

Model Youth Suicide Prevention Policy for Local Educational Agencies that Serve Kindergarten through Twelfth Grade Students

**From the California Department of Education**

[**https://www.cde.ca.gov/ls/mh/suicideprevres.asp**](https://www.cde.ca.gov/ls/mh/suicideprevres.asp)

# Contents

[Contents 2](#_Toc187223484)

[Background 3](#_Toc187223485)

[Model Youth Suicide Prevention Policy 7](#_Toc187223486)

[Overall Strategic Plan for Suicide Prevention 8](#_Toc187223487)

[District Suicide Prevention Crisis Team 9](#_Toc187223488)

[Employee Qualifications and Scope of Services 9](#_Toc187223489)

[Prevention 10](#_Toc187223490)

[Messaging about Suicide Prevention 10](#_Toc187223491)

[Suicide Awareness and Prevention Training for School Staff 11](#_Toc187223492)

[Specialized Professional Development for LEA-based Mental Health Staff (Screening and/or Assessment) 14](#_Toc187223493)

[Virtual Screenings for Suicide Risk 15](#_Toc187223494)

[Parents, Guardians, and Caregivers Participation and Education 16](#_Toc187223495)

[Student Participation and Education 17](#_Toc187223496)

[Intervention, Screening/Assessment, Referral 19](#_Toc187223497)

[Intervention and Referral for Suicide Screening or Risk Assessment 19](#_Toc187223498)

[Parents, Guardians, Caregivers, and Families 20](#_Toc187223499)

[Students 20](#_Toc187223500)

[Parental Notification and Involvement 20](#_Toc187223501)

[Action Plan for In-School or During School Sponsored Suicide Attempts 21](#_Toc187223502)

[Action Plan for Out-of-School Suicide Attempts 22](#_Toc187223503)

[Re-Entry and Supporting Students after Mental Health Crisis 22](#_Toc187223504)

[Responding After a Suicide Death (Postvention) 23](#_Toc187223505)

[Appendix A: Resources 27](#_Toc187223506)

[Supporting Students During a Local, Regional, or National Crisis: 27](#_Toc187223507)

[General Resources: 27](#_Toc187223508)

[Safe and Effective Messaging for Suicide Prevention: 27](#_Toc187223509)

[Staff Trainings: 28](#_Toc187223510)

[Specialized Training, Assessment: 28](#_Toc187223511)

[Parent Resources: 29](#_Toc187223512)

[Student Training Resources: 30](#_Toc187223513)

[Re-entry After an Attempt or Leave of Absence for Mental Health: 31](#_Toc187223514)

[Postvention: 31](#_Toc187223515)

# Background

Youth suicides have been on the rise across the nation. The Centers for Disease Control and Prevention (CDC) indicates that suicide rates have increased 33 percent between 1999 and 2019, with a slight decline in 2019, across the nation. CDC’s 2019 Web-based Injury Statistics Query and Reporting System’s (WISQARS’) Leading Causes of Death Report indicates suicide is the second leading cause of death for youth ages ten through twenty-four. The agency documented a 57 percent increase in suicides among this age group between 2007 and 2018. For every youth who dies by suicide, an estimated 100–200 youth make suicide attempts. CDC data also indicates a 57 percent increase in adolescents seeking care for a mental health crisis in California from 2012 to 2018. For more information, please visit the CDC website at <https://www.cdc.gov/> and the WISQARS web page at <https://www.cdc.gov/injury/wisqars/>.

At the national level, research indicates that one in five students is suffering from a mental health need (CDC 2018). Approximately 2–3 percent of students make a serious suicide attempt annually; in a school of 2,000, this means approximately 40–60 students (CDC 2019). Additionally, anxiety disorders are among the most common mental health challenges our youth face (Child Mind Institute, 2018).

While California has historically had lower suicide rates compared to the national levels, we have seen an increase in suicides and suicidal ideation among children and youth in our state. In California, the suicide rate has doubled among young people ages ten to fourteen in the last two decades. The most recent data provided by the California Department of Public Health (CDPH) reveals that 28 students in this age group took their lives in 2016. CDPH also reported 159 suicide deaths among youth ages zero through eighteen in that same year, and in 2017, that number increased to 175. See the CDPH website at <https://www.cdph.ca.gov/>.

The need for mental health services and supports for children and youth in California is dire. According to the 2017 California Youth Risk Behavior Survey (YRBS), which is administered to ninth to twelfth-grade students in traditional, public high schools, 32.1 percent of ninth through twelfth graders in the state felt sad or hopeless almost every day for two or more consecutive weeks. In 2019, that number grew to 45.3 percent—a marked 13.2 percent increase. See the YRBS web page at <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.

The number of ninth through twelfth graders that seriously considered attempting suicide during the 12 months before the survey grew from 17 percent in 2017 to 26.6 percent in 2019. This is a significant increase of 9.6 percent.

In 2019, 23.7 percent of ninth through twelfth graders planned how they would attempt suicide, during the 12 months prior to the survey, compared to 14.1 percent in 2017.

The percentage of ninth through twelfth graders in 2019, who actually attempted suicide during the 12 months prior to the survey, decreased slightly from 9.4 percent in 2017 to 9.2 percent in 2019. The percentage of suicide attempts that resulted in treatment by a doctor or nurse during the 12 months before the survey increased slightly from 3.1 percent in 2017 to 3.7 percent in 2019.

The COVID-19 pandemic has acerbated long existing disparities in our health and education systems. As a result, already oppressed communities have endured disproportionate impacts throughout the pandemic, causing unthinkable suffering and unprecedented stress for children and their families. Pandemic-related stress combined with our nation’s reckoning with racial injustice has magnified mental health issues and has contributed to increased suicidal ideation, attempts, and deaths. The number of child and youth emergency room (ER) visits and hospitalizations attributed to suicide attempts has increased significantly, particularly among girls. Recent CDC data showed a 31 percent increase in ER admissions for suicide attempts in youth ages twelve through seventeen (51 percent increase for girls) in spring 2021 compared to pre-pandemic admission rates.

The disproportionate suffering caused by the pandemic has highlighted the urgency to change the way we address mental health and well-being in our school communities. Educational leaders recognize that a child’s trauma exposure interferes with their academic and social functioning. Increased public awareness and the understanding of how well-being is central to functioning has led California to move expeditiously and in the right direction to address this growing issue.

The change created by the pandemic requires school staff to consider best practices in reaching and connecting with and assessing students for risk of suicide during distance learning. Conducting virtual suicide risk assessments is a practice school-based mental health professionals must be ready to assume. Distance learning is also practice that can be adopted if local educational agencies (LEAs) experience man-made or natural disasters that cause schools to temporarily close.

In recent years, state leaders have passed legislation to help address and curtail the increasing rates of suicide ideation and behaviors. California *Education Code (EC)* Section 215, added by Assembly Bill 2246 (Chapter 642, Statutes of 2016) and AB 1767 (Chapter 694, Statutes of 2019), mandates the governing board of an LEA to adopt a policy on pupil suicide prevention. **Although private schools are not legally required to adhere to AB 2246, they may want to consult with their legal staff about the advisability of adopting such a policy.** For more information regarding *EC* Section 215, please visit <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=EDC&division=1.&title=1.&part=1.&chapter=2.&article=2.5>.

*EC* Section 215 also mandates schools that issue identification cards to students in grades seven to twelve to print, on either side of the student identification cards, the telephone number for the National Suicide Prevention Lifeline, 1-800-273-8255, the Crisis Text Line, which can be accessed by texting HOME to 741741, and a local suicide prevention hotline telephone number. You can access the National Suicide Prevention Lifeline website at <https://988lifeline.org/>, and the Crisis Text Line website at <https://www.crisistextline.org/>. The California Department of Education (CDE) encourages LEAs to also include the TeenLine (text “TEEN” to 839863) since it is a service for students staffed by teens who have extensive training and supervision in this topic. You can visit the CDE website at <https://www.cde.ca.gov/>, and the TeenLine website at <https://www.teenline.org/>.

When listing these resources on student identification cards, the CDE encourages LEAs to include language to provide context. For example: “*If you or someone you know is struggling emotionally or having trouble coping, there is help. Students in distress or those who just want to talk about their problems can call the National Suicide Prevention Lifeline at 1-800-273-8255 (en Español 1-888-628-9454) or text “home” to 741741 for free, confidential support*.” Providing context helps students understand the resources.

*EC* Section 215 indicates that the policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to prevention, intervention, and postvention.

The adopted policy shall also specifically address the needs of high-risk groups, including but not limited to: youth bereaved by suicide; youth with disabilities, mental illness, or substance use disorders; youth experiencing homelessness or in out-of-home settings such as foster care; and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth. The policy shall also include training for teachers on suicide awareness and prevention and shall ensure school employees act within the authorization and scope of their credentials or license. The training should not be interpreted to mean it is authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

Training materials approved by the LEA shall include how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services. The materials for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

The LEA’s governing board shall review its suicide prevention policy and, if necessary, update it, at a minimum every fifth year.

Recognizing that suicide is a growing, yet preventable, public health crisis, several county and city governments have adopted suicide prevention policies. The CDE encourages LEAs to collaborate with city and/or county governments to align their policies. The CDE also encourages each LEA to work closely with their county behavioral health department to identify and access local resources and post them in a highly visible location on their website.

*EC* Section 215 requires the CDE to develop and maintain a model policy to help LEAs in developing theirs. The CDE has developed the following Model Youth Suicide Prevention Policy in accordance with this law. The model policy is not intended to be prescriptive, but rather serve as a guide and includes best and promising practices in suicide prevention.

The model policy also includes resources from which LEAs can select to best meet their needs. These resources are not required to be used by the LEAs but rather are to be used voluntarily.

The CDE’s Statewide Suicide Postvention Response Team (SSPRT) was convened to support districts in navigating the journey after a youth or staff suicide. The primary goal of the SSPRT is to offer support and guide a district affected by a suicide through this difficult and confusing period. The SSPRT will serve as a support with whom districts can discuss the postvention process. The team will help affected LEAs receive accurate and timely information, resources to fill in identified gaps; assistance with messaging to staff, parents, students, and the media; and help them find ways to support staff, parents, families, and students. Our mission is to help LEAs build their capacity and connect them to their local resources, connect them to their COE, county behavioral health department, and community mental health and suicide prevention/postvention resources. For more information, see the CDE’s Youth Suicide Prevention web page at <https://www.cde.ca.gov/ls/mh/suicideprevres.asp>.

# Model Youth Suicide Prevention Policy

The Governing Board of [Insert Name of LEA] recognizes that suicide is a leading cause of death among youth and that an even greater amount of California’s high school students report having considered and attempted suicide. During 2019, 15 percent of California seventh graders and 16 percent of ninth and eleventh graders reported they seriously considered attempting suicide. (California Healthy Kids Survey 2019). The Governing Board is encouraged to review California School Climate, Health, and Learning Surveys (CalSCHLS) data specific to their students. See the CalSCHLS website at <https://calschls.org/>.

Suicide prevention requires vigilant attention from school communities (all school staff, students, parents) and public members. As a result, school communities have an ethical and legal responsibility to provide appropriate and timely responses to suicidal ideation, attempts, and deaths. School leaders and staff must ensure their campuses are safe and nurturing environments that mitigate suicidal ideation and behaviors in students and staff and that appropriate procedures, protocols, and supports are well promulgated and easily accessible to all.

Recognizing that it is the responsibility of the LEA and schools to protect the health, safety, and welfare of its students and staff, this policy aims to safeguard against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicidal behavior, attempts, and loss. It is a known fact that emotional wellness is central to all functioning, therefore, it is recommended this policy be paired with other policies that support the emotional and behavioral well-being of students and staff.

This policy is based on research and best practices in suicide prevention and has been adopted with the understanding that positive and nurturing school climates coupled with suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those who may be suicidal, and help decrease such behaviors. Empirical evidence refutes a common misconception that talking about suicide can increase risk or “place the idea in someone’s mind.” Therefore, it is critical to address all behaviors directly and in a timely manner. Of significant importance is the education of students to recognize their own mental health, equip them with information and knowledge to solicit help, and learn to recognize symptoms within themselves and their peers.

Understanding the impact school climate has on suicidality is critically important as positive school climates have been linked to lower levels of violence, bullying victimization, and greater perceived safety. School climate is of particular importance since it affects the risk of suicidality among youth. Existing studies reveal adolescents who report perceptions of a more positive school climate are less likely to report suicidality (Cornell & Huang, 2016; La Salle et al., 2017; Marraccini & Brier, 2017). This is most likely due to positive peer and teacher relationships that are promoted in schools with positive school climates, along with high levels of safety and social support. [Insert Name of LEA] district and school leaders underscore the importance of all staff and students working together to create safe, respectful, nurturing, and welcoming campuses in which students feel comfortable seeking help for themselves or their peers. Leaders provide opportunities for continuous improvement and monitoring of school climate.

In an attempt to reduce suicidal behavior and its impact on students and families, the [Insert Name of LEA] has developed strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies include professional development for all school personnel (certificated and classified) in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, expanded learning staff (afterschool), and other individuals in regular contact with students such as crossing guards, tutors, and coaches.

Recognizing that early prevention and intervention can drastically reduce the risk of suicide, the [Insert Name of LEA] has developed and implemented preventive strategies and intervention procedures that include the following:

## Overall Strategic Plan for Suicide Prevention

The [Insert Name of LEA] consults school-employed professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and mental health professionals, first responders, and community organizations in planning, implementing, evaluating, and updating the district’s strategies for suicide prevention and intervention. The [Insert Name of LEA] also regularly convenes these stakeholders to review the policy, at a minimum every five years, and update as necessary as required by *EC* Section 215.

Districts are encouraged to work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. Many cities and counties have adopted or are in the process of adopting city or countywide suicide prevention strategic plans. It is recommended LEAs collaborate with their local governments to ensure the local suicide prevention plans and district suicide prevention policies align and include similar research and resources. The California Alliance for Children and Family Services has developed an interactive Behavioral Health Resource Map which is intended to be a tool for providers, policy makers, education partners, youth, families, and others who are looking for services in their community. Each of the interactive “pins” on the map contains additional information about that organization including location, types of services offered, contact information, and budget. To see the map, please visit <https://www.catalyst-center.org/resources>.

[LEA to List Partners by Name, School/Sector, and Title Here]

## District Suicide Prevention Crisis Team

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the [Insert Name of LEA] created an in-house suicide prevention crisis team consisting of administrators, mental health professionals, relevant staff, parents, and middle and high school students. It is encouraged for each school to identify one staff member to serve as the liaison to the district’s suicide prevention crisis team. Additionally, each school site has identified one or two students to represent the student voice on this team.

The functions of this crisis team are to review mental health related school policies and procedures; provide annual updates on school and district data and trends; review and revise school prevention policies; review and select general and specialized mental health and suicide prevention training; review and oversee staff, parent/guardian, and student trainings; ensuring the suicide prevention policy, protocols, and resources are posted on the district and school websites; and general compliance with *EC* Section 215.

This crisis team also collaborates with community mental health organizations, identifies resources and agencies that provide evidence-based or evidence-informed treatment, helps inform and build skills among law enforcement and other relevant partners, and collaborates to build community response.

Additional information and guidance developed by the National Association of School Psychologists can be found on the Preventing Suicide: Guidelines for Administrators and Crisis Teams web page at <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams>.

[LEA to List Crisis by Name, School/Sector, and Title Here]

## Employee Qualifications and Scope of Services

The [Insert Name of LEA] has ensuredLEA and school employees adhere to *EC* Section 215 which mandates district and school employees and their partners to act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, screen and assess to identify suicide risk, and to provide ongoing supports to youth identified at risk, the care or treatment for suicidal ideation is typically beyond the scope of services offered in the school setting.

## Prevention

### Messaging about Suicide Prevention

The manner in which we develop messages about suicide and suicide prevention can impact thoughts and behaviors related to suicide. Research has shown that talking about suicide prevention does not increase risk of suicide as long as those messages are aligned with the National Action Alliance for Suicide Prevention’s Framework for Successful Messaging for suicide prevention. The National Action Alliance for Suicide Prevention’s Framework for Successful Messaging website can be seen here: <https://suicidepreventionmessaging.org/>. In fact, positive messages about suicide prevention may have protective effects such as increased help-seeking. However, unsafe messages on the topic of suicide may influence a vulnerable person towards suicidal behavior such as those that oversimplify the causes of suicide or attribute suicide to identification with a population or group.

Therefore, it is vital that all messaging about suicide prevention be aligned with the *Skills Building: Messaging for Suicide Prevention* as designated by subject matter experts in the suicide prevention field. The Skills Building: Messaging for Suicide Prevention web page can be seen here: <https://emmresourcecenter.org/resources/skills-building-messaging-suicide-prevention>.

The Governing Board of [Insert Name of LEA], along with its partners, have thoroughly and regularly reviewed all materials and resources used in awareness efforts to ensure they align with best practices for safe and effective messaging about suicide.

This policy and all related communication, documents, materials, etc. include clear, respectful, people-first language that encourages an environment free of stigma. As part of safe messaging for suicide, we use specific terminology when referring to actions related to suicide or suicidal behavior:

| Use | Do Not Use |
| --- | --- |
| **“Died by suicide”****or****“Took their own life”** | **“Committed suicide”****Note:** Use of the word “commit” can imply crime/sin |
| **“Attempted suicide”** | **“Successful” or “unsuccessful”****Note:** There is no success, or lack of success, when dealing with suicide |

Examples of people-first language include:

* People with (…mental illness, personality disorder, depression, etc.)
* Person who has died by suicide
* Person thinking about suicide
* People who have experienced a suicide attempt

Tips for Safe and Effective Messaging on Suicide Prevention:

* Always provide suicide prevention resources in parent/student handbooks, district or school-issued identification cards for staff and students, on district and school websites, and during any mental health or suicide prevention skill-building activity for students or parents/families and professional development for staff. The following are suggested resources to include:
	+ National Suicide Prevention Lifeline: 988
	+ Crisis Text Line: Text “help” to 741-741
	+ Teen Line: Text “TEEN” to 839863
	+ Trevor Project 1-866-488-7386 or text “START” to 678678
	+ Trans Lifeline 1-877-565-8860

Additional crisis line numbers can be found on the CDE’s Help for Students in Crisis web page at: <https://www.cde.ca.gov/ls/mh/studentcrisishelp.asp>.

* Include information on warning signs as well as risk and protective factors.
* Avoid discussing details about methods of suicide.
* Explain complexity of suicide and avoid oversimplifying (i.e., identifying singular cause of suicide).
* Focus on prevention and protective factors.
* Avoid sensational language (e.g., using terms as epidemic, skyrocketing, etc.) and graphic images.

### Suicide Awareness and Prevention Training for School Staff

The [Insert Name of LEA], along with its partners, have carefully reviewed available staff trainings to ensure the selected curriculum is evidence-based, evidence-informed, and aligned with best practices in suicide prevention.

*EC* Section 215 mandates LEAs to provide training for staff. The [Insert Name of LEA] has provided professional development for all school staff members (certificated and classified) and other adults on campus (including substitutes and intermittent staff, volunteers, interns, tutors, coaches, classified and certificated, and expanded learning [afterschool] staff).

While all school staff and adults on campus should learn how or improve their ability to support youth experiencing mental health issues, it is strongly recommended for LEAs to begin with general mental health trainings before moving on to trainings that focus on suicide, especially for youth.

Efforts shall be made to align staff trainings with county (if applicable) and/or the [Striving for Zero: California's Strategic Plan for Suicide Prevention 2020–25.](https://sprc.org/sites/default/files/CA%20Suicide%20Prevention%20Plan_2020_2025.pdf)

* At least annually, all staff receive training on mental health awareness and suicide prevention that includes risk and protective factors, warning signs of suicide, intervention, referral processes, and postvention. The program(s) or training(s) selected is left at the discretion of the LEA.
* All suicide prevention trainings are to be offered under the direction of school-employed student mental health professionals (e.g., school counselors, psychologists, social workers, nurses, etc.), who have received advanced training specific in suicide prevention. The district has collaborated with [Insert Names of One Or More County and/or Community Mental Health Agencies] to review the training materials and content to ensure it is evidence-based, evidence-informed, and aligned with best practices.
* Staff training is reviewed and adjusted annually based on previous professional development activities, emerging best practices, and feedback.
* At a minimum, all staff participate in training on the core components of suicide prevention (identification of suicide risk and protective factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment prior to working with youth.
* The LEA has ensured training is available for new hires during the school year.
* Previously employed staff members attend a minimum of one-hour general suicide prevention training. Core components of the general suicide prevention training shall include:
	+ How to identify youth who may be at risk for suicide including suicide warning signs, risk, and protective factors.

It is important to recognize that even if a staff member has been through mental health and suicide prevention training, they may not be, for a myriad of reasons, available to support a youth who may be struggling emotionally. In this case, they shall connect the student with another staff member in a “warm hand off.” A warm handoff is a transfer of care between two members of a team, where the handoff occurs immediately and in front of the student or family. Students should not be left to connect with another staff member on their own but rather should be accompanied to meet the staff to whom they are being transferred.

* Appropriate ways to approach, interact, and respond to a youth who is demonstrating emotional distress or having thoughts of suicide including skill building to ask directly about suicide thoughts.
* District-approved procedures for responding to suicide risk (including programs and services in a Multi-tiered System of Support (MTSS) and referral protocols). Such procedures will emphasize the student should be under constant supervision and immediately referred for a suicide risk assessment.
* District-approved procedures identifying the role educators, school staff, and volunteers play in supporting youth and staff after a suicide or suicide death or attempt (postvention).
* In addition to the core components of suicide prevention, ongoing annual professional development for all staff should include the following:
	+ The impact of traumatic stress on emotional and mental health with an emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide.
	+ Common misconceptions about suicide.
	+ School and community mental health and suicide prevention resources.
	+ Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
	+ Ways to identify youth who may be at risk for suicide including suicide warning signs, risk, and protective factors.
	+ Appropriate ways to approach, interact, and respond to a youth who is demonstrating emotional distress or having thoughts of suicide including skill building to ask directly about suicide thoughts and warm handoffs.
	+ District-approved procedures for responding to suicide risk (including MTSS and referrals). Such procedures will emphasize that the student should be constantly supervised and immediately referred for a suicide risk assessment.
	+ District-approved procedures identifying the role educators play in supporting youth and staff after a suicide or suicide death or attempt (postvention).
* The professional development includes additional information regarding groups of students who may be at elevated risk for suicide or groups disproportionately affected by suicide thoughts and behaviors. These groups include, but are not limited to, the following:
	+ Youth impacted by suicide and youth with a history of suicidal thoughts or behavior.
	+ Youth with disabilities, mental illness, or substance use disorders.
	+ Youth experiencing homelessness or in out-of-home settings, such as foster care.
	+ Youth identifying as LGBTQ.

**[LEA to insert CalSCHLS, YRBS or other school climate survey data]**

LEAs are encouraged to use the CalSCHLS, YRBS, or other survey (e.g., Project CoVitality) data to determine the prevalence of suicidal ideation and behaviors, including patterns or trends, among all students, particularly among identified high-risk populations at their schools and district. For a curated list of staff trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities. See the CalSCHLS website at <https://calschls.org/>, the YRBS web page at <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>, and the University of Santa Barbera’s Project CoVitality web page at <https://www.covitalityucsb.info/>

### Specialized Professional Development for LEA-based Mental Health Staff (Screening and/or Assessment)

Additional professional development in suicide risk assessment (SRA) and crisis intervention is provided to designated student mental health professionals, including but not limited to school counselors, psychologists, social workers, administrators, and nurses employed by the [Insert Name of LEA]. Training for these LEA staff is specific to conducting SRAs, intervening during a crisis, de-escalating situations, interventions specific to preventing suicide, making referrals, safety planning, and re-entry.

Specialized Professional Training for targeted LEA-based mental health staff includes the following components:

* Best practices and skill building on how to conduct an effective suicide risk screening/SRA using an evidence-based, LEA-approved tool such as the [Columbia—](https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/)Suicide Severity Rating Scale (C-SSRS) (can be accessed here: <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.healthcare.english>); Patient Health Questionnaire 9 (PHQ-9) Depression Scale (can be accessed here: <https://www.phqscreeners.com/select-screener>); BSS Beck Scale for Suicide Ideation (can be accessed here: <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Scale-for-Suicide-Ideation/p/100000157.html>); National Institute of Mental Health (NIMH)’s Ask Suicide-Screening Questions (ASQ) Toolkit (can be accessed here: <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>); and the Adolescent Suicide Assessment Protocol – 20 (this PDF can be accessed here: <https://preventsuicidewv.com/wp-content/uploads/2021/04/ADOLESCENT-SUICIDE-ASSESSMENT-PROTOCOL.pdf>).
* Best practices on approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on district guidelines and protocols.
* Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines and protocols.
* Best practices on follow up with parents/caregivers.
* Best practices on re-entry.

### Virtual Screenings for Suicide Risk

While much of the nation was already engaging in or exploring telehealth, COVID-19 propelled mental health service providers to pivot from in-person to virtual appointments. The pandemic has allowed us to see mental health from a different perspective and has elevated the need to connect with students using various platforms. As we consider recent natural disasters that have led to school closures, LEAs should develop telehealth protocols and establish telehealth services in an effort to maintain connection with students while campuses are closed.

Virtual suicide prevention efforts include checking in with all students, promoting access to school and community-based resources that support mental wellbeing and those that address mental illness and give specific guidance on suicide prevention.

[Insert Name of LEA] has established a protocol for assigning school staff to connect with students during distance learning and school closures. In the event of a school closure, [Insert Name of LEA] has determined a process and protocols to establish daily or regular contact with all students. Staff understand that any concern about a student’s emotional wellbeing and/or safety must be communicated to the appropriate school staff, according to LEA protocols.

[Insert Name of LEA] has determined a process and protocols for LEA-based mental health professionals to establish regular contact with high-risk students, students who are on their caseloads, and those who are identified by staff as demonstrating need. When connecting with students, staff are directed to begin each conversation by identifying the location of the student and the availability of parents or caregivers. This practice allows for the staff member to ensure the safety of the student, particularly if they have expressed suicidal thoughts.

Additionally, LEAs should review, and consider adopting, the National Association of School Psychologists’ (NASP’s) [Comprehensive School Suicide Prevention in a Time of Distance Learning](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/comprehensive-school-suicide-prevention-in-a-time-of-distance-learning) Preparing for Virtual School Suicide Assessment Checklist (which can be accessed here: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/preparing-for-virtual-school-suicide-assessment-checklist>), and Conducting a Virtual Suicide Assessment Checklist (can be accessed here: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/conducting-virtual-suicide-assessment-checklist>) for guidance on virtual suicide practices and assessments to help keep students safe.

### Parents, Guardians, and Caregivers Participation and Education

In an effort to include parents/guardians/caregivers in all suicide prevention efforts, [Insert Name of LEA] has shared this suicide prevention policy and procedures widely and included in the parent/student handbooks.

This suicide prevention policy is also prominently displayed on the [Insert Name of LEA] web page and on all schools within the LEA.

Parents/guardians/caregivers are invited to provide input on the development and implementation of this policy. Parents/guardians/caregivers are provided crisis resources including the National Suicide Prevention Lifeline, Crisis text line, and local crisis hotlines and includes information that hotlines/resources are not just for crisis but also for friends/family and referral.

* All parents/guardians/caregivers have access to suicide prevention training that addresses the following:
	+ Suicide warning signs, risk factors, and protective factors
	+ How to approach and talk with their children about thoughts of suicide
	+ How to respond appropriately to the youth who has suicidal thoughts

Appropriate responses should include the requirement of constant supervision of any child/youth considered to be suicidal and referral for an immediate SRA. To help parents/guardians and families on mental wellbeing, LEAs should consider posting information and guidance on addressing mental health issues. For example, Directing Change’s What I Wish My Parents Knew (the PDF can be accessed here: <https://www.directingchangeca.org/wp-content/uploads/What-I-Wish-My-Parents-Knew-Toolkit.pdf>), NASP’s Anxiety and Anxiety Disorders in Children and Preventing Youth Suicide (see: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide>), as well as sharing NASP’s comprehensive collection of resources included in the *Helping Handouts: Supporting Students at School and Home* (accessed here: <https://www.nasponline.org/books-and-products/products/books/titles/helping-handouts-supporting-children-at-home-and-at-school>) and *Suicidal Thinking and Threats: Helping Handout for Home* (PDF can be downloaded here: <https://www.nasponline.org/Documents/S3H14_Brock_Reeves_Parents_Suicide.pdf>). For a curated list of parent/caregiver trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities.

#### Communication with Parents, Caregivers, and Families:

Parents, guardians, caregivers, and families play a vital role in the prevention of youth suicide.

[Insert Name of LEA] has included parents/guardians in the development, review, and implementation of this policy.

The [Insert Name of LEA] provides various training opportunities for parents, families, and caregivers to help them learn how to recognize and identify suicide risk, protective factors, as well as the LEA’s referral processes and how they or their children can reach out for help, etc.

All parents are provided with information on suicide prevention resources including crisis hotlines, local warmlines, and also school and community-based supports. If parents, families, and/or caregivers identify or suspect a suicide risk, they are strongly encouraged to communicate with appropriate school staff (counselor, administration, nurse, school-employed mental health professional, etc.) for assistance. The LEA-based mental health professionals are equipped to help identify and support a student at risk of suicide and are trained to ensure the safety of all students. This may include collaborating with other professionals (primary care doctors, marriage and family therapists, etc.) to develop a course of action and/or safety plan. Parents, caregivers, and families are reminded that mental health and academic records are kept separately to ensure confidentiality and to help protect the privacy of education records.

FERPA’s health or safety emergency provision permits the disclosure of personally identifiable information from a student’s education records, to appropriate parties, in order to address a health or safety emergency when the disclosure is necessary to protect the health or safety of the student or other individuals. See 34 CFR §§ 99.31(a)(10) and 99.36. LEAs are required to adhere to the Family Educational Rights and Privacy Act (FERPA). FERPA applies to all LEAs and schools that receive funds under applicable programs administered by the U.S. Department of Education. Any LEA or school that is subject to FERPA may not disclose students’ education records, including mental health records, or any personally identifying information derived from such records, without the written consent of a parent/guardian or the student, who is eighteen years of age or older. See the US Department of Education’s FERPA web page here: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

### Student Participation and Education

Effective suicide prevention efforts must also include student education and engagement. The [INSERT LEA] and its partners has and will continue to carefully review potential student curricula to ensure it includes information on recognizing and responding to signs and symptoms (within themselves and friends), learning coping skills, encourage help-seeking behavior and being knowledgeable of supports and resources.

[INSERT LEA] provides instruction to middle and high school students on general mental health and suicide prevention. The instruction is provided under the supervision of LEA-employed mental health professionals, with input from county and community mental health agencies, and middle and high school students. The instruction is developmentally appropriate, student-centered, and includes:

* Recognizing behaviors (signs and symptoms) of mental health challenges and emotional distress.
* Recognizing life issues (risk factors) associated with suicide and mental health issues in oneself and others.
* Learning coping strategies for dealing with stress and trauma.
* Learning about protective factors.
* Learning help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help.
* Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.
* Guidance regarding the district’s suicide prevention, intervention, and referral procedures.

[INSERT LEA] maintains a list of current student trainings and is available upon request.

For a curated list of student trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities**.** Student-focused suicide prevention instruction should be incorporated into classroom curricula (e.g., health classes, freshman orientation, science, and/or physical education). The curriculum should be supplemented with additional information about the effects of collective traumatic experiences and their impact on mental health and wellness. For example, communities experiencing natural disasters can utilize Psychological First Aid with their students or for concerns related to the pandemic, LEAs can utilize Stress and COVID-19: A Course for Teens. See the Readiness and Emergency Management for Schools’ Psychological First Aid web page at <https://rems.ed.gov/K12PFAS.aspx#:~:text=Psychological%20First%20Aid%20for%20Schools%20(PFA%2DS)%20is%20an,have%20a%20long%2Dterm%20impact>, and the Stress and COVID-19: A Course for Teens web page at <http://www.jenniferggreen.com/stress/#/lessons/FINR8igj-iUmzbTtKUFZOJlOviTXBqkf>.

[Insert Name of LEA] has shared LEA-based supports and self-reporting procedures, so students are able to seek help if they are experiencing thoughts of suicide or if they recognize signs with peers. Although confidentiality and privacy are important, students should understand safety is a priority and if there is a risk of suicide, school staff are required to report. LEA-based mental health professionals are legally and ethically required to report suicide risk. **When reporting suicidal ideation or an attempt, school staff must maintain confidentiality and only share information limited to the risk or attempt**.

The [Insert Name of LEA] supports the creation and implementation of programs and/or activities on campuses that increase awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs [NCHS], and hotline numbers on student identification cards).

## Intervention, Screening/Assessment, Referral

### Intervention and Referral for Suicide Screening or Risk Assessment

[Insert Name of LEA] ensures the LEA suicide prevention crisis team members receive advanced training in suicide prevention, intervention and postvention. The crisis team is responsible for immediately establishing contact with the student and after assessment, shall contact their parents/guardians, if deemed safe. Whenever a staff member suspects or has knowledge of a student’s suicidal intentions, they are required to promptly notify the appropriate school and LEA staff, as outlined in the protocol.

Whenever a staff member has knowledge of a student’s suicidal intentions or potential risk of suicide, they are required to promptly notify the suicide prevention crisis team through a formal referral process for immediate assessment of the student. The [Insert LEA] has developed and disseminated protocols for screening, assessing, and referring students who may be experiencing suicidal thoughts and/or behavior. The following is included in the protocol:

* Students experiencing suicidal ideation shall not be left unsupervised; students with ideation or suicidal behaviors should be respectfully escorted to the office for an assessment and never sent alone or without staff supervision.
* Collaboration and communication between the teacher/staff and the suicide prevention crisis team is critical during the supervision, referral, and assessment processes.
* A referral process is prominently disseminated to all staff members (classified, certificated, volunteers, interns, etc.) so all know how to respond to a crisis, refer students for further screening/assessment, understand the safety issues of escorting a student, and are knowledgeable about school and community-based resources.
* The referral process includes steps to properly coordinate, consult and make a referral to the local county mental health plan (MHP) on behalf of any student.
* The [Insert LEA] has established crisis intervention procedures to ensure student safety and appropriate communications if a suicide death occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity.
* The crisis team is required to notify, if appropriate and in the best interest of the student, the student’s parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the school or community. **Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification**.
* The names, titles, and contact information of suicide prevention crisis team members have been distributed to all staff, parents/guardians/caregivers, and students, included in parent/student handbook, and are prominently available on school and LEA websites. [LEA to Insert crisis team members and contact information].

#### Imminent Danger

[Insert LEA] recognizes that student safety is a priority. If the student is in imminent danger (e.g., has access to a gun, is on a rooftop, or in other unsafe conditions, etc.) staff members are required to request assistance from other LEA staff and call 911. The call shall ***NOT*** be made in the presence of the student and the student shall not be left unsupervised. Staff shall ***NOT*** physically restrain or block an exit.

### Parents, Guardians, Caregivers, and Families

[Insert LEA] has established and widely disseminated a referral process to all parents/guardians/caregivers/families, so they are aware of how to respond to a crisis and are knowledgeable about protocols and school, community-based, and crisis resources.

Community-based organizations that provide evidence-based suicide-specific treatments are highlighted on the LEA’s website with treatment referral options marked accordingly.

Resources are prominently displayed on LEA and school websites. School and LEA staff autoreplies during vacations or absences should include links to resources and phone/text numbers so parents and students have information readily available.

### Students

[Insert LEA] has established and widely disseminated a referral process to all students, so they know how to access support through school, community-based, and crisis services.

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they have knowledge or concerns of another student’s emotional distress, suicidal ideation, or attempt. (LEA to include crisis intervention procedures, including resources such as mental health counseling and other support services).

### Parental Notification and Involvement

Each school within the [Insert Name of LEA] has identified a process for ensuring parent/guardian/caregiver/family notification when a student has been screened or screened/assessed for suicide risk regardless of outcome (no present risk to high-risk).

Each school within the [Insert Name of LEA] has identified a process to ensure continuing care for the student identified to have suicidal ideation. The following steps should be followed to ensure continuity of care:

* After a referral is made for a student, school or LEA staff are required to verify with the parent/guardian/caregiver/family that follow-up treatment has been accessed. Parents/guardians/caregivers/families will be required to provide documentation of care to the school.
* If parents/guardians/caregivers/families refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school or LEA staff member) will meet with the parents/guardians/caregivers/families to identify barriers to treatment (e.g., cultural stigma, financial issues), work to rectify the situation, and build understanding of the importance of care. If follow-up care for the student is still not provided, school or LEA staff should consider contacting Child Protective Services (CPS) to report neglect of the youth. (LEA to Insert CPS Contact Information).

### Action Plan for In-School or During School Sponsored Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around them is critical. The following steps should be implemented for a suicide attempt on campus:

* Remain calm, remember the student is overwhelmed, confused, and emotionally distressed.
* Move all other students out of the immediate area.
* Immediately contact the administrator or suicide prevention liaison.
* Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable.
* If needed, provide medical first aid until a medical professional is available.
* Parents/guardians/caregivers/families should be contacted as soon as possible.
* Do not send the student away or leave them alone, even if they need to go to the restroom.
* Listen and prompt the student to talk.
* Review options and resources of people who can help.
* Be comfortable with moments of silence as you and the student will need time to process the situation.
* Provide comfort to the student.
* Promise privacy and help, and be respectful, but do not promise confidentiality.
* Students should only be released to parents/guardians/caregivers/families or to a person who is qualified and trained to provide help.

### Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of school or LEA property, the following steps should be implemented (it is critical for the LEA to protect the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student):

* Contact the parents/guardians/caregivers/families and offer support.
* Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
* Obtain permission from the parents/guardians/caregivers/families to share information and ensure the facts regarding the crisis is correct.
* Provide care and determine appropriate support to affected students.
* Offer to the student and parents/guardians/caregivers/families steps for re-integration to school.

### Re-Entry and Supporting Students after Mental Health Crisis

#### Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The [Insert Name of LEA] has determined the following steps be implemented after the crisis:

* Treat every threat with seriousness and approach with a calm manner; make the student a priority.
* Listen actively and non-judgmentally to the student. Let the student express their feelings.
* Acknowledge the feelings and do not argue with the student.
* Offer hope and let the student know they are safe, and that help is available. Do not promise confidentiality or cause stress.
* Explain calmly and get the student to a skilled mental health professional or designated staff to further support the student.
* Keep close contact with the parents/guardians/caregivers/families and mental health professionals working with the student.

#### Re-Entry to School After a Suicide Attempt

A student who has verbalized ideation or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well-planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment.

The [Insert Name of LEA] has determined the following steps be implemented upon the student’s re-entry:

* The school or LEA administrator shall obtain a written release of information signed by parents/guardians/caregivers/families and providers.
* School or LEA-based mental health professionals shall confer with the student and parents/guardians/caregivers/families about any specific requests on how to handle the situation.
* School or LEA-based mental health professionals shall confer with the student and parents/guardians/caregivers/families to develop a safety plan.
* School or LEA-based mental health professionals shall inform the student’s teachers about possible days of absences.
* Teachers and administrators shall allow accommodations for student to make up work (understanding that missed assignments may add stress to student).
* Mental health professionals or trusted staff members shall maintain ongoing contact to monitor student’s actions and mood.
* School or LEA-based mental health professionals shall work with parents/guardians/caregivers/families to involve the student in an aftercare plan.
* School or LEA-based mental health professionals shall provide parent’s/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

### Responding After a Suicide Death (Postvention)

**It is important to remember that staff members are likely grieving as well and consider the capacity of staff members to engage in sensitive discourse with students. When possible, provide additional support to staff to lead conversations in response to suicide deaths.**

A death by suicide of a student or staff member can have devastating consequences on the school community. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. To help [Insert Name of LEA] prepare for postvention, the Crisis Team has reviewed the American Foundation for Suicide Prevention’s (AFSP’s) After a Suicide: A Toolkit for Schools (which can be accessed at the After a Suicide: A Toolkit for Schools’ web page here: <https://afsp.org/after-a-suicide-a-toolkit-for-schools>) to develop our own suicide postvention response action plan for responding to a suicide death. This plan incorporates both immediate and long-term steps and objectives, including:

* Identification of a staff member to confirm death and cause (usually school site administrator).
* Identification a staff member (administrator or school or LEA-based mental health professional) to contact deceased’s family (within 24 hours).
* Conduct an initial meeting of the LEA/school Crisis Team.
* Notification to all staff members (ideally in-person or via phone, not via e-mail or mass notification).
* Coordinate an all-staff meeting, to include:
	+ Notification (if not already conducted) to staff about suicide death.
	+ Emotional support and resources available to staff.
	+ Notification to students about suicide death and the availability of support services.

Best practices suggest to respond to deaths by suicide similar to any death, regardless of the cause, but with special considerations to reduce risk of contagion. For example, it is recommended to avoid permanent memorials for any death but especially in response to suicide due to potential glamorization of the individual.

It is important to incorporate procedures with specific actions ahead of time to respond to suicide incidents.

* + Share limited information and ensure that is relevant and for which you have permission to disclose. Staff shall not share explicit, graphic, or dramatic content, including the manner of death.
* Remind and direct staff to respond to needs of students regarding the following:
	+ Review signs of emotional distress and suicide ideation.
	+ Review of protocols for referring students for support/assessment.
	+ Develop and provide supports to staff in responding to student reactions.
	+ Share school, LEA, community-based resources available to students.
* Identify students significantly affected by suicide death and other students that may be considering imitative behavior.
	+ Staff shall immediately refer students who they suspect are considering imitative behavior to an LEA or school-based mental health professional.
	+ If deemed safe, staff shall contact the students’ parents/guardians/caregivers/families.
* Identify students affected by suicide death but not at risk of imitative behavior.
	+ Staff shall immediately refer students who are affected by the suicide to an LEA or school-based mental health professional.
	+ If deemed safe, staff shall contact the students’ parents/guardians/caregivers/families.
* Notification to larger school community about suicide death and the availability of support services.
* Consider as appropriate working with the family regarding funeral arrangements for family and school community.
	+ - If possible, suggest the funeral occur outside of school hours.
		- Encourage parents/guardians of students to attend funeral/memorial with their children.
		- Request family approval to attend and staff a table for resources to be available at the funeral, if possible, to remind students and the community of available resources.
		- Offer a safe space on campus for students to utilize if needed before/after funeral or memorial service.
		- Acknowledge there may be a high rate of absenteeism on the day of the funeral and school officials should make appropriate accommodations for staff and students to attend.
* Respond to memorial requests in respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered.
* Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (visit <https://reportingonsuicide.org/> for recommendations on safe messaging). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.
* Utilize and respond to social media outlets:
	+ Identify what platforms students are using to respond to suicide death.
	+ Identify and encourage staff and students to monitor social media outlets.
* Include long-term suicide postvention responses:
	+ Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant events) and how these will be addressed.
	+ Support siblings, close friends, teachers, and/or students of deceased.
	+ Consider long-term memorials and how they may impact students who are emotionally vulnerable and suicidal.

The [Insert Name of LEA] believes the practices outlined in this policy will assist in reducing the suicidal ideation and attempts of our school community members. As a partner in the community, we always welcome feedback and input on our policies and encourage you to share them as appropriate.

# Appendix A: Resources

## Supporting Students During a Local, Regional, or National Crisis:

* Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model to assist students, families, school personnel, and school partners in the immediate aftermath of an emergency. PFA-S is designed to reduce the initial distress caused by emergencies, and to foster short- and long-term adaptive functioning and coping. For more information, see the PFA-S web page at <https://www.nctsn.org/resources/psychological-first-aid-schools-pfa-s-field-operations-guide>.

## General Resources:

* The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide. To access the toolkit, please visit <http://www.heardalliance.org/help-toolkit/>.
* Substance Abuse and Mental Health Services Administration’s (SAMHSA) Preventing Suicide: A Toolkit for High Schools; to access the toolkit, please visit the product’s web page at: <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>.
* Trevor Project Model Suicide Prevention Policy; for more information, please visit The Trevor Project’s Public Education web page at: <https://www.thetrevorproject.org/public-education/>.
* Signs of Suicide Depression Screening Program (SOS); for more information, please visit the SOS web page at <https://www.mindwise.org/sos-signs-of-suicide/>.

## Safe and Effective Messaging for Suicide Prevention:

* For information on public messaging on suicide prevention, see the *Framework for Successful Messaging* web page from the National Action Alliance for Suicide Prevention website: <http://suicidepreventionmessaging.org/>.
* Preventing Suicide: A Resource for Media Professionals is a resource booklet addressed to media professionals who play a role particularly relevant to the prevention of suicide. The booklet was written by the World Health Organization and the International Association for Suicide Prevention. See the resource guide at <https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.5-eng.pdf;jsessionid=6FC6A56E272B0A4A3C2C38379488F1D8?sequence=1>.
* For information on engaging the media regarding suicide prevention visit [www.reportingonsuicide.org](http://www.reportingonsuicide.org/).
* SAVE (Suicide Awareness Voices of Education); see SAVE’s Responsible Media Reporting web page at <https://save.org/about-suicide/preventing-suicide/reporting-on-suicide/>.
* For more information regarding blogging on suicide, please visit <https://www.bloggingonsuicide.org/>.
* Entertainment Industries Council; for more information, you can access the Social Media Guidelines for Mental Health Promotion and Suicide Prevention PDF here: <https://www.eiconline.org/_files/ugd/aec3fc_9b403ff020b24489aa7f8a90d058ea07.pdf>.

## Staff Trainings:

* Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an eight-hour interactive training for youth-serving adults without a mental health background. See the Mental Health First Aid’s YMHFA web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>.
* Free YMHFA Training is available on the CDE Mental Health web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>.
* Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR website at [http://qprinstitute.com](http://qprinstitute.com/).
* SafeTALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks’ safeTALK web page at <https://legacy.livingworks.net/programs/safetalk/>.
* Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure that the program is easy to disseminate and measures success at the elementary, middle, and high school levels. See the Kognito’s All Solutions for PK-12 web page at <https://kognito.com/pk-12/all-solutions/>.

## Specialized Training, Assessment:

* Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks’ ASIST web page at <https://legacy.livingworks.net/programs/asist/>.
* School-based Suicide Risk Screening: This 2.5-hour training is available for free and provides guidance on effective screening for suicide risk and suggestions to increase safety for students utilizing evidence-based tools such as safety planning as well as steps for re-entry. To register or for more information regarding training on suicide risk screening in schools, visit the Mental Health Services Oversight & Accountability Commission website at: <https://mhsoac.ca.gov/initiatives/suicide-prevention/school-suicide-risk-screening/>. Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center’s AMSR web page at <http://www.sprc.org/training-events/amsr>.
* For the SAMHSA’s Suicide Safe application for suicide assessment, visit the application’s product web page at: <https://store.samhsa.gov/product/suicide-safe>.

## Parent Resources:

* Parents as Partners: A Suicide Prevention Guide for Parents is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be suicidal. It is available from Suicide Awareness Voices of Education (SAVE) website here: <https://www.save.org/product/parents-as-partners/>.
* What I Wish My Parents Knew: This toolkit provides step-by-step instructions on how to implement activities to engage parents/guardians on topics related to mental health; access this toolkit here: <https://www.directingchangeca.org/wp-content/uploads/What-I-Wish-My-Parents-Knew-Toolkit.pdf>.
* Know the Signs website: This website provides information on recognizing suicide risk, how to have a conversation about suicide and resources to support loved ones. See the Know the Signs website at <https://www.suicideispreventable.org/>.
	+ To embed the website on your district page, use this code or contact info@suicideispreventable.org:
		- <iframe style="border: 0;"src="http://www.suicideispreventable.org/"frameborder="0" scrolling="no"width="1100" height="750"></iframe>
	+ Take Action for Mental Health: Take Action for Mental Health is the campaign for California’s ongoing mental health movement. It builds upon established approaches and provides resources to support Californians’ mental health needs. You can find more information on the Take Action for Mental Health website at: <https://takeaction4mh.com/>.
* Depression: What is Depression? For more information, please visit the NIMH’s Depression web page at: <https://www.nimh.nih.gov/health/publications/depression>.
* 12 Things Parents Can Do to Prevent Suicide; guide and video can be accessed here: <https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx>.
* Teens and Suicide: What Parents Should Know; for more information, visit: <https://afsp.org/teens-and-suicide-what-parents-should-know/>.

## Student Training Resources:

* LivingWorks Start; see the LivingWorks Start web page at <https://www.livingworks.net/start>.
* More Than Sad is school-ready and evidence-based training material, listed on the national Suicide Prevention Resource Center’s best practices list, specifically designed for teen-level suicide prevention. You can find more information on the American Foundation for Suicide Prevention’s More Than Sad web page at <https://afsp.org/our-work/education/more-than-sad/>.
* Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children’s Hospital’s BFFD program web page at <https://www.childrenshospital.org/programs/boston-childrens-hospital-neighborhood-partnerships-program/tap-online-trainings/break-free-depression-program>.
* Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc.’s CAST program web page at <http://www.reconnectingyouth.com/programs/cast/>.
* Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school’s needs. See SAVE’s SMART Schools web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>.
* Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge and awareness of depression and suicide. See SAVE’s LEADS web page at <https://www.save.org/what-we-do/education/leads-for-youth-program/>.
* The Youth Aware of Mental health (YAM) program is a program developed for teenagers aged 14–16 that uses interactive dialogue and role-playing to teach adolescents about the risk and protective factors associated with suicide (including knowledge about depression and anxiety) and enhances their problem-solving skills for dealing with adverse life events, stress, school, and other problems. For more information, visit the YAM website at <https://www.y-a-m.org/>.
* CDC’s Suicide Prevention Resource for Action; please visit: <https://www.cdc.gov/suicide/resources/prevention.html>.

### Re-entry After an Attempt or Leave of Absence for Mental Health:

* The School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats is a guide that will assist in school re-entry for students after an attempted suicide. See the Mental Health Recovery Services Resource web page at <http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/>
* Virtual Hope Box; the product web page can be accessed here: <https://apps.apple.com/us/app/virtual-hope-box/id825099621>.
* A Friend Asks from Jason Foundation; the product web page can be accessed here: <https://jasonfoundation.com/get-involved/student/a-friend-asks-app/>.

### Postvention:

* After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. This guide can be accessed here: <http://www.sprc.org/comprehensive-approach/postvention>.
* Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide; this guide can be accessed here: <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>.
* Kognito Resilient Together Coping with Loss at School is an interactive role-play simulation to prepare schools for responding to a death in the school community. Teachers and administrators learn key elements of a crisis response plan, including postvention, and best practices for communicating with students and colleagues impacted by a loss in the school. See the Kognito’s Coping with Loss at School web page at <https://kognito.com/solution/resilient-together-coping-with-loss-at-school/>.
* PREPaRE 3rd edition Training helps train the crisis staff who respond to the students and staff in the immediate follow up and over time. It also provides forms for use and documentation. Also, considerations of compassion fatigue with staff providing such services. See the PREPaRE training web page at <https://www.nasponline.org/professional-development/prepare-training-curriculum>.
* For additional information on suicide prevention, intervention, and postvention, see the Mental Health Recovery Services Model Protocol web page at <https://www.mhrbwcc.org/prevention-and-resources/>.
* Information on school climate and school safety is available on the CDE Safe Schools Planning web page at <https://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>.
* Collaborative for Academic, Social, and Emotional Learning (CASEL); see the CASEL program guide web page at <https://casel.org/guide/programs/>.

**Note: This model policy is considered exemplary and is not prescriptive, per *EC* Section 33308.15:**

1. Program guidelines issued by the State Department of Education shall be designed to serve as a model or example, and shall not be prescriptive. Program guidelines issued by the department shall include written notification that the guidelines are merely exemplary, and that compliance with the guidelines is not mandatory.
2. The Superintendent of Public Instruction shall review all program guidelines prepared by the State Department of Education prior to issuance to local education agencies. The superintendent shall approve the proposed guidelines only if he or she determines that all of the following conditions are met:
	1. The guidelines are necessary.
	2. The department has the authority to issue the guidelines.
	3. The guidelines are clear and appropriately referenced to, and consistent with, existing statutes and regulations.

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