



# Policy on Suicide Prevention and Postvention Plan After Death

\*materials adopted from The Trevor Project  
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## INTRODUCTION

Protecting the health and well-being of all students is of utmost importance to Central Valley Christian Schools. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes.
2. Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school-employed mental health professional who will work with the student and help connect them to appropriate local resources.
4. Students will have access to national resources which they can contact for additional support, such as:
  - The National Suicide Prevention Lifeline –1.800.273.8255 (TALK), [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
  - The Trevor Lifeline –1.866.488.7386, [www.thetrevorproject.org](http://www.thetrevorproject.org)
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Students should also know that because these matters are life-or-death, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For a more detailed review of policy changes, please read the full suicide prevention policy.

## **PURPOSE:**

The purpose of this policy is to protect the health and well-being of all Central Valley Christian students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Central Valley Christian:

1. Recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes.
2. Further recognizes that suicide is a leading cause of death among young people,
3. Has an ethical responsibility to take a proactive approach in preventing deaths by suicide and
4. Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and one that helps foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting students' emotional and behavioral health more broadly.

## **PARENTAL INVOLVEMENT:**

Parents and guardians play a key role in youth suicide prevention, and it is important for CVC to involve them in suicide prevention efforts. Parents/ guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary.

Parents/ guardians should be advised to take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention. Parents and guardians can also contribute to important protective factors – conditions that reduce vulnerability to suicidal behavior – for vulnerable youth populations. Feeling accepted by parents or guardians is a critical protective factor for vulnerable youth populations. Educators can help protect youth by ensuring parents and guardians have resources about family and the essential role it plays in youth health.

**DEFINITIONS:**

1. **At risk:** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
2. **Crisis team:** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental health:** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
5. **Risk assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
6. **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. **Self-harm:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
8. **Suicide Death:** Caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

9. **Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. **Suicidal behavior:** Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
11. **Suicide contagion:** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. **Suicidal ideation:** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously

## SCOPE

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

## RISK FACTORS AND PROTECTIVE FACTORS

**Risk Factors for Suicide** are characteristics or conditions that increase the chance that a person may try to take her or his life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most frequently cited risk factors for suicide are:

- Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder

- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

**Protective Factors for Suicide** are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

Protective factors for suicide include:

- Receiving effective mental health care
- Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

**Note** that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

\*\*It is important for Central Valley Christian to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

**1. Youth living with mental and/or substance use disorders.**

While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorders, in particular depression or bi-polar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders are important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

**2. Youth who engage in self-harm or have attempted suicide.**

Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

**3. Youth in out-of-home settings.**

Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that

youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

**4. Youth experiencing homelessness.**

For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

**5. American Indian/Alaska Native (AI/AN) youth.**

In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma.

**6. LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth.**

The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers.

The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter report having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ which elevate the risk of suicidal behavior for LGBTQ youth.

**7. Youth bereaved by suicide.**

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.

**8. Youth living with medical conditions and disabilities.**

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.



## PREVENTION

### 1. CVC, K-12, Implementation:

A suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The CVC suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the K-12 school system. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

### 2. Staff Professional Development:

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

### 3. Youth Suicide Prevention Programming:

Developmentally appropriate, student-centered education materials will be integrated into the curriculum of all health classes. CVC will also host age-appropriate school assemblies each year to discuss suicide and mental health. The content of these age-appropriate materials and assemblies will include:

- a. The importance of safe and healthy choices and coping strategies.
- b. How to recognize risk factors and warning signs of mental disorders and suicide in oneself and others.
- c. Help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.
- d. In addition, schools may provide supplemental small-group suicide prevention programming for students.

### 4. Publication and Distribution:

This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

## ASSESSMENT AND REFERRAL

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school-employed counselor within the same school day to assess risk (\*SOS form) and facilitate referral. If there is no counselor available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

### For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school counselor will be made aware of the situation as soon as reasonably possible.
3. The school-employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.
4. This may also include communicating with the family's home church's pastor.
5. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

### Referral Information for Kings County:

- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Kings County Behavioral Health 559-852-2444 [www.kcbh.org/suicide-prevention](http://www.kcbh.org/suicide-prevention)
- Visalia Youth Services: (559) 627-1490

### Tulare County Information:

- Tulare County Mental Health Information and Referrals: (800)-834-7121
- 24 Hour Mental Health Line: (800) 320-1616
- Suicide Prevention Task Force [www.Friendsoftularecounty.org](http://www.Friendsoftularecounty.org)

\*[Signs of Suicide \(SOS\) Prevention Program Screening Form](#)- Appendix A

\*[Suicide Assessment](#)-Appendix A

## **IN-SCHOOL SUICIDE ATTEMPTS**

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school-employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

## **RE-ENTRY PROCEDURE**

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school-employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and, if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A school-employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

## OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school counselor and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

## PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or school counselor. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or school counselor believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. **If contact is delayed, the reasons for the delay should be documented.**

## POSTVENTION

### Development and Implementation of an Action Plan:

A meeting of the crisis team to implement the CVC postvention plan should take place immediately following news of the suicide death. The action plan may include the following steps:

1. **Verify the death.**

Designated Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or the

police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

**2. Assess the situation.**

The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

**3. Share information.**

Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgment that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

**4. Avoid suicide contagion.**

It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The CVC crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

**5. Initiate support services.**

Students identified as being more likely to be affected by the death will be assessed by a school counselor to determine the level of support needed. The area crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

**6. Memorial plans.**

The school should follow CVC's memorialization guide when considering memorials. The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion.

School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

### External Communication

The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson.

The spokesperson will:

1. Keep the school board and administration team informed of school actions relating to the death.
2. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
3. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available

## RESOURCES

### GUIDEBOOKS AND TOOLKITS

“Preventing Suicide: A Toolkit for High Schools” – U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center

for Mental Health Services

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-schools/SMA12-469>

“After a Suicide: A Toolkit for Schools” – American Foundation for Suicide Prevention and Suicide Prevention Resource Center

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

“Guidelines for School-Based Suicide Prevention Programs” – American Association of Suicidology  
<http://www.sprc.org/sites/sprc.org/files/library/>

### CRISIS SERVICES FOR STUDENTS

National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones.

Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area.

<http://www.suicidepreventionlifeline.org>

The Trevor Lifeline: The only nationwide, around-the-clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through

Aasguide\_school.pdf

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel” – Maine Youth Suicide Prevention Program

<http://www.maine.gov/suicide/docs/Guideline.pdf>

“Trevor Resource Kit” – The Trevor Project

[thetrevorproject.org/resourcekit](http://thetrevorproject.org/resourcekit)

“Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children” – Family Acceptance Project

<http://familyproject.sfsu.edu/publications>

National Center for School Crisis and Bereavement

<http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690>

Adolescent and School Health Resources –

Centers for Disease Control and Prevention, contains an assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics

<http://www.cdc.gov/healthyyouth/schoolhealth/index.htm>

<http://www.TheTrevorProject.org>

## RELEVANT RESEARCH

“Youth Risk Behavior Surveillance System” – Centers for Disease Control and Prevention. Monitors health-risk behaviors among youth, including a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

<http://www.cdc.gov/healthyyouth/yrbs/index.htm>

2012 National Strategy for Suicide Prevention: A report by the U.S. Surgeon General and the National Alliance for Suicide Prevention outlining a national strategy to guide suicide prevention actions. Includes up-to-date research on suicide prevention.

<http://www.surgeongeneral.gov/library/report/national-strategy-suicide-prevention/full-report-rev.pdf>

## SCHOOL PROGRAMS

“Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc.

<http://www.mentalhealthscreening.org/progrs/youth-prevention-programs/sos/>

“American Indian Life Skills Development/Zuni Life Skills Development” – University of Washington

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>

“Lifeguard Workshop Program” – The Trevor Project

[thetrevorproject.org/adulteducation](http://thetrevorproject.org/adulteducation)

“More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel” – American Foundation for Suicide Prevention

<http://morethansad.org>

## WORKING WITH THE MEDIA

“Talking About Suicide & LGBT Populations”

Gay & Lesbian Alliance Against Defamation, Movement Advancement Project, American Foundation for Suicide Prevention, The Trevor Project, et al.

<http://www.afsp.org/understanding-suicide/for-the-media/reporting-on-suicide/talking-about-lgbt-suicide>

“Recommendations for Reporting on Suicide” – American Foundation for Suicide Prevention, et al.

<http://reportingonsuicide.org/>



## SOS Signs of Suicide Prevention Program

SOS Signs of Suicide<sup>®</sup> Prevention Program

## Student Screening Form

- Age: \_\_\_\_\_
- Gender: ☐ Female ☐ Male
- Grade in School:
  - ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
  - ☐ 11 ☐ 12 ☐ GED Program
  - ☐ Other: \_\_\_\_\_
- Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
- Race: *(Check all that apply)*
  - ☐ American Indian/Alaska Native ☐ Asian
  - ☐ Native Hawaiian/Other Pacific Islander ☐ White
  - ☐ Black/African American ☐ Other/Multiracial
- Are you currently being treated for depression? ☐ Yes ☐ No

## Brief Screen for Adolescent Depression (BSAD)\*

These questions are about feelings that people sometimes have and things that may have happened to you. **Most** of these questions are about the ***LAST FOUR WEEKS***.

Read each question carefully and answer it by circling the correct response.

- |  |     |    |
|--|-----|----|
| 1. In the last four weeks, has there been a time when nothing was fun for you and you just weren't interested in anything? | Yes | No |
| 2. Do you have less energy than you usually do?  | Yes | No |
| 3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?            | Yes | No |
| 4. Do you think seriously about killing yourself?  | Yes | No |
| 5. Have you tried to kill yourself <i>in the last year</i> ?   | Yes | No |
| 6. Does doing even little things make you feel really tired?   | Yes | No |
| 7. In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual?                            | Yes | No |

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## Alcohol Use

- |   |     |    |
|---|-----|----|
| a. In the past year, has there been a time when you had five or more alcoholic drinks in a row? (By "drinks" we mean any kind of beer, wine, or liquor) | Yes | No |
| b. In the past year, have you used alcohol because you were feeling down?   | Yes | No |

## Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," my mother, "uncle," etc.) in school \_\_\_\_\_ out of school \_\_\_\_\_.

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### SOS Signs of Suicide® Program - Your BSAD Score and What It Means

The BSAD (Brief Screen for Adolescent Depression) is a self-survey so you can check yourself for depression and suicide risk. Your BSAD survey score will tell you whether you should see a school health professional (psychologist, nurse, counselor or social worker) for a follow-up discussion.

To find out your BSAD score, add up the number of "Yes" answers to questions 1-7. Use the table below to find out what your score means and what you should do.

SCORE	MEANING
0-2	<p>It is <i>unlikely</i> that you have depression.</p> <p>However, if you often have feelings of sadness you should talk to a trusted adult (parents/guardians/school staff person) to try to figure out what you should do.</p> <p>Even though your score says that you are not depressed you might still want to talk to a healthcare professional if your feelings of sadness do not go away.</p>
3	<p>It is <i>possible</i> that you have depression.</p> <p>You <i>should talk with a healthcare professional</i>. Tell a trusted adult (parent/guardian/school staff person) your concerns and ask if they could help you connect with a mental health professional.</p> <p>If it makes you feel more comfortable, bring a friend with you. Tell the adult that you <i>may be</i> clinically depressed and that you might need to see a mental health professional.</p>
4-7	<p>It is <i>likely</i> that you have depression.</p> <p>You probably have some significant symptoms of depression and you <i>should talk to a mental health professional</i> about these feelings. Tell a trusted adult (parent/guardian/school staff person) about your feelings and ask if they could help you see a mental health professional.</p>

<b>Questions 4 and 5</b>	These two questions are about <i>suicidal</i> thoughts and behaviors. If you answered "Yes" to <i>either</i> question 4 or 5, you should see a mental health professional immediately - <i>regardless of your total BSAD score</i> .
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#### Alcohol Use Questions:

<b>Questions a and b</b>	If you answered, "Yes" to question <b>a</b> or <b>b</b> concerning alcohol use, you may be using alcohol in a way that is dangerous to your health. We recommend that you speak with a trusted adult or mental health professional about your behavior and feelings.
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#### Identifying Trusted Adults

<b>Concerned about yourself or a friend?</b>	It's important to know who you can turn to if need to talk. If you had trouble identifying a trusted adult, ask to speak with the person implementing the SOS Program. Let someone know you need help building this important connection. If you are worried about your friend but your friend refuses to speak to someone, ask your trusted adult to help get your friend the assistance he or she needs.
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**Bottom line:** Take these screening results seriously and get help. You or your friend deserves to feel better, and help and support are available to you. **If you are worried about yourself or someone else, call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**

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## Suicide Assessment

# Suicide Assessment

Your client has indicated suicidal ideation...

### Assess Emergency Risk

- ☐ When did you begin having suicidal thoughts?
- ☐ Did any event precipitate the suicidal thoughts?
- ☐ How often do you have thoughts of suicide? How long do they last? How strong are they?
- ☐ What is the worst they have ever been?
- ☐ What do you do when you have suicidal thoughts?
- ☐ What did you do when they were the strongest ever?

### Assess the Plan

- ☐ Do you have a plan or have you been planning to end your life? If so, how would you do it? Where would you do it?
- ☐ Do you have the \_\_\_\_\_ that you would use? Where is it right now?
- ☐ Do you have a timeline in mind for ending your life? Is there something that would trigger that plan?

### Assess Intent

- ☐ What would it accomplish if you were to end your life?
- ☐ Do you feel as if you're a burden to others?
- ☐ How confident are you that this plan would actually end your life?
- ☐ What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do?
- ☐ Have you made other preparations?
- ☐ What makes you feel better?
- ☐ What makes you feel worse?
- ☐ How likely do you think you are to carry out your plan?
- ☐ What stops you from killing yourself?