

SUICIDE POSTVENTION TOOLKIT
FOR NEVADA SCHOOLS AND ADMINISTRATORS
2024-2025 SCHOOL YEAR

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Postvention Checklist

This page will give you a snapshot of what needs to be done when managing a suicide in your school. As you progress through the tasks, you can tick off each section. Please read the toolkit document completely, and then re-read each section as they become relevant to each situation. This will give you the information you need to manage a suicide within your school, minimize contagion effects, and otherwise support your students and staff.

Immediate response (see page 14-15) – Crisis response and management

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

The first 24 hours (see pages 16-17) – Planning and notifications

- Inform the relevant representative at the Department of Education (or equivalent body for your school) and the Nevada Office of Suicide Prevention.

Convene school leadership, with crisis response team support, and plan the following steps:

- Contact the relevant mental health agency.
- Identify and plan support for students who are at risk.
- Set up a student support room in the school.
- Inform staff. Give them a script explaining what has happened, so that all staff are giving students that same consistent message.
- Inform students via a script. Do this in small groups, not at a whole school assembly. Do not describe the method of suicide.
- Inform the wider community via a letter, if appropriate.
- Contact the media liaison advisor in the central office of your relevant education authority (the Department of Education or equivalent authority for non-government schools). Refer all media enquiries to that office.

The first week (see page 17-20) – Restoring school to regular routines

- Liaise with the bereaved/affected family.
- Plan the school's involvement in the funeral.
- Organize regular staff meetings, to ensure they are provided with up-to-date information.
- Monitor students and, in collaboration with the relevant mental health agency, target assessment of students identified as being at continued risk.
- Monitor staff wellbeing and provide opportunities for debriefing.
- Keep parents/guardians informed via notices. Collect all the belongings of the deceased student for the police and family.
- Continue documentation of all the school's actions.

The first month (see pages 20-21) – Full return to student and staff wellbeing

- Plan for relevant events that will be held by the school (yearbook photographs, award nights, graduation).
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review including confirmation of cause of death (e.g., conformation through Coroner's Office).
- Consider offering parents/guardians and/or the community information sessions or support groups with the Nevada Office of Suicide Prevention.
- Continue documentation of all the school's actions.

Longer term (see pages 21-25) – Seek continuous improvement

- Continue to support and monitor students and staff.
- Keep parents/guardians, staff and students informed.
- Plan for anniversaries, birthdays, and other significant events that could impact student body and community.
- Implement the recommendations of the critical incident review.
- Include your school's postvention plan in its staff induction process.
- Provide regular suicide prevention trainings to students, staff, and parents/guardians.

INTRODUCTION

This toolkit is presented in partnership with the Nevada Office of Suicide Prevention (NOSP), SafeVoice, the Nevada Department of Education, Nevada Division of Public and Behavioral Health (DPBH), Office of Safe and Respectful Learning Environment (OSRLE), and the Mobile Crisis Response Team (MCRT). We hope to provide schools in Nevada with a supported framework of reference to suicide postvention in accordance with Nevada Revised Statutes 388.243-388.253. Our goal is to provide the best compilation of state and national resources available to enhance the ability of individual schools to respond with appropriate resources, services and supports specific to their respective districts.

This toolkit gathers best practices across the field of suicide prevention, intervention, and postvention. This guide synthesizes information from examples in this area of practice, including:

- AFSP’s [After a Suicide: A Toolkit for Schools](#) (American Foundation for Suicide Prevention, & Suicide Prevention Resource Center, 2018).
- Hazelden’s [Lifelines Postvention](#) (Underwood, 2018).
- CDC’s [Promoting individual, family, and community connectedness to prevent suicidal behavior: strategic direction for the prevention of suicidal behavior](#). (National Center for Injury Prevention and Control (U.S; Centers for Disease Control and Prevention (U.S.), 2013).
- NCSP [Empowering Communities to Save Lives](#). (Nevada Coalition for Suicide Prevention, 2022).
- NDPBH [Suicide Prevention](#). (Nevada Division of Public and Behavioral Health (DPBH) Office of Suicide Prevention, 2021).
- Edutopia [A Comprehensive Approach to Suicide Prevention and Awareness](#). (Stover, 2023).
- NAMI [An Innovation for Suicide Prevention](#). (SPA Development Partner, 2023).
- National Center for School Crisis and Bereavement [Guidelines for Responding to the Death of a Student or Staff Member](#). (Children's Hospital Los Angeles, 2020).
- Clinical Advisory Services Aotearoa (CASA) [Community Postvention Response Service \(CPRS\) Screening using circles of vulnerability](#). (Clinical Advisory Services Aotearoa, 2016).
- NASP [Preparing for School Suicide Intervention in a Time of Distance Learning: A Checklist](#). (National Association of School Psychologists, 2021).
- [Headspace.Org Compressed Postvention Toolkit](#).

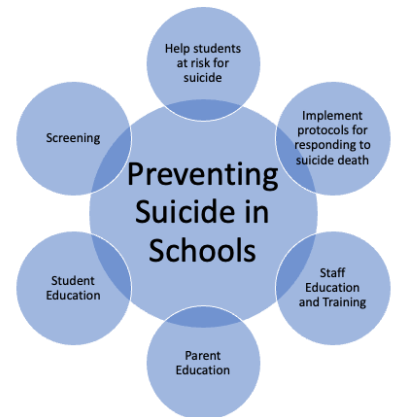
SUICIDE & SCHOOL SUICIDE: BACKGROUND AND FACTS

Nevada has historically had high suicide rates. From 1939 to 1999, Nevada ranked number 1 in suicide deaths in the United States. Nevada ranked 7th in the nation for suicide, losing 698 people to suicide in 2022. Suicide is the second leading cause of death for age populations 8-44 in Nevada. During the COVID-19 pandemic (2019-2020), suicide rates decreased, possibly due to community support and connectedness, telehealth access, financial assistance, and families spending more time together. However, recent [data](#) shows an increase in 2021 suicide rates in the United States and the state of Nevada. Contributing factors could include post-COVID-19 stress, substance use or misuse, financial instability, abuse, life situations or transition, housing or job loss, bullying, social media, food insecurities, and returning to school.

Suicide in a school community is tremendously sad, often unexpected, and can leave a school with many uncertainties about what to do next. Schools need reliable information, practical tools, and pragmatic guidance when faced with students struggling to cope and a community struggling to respond.

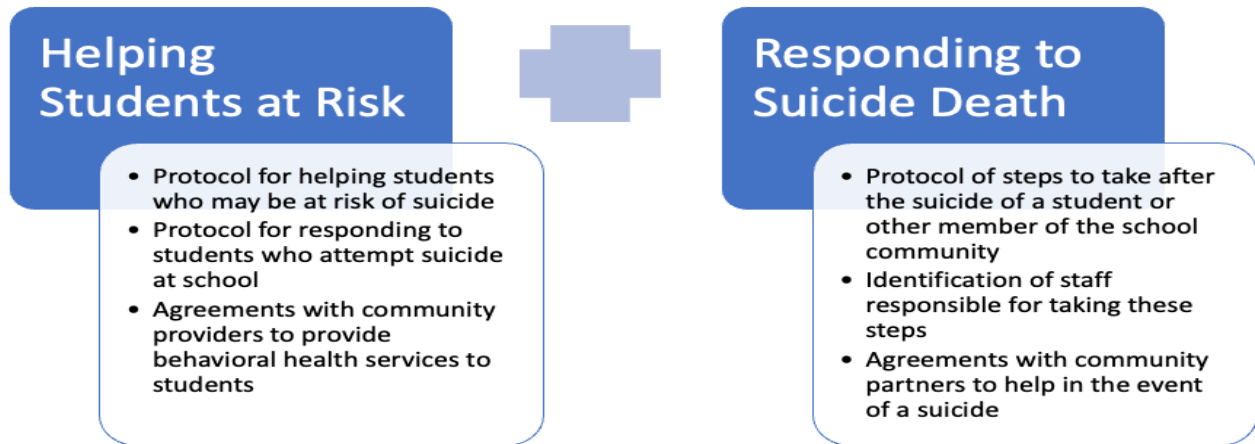
The Role of Schools in Suicide Prevention, Intervention & Postvention¹

Schools have a critical role in suicide prevention. Subject matter experts have identified 6 key components to suicide prevention efforts in schools: protocols for helping students at risk of suicide, protocols for responding to a suicide death, staff education and training, parent education, student education, and screening (SAMHSA, 2012). The components above are complementary strategies and work best in concert with one another. However, schools may need time to develop the multi-tiered infrastructure to implement comprehensive training, prevention programming, screening, interventions and supports, and crisis response plans. For schools just getting started, there are two essential components that every site should have in place: having protocols for helping students at risk for suicide, and protocols for responding to a suicide death (see Figure 12). The additional components strengthen as a school implements a robust, school-based Multi-Tiered System of Supports (MTSS) framework.



¹ Reference: [Suicides Affecting Nevada Children and Schools in Nevada](#) (Lords, et al., 2023).

Schools have dual roles in addressing suicide, including helping students who could be at risk and responding when a school population has experienced a suicide death. These two roles are further described below:



What are common signs of suicide that parents/guardians and school personnel can recognize?

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

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

Why is the way that schools address suicide so important?

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

- Schools have a responsibility to protect the safety of children while they are in the care of the school.
- Suicide prevention is consistent with many other efforts to protect student safety.
- Activities designed to address and prevent violence, bullying, and alcohol and drug use may also reduce suicide risk among students.

- Programs and activities that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance use.

Students' mental health can affect their academic performance. Depression and other mental health issues can interfere with the ability to learn and can affect academic performance. A student suicide death or attempt is likely to significantly impact other students and the larger school community. Adolescents may be susceptible to suicide contagion.

What is Suicide Contagion?

Suicide [contagion](#) (Gould & Lake, 2013) is the transmission of suicidal behavior from one person to another. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents do appear more susceptible to imitating the behaviors of peers who have attempted or died by suicide than people of other age groups. However, suicidal thoughts and behaviors do not "spread" the way that contagious diseases do, such as a cold or flu, where anyone who comes in contact with the germ can catch the disease. A person who develops suicidal thoughts or behaviors reacting to a peer most likely has pre-existing risk factors or challenges.

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

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

What is Suicide Postvention?

Mueller, Gray, & Reibel (2021) suggest that postvention is an organized response in the aftermath of a suicide attempt or death that:

- Provides opportunities to start healing from the grief and distress of suicide loss. These healing activities can mitigate future risks of suicide and other adverse effects.
- Recognizes that suicide can present a unique form of trauma exposure.
- Ensures that individuals/families who have experienced a suicide and/or suicide attempt are offered support and a path to recovery.

Almost all the principles of suicide postvention apply to traumatic deaths under any circumstance.

Why are postvention protocols needed?

Postvention protocols provide:

- Space for grieving.
- Care for those experiencing loss.
- Identification and protection for others at risk.
- Consistency in response, no matter the cause of death, and should codify procedure in school policy.

A school's role in postvention helps to:

- Maintain structure and order for the school routine.
- Manage reactions to the death with developmentally appropriate and supportive interventions.
- Provide support and resources to the school community to recognize and minimize suicide contagion risk.

Proper postvention helps the school community process a death by suicide more safely, mitigating:

- Feelings of blame, responsibility, betrayal, and potential staff burnout.
- Complicated grief/loss, both in the short and long term.
- Risk potential for cluster/copycat deaths.
- Difficulty focusing on academics and other activities.

Postvention not only responds to a death but is also a critical prevention tool. Schools should use best practice guidelines and include the following in their postvention planning:

- Crisis response.
- Helping students cope.
- Involving parents/guardians.
- Modeled language for notifications.
- Working with community/media.
- Safe messaging.
- Safe ways to remember the person (memorialization).
- Addressing needs when school is not in session.

POSTVENTION PLANNING BASICS

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

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

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

Refer to [*“A Manager’s Guide to Suicide Postvention in the Workplace: 10 action steps for dealing with the aftermath of a suicide.”*](#) (The Workplace Postvention Task Force of the American Association of Suicidology and The Workplace Task Force of the National Action Alliance for Suicide Prevention, 2019).

Using Model Guidance

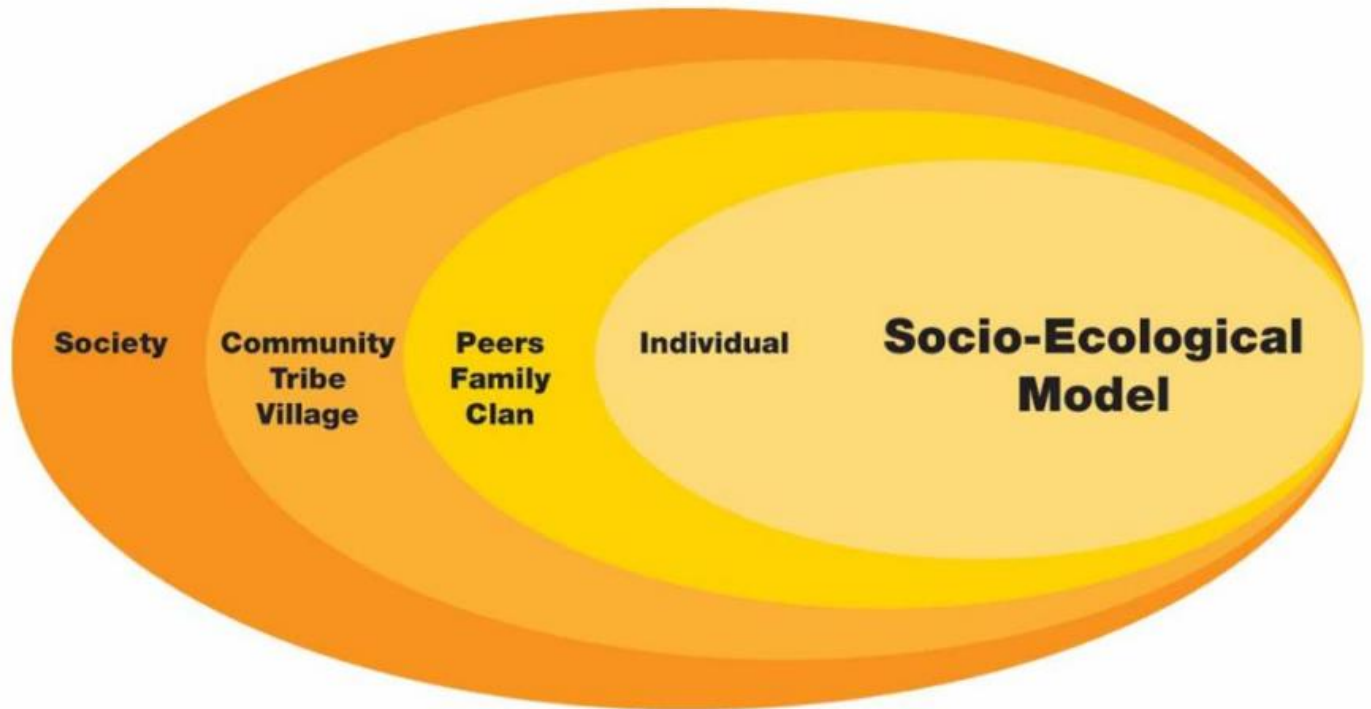
Postvention activities commonly occur within school settings, yet very few school staff are aware of suggested guidelines on safely conducting them. (Wei, Szumilas, & Kutcher, 2010). Schools must prepare for postvention before suicide. This includes training your school staff, students, and parents/guardians. Community members also need training. i.e., funeral directors, faith leaders, emergency departments, law enforcement, health professionals, media, and journalists.

Schools should incorporate postvention as a component of an overall comprehensive plan, which should form and identify a school-based crisis team (2021).

Core Principles/Key Concepts

There are several key concepts associated with suicide:

- Suicide is a public health problem.
- Suicide is generally preventable.
- We all have a role to play in suicide prevention and response.
- Youth play a uniquely important role in suicide prevention.
- Culturally effective responses are important to overall recovery.



(The Connect Program, 2023)

The School Crisis Response Team

A crisis team is an identified set of individuals that will implement the school crisis plan in the event of a suicide or another tragic event. They will also be responsible for determining the longer-term needs after the death and assisting in developing a plan to address those needs. It is best to proactively identify and prepare the crisis team to be ready with the proper resources to respond to a crisis before it occurs. Crisis response teams often comprise school administrators and leadership, as well as specialists (e.g., school counselor, school nurse, school psychologist), school social worker or other mental health providers, resource officers, and IT (2021). It is likely that one or more people can fill multiple roles within the Crisis Response Team based on experience and credentials.

- **Crisis Team Leader/Coordinator:** This person is essentially the project and team manager. The-crisis team leader/coordinator should remain the consistent and central point of contact throughout the response. This could likely be the school principal.
- **Information Coordinator:** Gathers information and monitors media coverage and social media. This could be a Public Information Office for the district.
- **Parent/Guardian Liaison:** Responds to parent/guardian inquiries and needs, develops parental letters or informational meetings, and may communicate with the family of the deceased.

- **Administrative Liaison:** Manages the removal of student belongings, distributes information to staff, and coordinates the logistics of the staffing and protocol for care stations.
- **Community Liaison:** Informs agencies of the school’s plans, arranges volunteers and support from local mental health resources.
- **Operations Coordinator:** Addresses all issues that affect the physical school building i.e., for any meetings, transportation, or coordinates law enforcement if needed.
- **Faculty Support Staff:** At least two members who follow the daily schedule of the deceased and siblings, who can also provide support to faculty.
- **Crisis Assessment of focused Students Team:** Two or more members of the team who can coordinate crisis contacts for students needing more acute care. (See Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines (Action Alliance for Suicide Prevention, 2015).

Safe Messaging

Talking about suicide is critical and we all have a responsibility to balance being truthful with the school community and the need to be sensitive to the family. We also have a responsibility to use updated and safe language surrounding suicide. Framing suicide as a success or failure is outdated and harmful to survivors of suicide loss or attempts as well as using terms such as, “committed suicide.” Please refer to the best practice guidelines below for examples on safely discussing suicide.

If the family does **NOT** wish to permit disclosure:

Ex: “The family has requested that information about the cause of death not be shared now.”

Use this opportunity to talk about awareness of suicide:

“We know there has been much talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal.”

Follow guidelines on safe messaging about suicide. The talk should center around the fact that the school has lost a valuable member of its community, not the circumstances of the death.

Remember:

It is imperative to avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner. Don't be afraid to include known struggles especially in individual conversations about the death. If the student's struggles are not mentioned, it can confuse and give the impression that suicide is an effective way of addressing one's distress - especially among other students.

Always follow best practice guidelines, including:

- American Foundation for Suicide Prevention's Model School District Policy for Suicide Prevention. (American Foundation for Suicide Prevention, 2023).
- Framework for Successful Messaging. (Action Alliance, 2023).
- Nevada Office of Suicide Prevention Safe Messaging on Suicide Training. (Nevada Division of Public and Behavioral Health (DPBH) Office of Suicide Prevention, 2021).

Addressing Cultural Diversity

Postvention efforts must consider the cultural diversity of everyone affected by a suicide, including the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability. Culture may significantly affect how people view and respond to suicide and death. Key points involving cultural differences include the following:

- Be aware that the extent to which people can or will talk about suicide varies greatly, and in some cultures, suicide is still seen as a moral failing. Additionally, some cultures do not have a word for suicide, which can be a challenge in communicating about it.
- Be sensitive to the beliefs and customs regarding the family and community, including rituals, funerals, the appropriate person to contact, etc.
- Be sensitive to how the family or community may need to respond to the death before individuals outside of the family or community intervene to provide support.
- Consider engaging a liaison between the family, community, and school if key members of school staff are not from the same racial, ethnic, or religious group as the person who died by suicide.
- Bring in interpreters and translators if there are language differences. If possible, have resource materials in different languages available for parents/guardians.

POSTVENTION PLANNING IMPLEMENTATION

Immediate Response

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

- Ensure no other students or staff are in immediate danger.
- Administer first aid where necessary.

- Call 911 for emergency services.
- Alert the School Crisis Response Team for assistance.
- Move witnesses to safe locations. They must be supported and supervised by staff/ counselors until police have taken statements or advised about other actions.
- Isolate the site of the suicide from students and unauthorized staff access by using screens, blocking corridors, and evacuation procedures as needed. Do everything possible to protect others from viewing the site, without disturbing the area which police will need to inspect. Do not remove or disturb items from the site until police have concluded their work and advised that the area is no longer a secured area.
- Depending on the means of the suicide, think about making changes to the environment or limiting access to materials.
- If the student has attempted suicide on school campus, follow school's procedures as you would a medical emergency. Medical professionals should ultimately make the determination as to whether the student was harmed and/or in need of hospitalization. If this is unavailable, reach out to Mobile Crisis team. If Mobile Crisis is unavailable, direct the family to take student to the local emergency department.)

Day 1 Response

Conduct Staff Meeting Before School

This meeting should include accurate and verifiable information, at least three crisis resources, and what the school is doing to provide support to the school community.

Goals of this initial staff meeting include (note: allow at least one hour to address the following goals):

- Introduce the Crisis Response Team members.
- Attendance sign-in sheet (or another attendance tracking); staff not in attendance will need appropriate follow-up information.
- Review roles and responsibilities.
- Share verifiable facts of student's death (method should not be shared).
- Allow staff an opportunity to express their reactions and grief. Identify anyone who may need additional support and refer them to appropriate resources.
- Provide appropriate faculty (e.g., homeroom teachers or advisors) with a **scripted death notification statement** (see sample scripts on pages 26-29). Be sure to arrange coverage for any staff who cannot read the statement).
- Prepare for student reactions and questions by providing handouts to staff on Talking About Suicide from After a Suicide: A Toolkit for Schools pp. 55-56 (Suicide Prevention Resource Center, Education Development Center, American Foundation for Suicide Prevention, 2018).

Review the Procedure for Responding to Impromptu Memorials:

- Offer time for questions and sharing feelings.
- Identify staff to follow student's schedule.
- Identify and generate a list of students of concern.
- Explain how students can access care stations—including information about the referral process, locations, and staffing.
- Review announcements to be read by teachers in classrooms or small groups (advisory, homeroom, etc.). Ensure the classroom of the deceased has more support beyond the teacher (i.e., school-based mental health professional).

Additional Day 1 Steps

- Monitor care stations and/or crisis counseling rooms.
- Share communication with families. This should include accurate and verifiable information (that aligns with the family's wishes), at least three crisis resources, and what the school is doing to provide support to students and the larger school community.
- Conduct a voluntary end-of-day staff meeting and discuss plan for next day with staff roles identified.
- Crisis Response Team should debrief the implementation of the postvention plan at the end of day.

Identify Students of Concern

Use safety planning for students who:

- Were close friends, siblings, and/or past or present romantic partners.
- Have a known history of substance use/abuse or mental health treatment.
- Had the same classes or activities i.e., athletics, clubs, church.
- Experienced a similar loss.
- Are new to the district/school and for whom little may be known.
- Feel responsible for recent negative interaction(s) with the deceased.

End of Day 1 Announcement

See examples of scripts on pages 26-29. These are examples of communications you might share with a school community at the end of the first day.

Steps to Complete Within the First Week (Days 2–5)

Ensure regular school routine

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

Liaise with the family

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

- The family’s existing relationship with the school.
- The family’s cultural or religious practices regarding death and suicide.
- The level of community and family support already in place.
- Whether there are siblings also attending the school.

If there was a suicide attempt, this early liaison is important, along with other Crisis response Team members, for planning support for the student’s return. If it is proving difficult to speak directly with the family, it may be possible to liaise with an extended family member or a close family friend. This may also limit the number of times the family have to relay distressing information.

Plan the school’s involvement in the funeral

After discussion with the family, it is important to consider and plan how the school and students will be involved with the funeral. In order to monitor and support students and staff, the school should know who attends the funeral. If it occurs on a school day, students must have parental consent to attend. Ideally, attendance at the funeral should be limited to close friends and staff, and this should only happen after the liaison meets with the family. It is important to consider the need for increased support of those people who attend the funeral or who may play a role in the proceedings. Also, students and/or family members may wish to hold a memorial service in the school. Generally, memorials involving large numbers of students are not recommended. Schools could consider using their support room for reflective activities that involve smaller groups of students. It’s possible for staff to use large routine assembly opportunities to acknowledge the grief felt by friends and family. However, it’s critical that the messages are delivered in a way that ensures the suicide is not glamorized.

Ensure regular staff meetings

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

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

This needs to be done by a trained professional within the school (e.g., some combination of school counselors, school nurses, school psychologists, school social workers, etc.), or in collaboration with a mental health agency. In the first 24 hours, the closest friends and associates of the student and any students who witnessed the suicide will have to be contacted and provided with immediate support. The following information can help you identify other young people who may be at increased risk. Developing a plan to support them and respond to their risk is vital. Screening tools such as the Columbia Protocol from the Columbia Lighthouse Project (C-SSRS, see page 39) should be utilized for clinical assessments with parent or caregiver consent.

1. Identify students who are immediately or already considered at risk.

This may include:

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

2. Identify other young people who may be profoundly affected.

This can be done with the help of staff, students, parents/guardians, and family networks. This group may include:

- Friends or boyfriends/girlfriends who attend other schools (this is best followed up by counselor-to-counselor communication).
- Friends/acquaintances who communicated with the student in any fashion in the hours before the incident.
- Students who are expressing guilt about "messages" that they were given by the student but did not act on or share with an adult.

3. Identify other students of concern.

This can be done via referrals from staff, students, or parents/guardians.

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

4. Develop response and support plans for all identified students (in collaboration with community-based mental health professionals when applicable).

As part of these plans, the Crisis Response Team should:

- Contact the identified young person.
- Contact the identified person's parents/guardians (unless it is believed that such contact will place the student at further risk).
- Give the at-risk person a referral to a mental health professional for suicide risk screening (if appropriate).
- Develop a written plan outlining the support the student will receive from the school, their family, and any external support agencies (this should be given to all the parties involved).

Monitor staff wellbeing

Staff wellbeing must be monitored and responded to at regular intervals. Encourage staff to put their own wellbeing first and to ask for respite, support, or a change in role if they need it. The good mental health of staff will assist the school in returning to regular routines and help make students feel well supported and cared for.

Staff may experience their own feelings of guilt and grief about the suicide. Regular meetings and opportunities for them to debrief are important. Consider referring them to the appropriate professional support staff. Once normal routines have been re-established, the Crisis Response Team should consider all avenues of support that can assist the school in maintaining this condition. Schools can help manage the extra load placed on staff at this time by bringing in additional social workers/counselors, as well as relief teachers. All outside support staff must be briefed on the school's emergency response plan and must follow it.

Keep parents/guardians informed

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

- Funeral arrangements and consent requirements.
- Changes to previously planned activities or excursions.

- Availability of additional counseling services in the school.
- Changes to attendance and/or sign-in/sign-out procedures.
- Planned building changes.

Protect the student's belongings for the police and family

The protection of a student's belongings is an important act of respect for a grieving family. It is also critical to the work that police will undertake. When other students take/distribute these belongings, they may unwittingly cause distress for the deceased student's parents/guardians and compromise police work. It is vital this does not happen. Any item can assume a precious status for family members and be significant to the work of police or the coroner.

Once the police give you their approval, a staff member should empty the student's locker. This should only be done when students are not present. These items should be kept together with the student's other belongings. An inventory should be made of these items, and they should be stored securely in the school until they are collected by the family.

Schools need to be prepared for the grief that parents/guardians will be experiencing. By bringing all these items together, you protect the family from having to move around the school (perhaps in a distressed state) looking for items or emptying a locker in the presence of other students.

Steps to Complete Within the First Month

Continue to monitor staff and student wellbeing in the first month.

The Crisis Response Team should be looking for obvious signs of staff or student distress and responding to them in the ways outlined earlier. This should be done in partnership with mental health professionals. The Crisis Response Team may consider that the needs of staff and students and the impact on the Crisis Response Team members themselves warrants longer term support, and this should be negotiated with the relevant agencies. The interim appointment of an additional, experienced school leader can provide invaluable support to a school managing suicide postvention. It can relieve school leaders from the day-to-day administrative responsibilities and allow them to devote their attention to specific postvention tasks.

Plan for and consider school events of relevance

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

Conduct a critical incident review

Another role of the Crisis Response Team is to conduct a critical incident review. The purpose of a review is to evaluate the processes and procedures employed by the school in response to a critical incident; that is, an event outside the normal range of experience of the people involved. During this review it is helpful to allow all staff an opportunity to contribute their views on how the school community has managed its postvention responsibilities. It is also important that the review considers the school culture that preceded the suicide. The easiest way to collect candid staff opinion is to provide a written survey (which can be completed anonymously). A member of the Crisis Response Team should collate the responses and provide them to all staff, as well as those participating in the critical incident review.

Prior to the critical incident review, it is helpful for Crisis Response Team members to consider a number of issues and whether these could be improved:

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

Consider running an information session for parents/guardians

It is important that the Crisis Response Team continues to consider what parents/guardians may need. This may vary greatly, depending on the circumstance of the suicide and the location and size of the school and community. The following are examples of what schools have offered parents/guardians under varying circumstances:

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

Long-term Steps to Consider

Students

By this time, students who are at increased risk will have been identified and should be receiving ongoing support and monitoring, in partnership with mental health professionals and parents/guardians. The management of this group of students should be conducted as part of the school's ongoing and multi-layered system of student supports.

However, specific attention should be given to identified students whose social support networks may change through:

- A holiday period.
- An exam period.
- Leaving the school (transition to work, further learning, or a family move). Similarly, identified students whose family support is likely to change (e.g., through divorce/separation) should also receive increased attention.

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

Staff

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

Plan for important anniversaries

As with deaths from any cause, the anniversary of a death or the birthday of someone deceased are occasions that can take friends and family members back to their original levels of mourning. Being aware of, and prepared for, this possibility is a significant long term postvention responsibility.

Students may wish to do something to recognize different anniversaries. If this is the case, discourage large group memorials. These occasions are best handled in very small groups, with parent knowledge/consent and where an adult can be close by, if not actually present.

A limited group of staff, students and parents/guardians may also need to be kept informed of police processes, inquests, and legal proceedings. These events have the potential to create high levels of stress. Again, schools need to be alert and responsive to people’s needs.

Implement recommendations from the critical incident review

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

Include postvention plan in staff inductions

All new staff (teaching and non-teaching) and volunteers should be made aware of the school’s postvention plan. In particular, teaching staff must be made familiar with the school’s support processes for identified students, as well as school referral pathways and relationships with

mental health professionals. Nominate a member of the Crisis Response Team to whom new staff can direct queries regarding the school's postvention work.

Further Information and Things to Consider

Care Stations or Safe Rooms

Care Stations are designated areas open to students and staff in need of assistance or support during postvention. These areas are a short-term support to a grieving community.

- Sign in and out procedures are important pieces of documentation that will help identify students in need of support.
- Care Stations are typically open approximately 3 days. Announce closure 1 day in advance (with additional resources on what to do if more support is needed).
- Consider establishing a Care Station for parents/guardians/guardians who arrive at the school for early dismissal of their children.

Community Debrief and Response

- Meeting with the parent community, can provide a forum for sharing accurate information and resources in the aftermath of a suicide. The Crisis Response Team should attend the meeting, as well as school administration and representatives from community-based resources.
- Great care and planning should be taken when moving forward with a postvention activity of this size, and it is essential to note that a community meeting is not always recommended. The Lifelines Prevention curriculum does not recommend this practice in postvention.

School Crisis Team Debrief

- Debrief is essential for Crisis Response Teams as well; it allows for necessary process and procedural refinement and allows the Crisis Response Team members to identify limitations to their ability to respond.
- Time at the end of each day should be made to debrief, document, and process. This is taxing work, and this provides an opportunity for the team to care for itself.
- A team meeting should also be scheduled once the immediate response need has passed. This provides opportunities to discuss the lessons learned and opportunities for change.
- In incredibly complex situations, schools may call on local or national organizations to support their crisis response. More information on "Bringing in Outside Help" can be found in [After a Suicide](#) (p. 41).
- NASP [Direct Crisis Support](#) (National Association of School Psychologists, 2021).

Funerals and Memorial Services

Schools can share information about funeral and memorial services with students, families, and staff. This should be done in a consistent manner, no matter the cause of death. Best practice in suicide postvention suggests the following when considering funerals and memorial services after a suicide:

- Services should not be held on school grounds. Instead, the school should focus on maintaining a regular schedule, structure, and routine. If services are held during school hours:
 - Students should be permitted to leave school to attend the service only with appropriate parent/guardian/family permission.
 - Transportation should not be provided by the school.
 - The school principal or senior administrator should attend the services.
 - Families should be encouraged to attend the services with their student(s). This supports family involvement in the grieving process, including: the family's ability to monitor their student's response, opening for discussion as a family, and to remind their children that support is available if needed.

Anniversaries and Rites of Passage

Special consideration should be given to the following dates:

- Graduation of the student's class.
- Birthdays.
- Anniversary of Death.
- Sports or Activity Seasons.

School Newspapers

- Coverage of the student's death in the school newspaper may be seen as a kind of memorial; also, articles can be used to educate students about suicide warning signs and available resources. It is strongly recommended that any such coverage be reviewed by an adult to ensure that it conforms to the standards set forth by AFSP in [Reporting on Suicide: Recommendations for the Media](#) (American Foundation for Suicide Prevention, 2023), which was created by the nation's leading suicide prevention organizations.
- Use [Tool for Evaluating Media Portrayals of Suicide \(\(TEMPOS\)](#) (Stanford Medicine Department of Psychiatry and Behavioral Sciences, 2023). TEMPOS is the first tool that allows media professionals, public health officials, researchers, and suicide prevention experts to assess adherence to the recommended reporting guidelines with a user-friendly, standardized rating scale. The scale can be used to monitor changes in reporting over time and how reporting varies across articles, authors, and publications.

Memorials and Tributes

- When a student's death is experienced by a school, there often is a request for a memorial to remember or commemorate the loss. Memorials and tributes, whether spontaneous or those to be included in the yearbook, school newspaper, or at graduation, should follow [best practice](#) (National Association of School Psychologists, 2021).
- Be prepared to deal with the media, especially in high profile situations. [Media Reporting Recommendations](#) (American Association of Suicidology, 2022) Exposure to suicide in person or through social media presents a risk for suicide; read [SPRC's Online Manual](#) (Lifeline, 2023) for more information.

- Further resources:
 - [Guidelines for Memorials after a Suicide](#) (Society for the Prevention of Teen Suicide, 2015)
 - [Special Considerations for Memorials](#) (National Association of School Psychologists, 2023)
 - [Media as Partners in Suicide Prevention](#) (American Associations of Suicidology, 2018)
- Involve community crisis and mental health partners as much as possible for assistance in screening, developing safety plans, and referrals.

TABLE FOR WASHOE COUNTY

24/7 Local Crisis Management	
Children's Mobile Crisis Response Team	775-688-1670
Quest Counseling and Crisis Management	775-786-6880
Vitality Crisis Intervention Line (24 hours)	775-322-3668
Children's Cabinet Crisis Stabilization (M-F,	775-352-8090
Reno Behavioral Healthcare Hospital (24/7)	775-393-2201
Renown Hospital	775-982-4100
Northern Nevada Medical Center	775-331-7000
St. Mary's Hospital	775-770-3000
24/7 National Crisis Management	
Suicide & Crisis Lifeline	988 CALL or TEXT
Trevor Lifeline (LGBTQ) Chat/Call/Text	1-866-488-7386 or text START 678-
Other Resources	
Nevada Office of Suicide Prevention	https://suicideprevention.nv.gov/
Care Solace	888-515-0595 (24 hours/day, 7 days a

TABLE FOR CLARK COUNTY

24/7 Local Crisis Management	
Children's Mobile Crisis Response Team (24/7)	702-486-7865
Quest Counseling and Crisis Management (24/7)	775-786-6880
Vitality Crisis Intervention Line (24 hours)	775-322-3668
Children's Cabinet Crisis Stabilization (M-F, call first)	702-825-8978
Desert Parkway Behavioral Healthcare Hospital	877-663-7976
Valley Hospital	855-332-8348
Seven Hills Hospital	888-321-4207
Valley Hospital	702-388-4000
24/7 National Crisis Management	
Suicide & Crisis Lifeline	988 CALL or TEXT
Trevor Lifeline (LGBTQ) Chat/Call/Text	1-866-488-7386 or text START
Other Resources	
Nevada Office of Suicide Prevention	https://suicideprevention.nv.gov/
Care Solace- https://www.caresolace.com/site/washoe	888-515-0595 (24 hours/day, 7 days

TABLE FOR RURAL COUNTIES

24/7 Local Crisis Management	
Children's Mobile Crisis Response Team (Monday-Sunday; 9 AM-6 PM)	702-486-7865
Northeastern Nevada Regional Hospital	775.738.5151
Intermountain Health	702-852-9000
Children's Cabinet Crisis Stabilization (M-F, call first)	702-825-8978
Desert Parkway Behavioral Healthcare Hospital	877-663-7976
Valley Hospital	855-332-8348
Seven Hills Hospital	888-321-4207
Valley Hospital	702-388-4000
24/7 National Crisis Management	
Suicide & Crisis Lifeline	988 CALL or TEXT
Trevor Lifeline (LGBTQ) Chat/Call/Text	1-866-488-7386 or text START
Other Resources	
Nevada Office of Suicide Prevention	https://suicideprevention.nv.gov/
Care Solace- https://www.caresolace.com/site/washoe	888-515-0595 (24 hours/day, 7 days a week)

SCRIPTS

End of Day Announcements

To Students:

Dear Students,

Today has been a sad day for all of us. We encourage you to talk about your reactions to the death with your friends, your family and whoever else gives you support. We will have counselors here again tomorrow to help us in dealing with our loss. We are in this together.

To Families:

Dear Families,

Today was a hard day for each one of us in various ways. We are grateful for your partnership as our school community grieves. [The Dougy Center provides expert guidance on how to talk to your child about suicide](#); we know this can be a complex and difficult subject. Remember that grief is a complex journey, not something you simply get over; it will look different for each of our students, staff, and families. Your child may not show any signs today, tomorrow, or a week from now, but they may in a few months. Never hesitate to reach out to our school's counseling team, or our community partners (listed below), and please continue to watch for signs of emotional stress, such as hopelessness, rage/anger, recklessness/risky behaviors, including increased alcohol and drug use, withdrawing/isolation, and anxiety/agitation. We will be walking with your family on each part of this journey,

To Staff:

Dear Staff,

Today was a hard day for each one of us in various ways. Keep in mind that self-care is very important at such a time. If you need coverage for your classes in the upcoming days, please do not hesitate to reach out to a counselor or administrator. We are here to help! Grief is a complex journey, not something you simply get over. Students may not show any signs today, tomorrow, or a week from now, but they may in a few months. Never hesitate to reach out, and please continue to watch for signs of emotional stress, such as hopelessness, rage/anger, recklessness/risky behaviors, including increased alcohol and drug use, withdrawing/isolation, and anxiety/agitation. Thank you all for your help in making today as normal as possible and for supporting our students in their time of need. Don't forget to use our EAP resources as needed, and finally, remember to have crisis lines such as 988 and 911 in case of an emergency.

Sample Death Notification Statement for Students

(Use in small groups such as homerooms or advisories, not in assemblies or over loudspeakers. You may choose to have school counselors share the message in individual classrooms.)

Please keep in mind that these are sample templates, and you may choose to include community specific information or language that is relevant to the population. When sharing death notifications, language should adhere to the Safe Messaging protocols as to not contribute to the contagion factor.

Option 1– When the death has been ruled a suicide

Dear students,

It is with great sadness that I must tell you that one of our students, _____, has taken [his/her] own life. All of us want you to know that we are here to help you in any way we can.

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Suicide is very complicated. It can be caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Option 2 – When the cause of death is unconfirmed

Dear students,

It is with great sadness that I must tell you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way we can.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us. Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good

distraction. We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Option 3 – When the family has requested that the cause of death not be disclosed.

Dear students,

It is with great sadness that I have to tell you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way we can. 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 about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know. Please remember that we are all here for you.

HEALING CONVERSATIONS

[Healing Conversations](#) (American Foundation for Suicide Prevention, 2023)-formerly known as the Survivor Outreach Program-gives those who have lost someone to suicide the opportunity to talk with experienced volunteers. These AFSP volunteers, who are themselves survivors of suicide loss, offer understanding and guidance in the weeks and months following a suicidal death.

Efforts should be made to communicate guidance on how to talk to suicide loss survivors. Friends, family, co-workers, and others might find it awkward or be unsure of what to say and in many instances, this may prevent them from reaching out at all for fear of saying the wrong thing. That may serve to further isolate the suicide loss survivor and add to potential stigma or

shame. AFSP has a resource “[How to Talk to a Suicide Loss Survivor: A Real Convo Guide from AFSP](#)” (American Foundation for Suicide Prevention, 2019) that offers practical suggestions. To isolate the suicide loss survivor further.

Technology Considerations

- Consider what kind of technologies can be used (i.e. apps for safety planning, Telehealth for support groups and screening/assessment, see [Grief Work in Virtual Settings](#)) (Drescher, 2021).
- Create systems for electronic referrals for use for the whole school community.
- Monitor social media and virtual platforms within school community.

OTHER SCHOOL TEMPLATES AND RESOURCES

Is your school prepared to manage suicidal behavior?

<https://www.maine.gov/dhhs/mecdc/population-health/inj/suicide-training/protocaldevelopmentworkshop/protocoldevelopmentworkshop1/documents/is-your-school-prepared.pdf> (Maine Center for Disease Control and Prevention, 2023).

Suicide prevention, program suicide prevention, intervention and postvention guidelines for substance abuse/mental health agencies

<https://www.maine.gov/dhhs/mecdc/population-health/inj/suicide-training/protocaldevelopmentworkshop/protocoldevelopmentworkshop1/documents/administrative-issues.pdf> (Doan, Roggenbaum, & Lazear, 2003).

Nevada Policies and Protocols for Schools Regarding Postvention

<https://www.maine.gov/dhhs/mecdc/population-health/inj/suicide-training/protocaldevelopmentworkshop/protocoldevelopmentworkshop1/documents/protocol-development-powerpoint.pdf>. (Maine Center for Disease Control, 2010).

Suicide Prevention Protocols

Suicide intervention protocol chart for schools

<https://www.maine.gov/dhhs/mecdc/population-health/inj/suicide-training/protocaldevelopmentworkshop/protocoldevelopmentworkshop1/documents/school-intervention-flowchart.pdf>. (Maine Center for Disease Control and Prevention, 2023).

Templates, Toolkits, and Guidelines

- [Preventing Suicide: A Toolkit for High Schools](#). Substance Abuse and Mental Health Services Administration and U.S. Department of Health and Human Services, 2023)
- [Recovery From Large-Scale Crises: Guidelines for Crisis Teams and Administrators \(nasponline.org\)](#). (National Association of School Psychologists, 2021)

- [Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines](#) (Action Alliance for Suicide Prevention, 2015). [Presents national guidelines, overview of research, and strategic goals.](#)
- [Youth Suicide Prevention, Intervention and Postvention Guidelines from Maine Youth Suicide Prevention Program. Section 5 \(p.20-25\)](#) (The Maine Youth Suicide Prevention Program: A Program of Governor John Baldacci and the Maine Children's Cabinet Third edition, 2006) [outlines postvention and the Appendix has resources such as responses flow charts, re-entry protocols, referral templates, list of common reactions, and recommended responses.](#)
- [Sample Questions to use for Identifying Individuals who may be at heightened Risk of Suicide Contagion \(Appendix A\)](#). (Suicide Prevention Center of New York State, 2021).
- [NEA's School Crisis Guide: Help and Healing in a Time of Crisis](#) (National Education Association, 2018).
- [NCSCB's Sample Letter Templates for Notification](#). (Children's Hospital Los Angeles, 2020).

Resources for Memorials

- [Memorials: Special Considerations When Memorializing an Incident](#)
- [Memorials After a Suicide: Guidelines for Schools and Families \(SPTS\)](#)
- ["School Memorials: Should We? How Should We?" from National Institute for Trauma and Loss in Children](#)
-

Resources for Virtual Hybrid Specific Considerations

- [Comprehensive School Suicide Prevention in a Time of Distance Learning](#)

Resources for Grief

- [After a Suicide Resource Directory:](#)

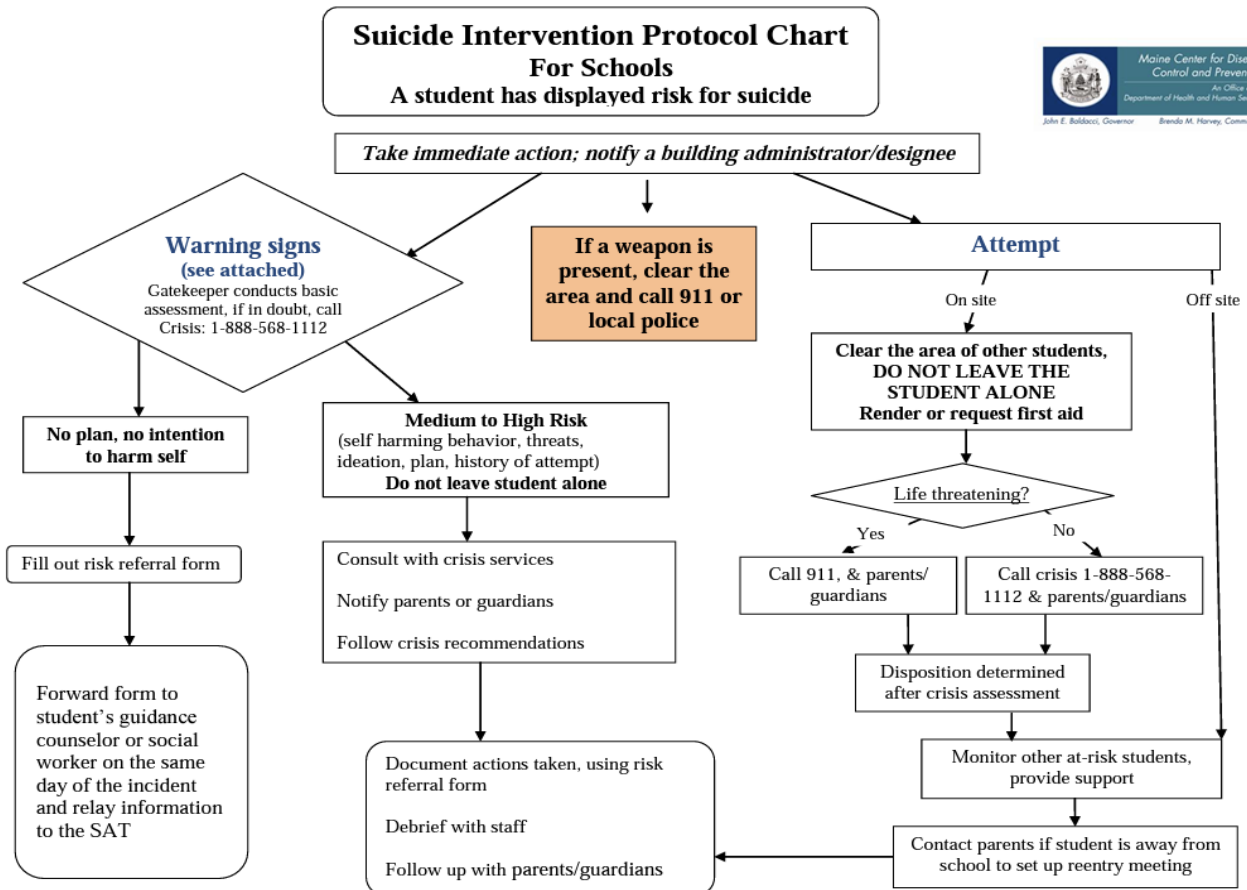
“After a Suicide” is a portal linking people who are grieving after a death by suicide to an online directory of resources and information to help them cope with their loss. The directory also lists items for people who want to offer support and assistance to the suicide bereaved. The site’s Bitlink* is [bit.ly/after a suicide](https://bit.ly/after_a_suicide). *This site is not for crisis outreach: For immediate assistance, call 911 or 988.*

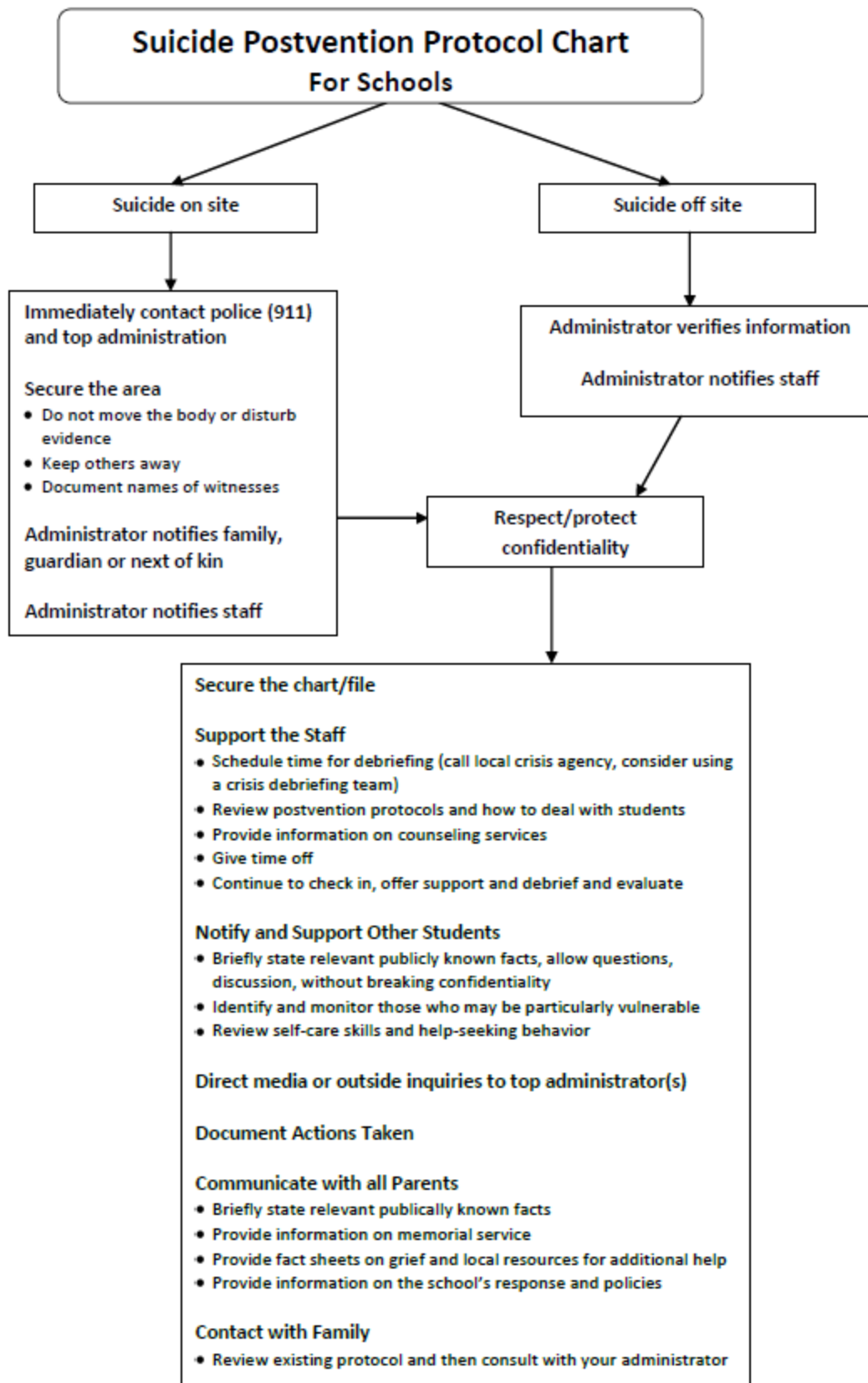
- [Grief in General](#): Introductory material on bereavement.
- [Suicide Grief Primer](#): An overview of grief after suicide.
- [Suicide Grief Websites](#): Comprehensive sites focused on suicide bereavement.
- [Suicide Grief Materials](#): Booklets, handouts, etc. about grief after suicide.
- [Online Assistance](#): Interactive help available online.
- [Support Groups](#): Information about group support for people bereaved by suicide.
- [Special Populations](#): For bereaved parents/guardians, people of color, peer helpers, clinicians.
- [Bereaved Children](#): Items for suicide bereaved children, plus children's grief in general.
- [Military/Vets/Families](#): Resources for bereaved military, veterans, and their families
- [Schools/Workplaces](#): Best practices for community, work, school responses to suicide

- Communities: Postvention training and principles for communities
- Helping Others: Principles, theories, guidance on assisting the suicide bereaved
- Children's Caregivers: Guidance on helping children bereaved by suicide
- First Responders: Guidance for law enforcement, LOSS Teams ...
- American Foundation for Suicide Prevention
- Coalition to Support Grieving Students Video and Downloadable Grief Support Modules for School Personnel
- Grief Support from DOH
- Resources for Survivors of Suicide
- Rocky Mountain MIRECC for Suicide Prevention
- SPRC Recommended Resources
- Supporting Children and Teens after a Suicide Death from The Dougy Center: The National Center for Grieving Children & Families

FLOWCHARTS AND FORMS

Note: The flowcharts identified below are provided as general references. Your school district may already have appropriate flowcharts for intervention and postvention that more directly align with established district procedures and available resources.





The Columbia Protocol from the Columbia Lighthouse Project (C-SSRS)

The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the tool ask people:

- Whether and when they have thought about suicide (ideation).
- What actions they have taken — and when — to prepare for suicide.
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition.

More information about the Columbia Protocol and how to administer the screener can be found [here](#).

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or 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, etc.</i> If yes, was this within the past 3 months?		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help: Call or text 988, call 911 or go to the emergency room.**
STAY WITH THEM until they can be evaluated.



Download
Columbia
Protocol
app

GLOSSARY

Best Practices: Activities or programs that are in keeping with the best available evidence regarding what is effective.

Care Stations: (schools may also choose to use the term *safe room*) are designated areas where students and staff in need of assistance or support during postvention. These areas provide additional short-term support to a grieving community.

Chat service: Crisis counseling provided via instant messaging.

Comprehensive suicide prevention plans: Plans that use a multi-faceted approach to addressing the problem. For example, including interventions targeting biopsychosocial, social, and environmental factors.

Confidentiality: The principle in medical ethics that the information a patient or client reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party.

Consumer: A person who is using or has used a health service.

Crisis center: A facility or call center where people going through personal crises can obtain help or advice, either in person or over the phone.

Crisis counseling: Brief counseling focused on minimizing stress, providing emotional support, and improving immediate coping strategies. Like psychotherapy, crisis counseling involves assessment, planning and treatment, but the scope of service is much more specific.

Imminent risk: A situation where a person's current risk status is believed to indicate actions that could lead to his/her/their suicide.

Intervention: A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

Means: Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Methods: Actions or techniques with result in an individual inflicting self-harm (I.e., asphyxiation, overdose, jumping).

Mental disorder: A diagnosable illness characterized by alterations in thinking, mood, or behavior to some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities often used interchangeably with mental illness.

Mental Health: The capacity of people to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities.

Non-Suicidal Self-injury: Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent. Erbacher, T., Singer, J., Poland, S. (2015). "Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention". Rutledge, New York. [\(Erbacher, Singer, & Poland, 2015\)](#).

Postvention: Refers to programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion. The primary goals are to promote healing while also managing and containing the impact of the loss. When conducted using model guidance, this level of awareness, education and connection to others can help to reduce the likelihood of future suicides. It is important to remember that postvention activities are open to any individual who

feels they have been impacted and not only those who were close to the person who died by suicide.

Self-harm: The various methods by which individuals injure themselves, such as self-cutting, self-battering, taking overdoses or exhibiting deliberate recklessness.

Stigma: An object, ideal, or label associated with disgrace or reproach.

Suicidal behavior: A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation: Self-reported thoughts of engaging in suicide-related behavior.

Suicidality: A term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

Suicide: Per the CDC, “Death caused by self-directed injurious behavior with an intent to die as a result of the behavior”.

Suicide Attempt: Non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicide Contagion: The phenomenon by which suicide and suicidal behavior is increased for some who are exposed to the suicide of others. (“What does “suicide contagion” mean, and what can be done to prevent it?” U. S. Department of Health & Human Services. 2019, <https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagionmean/index.html>).

Suicide Survivor or Suicide Loss Survivor: A person who has experienced the suicide of a family member, friend, or colleague. A person who attempts suicide but does not die is an attempt or suicide survivor.

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CLOSING

When a young person dies by suicide, it affects the entire community. Knowing where to find resources is essential. If your school has not navigated this kind of loss and are not sure where to look for support or start with the postvention toolkit, please reach out to the Nevada Office of Suicide Prevention or Nevada Department of Education to help you navigate the crisis.

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The National Center for School Crisis & Bereavement (NCSB) also provides free immediate technical assistance and training to schools and communities that are responding to crises, focusing on supporting students short-term and long-term recovery. 24-hour help is available.

Call 1-877-536-2722 or email helpnow@schoolcrisiscenter.org.

If you are or your school are in immediate crisis, please call 911.