low energy/lethargic, headaches, stomach aches, being hypersensitive to certain stimuli (loud noises, certain smells, etc.).

**Thought Patterns** – changes in a child’s thought process and reactions may occur, including nightmares, fears that did not exist before, confusion, difficulty concentrating for any length of time (may be seen in school, doing homework, watching television), denial about the loss of the deceased, etc.

### **Age Considerations**

Developmental factors play a large role in the child’s reaction to the death of a loved one/friend/teacher/coach, etc. The following recommendations and information are from the Children’s Grief Education Association.

#### **Ages 6-10**

Around the age of six, children begin to understand that the loved one is not returning. This can bring about a multitude of feelings at the time of other significant changes in a child's life, including entering first grade. Children who do not remember their parent may feel an acute sense of loss as they see peers with their parents and hear their family stories. Responding to Critical Incidents in Schools

Elementary school aged children are interested in biological processes about what happened to their loved one. Questions about disease processes and what happens to the body are of keen interest. When asked questions, it is important to clarify what it is the child wants to know.

Children's worlds are sometimes messy and have a high level of energy. Grief is also messy sometimes. It does not always take a form that makes adults comfortable. Allowing your child to express feelings through creative, even messy, play can be helpful (i.e. finger painting, making mud pies and throwing them, etc). You may want to join in the creative play. Peer group support is helpful for children of this age.

#### **Ages 11-13**

Middle school aged children are faced with a tumultuous time of body changes and increased performance expectations. When a death loss is added to that, it increases their sense of vulnerability and insecurity.

Grades may be affected by the death. It may be difficult to find a balance between studies/emotional distraction, but this is a time to be a bit more careful about insisting too harshly on schoolwork. With time, middle school children will return to their normal capacity for attention.

Middle school is also a time when abstract thought begins to accelerate. Children may be considering spiritual aspects of life and death, perhaps questioning their beliefs. Be open to talking with them or support them in finding someone who is comfortable discussing these issues.

### **Ages 14-18**

Teens are usually in a place of growing independence. They may feel a need to hide their feelings of grief to show their control of themselves and their environment. Teens often prefer to talk with peers rather than adults when they are grieving.

Teens are more likely to engage in high-risk behavior, especially after a death loss. One young person expressed that her mom was always careful and followed all the safety rules, but died anyway. She asked, "Why should I be careful?"

As with all ages, maintain routines. If one parent died, be clear about who will care for them and what to expect if you die. It is important to remember that as a child grows they will continue to grieve their loss in different ways as they progress through each developmental stage.

### **Children's Reactions to Disaster**

A disaster, whether community wide or involving only a single family, may leave children especially frightened, insecure, or upset about what happened. They may display a variety of emotional responses after a disaster, and it is important to recognize that these responses are normal. How a parent reacts will make a great difference in the child's understanding and recovery after the disaster. Parents should make every effort to keep the children informed about what is happening and to explain it in terms they can understand.

**The following list includes some of the reactions parents may see in their children:**

- Crying/Depression
- Bedwetting
- Thumb sucking
- Nightmares
- Clinging/fear of being left alone
- Regression to previous behaviors
- Fighting
- Inability to concentrate
- Withdrawal and isolation
- Not wanting to attend school
- Headaches
- Changes in eating and sleeping habits
- Excessive fear of darkness
- Increase in physical complaints

**Some things that will help your child recover are to:**

- Hug and touch your child often.
- Reassure the child frequently that you are safe and together.
- Talk with your child about his/her feelings about the disaster. Share your feelings too. Provide information the child can understand.
- Talk about what happened.
- Spend extra time with your child at bedtime.
- Allow children to grieve about their lost treasures: a toy, a blanket, and a lost home.
- Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.
- Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
- If your child is having problems at school, talk to the teacher so that you can work together to help your child.
- Usually a child's emotional response to a disaster does not last long. Be aware that some problems may not appear immediately or may recur months after the disaster.

Talking openly with your children will help them to recover more quickly from the loss.

If you feel your child may need additional help to recover from the disaster, contact your Community Mental Health Agency.

# Tips for Talking About Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

Give accurate information about suicide.	By saying....
<p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people's minds.</p>	<p>"The cause of <b>[NAME]</b>'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."</p> <p>"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."</p> <p>"Mental health problems are not something to be ashamed of. They are a type of health issue."</p>

Address blaming and scapegoating.	By saying....
<p>It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."</p>

Do not focus on the method.	By saying....
<p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>"Let's talk about how <b>[NAME]</b>'s death has affected you and ways you can handle it."</p> <p>"How can you deal with your loss and grief?"</p>

Address anger.	By saying....
<p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about <b>[NAME]</b>. You can be angry at someone's behavior and still care deeply about that person."</p>

Address feelings of responsibility.	By saying....
<p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."</p> <p>"We cannot always predict someone else's behavior."</p>

Promote help-seeking.	By saying....
<p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.</p>	<p>"Seeking help is a sign of strength, not weakness."</p> <p>"We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?"</p> <p>"If you are concerned about yourself or a friend, talk with a trusted adult."</p>

# Sample Media Statement

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

School staff were informed that a [AGE]-year-old student at [SCHOOL NAME] has died. The cause of death was suicide. Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at [DATE/TIME/LOCATION]. Members of the school's Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide, how adults can help youth cope, the emotional needs of adolescents, and the risk factors and warning signs for suicide. They will also address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [PHONE NUMBER, EXTENSION] or [E-MAIL ADDRESS] for more information.

Trained crisis counselors will be available to meet with students and staff starting tomorrow and continuing over the next few weeks as needed.

Following is a list of warning signs and steps to take that were developed specifically for youth.

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none"><li>• Talking about or making plans for suicide</li><li>• Expressing hopelessness about the future</li><li>• Displaying severe/overwhelming emotional pain or distress</li></ul>	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none"><li>1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.</li><li>2. Make sure the student is escorted to the school's mental health professional.</li><li>3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.</li></ol>
<ul style="list-style-type: none"><li>• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none"><li>○ Withdrawal from or change in social connections or situations</li><li>○ Changes in sleep (increased or decreased)</li><li>○ Anger or hostility that seems out of character or out of context</li><li>○ Recent increased agitation or irritability</li></ul></li></ul>	<p>What to Do</p> <ol style="list-style-type: none"><li>1. Ask if the student is okay or if he or she is having thoughts of suicide.</li><li>2. Express your concern about what you are observing in his or her behavior.</li><li>3. Listen attentively and nonjudgmentally.</li><li>4. Reflect what the student shares and let the student know he or she has been heard.</li><li>5. Tell the student that he or she is not alone.</li><li>6. Let the student know there are treatments available that can help.</li><li>7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).</li></ol>

## Key Messages for Media Spokesperson

This information is for use by the person designated by the school to speak with the media.

### School's Messages

We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to **[HIS/HER]** family and friends and the entire community.

We will be offering grief counseling for students and staff starting on **[DATE]** and lasting through **[DATE]** or as long as needed.

We will be hosting an informational meeting for parents and the community regarding suicide prevention on **[DATE/TIME/LOCATION]**. Experts will be on hand to answer questions.

No TV cameras or reporters will be allowed in the school or on school grounds.

### School's Response to the Media

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth. Media coverage that details the location and manner of suicide with photos or video increases the risk of contagion.

Media should also avoid oversimplifying the cause of a suicide (e.g., "student took his own life after breakup with girlfriend"). This gives the audience a simplistic understanding of a complicated issue.

Remind the public that in a majority of suicide deaths, mental health issues play an important role, underscoring the need to address mental health concerns proactively.

Media should include links to or information about helpful resources, such as local crisis hotlines and the National Suicide Prevention Lifeline (800-273-TALK (8255)).

### Information on Suicide

Suicide is complicated and involves multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition, the most common of which is depression.

Mental health conditions and substance abuse problems are treatable.

The best way to prevent suicide is through early detection, diagnosis, and treatment.

## Facts about Suicide in Adolescents

Suicide is complicated and involves the interplay of multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition. In teens, the behavioral health conditions most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, eating disorders, and substance abuse problems. Although in some cases these conditions 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 “trigger.”

Other key risk factors for suicide include the following:

- Personality characteristics, such as hopelessness, low self-esteem, impulsivity, risk-taking, and poor problem-solving or coping skills
- Family characteristics, such as family history of suicidal behavior or mental health problems, death of a close family member, and problems in the parent-child relationship
- Childhood abuse, neglect, or trauma
- Stressful life circumstances, such as physical, sexual, and/or psychological abuse; breaking up of a romantic relationship; school problems; bullying by peers; trouble with the law; and suicide of a peer
- Access to lethal means, especially in the home

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. But in some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental health condition, which can increase suicide risk. Conversely, existing mental health conditions may also lead to stressful life experiences, which may then exacerbate the underlying illness and in turn increase suicide risk.

### Help Is Available

If there are concerns about a student’s emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include the following:

School-based mental health professionals

Community mental health providers and clinics

Emergency psychiatric screening centers

Children’s mobile response programs

Pediatricians and primary care providers can also be a source of mental health referrals. Many of them are also well-versed in recognizing and treating certain mental health conditions like depression.

Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA’s National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.

# Youth Warning Signs and How to Help in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See [www.youthsuicidewarningsigns.org](http://www.youthsuicidewarningsigns.org).

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none"><li>• Talking about or making plans for suicide</li><li>• Expressing hopelessness about the future</li><li>• Displaying severe/overwhelming emotional pain or distress</li></ul>	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none"><li>1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.</li><li>2. Make sure the student is escorted to the school's mental health professional.</li><li>3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.</li></ol>
<ul style="list-style-type: none"><li>• Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none"><li>○ Withdrawal from or change in social connections or situations</li><li>○ Changes in sleep (increased or decreased)</li><li>○ Anger or hostility that seems out of character or out of context</li><li>○ Recent increased agitation or irritability</li></ul></li></ul>	<p><b>What to Do</b></p> <ol style="list-style-type: none"><li>1. Ask if the student is okay or if he or she is having thoughts of suicide.</li><li>2. Express your concern about what you are observing in his or her behavior.</li><li>3. Listen attentively and nonjudgmentally.</li><li>4. Reflect what the student shares and let the student know he or she has been heard.</li><li>5. Tell the student that he or she is not alone.</li><li>6. Let the student know there are treatments available that can help.</li><li>7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).</li></ol>

## After Action Crisis Response Review

**Event:** \_\_\_\_\_

1. Identify your role in responding to this incident (consult Emergency Responses matrix)
2. What services were provided **by** whom, and are they ongoing?
3. What services were provided **to** whom, and are they ongoing?
4. What went right? What worked? What else can be added?
5. What may not have worked? What could have been improved?
6. Did school district policies and procedure assist or impede the response and delivery of services?
7. What did you learn from your participation in this event?

## Self-Care Suggestions for Staff

### Take care of your physical needs

- Hydrate- Drink enough water to increase urination in order to remove adrenaline from your system. Adrenaline dehydrates the body.
- Eat well – Increase protein and decrease carbohydrates during times of change. Increase vegetable and fruit intake.
- Stay sober – It is recommended that you do not use alcohol or non-prescription drugs during high stress.
- Exercise – Do not exercise more than you normally do. If you do not exercise regularly, exercise gently. Plan to make exercise part of your regular routine.
- Sleep – Healing takes place during sleep. If there is difficulty falling asleep, consider restful and meditative activities that will assist you in getting to sleep. Try prayer, herbal teas, showers, hot baths, soothing music etc.

### Take care of your emotional needs:

- Get grounded – Sit comfortably and really feel your feet on the floor. Notice your butt in the chair. Observe your heart rate and your breath. Notice what happens as you pay attention to your system.
- Talk to friends, family, counselor, or cleric. Do not isolate. Carry a list of friends you care about, who support you no matter what, and who are available to talk at any hour, and vice versa.
- Write in your journal. Follow your spiritual practice, if you have one. Review your personal beliefs about meaning and purpose.

- Have fun, laugh. Laughter is a powerful elixir. Many people feel uncomfortable laughing or having any fun when life is feeling chaotic. This discomfort is common; however it is equally normal to find yourself laughing as part of healing and coping.

**Learn to put on your own oxygen mask before helping others with theirs:**

- Continue to learn about normal reactions to change.
- Remember that you are responsible for your own attitudes and reactions. Recognize that feeling overwhelmed by change and chaos may signal a need for consultation or support.
- Recognize your own warning signs of stress – buddy up and commit to checking in with a partner. It may be difficult to assess your own reactions, especially as your personal trauma history may be triggered.
- Manage your workload – take breaks and set yourself manageable goals.

# Appendix D: Additional Resources

To learn more about youth suicide, many additional resources are available to you.

- The National Suicide Prevention Lifeline, 800-273-8255 [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- NH National Alliance on Mental Illness [www.naminh.org](http://www.naminh.org)
- The American Association of Suicidology [www.suicidology.com](http://www.suicidology.com)
- The American foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
- Society for the Prevention of Teen Suicide [www.sptsusa.org](http://www.sptsusa.org)
- National Alliance on Mental Illness (NAMI) <https://www.nami.org/>
- [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org)
- Lakes Region General Hospital 524-3211
- Central Visiting Nurses Association (CNVA) 524-8444
- Surviving After Suicide Support Group, NH Hospital Association
  - Contact: Sue Hill 425-5365
- **Suicide Prevention Resource Center**
- [www.sprc.org](http://www.sprc.org) **877-GET-SPRC (877-438-7772)**
- Book: *Lifetimes: The Beautiful Way to Explain Death to Children* by Bryan Mellonie
- Book: *The Invisible String* by Patrice Karst
- The Tapping Solution (App available on App Store)
- Calm App (available in the App store)