Suicide School Safety Planning & Postvention

Erin Briley, NCSP
School Mental Health Coordinator
Mountain Plains MHTTC
8/7/24

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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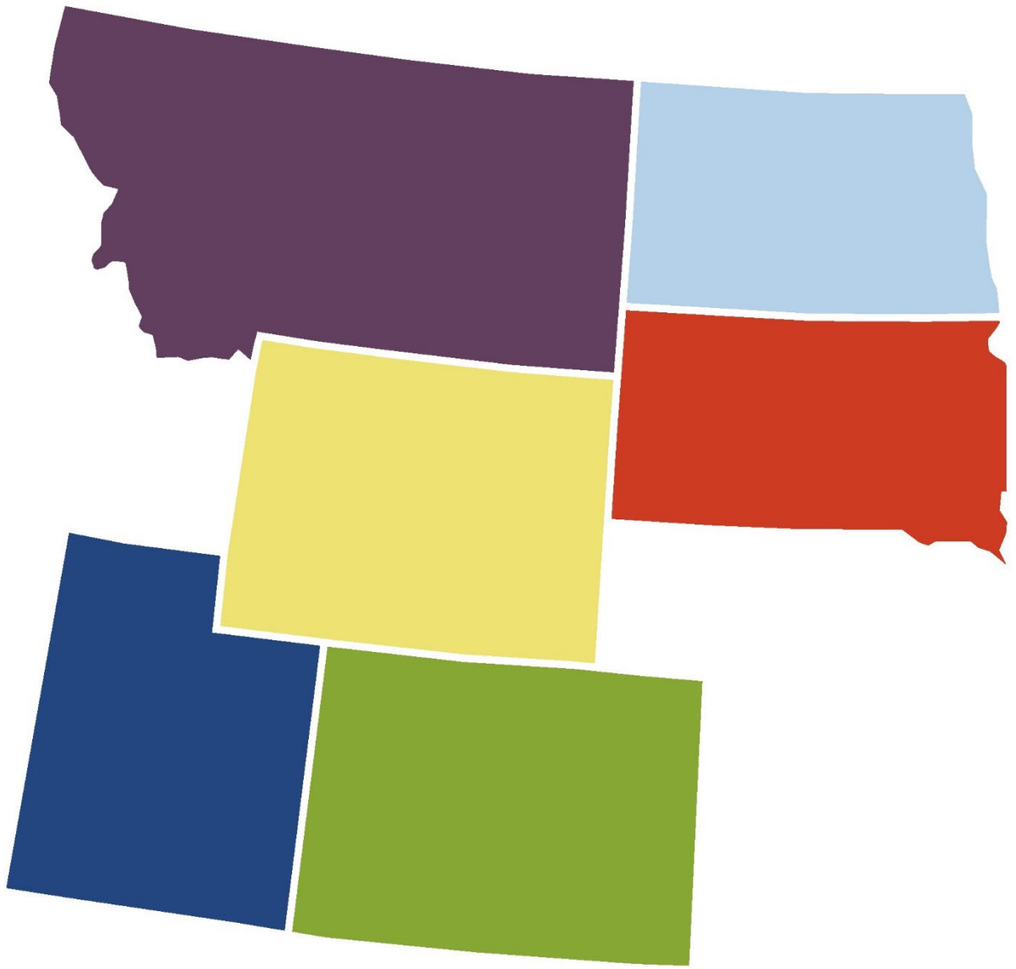
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Evaluation Information

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At the end of today's training please take a moment to complete a **brief** survey about today's training.

https://ttc-gpra.org/P?s=509170

Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

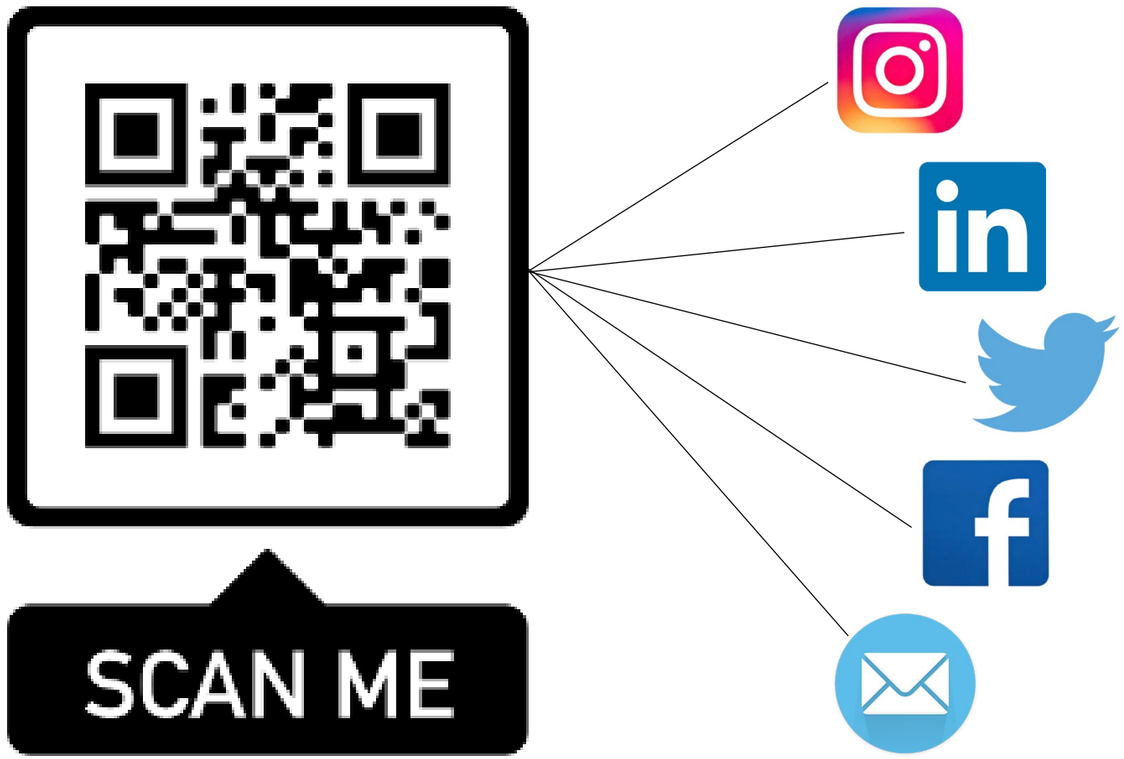
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



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Suicide Rates

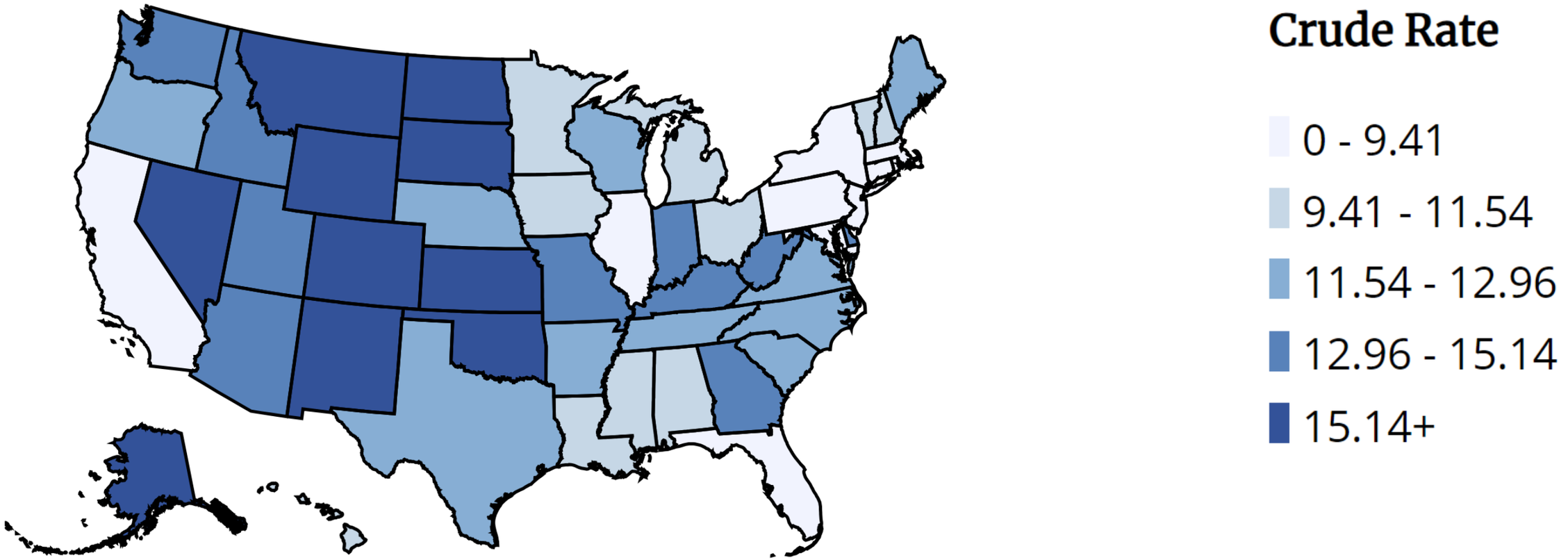
Suicidality

- Suicide was 2nd leading cause of death for ages 10-24 in 2021, increasing 62% between 2007-2021[7]

- Suicide is the 2nd leading cause of death for AI/AN youth and young adults ages 10-34; rates are 1.5x higher than other ethnic groups [3]

- For each suicide death among young people, there may be as many as 100–200 attempts[10]

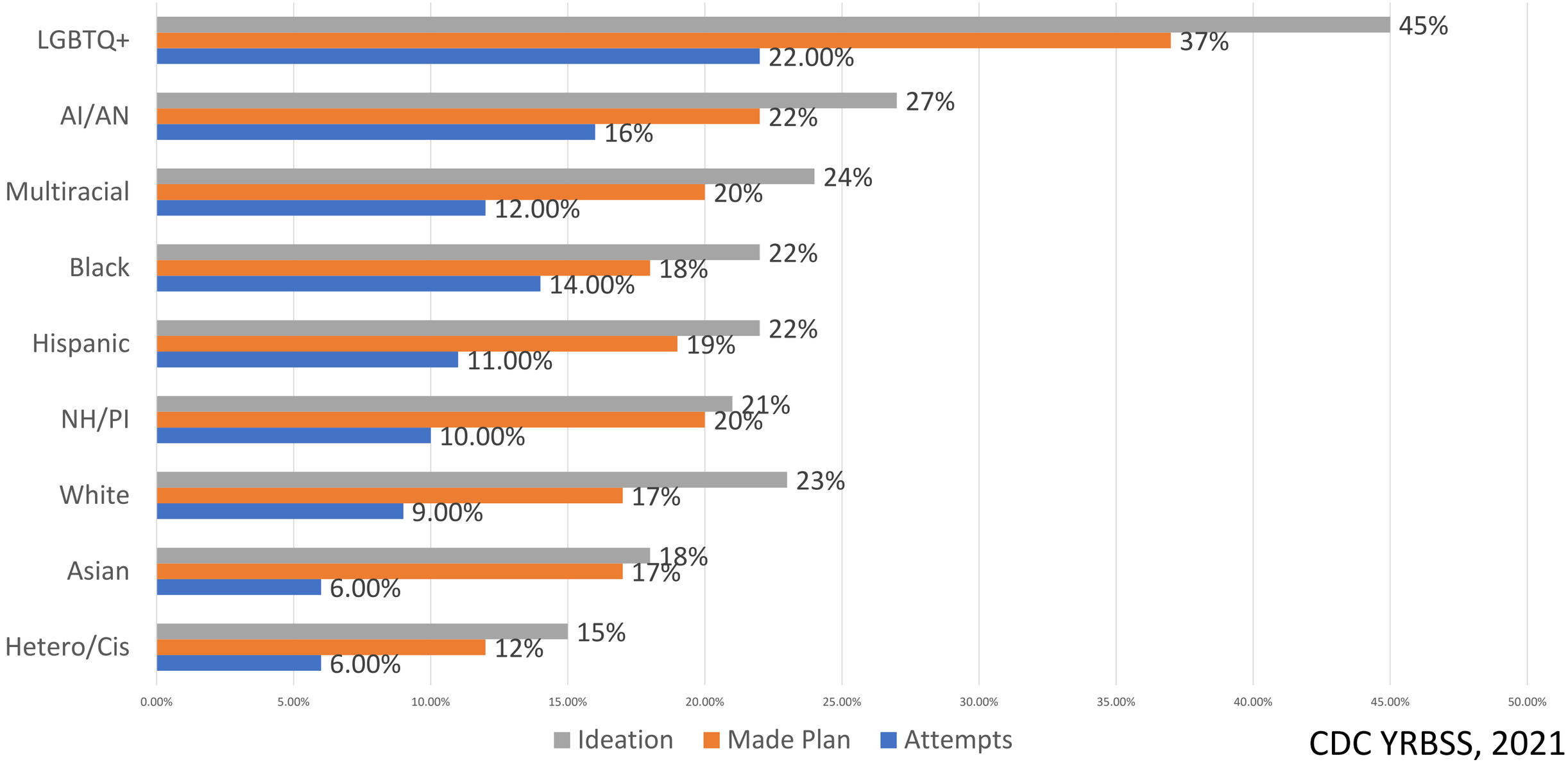
Suicide Rates, Ages 10-24, by State[3]



Suicidality Data in MT

- MT had 45.9% increase in suicide death rates for ages 10-24 between 2007-2009 and 2016-2018[6]
- Rates in MT 2nd highest in nation for ages 10-24 for all populations and for AI/AN[3]
- MT's rate of suicide is highest amongst AI even though they only are 6% of the state's population[9]

Suicide Rates by Ethnic Group/Orientation [4]



CDC YRBSS, 2021

Safety Planning

Safety Planning [8,11]

▶<u>What a safety plan is:</u>

- Brief plan **developed *collaboratively*** with student/family to reduce risk
- Includes **direct language** about what to do while in suicide crisis
- Serves as a **reference point and support** if thoughts of suicide occur

▶<u>What safety planning is not:</u>

- Political or moral discussion
- Discussion of permanent removal of means

▶<u>Special notes:</u>

- Create safety plan <u>after</u> crisis, when person isn't experiencing intense suicidal thoughts and can think clearly (low, medium, high risk)

Safety Plan Components [8,11]

1. Identify **warning signs/cues and triggers** of potential crises. What are triggering stressors (events, thoughts, moods, body signals, etc.)? E.g., anniversaries, losses,...
   - Encourage to implement plan once aware of warning signs
   - Use student's own words

2. Identify **coping strategies**. What can they use on own without contacting anyone? E.g., relaxation techniques, exercise, funny movies, painting, journaling

3. Distracting from crisis. What can be done to distract from feelings or thoughts? Identify specific people or social settings that provide distractions from suicidal thoughts.

Safety Plan Components [8,11]

4. Identify **supports** – family, peers, supportive adults, etc. student can talk with to help resolve crisis. List contact information!

5. Identify **emergency/crisis numbers** and **local behavioral health resources** to contact during crisis

6. Identify **how to keep environment safe**. Reduce access to lethal means. Do they need to give their medication to an adult to hold?

7. List important reasons to live or how/why they're still alive**

8. Provide **copies** to student & caregivers. **Review periodically**

Additional Pointers [8]

- Consider access to social media/internet & potential of being exposed to pro-suicidal behaviors & address if necessary. E.g.,:

  - Visit suicide prevention sites
  - Use of apps (e.g., Virtual Hope Box)
  - Avoid sites promoting suicide
  - Knowledge of how to report suicidal concerns
  - Specify amount of time spent on social media if no a positive experience

After Safety Plan Development[11]

1. Assess likelihood safety plan will be used. Problem solve to identify barriers to using plan

2. Discuss where student will keep plan and how to locate during a crisis

3. Ensure format is appropriate to individualized needs

4. Review periodically. Consider this plan as a working document.

Patient Safety Plan Template

Step 1. Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2. Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3. People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4. People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5. Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
   Clinician pager or emergency contact # _____
2. Clinician Name _____ Phone _____
   Clinician pager or emergency contact # _____
3. Local Urgent Care services _____
   Urgent Care services address _____
   Urgent Care services phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6. Making the environment safe:

1. _____
2. _____

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

https://www.sprc.org/resources-programs/patient-safety-plan-template

Informing Teachers and Confidentiality

- DO inform student is returning after medically-related absence & accommodations needed[1,2,8]
  - Only share information necessary to preserve safety (e.g., related to treatment and support needs)
- DO share depression and suicide are areas of concern[8]
- DO educate about warning signs so they can refer if needed[8]
- DO advise they should accompany student to school BH staff for immediate attention for concerns regarding suicidal behavior[8]

- DON'T share clinical information on details related to suicidal behavior (e.g., details of MH diagnoses or possible contributing factors) [1,2,8]
- DON'T have general classroom discussions (they violate confidentiality)[1,2,8]

Reetry

Reentry Considerations [2,8]

- Reentry meetings prior to school return encouraged especially if identified at high risk or hospitalized for suicidal behavior

- <u>Purpose:</u>
  - Determine steps needed to ensure readiness to return to school
  - Determine what's needed for a successful transition
  - Plan for the first day & first several weeks back to school

- <u>Recommended Team Members:</u> Admin., school-based BH, parent, student (as appropriate), private BH (obtain input if can't attend)

Reentry Considerations [2,8]

<u>Pre-Reentry:</u>

- Assign BH staff as primary POC
  - Serve as school liaison
  - Obtain input from outside providers regarding recommendations or services needed
  - Obtain consents to release info/obtain info from outside specialists

- *Remember your consents!*

Reentry Considerations: Transition Planning 2

- Safety:
  - Alternative lunch/recess spaces
  - Determine other supervisory & monitoring needs
  - Determine plan of support when student is away from school

- Accommodations:
  - What can be done to reduce stress?
  - Consider appropriateness

Reentry Considerations: Accommodations/Supports

- Behavioral & Attendance:
  - Determine appropriate limits & consequences
  - Daily attendance reports
  - Sign in/sign outs for each class & collected daily
- Social Supports:
  - Buddy system
  - Peer helpers group
  - Recess/Lunch options
- Academic Supports:
  - Tutoring
  - Modified schedule, reduced course load, make-up work, extended time
  - Monitor

Reentry Considerations: BH Supports [2,8]

- Daily check-ins & check-outs with school BH staff for 2-3 weeks, then fade
    - Readjustments to school
    - Address ongoing concerns (social, academic
    - Assess for suicidality if necessary
- Temporary check-ins with caregivers at agreed upon intervals to provide supports
- Temporarily increase counseling supports (~weekly x 1-2 months)

Reentry Considerations: BH Supports [2,8]

- Determine supports if student is not in school
- Consult with hospital team/private provider to ensure readiness to return, continuity of services, & develop safety planning
- Ensure teachers know warning signs, know suicide & depression are areas of concern, and know to inform BH of behavioral changes
- Review safety plan to ensure appropriateness & to ensure student has a copy

Reentry Considerations: Hospital Transitions

- Attend treatment planning meetings & hospital discharge conferences
- Seek consultation to ensure readiness to return, continuity of services, & information to develop safety planning
- Provide school assignments that can be accomplished while in treatment
- Include outside BH supports, hospital therapist in school re-entry meetings
- Ask student, parents, treatment team what student needs for a successful transition
- Find out what can/can’t be shared with school team

Postvention

General Considerations [1,8]

1. Policies. Schools should treat all student deaths the same way (e.g., avoid treating a death by terminal illness different than death by suicide)

2. Suicide Contagion. Be mindful of suicide contagion. Do not inadvertently simplify, glamorize, or romanticize the student or their death

3. Resiliency. Adolescents are resilient. Provide the proper information, guidance, and support to help them learn to cope, process grief, and return to healthy functioning

4. Primary goal of postvention is to prevent additional suicides

Postvention Considerations[1,8]

Follow your district's crisis response plan!

1. Get facts to avoid sharing false information. Do not label death a suicide until officially classified. Follow school policy.

2. Mobilize School/District Crisis Response Team (CRT) and assess the situation to determine level of postvention response. How will news affect other students? Who is likely to be most impacted? Has there been other traumatic events in the school community that have occurred recently? Do you need to contact district for extra counseling support?

3. Contact family in person to offer condolences and assistance. Obtain parental permission to release info about cause of death.

Postvention Considerations[1,8]

4. Notify staff (preferably in-person) before students.
   - Provide facts, address rumors, provide supports
   - Remind of suicide risk factors, warning signs, and school referral procedures

5. Notify Students (small groups/homeroom)
   - Allow students to express their feelings in class if needed
   - Avoid speculating about why suicide occurred
   - Avoid sharing details about suicide method or where suicide occurred

6. Triage Risk for Suicide Contagion
   - Identify who's more likely to be affected (emotional vs physical proximity)
   - Identify those showing behavioral changes
   - CRT ideally should review for suicide warning signs & refer those with increased risk

Postvention Considerations[1,8]

6. Initiate Support Services
   - Provide additional school supports to identified (individual/group counseling)
   - Continually assess to see who requires long-term supports (outside supports)
   - Provide community resources (CRT)

7. Monitor Social Media

8. Debrief postvention response with CRT members to determine if additional actions are needed

Media[1]

Do:	Do Not:
Use preferred language, such as “died by suicide”	Glamorize/romanticize the victim/suicide
Include messages of hope & recovery	Oversimplify the cause of suicides
Consult suicide prevention experts	Describe the details of the method
Include a list of warning signs	Include photos of death scene or devastated mourners
List 9-8-8, local, & national resources	
Follow School Policy	
Appoint media spokesperson	

Memorials[1,8]

- Refer to school policy on memorials or create one. Treat all deaths the same (e.g. yearbook/graduation dedications, memorial policies).

- Avoid highlighting/glamorizing death. E.g., assemblies

- Leave spontaneous memorials in place until after funeral but monitor for inappropriate messages or indications of others that may be at risk

- Meet with student's friends and coordinate memorialization with family with focus on identifying a meaningful, safe approach to acknowledge loss

- Avoid permanent memorials (e.g., plaques, scholarship, planting a tree) for everyone on school grounds. Choose memorials that are temporary, nonrenewable, or "living" (e.g., monetary donation to charity or research, purchase of a suicide prevention program for students)

- Find balance between meeting needs of distraught students and fulfilling primary purpose of education

Online Memorials [8]

- If establishing a memorial page on school website/social networking site:
  - Use safe messaging
  - Include resources to obtain support
  - Monitor by adult
  - Time-limited (30-60 days after student's death)
  - After removed, replace with statement acknowledging supportive messages posted and encouraging students to honor friend in other creative ways
  - Keep a copy of the memorial page after it's been taken down and archive for reference later if there were comments regarding safety of others
- In response to memorial pages created by friends
  - Communicate with students regarding providing safe messaging and accurate information
  - School staff should join all student-initiated memorial pages to monitor student responses and respond as appropriate

Funerals and Memorial Services [1,8]

- Recommendations include:
  - Maintain a regular schedule, structure, and routine
  - Hold services outside of school hours, but permit students to attend service during school hours if parental permission is obtained
  - Coordinate with the family and funeral director to arrange for MH professionals to attend services
  - Arrange for principal or other senior administrator to attend service
  - Strongly encourage parents to attend services with their children, if they're interested in attending
  - Monitor gatherings off-campus

- Avoid:
  - Holding services on school property
  - Use of room or school area

Cultural Sensitivity[1]

- Culture may impact the way others view & respond to suicide and/or death
- Be sensitive to the beliefs and customs of other cultures
- Be sensitive to how others may need to respond to death before those outside of their family or community can provide supports
- Engage with respected member of student's culture to be your liaison
- Have interpreters/translators for language differences

Suicide Contagion [1,8]

- Accounts for 1-5% of annual youth suicide death
- Risk increases with students who backed out of a suicide pact & had a very negative interaction with the victim last
- Contributing factors include media coverage detailing location & manner of suicide; graphic, media's sensationalized/ romanticized descriptions of suicide deaths
- Use safe messaging guidelines
- Encourage online support services
- Consider using communication networks used by youth as a way to quickly respond, mobilize resources, and disseminate information to large groups of adolescents following a suicide
- Postvention must be timely, supports appropriate in duration, and involve a collaborative effort

Resources

24/7 National Crisis Support Lines

1. National Suicide and Crisis Lifeline
   9-8-8

2. Crisis Text Line
   Text HOME to 741-741

3. Trevor Lifeline (For LGBTQ Youth)
   1-866-488-7386

4. Trans Lifeline
   1-877-565-8860 or translifeline.org

Safety Plans

1. Suicide Prevention Resource Center. Safety Planning Guide: A quick guide for clinicians. http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians

2. Suicide Prevention Resource Center. Patient safety plan template. http://www.sprc.org/resources-programs/patient-safety-plan-template

3. Safety Plan App (Android & Apple)

4. Virtual Hope Box App (Android & Apple)

Creating MH Emergency Response Plan

1. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention- https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf
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General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Rural Health Information (RHI) Hub - https://www.ruralhealthinfo.org/toolkits/suicide
4. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
5. Suicide Prevention Resource Center – http://www.sprc.org
6. Zero Suicide – zerosuicide.edc.org

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