

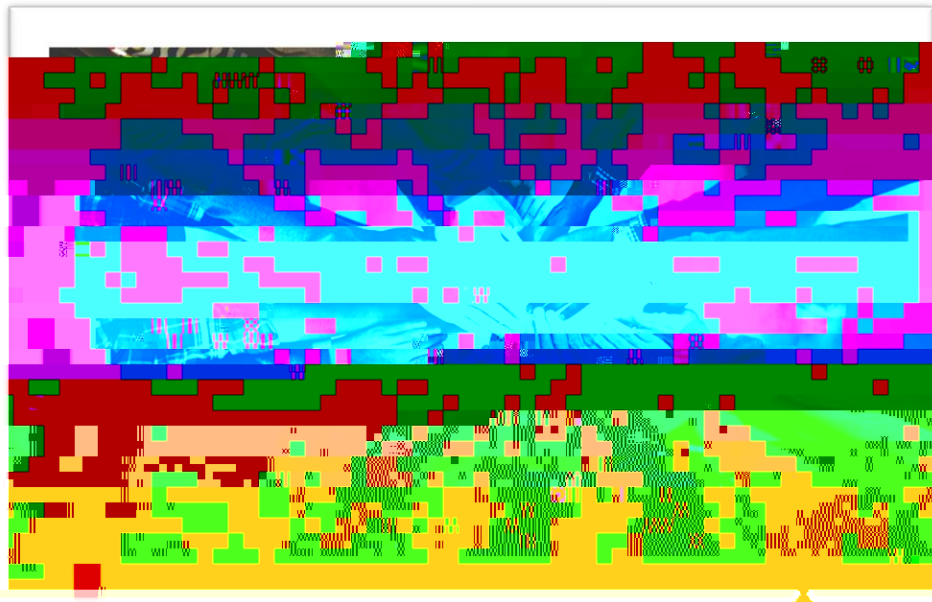
# A Companion Guide for School Personnel:

The New York State

Office of Student Support Services

## A Guide for Suicide Prevention in New York Schools

2021



The University of the State of New York  
The State Education Department  
Office of Student Support Services



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## **Supporting Student Well-Being**

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The shuttering of the American education system severed students from more than just classrooms, friends, and extracurricular activities. It has cut off an estimated 55 million children and teenagers from school staff members whose open doors and compassionate advice helped them build self-esteem, navigate the pressures of adolescence and cope with trauma. Mental health experts worry about the psychological toll on a younger generation that was already experiencing soaring rates of depression, anxiety, and suicide before the pandemic.<sup>1</sup>

The Centers for Disease Control and Prevention (CDC) has reported that there has been a 31% increase in the proportion of mental health related emergency department visits among adolescents aged 12-17 years in 2020.<sup>2</sup> This increase is compounded by compounding trauma and increasing stress resulting in an increase in anxiety, depression, and other mental health concerns. It is critical that school personnel identify students experiencing anxiety, depression, and suicidal ideation so that parents/guardians are informed, and the student is referred for and receives appropriate care. This becomes more crucial when a student experiences suicidal ideation.

Suicide is the second leading cause of death among young people aged 10-24. There are risk factors that put Black youth, Latinx youth, and LGBTQ youth at greater risk for suicide. Those risk factors include racism, food insecurities, disparities in health, limited access to healthcare, mental illness, stigma, harassment, bullying, abuse, rejection by family, family dynamics, culture, language barriers and poverty.<sup>3</sup>

Children and youth spend a considerable amount of time in school. School connectedness leads to positive educational and health outcomes; it is a protective factor that students often rely on. Teachers and school staff engage with students daily and have opportunities to positively impact the lives of the youth they serve. Thus, teachers and school staff serve an essential role in identifying students who are struggling and

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## **NYSED Companion Guide for School Personnel**

experiencing suicidal ideation. They become part of the protective factors that help mitigate the risk of youth suicide.

[A Guide for Suicide Prevention in New York Schools](#), provides a framework for schools to develop best practices, policies and procedures using a multi-tiered system of

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**Non-Suicidal Self-injury** . Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent.<sup>5</sup>

**Postvention** . Interventions to address the care of bereaved survivors, caregivers, and health care providers; destigmatize the tragedy of suicide and assist with the recovery process; and serve as a secondary prevention effort to minimize the risk of subsequent

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Addressing the problem of youth suicide requires collaboration across a variety of community agencies, including schools which by virtue of the time young people spend there, are in a position to have a role in identifying, referring, and aiding youth with mental health concerns. Schools are an anchor for many students; schools play a critical role in promoting psychosocial competencies that reduce vulnerability to suicide.<sup>8</sup> Schools are uniquely positioned to build resilience among their students and develop a positive school climate and culture necessary for the prevention of suicide.

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The work of prevention is to identify and implement interventions that decrease risk factors and/or increase protective factors at varying points when needed throughout a school year. Preventive strategies including bullying prevention, helping students develop social and emotional learning competencies, school connectedness, and the use of evidence-based social emotional approaches such as building self-awareness, so students understand their own thoughts, emotions, values help to reduce suicide risk.<sup>9</sup> Whenever possible, discussions with students related to bullying and suicide should center on prevention (not statistics), resiliency, and encourage help-seeking behavior (CDC, 2014). For more information see *Bullying and Suicide* in the New York State Office of Mental Health's [A Guide for Suicide Prevention in New York Schools](#) (p.14).

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**Protective Factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk of suicide. Protective factors are strengths and supports that allow students to be successful despite risk factors they may face. Schools offer students the opportunity to build their resilience by developing caring relationships with teachers, and school staff, by setting high expectations, and academic standards, and by providing opportunities to participate and contribute to the school community. Additional protective factors include having appropriate mental health staff (e.g., school psychologists, school social workers) available to work directly with students or consult with parents/guardians and school staff. For more details see Risk and Protective Factors in [A Guide for Suicide Prevention in New York Schools](#) (p.4).

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<sup>8</sup> Office of Mental Health, *NYSED Companion Guide for School Personnel*, 2019, Suicide Prevention Center of NYS, NYS Office of Mental Health, 9 April 2021, <https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf>

<sup>9</sup> Collaborative for Academic Social and Emotional Learning (CASEL) 2021, 9 April 2021, <https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/>

**Risk Factors** are characteristics at the biological, psychological, family, community, or cultural level that precede, and are associated with, a higher likelihood of negative outcomes.<sup>10</sup> Risk factors include, but are not limited to, academic challenges or learning needs, feelings of hopelessness, loss of important relationships, family dysfunction, and social rejection.

**Social Emotional Learning (SEL)** provides opportunities to develop protective factors. Students who receive instruction in SEL exhibit greater well-being and better school performance. Lifetime suicide risk is diminished when students learn social problem-solving skills and learn to cope with emotional challenges, and life stressors. Effective SEL programs have demonstrated an increase in social connectedness, which is a protective factor against suicide risk. [Social, Emotional Learning: Essential for Learning, Essential for Life](#) provides a framework explaining SEL concepts, the need for and benefit of SEL in schools, and strategies for assisting students with emotional needs. [A Guide to Social and Emotional Learning](#) assists schools in the implementation of SEL strategies. See *Focus on Social Emotional Competency Development* in [A Guide for Suicide Prevention](#).

## Establishment of a School Crisis Team

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**Establishment of a School Crisis Team** is essential to being able to identify and intervene effectively with students who are at risk of suicidal behavior. The School Crisis Team is responsible for developing and implementing suicide risk assessment, intervention, and postvention policies and procedures, as well as executing the actions necessary to ensure the safety of the student(s) during a crisis.<sup>11</sup> School administrators should designate a school suicide prevention liaison to act as a point of contact in each school building for issues related to suicide prevention and policy implementation. Each member of the crisis team should have a distinct role and responsibility; these responsibilities should be committed to writing. Members of the team should include, but are not limited to, a school administrator, school psychologist, school counselor, school social worker, teacher, school nurse, and/or district medical director, school safety professional, and any other district/school member who can be of assistance during a crisis. Written procedures should be developed that clearly delineate how to refer a student when suicide risk is suspected and should be reviewed at least annually with all staff. Training should be ongoing so that when the School Crisis Team is called upon, the members are



## **NYSED Companion Guide for School Personnel**

More information can be found under the section *Faculty and Staff Awareness Training* on page 8 in [A Guide for Suicide Prevention in New York Schools](#).

The Substance Abuse Mental Health Services Administration (SAMHSA) recommends that staff be educated about school district suicide protocols during staff orientation, staff meetings, and in-service trainings. SAMHSA further recommends that the protocols be incorporated into the employee handbook, employee newsletter and any other form of communication used with tes

An appropriately trained member of the school crisis team should conduct a suicide risk assessment to determine the level of risk and identify the most appropriate actions to ensure immediate and long-term safety and well-being of the student; and

If the student requires transportation to the hospital and the parent/guardian is not present, a member of the school crisis team should remain with the student until the parent/guardian is in attendance.

- 2. Parent/Guardian notification.** Parents/guardians must always be contacted when signs of suicidal thinking and behavior are observed, and anytime a suicide risk assessment is conducted. However, child protective services should be contacted when child abuse or neglect are suspected, or the parent/guardian refuses to take the necessary actions to keep the child safe. All notifications must be documented. Parents/guardians can provide critical information in determining level of risk.

- 3.**

**6. Plan for a Safe Return to School**

Students who have made a suicide attempt are at increased risk of future attempts at harm. Proper planning for returning to school following a suicide attempt or mental health hospitalization is critical. Students need support navigating how to explain their absence and return. Schools play a crucial part in student's safe return to school. [A Guide for Suicide Prevention in New York Schools, p. 18](#), provides information on planning for a safe return to school.

**7. Postvention**

Following a suicide, school communities must strike a delicate balance. Students should have an opportunity to grieve in a way that does not glorify suicide, which may increase suicide risk for other students. Suicide contagion occurs when suicidal behavior is imitated. The effect is strongest among adolescents, largely because they may identify with the behavior and qualities of their peers. Suicide postvention strategies designed to minimize contagion include not giving unnecessary attention to the suicide and minimizing the amount of detail about the suicide shared with students.

If there appears to be contagion, school administrators should take additional steps beyond the basic crisis response, including bolstering efforts to identify students who may be at heightened risk of suicide and collaborating with community partners in a coordinated suicide prevention effort. School communities must also realize that the postvention period may be extended and should plan for the long

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It is critical to have protocols in place for students who have been identified as being at potential risk of suicide. All staff should be aware of the protocols and follow them. NYSED has provided sample protocols and forms that can be customized to meet the needs of individual school districts in the following Appendices.

Appendix A- *Sample School Suicide Crisis Protocol* is a set of best practice standards that schools can use when a student is in crisis. The protocol is a step-by-step guide for adults caring for students in crisis.

Appendix B- *Protocol for Responding to a Student Suicide Attempt*, adapted from [Preventing Suicide A Toolkit for High Schools](#), provides schools with an easy to read and follow procedure if a teacher or staff member becomes aware of a student at risk for suicide.

Appendix C- *Sample Suicide Risk Assessment and Safety Planning Document* is a step-by-step checklist that schools can use to document the chain of events that have occurred when a student is identified as being at risk for suicide.

Appendix D- *Columbia Suicide Severity Rating Scale* is a questionnaire that

Appendix E- is a tool that can be used to provide information to parents/guardians regarding actions taken to ensure the safety of their child, recommendations for care of

Appendix F- *Sample Safety Plan* is a tool that schools can use in collaboration with the student and their parent/guardian. It is a prioritized list of coping strategies and sources of support students can use to mitigate suicide risk.

Appendix G- *Sample Return to School Meeting* is a documentation tool that schools can use when a student is returning to school. It addresses a

Appendix H- *Sample HIPPA-FERPA Release Form* is a tool schools can use to obtain parent/guardian consent to the school exchanging information with





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## Protocol for Responding to a Student Suicide Attempt

### The first adult to reach the student should:

1. Stay with the student or designate one or more other adults to stay with the student. *Never leave the student alone.*
2. Call 911 or your local emergency service provider.
3. Call school health services personnel.
4. Contact the school suicide prevention liaison for students in crisis who will help students and their families access appropriate resources. This may be an administrator, school mental health professional or school health professional, or other staff member as determined by the local school.

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Name of Parent(s) or Guardian(s) present: \_\_\_\_\_

School representative(s) present:  
\_\_\_\_\_

I have been asked to meet today to discuss concerns that have arisen at school that may

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### Sample HIPAA-FERPA Release Form

This form authorizes the exchange of protected health information (PHI) and education records

health care /

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**Documents and information to be disclosed could include:**

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Problem List	<input type="checkbox"/> Other: _____ _____ _____
<input type="checkbox"/> Consultative Report	<input type="checkbox"/> Medication Records	
<input type="checkbox"/> Admission Note	<input type="checkbox"/> Evaluation/Assessment	
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Academic Records	
<input type="checkbox"/> Summary of Care	<input type="checkbox"/> Psychosocial Evaluation	
<input type="checkbox"/> Alcohol/Drug Info (include TRS-1)	<input type="checkbox"/> Psychological Testing Results	
	<input type="checkbox"/> IEP	
	<input type="checkbox"/> Treatment Plans	

and supports to facilitate and promote informed recommendations and decision-making by both the providers and supports and the school district with \_\_\_\_\_ health care / educational program. This release authorizes disclosure of the records described above and personally \_\_\_\_\_ for the following purposes:

- guardian, or the student (if age 18 or older and competent);
- To assist with an evaluation of the student or the provisions of services by the District;
- To coordinate the provision of medical services;
- Other (please specify): \_\_\_\_\_

This authorization shall remain valid until either (initial one):

\_\_\_\_\_ The student is no longer a student of the \_\_\_\_\_ School District; or

\_\_\_\_\_ Other specified date: \* \_\_\_\_\_

**Acknowledgments:**

I hereby, knowingly, and voluntarily authorize the above-named agency/provider to use or disclose this information only in the manner described above. I understand treatment, payment, and health plan enrollment will not be conditioned on my authorization of this disclosure.

\* I understand that I may revoke this authorization in writing at any time.

**Signatures:**

PARENT/GUARDIAN \_\_\_\_\_ Date signed: \_\_\_\_\_

By the student: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Adapted with permission from the North Syracuse Central School District 2020

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### Community Resources

[The Office of Mental Health Information for Children, Teens and Their Families](#) provides resources for children and their families.

[Single Point of Access \(SPOA\) or Children and Youth Services](#) is a centralized intake process for referrals for high-intensity mental health services for children and adults.

services, provide a forum for improved collaboration among community service providers, and identify and promote community-based alternatives to residential treatment and psychiatric hospitalization.

### School Resources

[SAMHSA's Preventing-Suicide-A-Toolkit-for-High-Schools](#) the toolkit provides best practice guidance, templ Tm0 g0 G[(p)-3(ract)-2(ice )-3(g)6(u)-241/F5 12 Tf1 0 0 1 290.45 480.19 Tm0

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