Element 1
Overview

Texas Advancing
Suicide SAFER Schools™
Roadmap
1.2 A Systems Approach - Suicide Prevention Resource Center
1.5 Suicide Safe Care: & Suicide Safer School

Suicide Safe Care State:
- Coordinated state leadership
- Guiding state strategic plan
- Statewide public awareness
- Statewide technical assistance

Suicide Safe Care Community:
- Local Coalitions
- Regional summits
- Gatekeeper training
- Coordinated care and referral

Suicide Safe Care Centers:
- Zero Suicide leadership and culture
- Evidence-based screening and assessment
- Pathways to care
- Competent workforce
- Effective intervention

Supportive Policies Suicide Safer Schools:
- Leadership promoting a suicide safer school culture
- Model suicide safe school policies
- Well trained staff and students
- Assessment procedures for a Suicidal Student
- Pathways to care
- Caregiver resources and caring for the caregiver
- Postvention

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1.6 Why is a Suicide Safer Schools Environment Important?

- The Youth Risk Behavior Surveillance System surveys Texas high school and middle school students every 2 years.

- In 2019, Texas high school students reported:
  - 38.3% felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities
  - 18.9% seriously considered attempting suicide
  - 15.0% made a plan about how they would attempt suicide
  - 10.0% actually attempted suicide
  - 3.4% made an attempt so severe that it required medical treatment

About 1 in 5 students
1.8 Essential Elements of the Texas Advancing Suicide Safer Schools Roadmap

- Builds upon the 2015 and 2016 Suicide Safer Schools reports
- Provides a pathway through the development process
- Composed of 8 Elements that help schools and districts support the development of a comprehensive suicide prevention, intervention and postvention plans.
Element 1: Summary

- Texas Suicide Safer Schools build upon a comprehensive, public health approach to suicide prevention.
- A logic model provides a guide for determining priorities, actions, and relevant data.
- Texas Advancing Suicide Safer Schools Roadmap aligns with the larger suicide safe care framework being implemented across our state.
- A Suicide Safer Schools environment should consider prevention, intervention, and postvention strategies and supports.
- The Texas Advancing Suicide Safer Schools Roadmap covers 7 strategies for schools to consider in developing a comprehensive approach to suicide prevention.
- It is important that a baseline be established to: measure progress and outcomes; identify gaps; and develop continuous improvement strategies.
Element 4
Well Trained Students and Staff

Texas Advancing Suicide SAFER Schools™ Roadmap
Element 4: Training Best Practices

• There are some general principles aligned with best practices related to suicide prevention training. These basic considerations are:
  • Understand suicide and the suicide safer school’s culture.
  • How to identify students who are at-risk of suicide and the assessment process.
  • Identify clear pathways to care and community resources, procedures for re-entry.
  • Provide clear and documented postvention practices, including liability issues for appropriate staff.
  • Consistent and regular training, preferably annually is considered best practice.
Element 4: Best Practice Training Goals
(Dr. Scott Poland)

- Convey current statistics, beliefs, and attitudes about suicide in youth utilizing data from best practice sources.
- Dispel mistaken beliefs about suicide.
- Review protective factors for youth and include programing that helps to create the “Zero Suicide” culture, discussed in the Overview Element 1.
- Stress never keeping a secret about a student’s suicidal behavior and cultivate a climate of connections between students and adults who are approachable and trusted.
- Prepared school staff to recognize and respond to warning signs of suicide risk.
- Promote the importance of intervention with at-risk youth and connect them with the needed help.
  - Know the school referral procedures (Pathways to Care)
  - Know who the Suicide Prevention Risk Specialist (SPRS) is in your school or district.
  - Use Pathways to Care and Suicide Risk Screening and Safe Management Process.
- Provide information about protocols and resources in your school and community.
- Emphasize that suicide is almost always a preventable loss, and if a student died by suicide, it was probably the result of untreated or undertreated mental illness.
- Document staff understanding of suicide prevention and intervention with a pre- and post-training survey.
4.1 Texas Laws and TEA Rules Related to Suicide Prevention Training

• Texas law requires all staff in K-12 institutions to receive, at a minimum, training on the warning signs of suicide and on referring at-risk students to the administration and counseling staff.

• Senate Bill 11 and House Bill 18 from the 86th Legislature also required new training to include intervention and postvention training for some school staff.
  • Rules are evolving pertaining to prevention, intervention and postvention training for designated staff.
  • Consult TEA or your Education Service Center for technical assistance.
4.4 The Importance of Student and Family Engagement

• Students:
  • It is important to provide training for students to understand the warning signs of suicide and how to make referrals or seek help for themselves.
  • Students should receive training or supportive peer norm programs initiated AFTER all adults have been properly trained and clear pathways to care established.

• Parents and Families:
  • SAMHSA’s toolkit identifies several topics that should be included in addressing suicide prevention for parents and families:
    • Prevalence of suicide and suicide attempts among youth
    • The warning signs of suicide
    • How to respond when they recognize that their child or another youth is at risk
    • Where to turn for help in the community
Element 4: Summary

- In designing a comprehensive approach to training, it is important to consult TEA rules and requirements.
- Different trainings are required based upon staff member roles and responsibilities. Please consult TEA and/or your ESC for the most current information.
- The differences between school-based screening and community-based assessments
- The importance of student and family training and engagement as part of a comprehensive suicide safer school’s culture. Remember to train adults who interact with students first, before training or implementing programs specifically for students.
- Accountability and record-keeping are vital to maximize training resources and ensure a systems approach to training.
Element 5
Screening, Assessment, Notification, Safety Planning, Referral & Return to School Procedures for the Suicidal Student

Texas Advancing Suicide SAFER Schools™ Roadmap
5.1: Suicide Based Screen Example

- Texas Education Agency offers a best practice list for screening options.
- One example is the Columbia Suicide Severity Rating Scale (C-SSRS) - widely used in Texas.
- Most suicide risk screening tools ask some variation of the questions contained in the C-SSRS.
- C-SSRS is recommended for ages 6 and up and also has a version for very young children (ages 4 and 5)

<table>
<thead>
<tr>
<th>Question</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
</tr>
<tr>
<td>2) Have you actually had any thoughts about killing yourself?</td>
<td></td>
</tr>
<tr>
<td>If YES to 2, answer questions 3, 4, 5 and 6</td>
<td></td>
</tr>
<tr>
<td>If NO to 2, go directly to question 6</td>
<td></td>
</tr>
<tr>
<td>3) Have you thought about how you might do this?</td>
<td></td>
</tr>
<tr>
<td>4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</td>
<td>High Risk</td>
</tr>
<tr>
<td>5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td>High Risk</td>
</tr>
<tr>
<td>6) Have you done anything, started to do anything, or prepared to do anything to end your life?</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.
5.1: Suicide Based Screening – When to Use

• When to Use a Suicide Screen
  • Each school or district establishes their own process and protocol for implementing a suicide screen in consultation with the Safe and Supportive Schools Team, counselors, administrators, legal, and others to ensure all TEA regulations are followed.
  • It is important that these protocols are clear and explicit in your suicide prevention, intervention, and postvention plan AND the Pathways to Care flowchart (Element 6).
5.1: Suicide Based Screening – When to Use

Erbacher, Singer, and Poland’s Suicide In Schools, provides the following general guideline:

“School Mental Health Professionals should use a suicide screen whenever they meet with students who present with any of the risk factors identified through indicators, such as the following, and monitoring of the suicidal risk should be ongoing for changes in suicidal risk.

These risk factors include:
- Suicidal Statements
- Academic Indications
- Behavioral Indications
- Self-Injury
- Cognitive Indications
- Spiritual/Existential Indications
- Emotional Indications
- Social
- Bullying/Cyberbullying”
5.4: School-Based Safety Planning Protocols

• Safety Planning and “No Harm” or “No Suicide” contracts

• Safety Plans should:
  • Be built collaboratively and developed with the student
  • Emphasize both internal and external sources of support the student can utilize when they have suicidal thoughts
  • Be written (not just verbal)
  • Be part of the overall monitoring strategy for the student going forward.
    • Key school personnel, such as counselors are encouraged to develop a written safety plan for use in their monitoring of suicidal students receiving community-based services
  • Highlight accessibility to qualified clinical supports and how to locate these services
  • Include 24/7 access to national and local resources.

• An evidence-based safety planning protocol has been developed by Dr. Barbara Stanley and Dr. Greg Brown
5.5: Parental Notification for Schools and Transfer of Responsibility

• The failure to notify parents/guardians when there is reason to suspect a student is suicidal is the most common source of lawsuits related to suicide and schools.

• Parents can be notified by school staff, by the student in the presence of school staff or both. Choose the method most helpful for the student.

• Even if the student denies suicidal ideation/intent, parents must still be notified if the concern was reported by others.

• Document the Parental Notification.
5.5: Parental Notification for Schools and Transfer of Responsibility

• Should the parents refuse to come to school to pick up their child, school staff cannot allow the suicidal student to walk home or take transportation home (ride with a friend, school bus), regardless of the parent directive.

Contact:
• Safe and Supportive School Team
• Mobile Crisis Outreach Team
• Law Enforcement
5.6: FERPA Review

- Reminder of the importance of FERPA and its exceptions in the case of suicide risk
  - Parental notification is required
  - Staff can be informed on a “need to know” basis
  - If parents are not cooperative, (most are), Texas Department of Family and Protective Services should be notified.
5.8: Synching with Threat Assessment and Safe and Supportive Schools Team

- Students who have reported threats of violence should also be screened for suicide.
- While in some cases School Resource Officers may be involved to ensure student or campus safety, absence the threat to others, Dr. Poland believes parents are best suited to care for their child and ensure the child’s safety in the context of suicidal ideation.
- Dr. Poland notes that at no time should a student referred for suicidal ideation be subjected to a panel assessment by the Safe and Support School Team or another group of adults.
- Students should never be led to believe that they are “in trouble” for disclosing suicidal ideation.

✓ The school suicide prevention liaison or mental health counselor should be the primary point of contact for the student and family.

✓ Check to ensure tracking of all efforts and responses are in place for monitoring of the student and the required reporting under Texas Education Code.
5.9: Suicide Risk Monitoring by School Personnel

- Check in with the student the next day after parent notification:
  - Assess the student’s mood and reinforce safety planning
  - Discuss school stressors and coping mechanisms
- Contact parents to confirm follow up actions
- Check in weekly with the student and parents for at least a month
- If the follow up plan is discontinued, notify the Safe and Supportive Schools Team and determine if Texas Department of Family and Protective Services should be notified, and staff should continue to monitor the student
5.10: Return to School Protocols

• Several considerations factor into protocols for school planning
Element 5: Summary

This Element focused on a number of actions necessary to begin assisting a student who may be at suicidal risk. These include:

• School based suicide screening, both protocols and examples of tools
• Referring to a community mental health provider for a comprehensive suicide assessment for a student as risk of suicide
• How to develop safety plans collaboratively with students
• Parental notification and transfer or responsibilities
• FERPA considerations
• Documenting the process for parental notification
• Monitoring suicidal students and coordinating with community- based mental health providers.
• Return to school protocols
• Assisting students who may be at suicidal risk but are attending school virtually.
Element 8
Suicide Postvention in Schools

Texas Advancing
Suicide SAFER Schools™
Roadmap
8.1: What is Postvention?

• Postvention is defined by the SPRC as “Activities following a suicide to help alleviate the suffering and emotional distress of survivors and prevent additional trauma or contagion.”

• It is important to plan for postvention, in advance – prior to a death by suicide.

• The primary goal of postvention is to prevent further suicides.

• Postvention, in and of itself must be a comprehensive effort, touching all systems and prolonged in its duration.

• A valuable resource is AFSP and SPRC’s “After A Suicide: A Toolkit for Schools” (revised in 2018)

https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf
8.2: Why is Postvention Important?

• From the SAMHSA Preventing Suicide: A High School Toolkit:
  • “The death of someone their own age can threaten the adolescent sense of vulnerability.
  • The death of a role model can produce conflicting feeling, including loss and betrayal.
  • The suicide death of someone they know can leave them susceptible to suicide contagion.
  • The suicide death may make it difficult for students to focus on their academics and other regular activities.”
8.3: Comprehensive Preparation: Short & Long Term Strategies

- From the SAMHSA Preventing Suicide: A High School Toolkit:
  - **Short term:** Help students cope in the immediate aftermath of a death by suicide by creating protocols that describe the specific steps to take after a death by suicide, who they will be completed by, documenting the process, and analyzing data for outcomes.
  - **Long term:** The on-going support strategies needed to continue to help students cope over time, since the emotional impact from a suicide can continue for months, even years after the event.”
8.4: Short-Term Strategies

• Best practice short-term actions by administrators and staff are essential to help promote a suicide safe school culture.

• Coordination with the Safe and Supportive Schools Team is required, as is coordinating with the school suicide prevention risk specialist or liaison.
8.5: Long-Term Strategies

• Erbacher, Singer and Poland indicate key considerations surrounding long-term strategies and must be part of the school’s postvention plan.

• This is because there is evidence of elevated risk around certain milestones – identified by the authors as “key vulnerability points” (page 189) during the postvention lifecycle:
  • Holidays
  • Opening day or important days for sports (UIL or other activities the student participated in)
  • Start of the new school year
  • Proms and other dances
  • Senior Week and Graduation
  • 2nd year anniversary of the death.
Element 8: Summary

- Postvention is an important part of comprehensive suicide prevention for schools. It takes significant planning to ensure schools have appropriate postvention protocols in place, to help ensure support for the school community at a time of devastating loss.

- Preparing in advance and proper postvention training will help school staff focus on supporting the bereaved community instead of devising strategies in real time.

- The goal of postvention is to promote a healthy and healing school climate and prevent the loss of future life.

- Documenting all actions is necessary to create a record of the postvention steps taken as well as inform process improvements.

- Safe messaging is a vital component of a postvention strategy

- A comprehensive postvention plan should be developed for administrators AND the Safe and Supportive Schools Team

- Best practice involves short and long-term strategies

- Data is an important element for continuous improvement as well as improving prevention and intervention strategies.