

# After a Suicide: A Toolkit for Schools

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American Foundation  
*for* Suicide Prevention



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We are greatly appreciative of the many people listed here who have taken time to review drafts and to provide suggestions in the development of this Toolkit. Their expertise has provided us with a broad consensus regarding the best ways to deal with a tragic loss in a school community and to promote a coordinated crisis response in order to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on normal educational activities, help students cope with their feelings, and minimize the risk of suicide contagion.

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*After a Suicide: A Toolkit for Schools* addresses Objective 4.2 of the National Strategy for Suicide Prevention: Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

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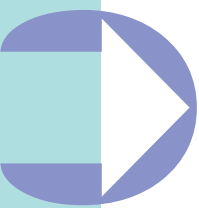
The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. [www.afsp.org](http://www.afsp.org)

The Suicide Prevention Resource Center (SPRC) promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. [www.sprc.org](http://www.sprc.org)

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# Introduction and Executive Summary

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

The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), two of the nation's leading suicide prevention organizations, have collaborated to produce this toolkit to assist schools in the aftermath of a suicide (or other death) in the school community. Both organizations have often been contacted by schools in the aftermath of a suicide death. Because neither AFSP nor SPRC have the capacity to provide customized technical assistance in these circumstances, this toolkit was created to help schools determine what to do, when, and how. It is a highly practical resource for schools facing real-time crises. While designed specifically to address the aftermath of suicide, schools will find it useful following other deaths as well.

The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance. It is not, however, intended to be a comprehensive curriculum. For more resources, see [Additional Information](#).

*After a Suicide: A Toolkit for Schools* includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities. Principles that have guided the development of the toolkit include the following:

- Schools should strive to treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the unfortunate stigma that still surrounds suicide and may be deeply and unfairly painful to the deceased student's family and close friends.
- At the same time, schools should be aware that adolescents are vulnerable to the risk of suicide contagion. It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death.
- Schools should emphasize that the student who died by suicide was likely struggling with a mental disorder, such as depression or anxiety, that can cause substantial psychological pain but may not have been apparent to others (or that may have shown as behavior problems or substance abuse).
- Help is available for any student who may be struggling with mental health issues or suicidal feelings.

Specific areas addressed in the toolkit are listed below:

## **Crisis Response**

A suicide death in a school community requires implementing a coordinated crisis response to assist staff, students, and families who are impacted by the death and to restore an environment focused on education. Whether or not there is a Crisis Response Plan already in place, the toolkit contains information that can be used to initiate a coordinated response once the basic facts about the death have been obtained. Included are a Team Leader's Checklist (who does what), talking points for use with students, staff, parents, and the media; sample handouts; meeting guidelines; and links to additional resources.

## **Helping Students Cope**

Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day, but these skills may be challenged in the face of a school suicide. Moreover, adolescence marks a time of increased risk for difficulties with emotional regulation, given the intensification of responses that come with puberty and the structural changes in the brain that occur during this developmental period. Schools should provide students with appropriate opportunities to express their emotions and identify strategies for managing them, so that the school can return to its primary focus of education.

## **Working with the Community**

Because schools exist within the context of a larger community, it is important that in the aftermath of a suicide (or other death) the school administrative team establish and maintain open lines of communication with community partners such as the coroner/medical examiner, police department, mayor's office, funeral director, clergy, and mental health professionals. Even in those realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. A coordinated approach can be especially critical when the suicide receives a great deal of media coverage and when the community is looking to the school for guidance, support, answers, and leadership.

## **Memorialization**

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. It can be challenging for schools to strike a comfortable balance between compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. In the case of suicide, schools must also consider how to appropriately memorialize the student who has died without risking suicide contagion among those surviving students who may themselves be at risk. It is very important that schools strive to treat all deaths in the same way.

## **Social Media**

Social media such as texting, Facebook, and Twitter are rapidly becoming the primary means of communication for people of all ages, especially youth. While these communications generally take place outside of school (and may therefore fall outside of the school's control or jurisdiction), they can nevertheless be utilized as part of the school's response after a student's suicide. By working in

partnership with key students to identify and monitor the relevant social networking sites, schools can strategically use social media to share prevention-oriented safe messaging, offer support to students who may be struggling to cope, and identify and respond to students who could be at risk themselves.

## Suicide Contagion

Contagion is the process by which one suicide may contribute to another. In fact, in some cases suicide(s) can even follow the death of a student from other causes, such as an accident. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. If there appears to be contagion, school administrators should consider taking additional steps beyond the basic crisis response, including stepping up efforts to identify other students who may be at heightened risk of suicide, collaborating with community partners in a coordinated suicide prevention effort, and possibly bringing in outside experts.

## Bringing in Outside Help

School crisis team members should remain mindful of their own limitations and consider bringing in trained trauma responders from other school districts or local mental health centers to help them as needed.

## Going Forward

In the ensuing months, schools may wish to consider implementing suicide awareness programs to educate teachers, other school personnel, and students themselves about the causes of suicidal behavior in young people and to identify those who may be at risk.



## Additional Information\*

American Foundation for Suicide Prevention (AFSP) and others. Reporting on suicide: Recommendations for the media. (2001). <http://www.afsp.org/media>

Centers for Disease Control (CDC). CDC recommendations for a community plan for the prevention and containment of suicide clusters. (1988). <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm> (Note: These recommendations were drafted in 1988, and some of them—specifically those relating to memorialization and announcing the suicide death over the school loudspeaker—have been updated in this toolkit to better reflect current knowledge and practices in the field of suicide postvention.)

Kerr M. M., Brent D. A., McKain B., McCommons P. S. A guide for a school's response in the aftermath of sudden death. 4th edition. (2003).

<http://www.starcenter.pitt.edu/files/document/Postvention.pdf>

Suicide Prevention Resource Center (SPRC.) At-a-glance: Safe reporting on suicide. (2005)

[http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf)

Suicide Prevention Resource Center (SPRC). Safe and effective messaging for suicide prevention. (2006)

<http://www.sprc.org/library/SafeMessagingfinal.pdf>

\*See also Additional Information resources at the end of each section.





# Get The Facts First

**In the event of a possible suicide death within a school community, it is critical that the school first obtain confirmed and accurate information.**

## KEY CONSIDERATIONS

While it may not always be possible to immediately ascertain all of the details about the death, confirming as much information as possible is important because speculation and rumors can exacerbate emotional upheaval within the school. If the cause of death has not been confirmed to be suicide, if there is an ongoing investigation, or if the family does not want the cause of death disclosed, it can be challenging for a school to determine how to proceed.

### Confirm the Cause of Death

The school's principal or superintendent should first check with the coroner and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death. If the death has been ruled a suicide, the school can proceed to communicate as described in the [crisis response](#) section.

### If the Cause of Death Is Unconfirmed

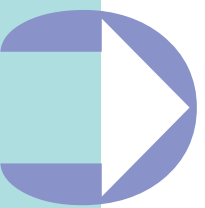
If the body has not yet been recovered or if there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there are rumors (which are often inaccurate), and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person, their family, and their friends.

If there is an ongoing investigation, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

### If the Family Does Not Want the Cause of Death Disclosed

While the fact that a student has died may be disclosed immediately, information about the cause of death should not be disclosed to students until the family has been consulted. If the death has been declared a suicide but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, schools can state, *“The family has requested that information about the cause of death not be shared at this time”* and can nevertheless use the opportunity to talk with students about the phenomenon of suicide: *“We know there has been a lot of 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.”*



# Crisis Response

Once a suicide death has been confirmed, the school should immediately implement a coordinated crisis response in order to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on normal educational activities, help students cope with their feelings, and minimize the risk of **suicide contagion**. What follows can be used by any school, regardless of whether there is a pre-existing Crisis Response Plan in place.

## KEY CONSIDERATIONS

The Crisis Response Team Leader (usually the school psychologist or counselor) has overall responsibility for the duration of the crisis. She or he should immediately assemble a Crisis Response Team, which will be responsible for implementing the various elements of the crisis response.

The Crisis Response Team should be composed of at least five or six (but no more than 15) people chosen for their skills, credentials, and ability to work compassionately and effectively under pressure—ideally a combination of administrators, counselors, social workers, psychologists, nurses, and/or school resource officers. It can also be useful to include a member of the school's information technology or computer lab staff.

The Crisis Response Team Leader should designate one individual as the Team Coordinator.

## Crisis Response Team Leader's Checklist

- Inform the school superintendent of the death.
- Contact the deceased's family to offer condolences, inquire what the school can do to assist, discuss what students should be told, and inquire about funeral arrangements.
- Call an immediate meeting of the Crisis Response Team to assign responsibilities.
- Establish a plan to immediately notify faculty and staff of the death via the school's crisis alert system (usually phone or e-mail).
- Schedule an **initial all-staff meeting** as soon as possible (ideally before school starts in the morning).
- Arrange for students to be notified of the death in small groups such as homerooms or advisories (not by overhead announcement or in a large assembly) and disseminate a **death notification statement for students** to homeroom teachers, advisors, or others leading those groups.
- Draft and disseminate a **death notification statement for parents**.
- Disseminate handouts on **Facts About Suicide and Mental Disorders in Adolescents** and **Talking About Suicide** to faculty.
- Speak with school superintendent and Crisis Response Team Coordinator throughout the day.
- Determine whether additional grief counselors, crisis responders, or other resources may be needed from outside the school.

## Team Coordinator's Checklist

The tasks below may be delegated as appropriate to specific staff or faculty in the school.

- Conduct **initial all-staff meeting**.
- Conduct periodic meetings for the Crisis Response Team members.
- Monitor activities throughout school, making sure teachers, staff, and Crisis Response Team members have adequate support and resources.
- Plan **parent meeting** if necessary.
- Assign roles and responsibilities to Crisis Response Team members in the areas of Safety, Operations, Community Liaisons, Funeral, Media Relations, and Social Media.

## Safety

- Keep to regular school hours.
- Ensure that students follow established dismissal procedures.
- Call on school resource officers or plant manager to assist parents and others who may show up at the school and to keep media off of school grounds.
- Pay attention to students who are having particular difficulty, including those who may be congregating in hallways and bathrooms, and encourage them to talk with counselors or other appropriate school personnel.

## Operations

- Assign a staff or faculty member to follow the deceased student's schedule to monitor peer reactions and answer questions.
- If possible, arrange for several substitute teachers or "floaters" from other schools within the district to be on hand in the building in case teachers need to take time out of their classrooms.
- Arrange for crisis counseling rooms for staff and students.
- Provide tissues and water throughout the building and arrange for food for faculty and crisis counselors.
- Work with administration, faculty, and counselors to identify individuals who may be having particular difficulty, such as family members, close friends, and teammates; those who had difficulties with the deceased; those who may have witnessed the death; and students known to have depression or prior suicidality; and work with school counseling staff to develop plans to provide psychological first aid to them.
- Prepare to track and respond to student and/or family requests for **memorialization**.

## Community Liaisons

- Several Team members will be needed, each serving as the primary contact for **working with community** partners of various types, including:
  - **coroner/medical examiner**, to ensure accuracy of information disseminated to school community
  - **police**, as necessary, to ensure student safety

- [mayor's office and local government](#), to facilitate community-wide response to the suicide death
- [mental health and medical communities](#), as well as grief support organizations, to plan for service needs
- arranging for [outside trauma responders](#) and briefing them as they arrive on scene

## Funeral

- Communicate with the [funeral director](#) about logistics, including the need for crisis counselors and/or security to be present at the funeral. Encourage family to consider holding the funeral off school grounds and outside of school hours if at all possible.
- Discuss with the family the importance of communicating with [clergy](#) or whomever will be conducting the funeral to emphasize the importance of connecting suicide to underlying mental health issues (such as depression) and not romanticizing the death in ways that could risk contagion.
- Depending on the family's wishes, help disseminate information about the funeral to students, parents and staff, including:
  - location
  - time of the funeral (keep school open if the funeral is during school hours)
  - what to expect (for example, whether there will be an open casket)
  - guidance regarding how to express condolences to the family
  - policy for releasing students during school hours to attend (i.e., students will be released only with permission of parent, guardian, or designated adult)
- Work with school counselors and community mental health professionals to arrange for counselors to attend the funeral.
- Encourage parents to accompany their child to the funeral.

## Media Relations

- Prepare a [media statement](#).
- Designate a media spokesperson who will field media inquiries utilizing [Key Messages for Media Spokesperson](#) document.
- Advise staff that only the media spokesperson is authorized to speak to the media.
- Advise students to avoid interviews with the media.
- Refer media outlets to [Reporting on Suicide: Recommendations for the Media](#).

## Social Media

- Oversee school's use of [social media](#) as part of the crisis response.
- Consider convening a small group of the deceased's friends to work with school administration to monitor social networking sites and other social media.



## Additional Information

Federal Emergency Management Agency (FEMA). Introduction to incident command structure for schools. (2010). <http://training.fema.gov/EMIWeb/is/is100sca.asp>

Federal Emergency Management Agency (FEMA). Resources for parents and teachers. <http://www.fema.gov/kids/safes6.htm>

SPAN USA and Suicide Prevention Resource Center (SPRC). Help at hand: Supporting survivors of suicide loss. A guide for funeral directors. (2008). <http://www.sprc.org/library/funeraldirectors.pdf>

### **TOOLS FOR CRISIS RESPONSE** (beginning on the following page):

[Sample Agenda for Initial All-Staff Meeting](#)

[Sample Death Notification Statement for Students](#)

[Sample Death Notification Statement for Parents](#)

[Sample Media Statement](#)

[Key Messages for Media Spokesperson](#)

[Sample Agenda for Parent Meeting](#)

[Talking About Suicide](#)

[Facts about Suicide and Mental Disorders in Adolescents](#)



# Sample Agenda for Initial All-Staff Meeting

This meeting is typically conducted by the Crisis Response Team Leader and should be held as soon as possible, ideally before school starts in the morning.

Depending on when the death occurs, there may not be enough time to hold the meeting before students have begun to hear the news through word of mouth, text messaging, or other means. If this happens, the Crisis Response Team Leader should first verify the accuracy of the reports and then notify staff of the death through the school's predetermined crisis alert system, such as e-mail or calls to classroom phones. Remember that information about the cause of death should be withheld until the family has been consulted.

## Goals of Initial Meeting

Allow at least one hour to address the following goals:

- Introduce the Crisis Response Team members.
- Share accurate information about the death.
- Allow staff an opportunity to express their own 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** for students. Arrange coverage for any staff who are unable to manage reading the statement.
- Prepare for student reactions and questions by providing handouts to staff on **Talking About Suicide** and **Facts About Suicide and Mental Disorders in Adolescents**.
- Explain plans for the day, including locations of crisis counseling rooms.
- Remind all staff of the important role they may play in identifying changes in behavior among the students they know and see every day, and discuss plan for handling students who are having difficulty.
- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Apprise staff of any outside crisis responders or others who will be assisting.
- Remind staff of student dismissal protocol for funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

## End of the First Day

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

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



# Sample Death Notification Statement for Students

Use in small groups such as homerooms or advisories, not in assemblies or over loudspeakers.

## Option 1 – When the death has been ruled a suicide

It is with great sadness that I have to 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 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 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

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 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

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.





# Sample Death Notification Statement for Parents

To be sent by e-mail or regular mail

## Option 1 – When the death has been ruled suicide

I am writing with great sadness to inform you that one of our students, \_\_\_\_\_, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The cause of death was suicide. We want to take this opportunity to remind our community that suicide 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; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

The school will be hosting a meeting for parents and others in the community at [date/time/location]. Members of our Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how adults can help youths cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

## Option 2 – When the cause of death is unconfirmed

I am writing with great sadness to inform you that one of our students, \_\_\_\_\_, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we have asked the students not to 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.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

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

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

[Principal]

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

I am writing with great sadness to inform you that one of our students, \_\_\_\_\_, has died. Our thoughts and sympathies are with [his/her] family and friends.

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

The family has requested that information about the cause of death not be shared at this time. We are aware that there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about the problems in his or her life and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of additional school and community mental health resources.

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

Please do not hesitate to contact me or the school counselors with any questions or concerns.

Sincerely,

[Principal]



## Sample Media Statement

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

School personnel were informed by the coroner's office that a [ ]-year-old student at [ ] school has died. The cause of death was suicide.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at [date/time/location]. Members of the school's Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how adults can help youths cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [e-mail address] for more information.

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

### Suicide Warning Signs

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

### Local Community Mental Health Resources

[To be inserted by school]

### National Suicide Prevention Lifeline

800-273-TALK (8255)

[Local hotline numbers to be inserted by school]

## Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides), particularly among youth. Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and [http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf).

## Media Contact

NAME:

TITLE:

SCHOOL:

PHONE:

E-MAIL ADDRESS:



# Key Messages for Media Spokesperson

For use when fielding media inquiries.

## Suicide/Mental Illness

- Depression is the leading cause of suicide in teenagers.
- About 6 percent of teenagers will develop depression yearly. Sadly, more than 80 percent of these kids will not have their illness properly diagnosed or treated, which can also lead to school absenteeism, failing grades, dropouts, crimes, and drug and alcohol abuse.
- Depression is among the most treatable of all mood disorders. More than three fourths of people with depression respond positively to treatment.
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental disorders, including addictions.

## School's Response Messages

- We are heartbroken over the death of one of our students. Our hearts, thoughts, and prayers go out to [his/her] family and friends, and the entire community.
- We will be offering grief counseling for students, faculty and staff starting on [date] through [date].
- We will be hosting an informational meeting for parents and the community regarding suicide prevention on [date/time/location]. Experts will be on hand to answer questions.
- No TV cameras or reporters will be allowed in the school or on school grounds.

## School Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at <http://www.afsp.org/media> and [http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf).
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides), particularly among youth.
- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion.
- Media should also avoid oversimplifying cause of suicide (e.g., “student took his own life after breakup with girlfriend”). This gives the audience a simplistic understanding of a very complicated issue.
- Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental disorder such as depression.
- Media should include links to or information about helpful resources such as local crisis hotlines or the National Suicide Prevention Lifeline 800-273-TALK (8255).



## Sample Agenda for Parent Meeting

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

*A word of caution: Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session focused on scapegoating and blaming. Instead, the meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counselors for questions and discussion. The following is a sample meeting agenda.*

### First Part: General Information (45 to 50 minutes)

#### Crisis Response Team Leader or School Superintendent

- Welcomes all and expresses sympathy
- Introduces the principal and members of the Crisis Response Team
- Expresses confidence in the staff's ability to assist the students
- Encourages parent and school collaboration during this difficult time
- Reassures attendees that there will be an opportunity for questions and discussion
- States school's goal of treating this death as it would any other death, regardless of cause, while remaining aware that adolescents can be vulnerable to risk of imitative suicidal behavior
- States importance of balancing need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide

#### Principal

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

#### Crisis Response Team Leader (or other appropriate Crisis Team member)

- Discusses how school will [help students cope](#).
- Mentions that more information about bereavement after suicide is available at <http://www.afsp.org/survivingsuicidloss>.
- Shares handout [Facts about Suicide and Mental Disorders in Adolescents](#) emphasizing risk factors and warning signs and noting that over 90 percent of suicides are linked to underlying mental disorders such as depression or anxiety that can cause substantial psychological pain but may not have been apparent to others (or that may have shown up as behavior problems or substance abuse).

- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal feelings.
- Provides contact information (names, telephone numbers, and e-mail addresses) for mental health resources at school and in the community, such as:
  - school counselors
  - community mental health agencies
  - emergency psychiatric screening centers
  - children’s mobile response programs
  - National Suicide Prevention Lifeline 1-800-273-TALK (8255)

## **Second Part: Small Group Meetings (1 hour)**

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

## **Some Additional Considerations**

- Since some parents may arrive with young children, provide onsite childcare.
- Provide separate discussion groups for students who may accompany parents.
- Media should not be permitted access to the small groups; arrange for the media spokesperson to meet with any media.
- In some cases (for example, when the death has received a great deal of sensationalized media attention), it may be necessary to arrange for security to assist with the flow of traffic and with media and crowd control.



# Talking About Suicide

from *After a Suicide: A Toolkit for Schools*

## Give accurate information about suicide.

Suicide is a complicated behavior. It is *not* caused by a single event such as a bad grade, an argument with parents, or the breakup of a relationship.

In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of, and help is available.

Talking about suicide in a calm, straightforward manner does not put ideas into kids' minds.

## Address blaming and scapegoating.

It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.

## Do not focus on the method or graphic details.

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth.

If asked, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should be not on *how* someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

## by saying . . .

"The cause of \_\_\_\_\_'s death was suicide. Suicide is most often caused by serious mental disorders like depression, combined with other complications."

"\_\_\_\_\_ was likely struggling with a mental health issue like depression or anxiety, even though it may not have been obvious to other people."

"There are treatments to help people who are having suicidal thoughts."

"Since 90 percent of people who die by suicide have a mental disorder at the time of their death, it is likely that \_\_\_\_\_ suffered from a mental disorder that affected [his/her] feelings, thoughts, and ability to think clearly and solve problems in a better way."

"Mental disorders are not something to be ashamed of, and there are very good treatments to help the symptoms go away."

## by saying . . .

"The reasons that someone dies by suicide are not simple, and are related to mental disorders that get in the way of the person thinking clearly. Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a mental disorder."

## by saying . . .

"It is tragic that he died by hanging. Let's talk about how \_\_\_\_\_'s death has affected you and ways for you to handle it."

"How can we figure out the best ways to deal with our loss and grief?"



# Talking About Suicide (continued from previous page)

## Address anger.

Accept expressions of anger at the deceased and explain that these feelings are normal.

## by saying . . .

“It is okay to feel angry. These feelings are normal and it doesn’t mean that you didn’t care about \_\_\_\_\_. You can be angry at someone’s behavior and still care deeply about that person.”

## Address feelings of responsibility.

Reassure those who feel responsible or think they could have done something to save the deceased.

## by saying . . .

“This death is not your fault.”

“We can’t always predict someone else’s behavior.”

“We can’t control someone else’s behavior.”

## Encourage help-seeking.

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.

## by saying . . .

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”

“There are effective treatments to help people who have mental disorders or substance abuse problems. Suicide is never an answer.”

“This is an important time for all in our [school, team, etc.] community to support and look out for one another. If you are concerned about a friend, you need to be sure to tell a trusted adult.”



# Facts About Suicide and Mental Disorders in Adolescents

from *After a Suicide: A Toolkit for Schools*

Suicide is not inexplicable and is not simply the result of stress or difficult life circumstances. The key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental disorder. Research shows that over 90 percent of people who die by suicide have a mental disorder at the time of their death.

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

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

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

## Warning Signs of Suicide

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

## What to Do in a Crisis

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Resist the temptation to argue the person out of suicide by saying, "You have so much to live for" or "Your suicide will hurt your family and friends." Instead, seek professional help.

In an acute crisis:

- Call 911.
- Do not leave the person alone.
- If safe to do so, remove any firearms, alcohol, drugs, or sharp objects that could be used.
- Call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.

## Symptoms of Mental Disorders Associated with Suicide Risk

Most adults are not trained to recognize signs of serious mental disorders in teens, and symptoms are therefore often misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, or immaturity. Diagnosis of a mental disorder should always be made by a qualified mental health professional.

The key symptoms of *major depressive disorder* in teens are sad, depressed, angry, or irritable mood and lack of interest or pleasure in activities the teen used to enjoy, lasting at least two weeks. Symptoms represent a clear change from the person's normal behavior and may include changes in appetite or sleep, feelings of worthlessness/guilt, inability to concentrate, slowed or agitated movement, recurrent thoughts of death or suicide, fatigue/loss of energy, and self-harm behavior.

Sometimes referred to as manic depression, *bipolar disorder* includes alternating episodes of depression and mania. Symptoms of mania last at least one week, cause clear social or academic problems, and include extreme distractibility, lack of need for sleep, unusually rapid speech or motor activity, excessive talking, and involvement in risky activities such as gambling or irresponsible sexual behavior.

The key characteristic of *generalized anxiety disorder* is excessive, uncontrolled worry (for example, persistent worry about tests or speaking in class) occurring on most days for a period of six months. Symptoms may include restlessness or feeling keyed up, irritability, being easily fatigued, muscle tension, difficulty concentrating, and sleep disturbances.

Teens with *substance use disorder* show a problematic pattern of drug or alcohol use over 12 months or more, leading to significant impairment or distress. Symptoms include taking larger amounts, over a longer period, than intended; continued use despite knowing that it is causing problems; increased irritability and anger; sleep disturbances; and family conflict over substance use.

*Conduct disorder* is a repetitive, persistent pattern in children or adolescents of violating the rights of others, rules, or social norms, occurring over 12 months. Symptoms include bullying or threatening others, physical fights, fire-setting, destroying property, breaking into houses/cars, physical cruelty to people or animals, lying, shoplifting, running away from home, and frequent truancy.

Anorexia nervosa and bulimia are *eating disorders* that are strongly linked to other mental disorders, especially depression and anxiety. Symptoms of anorexia nervosa include refusal to maintain body

weight at a minimally normal level for age and height, intense fear of gaining weight, and a denial of low body weight. Symptoms of bulimia include repeated episodes of binge eating (at least twice a week for three months) combined with recurrent inappropriate behaviors to avoid gaining weight such as vomiting, misuse of laxatives, or excessive exercise.

## Help Is Available

If there are concerns about a student's emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include school counselors, community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals.

Some depressed teens show improvement in just four to six weeks with talk therapy alone. Most others experience a significant reduction of depressive symptoms with antidepressant medication. Medication is usually essential in treating severe depression and other serious mental disorders, such as bipolar disorder and schizophrenia. Since 2004, an FDA warning has recommended close monitoring of youth taking antidepressants for worsening of symptoms, suicidal thoughts or behavior, and other changes. Risks of medication must be weighed against the risks of not effectively treating depression or other serious mental disorders.

(Adapted with permission from *More Than Sad: Preventing Teen Suicide*, American Foundation for Suicide Prevention, <http://www.morethansad.org>.)

## Additional Information

Center for School Mental Health Assistance. Crisis intervention: A guide for school-based clinicians. (2002). [http://csmh.umaryland.edu/resources/CSMH/resourcepackets/files/crisis\\_intervention\\_2002.pdf](http://csmh.umaryland.edu/resources/CSMH/resourcepackets/files/crisis_intervention_2002.pdf)

Maine Department of Health and Human Services. Media guidelines for school administrators who may interact with reporters about youth suicide. (2006). <http://www.maine.gov/suicide/professionals/program/mediaschool.htm>

National Association of School Psychologists. Culturally competent crisis response: Information for school psychologists and crisis teams. (2004). [http://www.schoolcounselor.org/files/cc\\_crisis.pdf](http://www.schoolcounselor.org/files/cc_crisis.pdf)

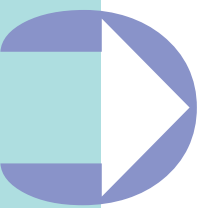
National Suicide Prevention Lifeline. <http://www.suicidepreventionlifeline.org>  
800-273-TALK (8255)

Reeves, M. A., Brock, S. E., and Cowan, K. C. Managing school crises: More than just response. (2008). <http://www.nasponline.org/resources/principals/School%20Crisis%20NASSP%20May%202008.pdf>

Suicide Prevention Resource Center (SPRC). Customized information for school health and mental health care providers. (2008). [http://www.sprc.org/featured\\_resources/customized/school\\_mentalhealth.asp](http://www.sprc.org/featured_resources/customized/school_mentalhealth.asp)

U.S. Department of Education, Office of Safe and Drug-Free Schools. Practical information on crisis planning: A guide for schools and communities (2007). <http://www2.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>

Weekley, N., and Brock, S. E. Suicide: Postvention strategies for school personnel. (2004). [http://www.nasponline.org/resources/intonline/HCHS2\\_weekley.pdf](http://www.nasponline.org/resources/intonline/HCHS2_weekley.pdf)



# Helping Students Cope

In the aftermath of a suicide, students and others in the school community may—not surprisingly—feel emotionally overwhelmed, which can disrupt the school’s ability to return to its primary function of educating students, and can increase the risk of prolonged stress responses and even **suicide contagion**. The following are strategies that schools can use to help students balance the timing and intensity of their emotional expression and restore the school’s ability to function effectively.

## KEY CONSIDERATIONS

The term *emotional regulation* refers to a person’s ability to appropriately experience and express intense emotions such as grief and fear. Most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged in the face of a suicide. In addition, young people may not yet have learned how to recognize complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia. Moreover, adolescence marks a time of increased risk for difficulties with emotional regulation, given the intensification of emotional responses that come with puberty and the structural changes in the brain that occur during this developmental period.

It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, so the school can continue its primary focus of education. It may also be useful for school staff to identify and reach out to families of students who are not coming to school.

When implementing these strategies, leadership will most likely be provided by the school counselor, school nurse, and/or community mental health partner, all of whom should be members of the school’s Crisis Response Team. However, all adults in the school community can help by modeling calm, caring, and thoughtful behavior.

## Schedule Meetings with Students in Small Groups

It will likely be necessary to adjust the regular academic schedule in order to spend time with students to help address their emotional needs. It is preferable to reach out to students in a deliberate and timely way rather than to allow the emotional environment to escalate. It is also preferable to meet with students in small groups, which enables adults to identify those youth who appear in need of additional attention.

If possible, have counselors go into the classrooms to give students accurate information about suicide, the kinds of reactions that can be expected after hearing about a peer’s suicide death, and safe coping strategies to help them in the coming days and weeks.

Wherever possible, group meetings should follow a structured outline, keep to a time limit, and provide each student with an opportunity to speak. The meetings should focus on helping students identify and express their feelings and discuss practical coping strategies (including appropriate ways to memorialize the loss) so they may return their focus to their regular routines and activities.

If the deceased student participated in sports, clubs, or other school activities, the first practice, game, rehearsal, or meeting after the death may be difficult for the other students. These events can provide further opportunities for the adults in the school community to help the students appropriately acknowledge the loss.

## Help Students Identify and Express Their Emotions

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. Acknowledge the breadth of feelings and diversity of experiences and emphasize the importance of being respectful of others.

Some students may need help to identify emotions beyond simply sad, angry, or happy, and may need reassurance that a wide range of feelings and experiences are to be expected. They may also need to be reminded that emotions may be experienced as physical symptoms, including butterflies in the stomach, shortness of breath, insomnia, fatigue, or irritability. To facilitate this discussion, students may be asked:

*What is your biggest concern about the immediate future?*

*What would help you feel safer right now?*

## Practical Coping Strategies

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

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

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

Students should also be encouraged to think about how they want to remember their friend. Ideas range from writing a personal note to the family, to attending the memorial service, to doing something kind for another person in honor of their friend. Be sure to educate students about the school's guidelines regarding **memorialization**. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

## Reach Out to Parents

Parents may need guidance on [Talking About Suicide](#) with their children and how best to support them at this difficult time. They may also need reliable information relating to the document [Facts About Mental Disorders and Suicide in Adolescents](#).

## Anniversary of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died.



## Additional Information

Bonner, C. Emotion regulation, interpersonal effectiveness, and distress tolerance skills for adolescents: A treatment manual. Services for Teens at Risk, Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center. (2002). [www.starcenter.pitt.edu/files/document/Emotional\\_Regulation.pdf](http://www.starcenter.pitt.edu/files/document/Emotional_Regulation.pdf)

National Association of Independent Schools. Helping students cope with suicide. (2004). <http://www.nais.org/articlePrint.cfm?print=Y&ItemNumber=145734>

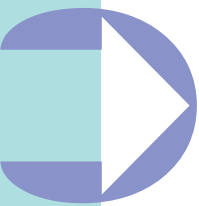
National Association of School Psychologists. Dealing with death at school. (2004). <http://www.nasponline.org/resources/principals/Dealing%20with%20Death%20at%20School%20April%2004.pdf>

Poland, S. Practical suggestions for crisis debriefing in schools. (2002). <http://www.schoolsecurity.org/resources/Practical%20Suggestions%20for%20Crisis%20Debriefing%20for%20Schools.pdf>

Poland, S., and J. McCormick. *Coping with crisis: A quick reference*. (2000). Sopris West. <http://www.sopriswest.com>

Steinberg, L., Dahl, R., Keating, D., Kupfer, D. J., Masten, A. S., & Pine, D. The study of developmental psychopathology in adolescence: Integrating affective neuroscience with the study of context. In D. Cicchetti (Ed.), *Handbook of Developmental Psychopathology*. (2006). New York: John Wiley & Sons.

U.S. Department of Education, Emergency Response and Crisis Management (ERCM) Technical Assistance Center. Coping with the death of a student or staff member. (2007). [http://rem.ed.gov/docs/CopingW\\_Death\\_StudentOrStaff.pdf](http://rem.ed.gov/docs/CopingW_Death_StudentOrStaff.pdf)



# Working with the Community

Because schools exist within the context of a larger community, it's very important that in the aftermath of a suicide or other death they establish and maintain open lines of communication with community partners such as the coroner/medical examiner, police department, mayor's office, funeral director, clergy, and mental health professionals.

## KEY CONSIDERATIONS

The school is in a unique position to encourage open and constructive dialogue among important community partners, as well as with the family.

Even in those realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies. For example, a school may be able to offer relevant information (such as the likely turnout at the funeral) and anticipate problems (such as the possibility that students may gather late at night at the place where the deceased died). A coordinated approach can be especially critical when the suicide death receives a great deal of media coverage and the entire community becomes involved.

## Coroner/Medical Examiner

The coroner or medical examiner is the best starting point for confirming that the death has in fact been declared a suicide. (In some cases, it may also be necessary to contact the police department to verify the information). It is important that schools **Get The Facts First** and ascertain that all information is accurate before communicating with students.

However, given how quickly news and rumors spread (including through media coverage, e-mail, texting, and social networking sites), schools may not be able to wait for a final determination before they need to begin communicating with the students. In those cases, schools can say, "At this time, this is what we know..."

There may also be cases in which there is disagreement between the authorities and the family regarding the cause of death. For example, the death may have been declared a probable suicide but the family believes it to have been a homicide or an accident. Or the death may have been declared a suicide, but the family does not want this communicated, perhaps due to stigma, for fear of risking contagion, or because they simply do not (yet) believe or accept that it was suicide.

Schools have a responsibility to balance the need to be truthful with the school community while remaining sensitive to the family. They can take this opportunity to educate the community (including potentially vulnerable students) about the causes and complexity of suicide and to identify available mental health resources. For example, a school might say, "According to the medical examiner, the death has been declared a suicide. It can sometimes be difficult for us to be absolutely sure whether a death was intentional or not (for example, in the case of a drug overdose or a motor vehicle accident involving a single vehicle). While we may never know all of the details, we are deeply saddened, and want to take this opportunity to teach you some important information about suicide and where you can find help."



Of course, if a legal gag order is in effect, the school attorney should first research the applicable state law regarding discussing the cause of death before the school issues a statement.

## Police Department

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it has not yet been determined whether the death was suicide or homicide). The school will need to be in close communication with the police to determine (a) what they can and cannot say to the school community so as not to interfere with the investigation, and (b) whether there are certain students who must be interviewed by the police before the school can debrief or counsel them in any way.

There may also be situations in which the school has information that's relevant to the ability of the police to keep students safe. For example, the school may become aware that students have established a memorial off-campus and may even be engaging in dangerous behavior (such as gathering in large groups at the site of the death at night or holding vigils at which alcohol is being consumed) and may need to enlist the cooperation of the police to keep the students safe. The school may also be in a unique position to brief the police (and even the family) about what to expect at the funeral or memorial service in terms of turnout and other safety concerns.

## Mayor's Office and Local Government

A student suicide death may reveal an underlying community-wide problem such as drug or alcohol use, bullying, gang violence, or a possible community-wide suicide cluster. Because schools function within—not separate from—the surrounding community, local government entities such as the mayor's office can be helpful partners in promoting dialogue and presenting a united front in the interest of protecting the community's young people.

## Funeral Director

The school and funeral home are complementary sources of information for the community. Schools are often in an excellent position to give the funeral director a heads-up about what to expect at the funeral in terms of the number and types of students likely to attend, and the possible need to have additional security present. The school can also provide information about local counseling and other resources to the funeral directors, with the request that the information be made available to attendees at the funeral.

Schools can ask the funeral director to provide (or recommend) materials that the school could provide to students to help them prepare for the funeral. Schools can also encourage the funeral director to talk to the family about the importance of scheduling the service outside of school hours, encouraging students' parents to attend, and providing counselors to meet with distraught students after the service (and the need for a quiet area in which to do so).

## Clergy

Because the school may be in the best position to understand the risk of contagion, it can play an important role by encouraging a dialogue between the family and the clergy (or whomever will be officiating at the service) to help sensitize them to the issue. This dialogue may provide an opportunity to explain the importance of not inadvertently romanticizing either the student or

the death in the eulogy, but instead emphasizing the connection between suicide and underlying mental health issues such as depression or anxiety, which can cause substantial psychological pain but may not be apparent to others (or may manifest as behavioral problems or substance abuse).

Of course, if the school has a religious affiliation, it will be important to include clergy who are on staff in any communications and outreach efforts to support the student body, and encourage them to be familiar with their faith's current understanding of the relationship between mental illness and suicide.

## Mental Health and Medical Communities

Most schools have counselors on staff, and it is important that these individuals are linked to other mental health professionals in the community. In particular, it is advisable that the school establish an ongoing relationship with a community mental health center that can see students in the event of a psychiatric emergency. In the aftermath of a suicide death, schools will want to notify the center to ensure seamless referrals if students show signs of distress. Schools will also want to publicize crisis hotline numbers such as Lifeline: 800-273-TALK (8255).

In addition, schools can encourage the local medical community, including primary care doctors and pediatricians, to screen for depression, substance abuse, and other relevant disorders in the youth they see.

## Outside Trauma Responders

Working with schools in the aftermath of a suicide death can easily exhaust school crisis team members, which can interfere with their ability to effectively assist the students. Bringing in trained trauma responders from other school districts or local mental health or crisis centers to work alongside the school's crisis team members—and to provide care for the caregivers—can be quite helpful.

## Community Organizations

Schools may also wish to network with their local chapter of the American Foundation for Suicide Prevention and with suicide bereavement support groups (see <http://www.afsp.org>).

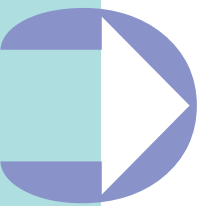


## Additional Information

SPAN USA and Suicide Prevention Resource Center (SPRC). Help at hand: Supporting survivors of suicide loss. A guide for funeral directors. (2008). <http://www.sprc.org/library/funeraldirectors.pdf>

Suicide Prevention Resource Center (SPRC). After a suicide: Recommendations for religious services and other public memorial observances. (2004). <http://www.sprc.org/library/aftersuicide.pdf>

Suicide Prevention Resource Center (SPRC). Consensus statement on suicide and suicide prevention from an interfaith dialogue. (2009). [http://www.sprc.org/library/Consensus\\_Statement.pdf](http://www.sprc.org/library/Consensus_Statement.pdf)



# Memorialization

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. It can be challenging for schools to strike a balance between compassionately meeting the needs of distraught students while preserving the ability of the school to fulfill its primary purpose of education. In the case of suicide, schools must consider how to appropriately memorialize the student who died without risking suicide contagion among other students who may themselves be at risk.

## KEY CONSIDERATIONS

It is very important that schools strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student's family and friends.

Nevertheless, because adolescents are especially vulnerable to the risk of **suicide contagion**, it's equally important to memorialize the student in a way that doesn't inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicide and underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

Wherever possible, schools should both meet with the student's friends and coordinate with the family, in the interest of identifying a meaningful, safe approach to acknowledging the loss. This section includes several creative suggestions for memorializing students who have died by suicide.

## Funerals and Memorial Services

All the recommendations made here focus on keeping the regular school schedule intact to the maximum extent possible for the benefit of the entire student body (including those who may not have known the deceased).

While at first glance schools may appear to provide an obvious setting for a funeral or memorial service because of their connection to the community and their ability to accommodate a large crowd, it is strongly advised that such services *not* be held on school grounds, to enable the school to focus instead on maintaining its regular schedule, structure, and routine. Additionally, using a room in the school for a funeral service can inextricably connect that space to the death, making it difficult for students to return there for regular classes or activities.

In situations where school personnel are able to collaborate with the family regarding the funeral or memorial service arrangements, it is also strongly advised that the service be held *outside* of school hours.

If the family does hold the service during school hours, it is recommended that school remain open and that school buses not be used to transport students to and from the service. Students should be permitted to leave school to attend the service only with appropriate parental permission (regular school protocols should be followed for dismissing students over the age of majority).

If possible, the school should coordinate with the family and funeral director to arrange for counselors to attend the service. A guide for funeral directors is available at <http://www.sprc.org/library/funeraldirectors.pdf>. In all cases, the principal or another senior administrator should attend the funeral.

Schools should strongly encourage parents whose children express an interest in attending the funeral to attend with them. This provides not only emotional support but also an opportunity for parents to open a discussion with their children and remind them that help is available if they or a friend are in need.

## Spontaneous Memorials

In the immediate aftermath of a suicide death, it is not unusual for students to create a spontaneous memorial by leaving flowers, cards, poems, pictures, stuffed animals, or other items in a place closely associated with the student, such as his or her locker or classroom seat, or at the site where the student died. Students may even come to school wearing t-shirts or buttons bearing photographs of the deceased student.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. In all cases, schools should have a consistent policy so that suicide deaths are handled in the same manner as any other deaths. A combination of time limits and straightforward communication can help to restore equilibrium and avoid glamorizing the death in ways that may increase the risk of contagion. Although it may in some cases be necessary to set limits for students, it is important to do so with compassion and sensitivity, offering **creative suggestions** whenever possible. For example, schools may wish to make posterboard and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be avoided by those who don't wish to participate (i.e., not in the cafeteria or at the front entrance). After a few days, the posters can be removed and offered to the family.

When a memorial is spontaneously created on school grounds, schools are advised to monitor it for messages that may be inappropriate (hostile or inflammatory) or that indicate students who may themselves be at risk. Schools can leave such memorials in place until after the funeral (or for up to approximately five days), after which the tribute objects may be offered to the family. It is generally not necessary to prohibit access to the site or to cordon it off, which would merely draw excessive attention to it.

It is recommended that schools discourage requests to create and distribute t-shirts and buttons bearing images of the deceased by explaining that, while these items may be comforting to some students, they may be quite upsetting to others. If students come to school wearing such items without first seeking permission, it is recommended that they be allowed to wear the items for that day only, and that it should be explained to them that repeatedly bringing images of the deceased student into the school can be disruptive and can glamorize suicide.

Since the emptiness of the deceased student's chair can be unsettling and evocative, after approximately five days (or after the funeral), seat assignments may be re-arranged to create a new environment. Teachers should explain in advance that the intention is to strike a balance between compassionately honoring the student who has died while at the same time returning

the focus back to the classroom curriculum. The students can be involved in planning how to respectfully remove the desk; for example, they could read a statement that emphasizes their love for their friend and their commitment to work to eradicate suicide in his or her memory.

When a spontaneous memorial occurs off school grounds, the school's ability to exert influence is limited. It can, nevertheless, encourage a responsible approach among the students by explaining that it is recommended that memorials be time-limited (again, approximately five days, or until after the funeral), at which point the memorial would be disassembled and the items offered to the family. Another approach is to suggest that the students participate in a (supervised) ceremony to disassemble the memorial, during which music could be played and students could be permitted to take part of it home; the rest of the items would then be offered to the family.

Students may also hold spontaneous gatherings or candlelight vigils. Schools should discourage gatherings that are large and unsupervised; when necessary, administrators may consider enlisting the cooperation of local **police** to monitor off-campus sites for safety. Counselors can also be enlisted to attend these gatherings to offer support, guidance, and supervision.

It is *not* recommended that flags be flown at half-staff (a decision generally made by local government authorities rather than the school administration in any event).

## 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 in **Reporting on Suicide: Recommendations for the Media**, which was created by the nation's leading suicide prevention organizations.

## Events

The student's classmates may wish to dedicate an event (such as a dance performance, poetry reading, or sporting event) to the memory of their friend. End-of-the-year activities may raise questions of whether to award a posthumous degree or prize, or include a video tribute to the deceased student during graduation. The guiding principle is that all deaths should be treated the same way. Schools may also wish to encourage the student's friends to consider **creative suggestions**, such as organizing a suicide prevention-awareness or fundraising event.

Often, the parents of the deceased student express an interest in holding an assembly or other event to address the student body and describe the intense pain the suicide death has caused to their family in the hopes that this will dissuade other students from taking their own lives. While it is surely understandable that bereaved parents would wish to prevent another suicide death, schools are strongly advised to explain that this is *not* an effective approach to suicide prevention and may in fact even be risky, because students who are suffering from depression or other mental health issues may hear the messaging very differently from the way it is intended, and may even become more likely to act on their suicidal thoughts. Instead, parents should be encouraged to work with the school to bring an appropriate educational program to the school, such as *More Than Sad: Teen Depression*, a DVD that educates teens about the signs and

symptoms of depression (available at <http://www.morethansad.org>) or others that are listed in the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry (available at <http://www.sprc.org>).

## Yearbooks

Again, the guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbook) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that final editorial decisions are made by an adult.

Whenever possible, the focus should be on mental health and/or suicide prevention. For example, underneath the student's picture it might say, "In your memory we will work to erase the stigma surrounding mental illness and suicide." The page might also include pictures of classmates engaging in a suicide prevention event such as an Out of the Darkness community walk (<http://www.outofthedarkness.org>).

## Graduation

If there is a tradition of including a tribute to deceased students who would have graduated with the class, students who have died by suicide should likewise be included. For example, schools may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by an adult.

## Permanent Memorials and Scholarships

Some communities wish to establish a permanent memorial (sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship). Others are afraid to do so.

While there is no research to suggest that permanent memorials per se create a risk of contagion, they can prove to be upsetting reminders to bereaved students, and therefore disruptive to the school's goal of maintaining emotional regulation. Whenever possible, therefore, it is recommended that they be established *off* school grounds. Moreover, the school should bear in mind that once it plants a tree, puts up a plaque, installs a park bench, or establishes a named scholarship for one deceased student, it should be prepared to do so for others, which can become quite difficult to sustain over time.

## Creative Suggestions

Some schools may resist allowing any kind of memorialization at all, clamping down on any student desire to publicly acknowledge the death for fear of glamorizing suicide and risking **suicide contagion**. But simply prohibiting any and all memorialization is problematic in its own right—it is deeply stigmatizing to the student's family and friends, and can generate intense negative reactions, which can exacerbate an already difficult situation and undermine the school's efforts to protect the student body's emotional regulation.

Schools can play an important role in channeling the energy and passion of the students (and greater community) in a positive direction, balancing the community's need to grieve with the

impact that the proposed activity will likely have on students, particularly those who were closest to the student who died.

It can be helpful for schools to proactively suggest a meeting with the student's close friends to talk about the type and timing of any memorialization. This can provide an important opportunity for the students to be heard and for the school to sensitively explain its rationale for permitting certain kinds of activities and not others. Schools may even wish to establish a standing committee composed of students, school administrators, and family members that can be convened on an as-needed basis.

It can also be helpful for schools to come equipped with specific, constructive suggestions for safe memorialization, such as:

- holding a day of community service or creating a school-based community service program in honor of the deceased
- putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., <http://www.outofthedarkness.org>), or holding a local fundraising event to support a local crisis hotline or other suicide prevention program
- sponsoring a mental health awareness day
- purchasing books on mental health for the school or local library
- working with the administration to develop and implement a curriculum focused on effective problem-solving
- volunteering at a community crisis hotline
- raising funds to help the family defray their funeral expenses
- making a book available in the school office for several weeks in which students can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the school community



## Additional Information

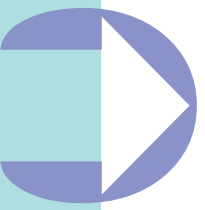
Centre for Suicide Prevention (Calgary). School memorials after suicide: Helpful or harmful? (2004). <http://www.suicideinfo.ca/csp/assets/alert54.pdf>

Gould, M. et al. Media contagion and suicide among the young. *American Behavioral Scientist*. 46:9 (May 2003) 1269–1284.

Jellinek, M. et al. When a student dies. *Educational Leadership*. Association for Supervision and Curriculum Development (November 2007); 78–82.

National Association of School Psychologists. Memorial activities at school: A list of “do’s” and “don’ts” (2002). [http://www.nasponline.org/resources/crisis\\_safety/memorialdo\\_donot.pdf](http://www.nasponline.org/resources/crisis_safety/memorialdo_donot.pdf)

National School Boards Association. Student suicide memorial policy. *School Board News*. 18 (March 24, 1998), 3.



# Social Media

The term *social media* refers to the various Internet and mobile communications tools (such as texting, Facebook, Twitter, YouTube, MySpace and others) that may be used to communicate information extremely rapidly, often to large numbers of people. In the emotionally charged atmosphere that can follow a suicide death, schools may be inclined to try to control or stifle such communications by students—a task that is virtually impossible in any event, since they generally take place outside of school hours and property. Schools can, however, utilize social media effectively to disseminate information and promote suicide prevention efforts.

## KEY CONSIDERATIONS

Following a suicide death, students may immediately turn to social media for a variety of purposes, including transmitting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky), and posting messages (both appropriate and hostile) about the deceased.

Although schools may initially consider social media to be outside of its traditional jurisdiction, they can in fact collaborate with students and utilize these tools to disseminate important and accurate information to the school community, identify students who may be in need of additional support or further intervention, share resources for grief support and mental health care, and promote safe messages that emphasize suicide prevention and minimize the risk of suicide contagion.

## Involve Students

It can be very beneficial for a designated member of the Crisis Response Team (ideally someone from the school's information technology department) to reach out to friends of the deceased and other key students to work collaboratively in this area. Working in partnership with student leaders will enhance the credibility and effectiveness of social media efforts, since the students themselves are in the best position to help identify the particular media favored by the student body, engage their peers in honoring their friend's life appropriately and safely, and inform school staff about online communications that may be worrisome.

Students who are recruited to help should be reassured that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication. They should also be made aware that staff are available and prepared to intervene if any communications reveal cause for concern.

## Disseminate Information

Schools may already have a website and/or an online presence (or page) on one or more social media sites; students can help identify others that are currently popular. These can be used to proactively communicate with students, teachers, and parents about:

- the funeral or memorial service (schools should of course check with the student's family before sharing information about the funeral)
- where students can go for help or meet with counselors



- mental illness and the causes of suicide
- local mental health resources
- the National Suicide Prevention Lifeline number: 800-273-TALK (8255)
- national suicide prevention organizations such as the National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org>), the American Foundation for Suicide Prevention (<http://www.afsp.org>), and the Suicide Prevention Resource Center (<http://www.sprc.org>).

Schools should emphasize help-seeking and suicide prevention. More specific guidance for safe message content may be found at <http://www.sprc.org/library/SafeMessagingfinal.pdf>. Students can also be enlisted to post this information on their own online pages.

## Online Memorial Pages

Online memorial pages and message boards have become common practice in the aftermath of a death.

Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. As with all **memorialization** following a suicide death, such pages should take care not to glamorize the death in ways that may lead other at-risk students to identify with the person who died. It is therefore vital that memorial pages utilize safe messaging, include resources, be monitored by an adult, and be time-limited.

It is recommended that online memorial pages remain active for up to 30 to 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the caring and supportive messages that had been posted and encouraging students who wish to further honor their friend to consider other **creative suggestions**.

If the student's friends create a memorial page of their own, it is important that school personnel communicate with the students to ensure that the page includes safe messaging and accurate information. School personnel should also join any student-initiated memorial pages so that they can monitor and respond as appropriate.

## Monitor and Respond

To the extent possible, social media sites (including the deceased's wall or personal profile pages) should be monitored for:

- rumors
- information about upcoming or impromptu gatherings
- derogatory messages about the deceased
- messages that bully or victimize current students
- comments indicating students who may themselves be at risk

Responses may include posting comments that dispel rumors, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, the appropriate response may go beyond simply posting a comment, safe message, or resource information. It may extend to notifying parents and local law enforcement about the need for security at a late-night student gathering, for example.

In some cases it may be necessary to take action against so-called trolls who may seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most sites have a report mechanism or comparable feature, which enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site. Because the available options vary from site to site and can evolve over time, schools are advised to contact the particular site for instructions.

The National Suicide Prevention Lifeline has developed an in-depth online postvention manual that details how to find various social media sites and other online groups, post resources, and reach out to parents. It also includes case examples and resource links and is available at <http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>.

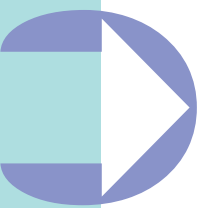
On occasion, schools may become aware of posted messages indicating that another student may be at risk of suicide. Messages of greatest concern may suggest hopelessness or refer to plans to join the deceased student. In those instances, it may be necessary to alert the student's family and/or contact the National Suicide Prevention Lifeline to request that a crisis center follow up with the student.



### Additional Information

National Suicide Prevention Lifeline. Lifeline online postvention manual. <http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>

Suicide Prevention Resource Center (SPRC). Safe and effective messaging for suicide prevention. (2006) <http://www.sprc.org/library/SafeMessagingfinal.pdf>



# Suicide Contagion

While it is outside the scope of this toolkit to fully explore the phenomenon of imitative suicidal behavior (see [Additional Information](#)), what follows are general guidelines for school communities facing possible contagion.

## KEY CONSIDERATIONS

Contagion is the process by which one suicide death may contribute to another. In fact, suicide(s) can even follow the death of a student from other causes, such as an accident. Although contagion is comparatively rare (accounting for between 1 percent and 5 percent of all suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers.

If there appears to be contagion, schools should consider taking additional steps beyond the basic [crisis response](#) outlined in this toolkit, including identifying other students who may be at heightened risk of suicide and actively collaborating with community partners in a coordinated suicide prevention effort.

## Identifying Other Students at Possible Risk for Suicide

In the face of apparent contagion, it is important for schools to utilize counselors and others who have been trained to identify students who may be at heightened risk for suicide due to underlying mental disorders or behavioral problems (such as depression, anxiety, conduct disorder, and/or substance abuse) and who have been exposed to the prior suicide either directly (by virtue of close identification or relationship with the deceased) or indirectly (by virtue of extensive media coverage).

Of special concern are those students who:

- have a history of suicide attempts
- are dealing with stressful life events such as a death or divorce in the family
- were eyewitnesses to the death
- are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, and acquaintances of the deceased)
- received a phone call, text, or other communication from the deceased foretelling the suicide
- may have fought with or bullied the deceased

Schools can also seek to identify those in the general student body who may be at heightened risk by using a mental health screening tool (a process sometimes called case finding) such as TeenScreen Schools and Communities of the National Center for Mental Health Checkups (<http://www.teenscreen.org>), Signs of Suicide (<http://www.mentalhealthscreening.org>), or others listed in the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry (<http://www.sprc.org>).

## Connecting with Local Mental Health Resources

Schools should work with local primary care and mental health resources (including pediatricians, community mental health centers, and local private practice mental health clinicians) to develop plans to refer at-risk youth. Once plans are established, they should be reviewed with school counselors and other personnel so that any student who is identified as being at high risk can be referred to a local mental health screening center or private practitioner for further evaluation.

## Managing Heightened Emotional Reactions at School

The possibility of a suicide cluster can be exceedingly upsetting. At a minimum, school counselors and/or trained outside professionals should be available to meet with distraught students for grief counseling and to help them make linkages with other resources in the community.

Schools, in partnership with community mental health resources, might also consider creating drop-in centers that provide a safe place for youth to be together after school hours. These can be staffed by volunteer counselors and clinicians from the community who can provide grief counseling as well as identify and refer youth who may need additional mental health or substance abuse services. These centers can also be used during times of particularly heightened emotion such as graduation or the anniversary of the death(s).

## Monitoring Media Coverage

Particularly when there have been multiple suicides, media interest in the deaths will be intense. The school should delegate one spokesman for public statements, disseminate the document [Reporting on Suicide: Recommendations for the Media](#), and follow the safe messaging guidelines at <http://www.sprc.org/library/SafeMessagingfinal.pdf>. The risk of contagion is related to the amount, duration, and prominence—as well as the content—of media coverage, so it is extremely important that schools strongly encourage the media to adhere to the parameters set forth by the nation's leading suicide prevention organizations. These recommendations include:

- not glamorizing or romanticizing the victim or suicide itself
- not oversimplifying the causes of suicide
- not detailing the method
- not including photographs of the death scene or of devastated mourners, which can be attractive for vulnerable youth who may be desperate for attention and recognition
- including hotline numbers (such as Lifeline: 800-273-8255) and information about local mental health resources in each article

## Building a Community Coalition

*Schools cannot possibly manage all aspects of reacting to possible contagion and preventing its spread without collaborating with community partners.* It is strongly recommended that the community convene a coordinating committee that can meet on a regular basis and serve as a decision-making body and identify a leader for these efforts. The committee should include senior

representation from the school, together with representatives from as many of the following as possible:

- law enforcement
- government, such as the mayor's office, medical examiner's office, and public health department
- parents who have demonstrated community leadership in addressing drug and alcohol abuse, bullying, or other related issues
- mental health community, such as community mental health centers, psychiatric screening centers, private practitioners, and substance abuse treatment centers
- social service agencies
- clergy
- funeral directors
- first responders and hospital emergency room personnel
- media (as coalition members, not to cover it as a news event)
- students
- suicide bereavement support group facilitators
- primary health care providers/clinics

The committee's initial goals should include:

- Identifying a leader or lead agency
- Identifying any particular risk factors within the community, such as widespread drug and alcohol use, bullying, or easy access to means of suicide
- Mobilizing existing mental health and primary care resources to identify and help young people who may be at high risk
- Mobilizing law enforcement to patrol locations where youth may gather to memorialize the deceased and/or engage in risky behaviors such as drinking or drug use
- Mobilizing parents to assist in monitoring youth who come to their homes and neighborhoods
- Reaching out to other groups and businesses in the community where youths gather, such as recreation centers, religious organizations, sports leagues, movie theaters, and diners

The committee should also consider the gaps in existing resources and identify additional resources that may be needed, such as:

- Creating a position for a suicide prevention resource coordinator
- Hiring or contracting for additional counseling staff in affected schools
- Hiring staff to provide screening programs in affected schools, such as Columbia Teen Screen
- Developing alcohol and drug programs for youth
- Developing teen centers where youth can come together and engage in social and recreational activities with caring adults
- Creating a public awareness campaign or website to educate the community about mental disorders, substance abuse, and other at-risk behaviors, and to decrease stigma and increase help-seeking. Examples of safe messaging can be found at <http://www.sprc.org/library/SafeMessagingfinal.pdf>
- Creating public service campaigns to educate the community about suicide risk factors, warning signs, and local resources for those at risk

- Identifying ways to reach at-risk youth who are not in the education system, such as recent graduates, dropouts, or those in the juvenile justice system
- Identifying and implementing ways to reduce access to means
- Exploring eligibility for additional sources of funding, such as a U.S. Department of Education School Emergency Response to Violence (SERV) grant, awarded to school districts that have experienced a traumatic event and need additional resources to respond.

## Additional Information

Gould, M. S., Wallenstein, S., Kleinman, M. H., et al. Suicide clusters: An examination of age-specific effects. *American Journal of Public Health* 1990; 80(2): 211-12.

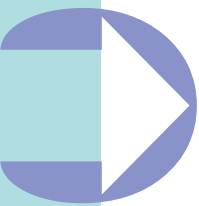
Insel, B. J., and Gould, M. Impact of modeling on adolescent suicidal behavior. *Psychiatric Clinics of North America* 2008; 31: 293-316.

Centers for Disease Control (CDC). CDC recommendations for a community plan for the prevention and containment of suicide clusters. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm> (Note: These recommendations were drafted in 1988, and some of them—specifically those relating to memorialization and announcing the suicide death over the school loudspeaker—have been updated in this toolkit to better reflect current knowledge and practices in the field of suicide postvention.)

National Association of School Psychologists. Times of tragedy: Preventing suicide in troubled children and youth. Part II: Tips for school personnel or crisis team members (2002). [http://www.nasponline.org/resources/crisis\\_safety/suicidept2\\_general.aspx](http://www.nasponline.org/resources/crisis_safety/suicidept2_general.aspx)

Zenere, Frank J. Suicide Clusters and Contagion: Recognizing and Addressing Suicide Contagion Are Essential to Successful Suicide Postvention Efforts (2009). [http://www.nasponline.org/resources/principals/Suicide\\_Clusters\\_NASSP\\_Sept\\_%2009.pdf](http://www.nasponline.org/resources/principals/Suicide_Clusters_NASSP_Sept_%2009.pdf)

Zenere, Frank J. Suicide postvention in the school community. Help Promote Hope (Florida Statewide Office of Suicide Prevention). [http://www.helppromotehope.com/documents/Zenere\\_Postvention.pdf](http://www.helppromotehope.com/documents/Zenere_Postvention.pdf)



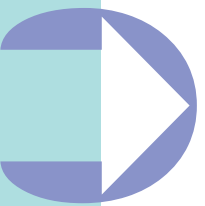
# Bringing in Outside Help

Particularly when dealing with possible suicide contagion, school crisis team members should remain mindful of their own limitations, and consider bringing in trained trauma responders from other school districts or local mental health centers to help them as needed.

In particularly complicated situations (and provided that sufficient funding is available to cover any applicable fees), schools may even consider bringing in local or national experts in suicide prevention for additional consultation and assistance. Such steps should generally be taken in consultation with the community committee, and all outside experts must of course be carefully vetted and references checked. Organizations that can provide crisis response, prevention consultation, training, and/or can put schools in touch with appropriate experts include:

- National Emergency Assistance Team of the National Association of School Psychologists [http://www.nasponline.org/resources/crisis\\_safety/neat.aspx](http://www.nasponline.org/resources/crisis_safety/neat.aspx)
- National Institute for Trauma and Loss sponsors a TLC Referral Directory of certified trauma and loss specialists and consultants. Note that directory is accessible to TLC members only. <http://www.starrtraining.org/online-referral-directory>.
- The Dougy Center: National Center for Grieving Children & Families <http://www.dougy.org>
- Riverside Trauma Center <http://www.riversidetraumacenter.org>
- Boston Children's Foundation <http://www.bostoncf.org>
- Services for Teens at Risk (STAR) Center, University of Pittsburgh <http://www.starcenter.pitt.edu>

Many states have other resources available; check with your state office of education. The Suicide Prevention Resource Center maintains contact information for selected individuals working in suicide prevention in each state who may be able to assist you in identifying local experts (<http://www.sprc.org/stateinformation/index.asp>). We regret that neither AFSP nor SPRC are able to provide individual technical assistance in these circumstances.



# Going Forward

In the ensuing months, schools should consider implementing:

- Suicide awareness programs to educate teachers and other school personnel about the symptoms of depression and the causes of suicidal behavior in young people
- Programs to educate students themselves about the symptoms and risks of depression, anxiety, substance abuse, and conduct disorder
- Gatekeeper training programs, which teach laypeople the practical skills for identifying and referring those who may be at risk, and can be made available to those in the community who work with young people such as youth group leaders, coaches, clergy, and parents
- A school-based suicide prevention program

A database of such programs that have been determined by expert peer review to reflect best practices is available at the Best Practices Registry for Suicide Prevention (BPR), maintained by SPRC and AFSP and available at <http://www.sprc.org>.

Another source is the National Registry of Evidence-Based Programs and Practices, maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. While few of the programs are specific to suicide prevention, this database includes mental health interventions that have been scientifically tested. Available at <http://www.nrepp.samhsa.gov>.

Some schools may also wish to take collective action to address the problem of suicide, such as participating as a team in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center.



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Suicide Prevention Resource Center, Education Development Center, Inc.

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