

Texas Suicide Safer Schools: Helpful Tools



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Helpful Tools: Appendices I, II & III

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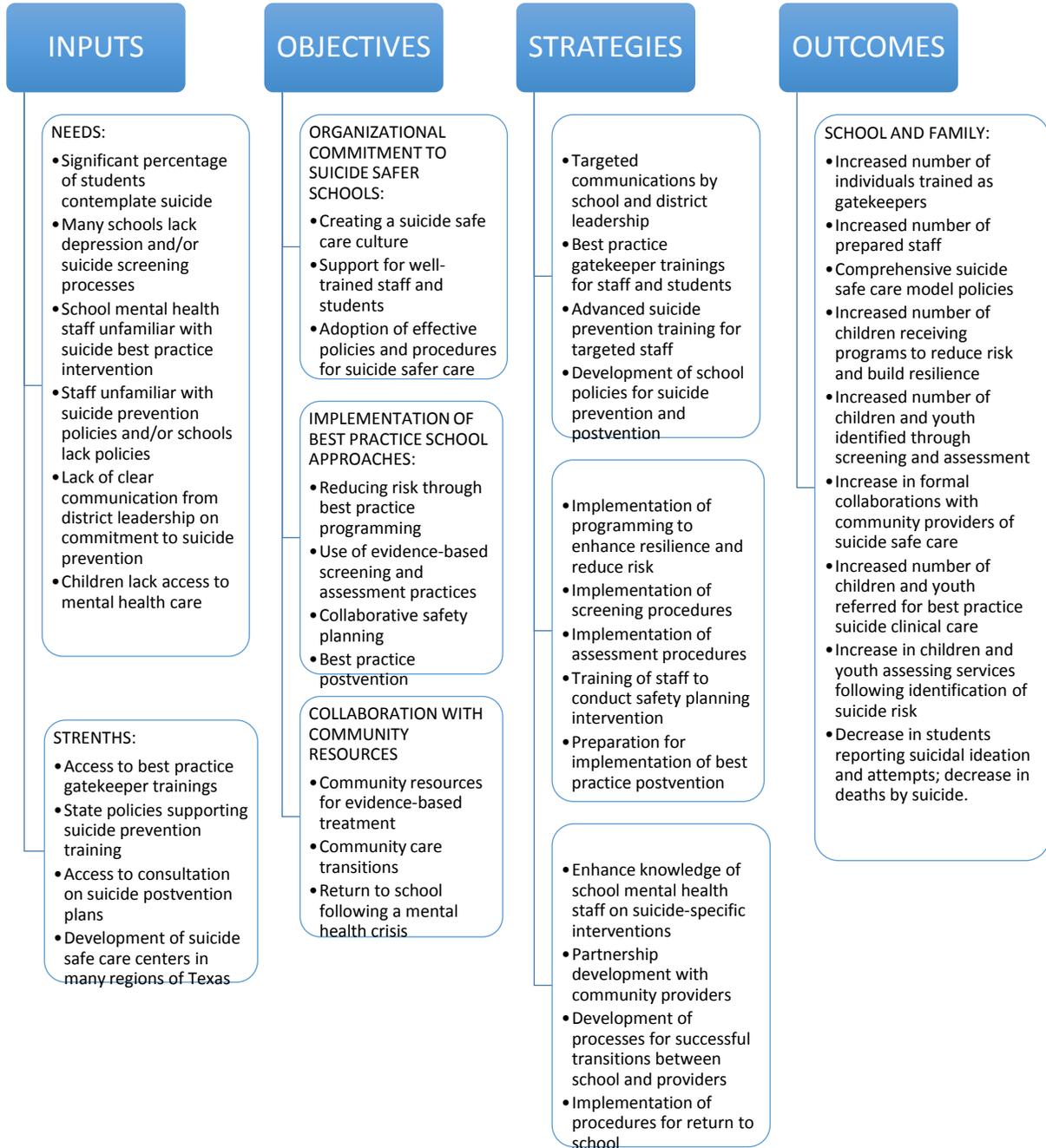
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Tool #1: Logic Model:

Texas Suicide Safer Schools Logic Model



Source: Developed by Molly Lopez, Merily Keller & Michel Froneberger to align with the Zero Suicide logic model described in <https://sites.utexas.edu/zest/>.

Tool #2: Recommended Training Materials:

Recommended Training Materials including: ASK, ASIST, Kognito, Texas School Safety Center & others listed as evidenced based or best practices at SPRC.org

Overview of Training Resources available at Texas Suicide Prevention.org

Training section. The Resources handout reprinted as part of Tool 2 is available on this website under Information Library, Fact Sheets.

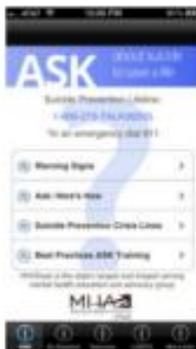
Other resources with training materials that may be helpful:

- [American Association of Suicidology](#)
- [American Foundation for Suicide Prevention](#)
- Center for Disease Control: [Suicide](#)
- Center for Disease Control: [Youth Risk Behavioral Surveillance System](#)
- [The Jed Foundation](#)
- [Jason Foundation](#)
- [Kid Central TN](#)
- [NAMI \(National Alliance on Mental Illness\)](#)
- [National Council for Suicide Prevention](#)
- [National Strategy for Suicide Prevention \(PDF\)](#)
- [Samaritans USA](#)
- [Suicide Awareness Voices of Education \(SAVE\)](#)
- [Tennessee Suicide Prevention Network](#)
- [The Trevor Project](#)
- [Yellow Ribbon Suicide Prevention Program](#)



FREE SUICIDE PREVENTION SMARTPHONE APPS

Available for iPhone and Android



The ASK (Ask About Suicide to Save a Life) App is designed to teach the warning signs and how to ask if someone is considering suicide.



The Suicide Safer Home App offers practical tips for concerned parents and caregivers for keeping families suicide safer.



The Hope Box App is an interactive tool for youth to collect and store messages and images of help and hope.



VIDEO TRAINING AND LESSON GUIDES

The Stories of Help and Hope video series contains inspirational videos and discussion guides featuring true stories of Texas high school, college students, active duty, veterans and their families. Stories of Help and Hope is a tool to increase community capacity to support young people and adults who are at risk of suicide and suicide attempts.

www.TexasSuicidePrevention.org/training/



MORE ONLINE RESOURCES

TexasSuicidePrevention.org offers the following resources:

- Suicide Prevention and Postvention Toolkits.
- Suicide Safer Schools Toolkit™.
- Information on State statutes related to suicide, suicide prevention, and bullying.
- Statewide and national resources.
- Training and education programs.

ONLINE TRAINING

- ASK** ASK About Suicide to Save a Life is a best practice gatekeeper training that teaches how to identify suicide risk factors, protective factors, warning signs & appropriate referral strategies. We offer two online training options: view ASK videos for online certification or view videos along with backup materials. Available at: TexasSuicidePrevention.org.
- CALM** Counseling on Access to Lethal Means (CALM). Access to lethal means can determine whether a person who is suicidal lives or dies. This course helps providers develop effective safety plans for people at risk of suicide. Available at: <http://training.sprc.org/>
- AT RISK** Through its development partnership with Kognito Interactive, Texas offers limited free, At Risk online training options for school personnel at the university, high school and middle school levels. Licenses are limited (first come, first served) as long as grant provides, and fee-based after grant ends. Available at: www.kognito.com

IN PERSON TRAINING

- ASK** ASK About Suicide to Save a Life. This is a best practice gatekeeper training 1-4 hour workshop that teaches how to identify suicide risk factors, protective factors, warning signs & appropriate referral strategies.
- ASK TOT of Workshop Leaders** ASK About Suicide to Save A Life: Training of Workshop Leaders. This is an 8 hour intensive training of workshop leaders with pretraining review of study materials required. As a best practice based gatekeeper training, the workshop teaches how to identify suicide risk factors, protective factors, warning signs & appropriate referral strategies.
- CALM and CALM for First Responders** Counseling on Access to Lethal Means (CALM) and Counseling on Access to Lethal Means (CALM) for First Responders. Developed by Elaine Frank and Mark Clocca, this is a 1.5 to 2 hour workshop designed to help participants implement counselling strategies to help people at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms.
- ASIST & safeTalk** Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop that teaches participants to carry out life-saving interventions for people at risk of suicide. Also by Living Works, safeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.
- Mental Health First Aid** Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders and Youth Mental Health First Aid is an 8-hour program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, teaches early intervention, and trains individuals how to help an adolescent in crisis or in a mental health challenge. Other MHFA courses available for specialized audiences such as military/vets/families and older adults.
- Suicide Safer Homes** Suicide Safer Homes is a 1-4 hour training program on how to make your home suicide safer. The training provides practical tips to reduce access to lethal means of suicide for individual and groups with high risk. Designed for families, first responders, health and mental professionals.
- Suicide Safer Schools** Suicide Safer Schools 1-4 hour workshops include steps and tools for policy development, suicide prevention, suicide postvention, pathways to care and ways to engage and enhance community collaboration.
- Postvention for Schools & Communities** Postvention Training for Schools & Communities is a 1.5 to 2 hour workshop. The training shares best practice information for after an attempt or death by suicide to help prevent more deaths. School postvention goals include: supporting the grieving process, preventing imitative suicides, identifying and referring at risk survivors, reducing identification with the victim, and re-establishing a healthy school and community climate.

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Online Training and Information:
www.TexasSuicidePrevention.org

For In-Person Trainings Contact:
Merily Keller, @StopTxSuicides, Suicide Prevention & Postvention Coordinator, Co-Founder, Texas Suicide Prevention Council, hodgekeller@yahoo.com

Lisa Sullivan, @StopTxSuicides, Outreach and Education, lisa@infuse.com



TexasSuicidePrevention.org
[@StopTxSuicides](https://twitter.com/StopTxSuicides)



mhatexas.org

ASK Resources:

Texas Suicide Prevention

Texas Suicide Prevention offers a number of videos, online and in-person training options related to suicide prevention, including the “ASK” training program. It also includes a number of national Best Practice training options.

Among the information that can be found in the ASK training materials: Frequently Asked Questions about Suicide and Suicide Prevention, Knowing the Facts about Suicide, Knowing the Facts about Youth Suicide, Risk Factors and Protective Factors, Warning Signs and What to Do. x

ASK training videos: www.texassuicideprevention.org/training/video-training-lessons-guides/ask-about-suicide-ask

Source: <http://www.texassuicideprevention.org>

Texas Youth Suicide Prevention Project - Kognito

Kognito offers research-proven online training simulations that will help you identify students who are at risk for suicide, motivate distressed students to seek help, and put students in touch with support services.

Source: <https://texas.kognito.com>



The Texas School Safety Center (TxSSC) is an official university-level research center at Texas State University, a member of the Texas State University System. The TxSSC is tasked in Chapter 37 of the Texas Education Code and in the Governor’s Homeland Security Strategic Plan with key school safety initiatives and mandates that include planning, training, and drilling. The TxSSC serves as the central location for the dissemination of safety and security information, including research, training, and technical assistance for K-12 schools and junior colleges throughout the state of Texas. Specifically, the Center provides universal and regional services to students, educators, administrators, campus-based law enforcement, community organizations, state agencies, and colleges/universities to increase safety and security in Texas schools.

Source: <https://txssc.txstate.edu>

Applied Suicide Intervention Skills Training (ASIST):

After training, *ASIST* participants should be able to:

1. Recognize that caregivers and persons at risk are affected by personal and societal attitudes about suicide.
2. Discuss suicide in a direct manner with someone at risk.
3. Identify risk alerts and develop related safe plans.
4. Demonstrate the skills required to intervene with a person at risk of suicide.
5. List the types of resources available to a person at risk, including themselves.
6. Make a commitment to improving community resources.
7. Recognize that suicide prevention is broader than suicide first-aid and includes life promotion and self-care for caregivers.

Two-day training session by certified *ASIST* trainers.

Contact Information:

Jerry Swanner

P.O. Box 9607

Fayetteville, NC 28311

Voice: 910-867-8822

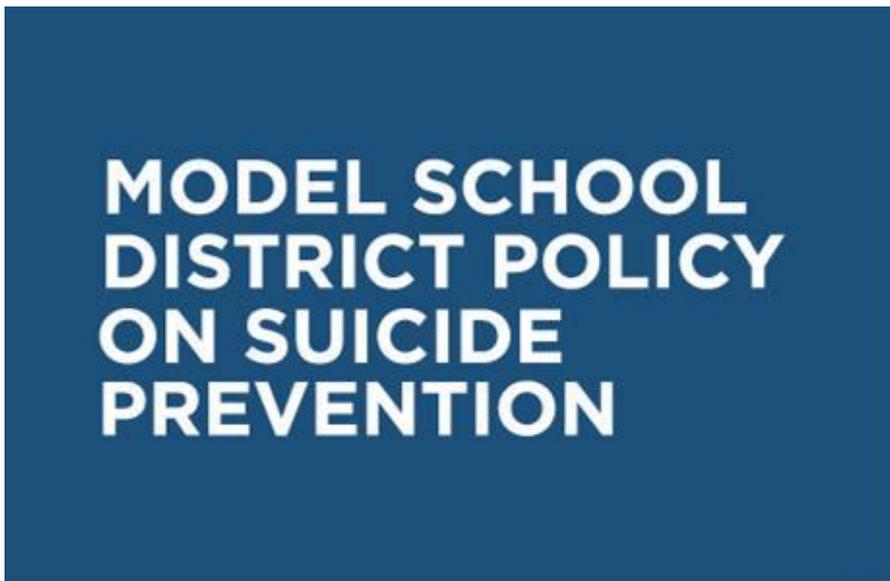
Email: usa@livingworks.net

Website: www.livingworks.net

ASIST Training (2 days)

Trainers and overhead Costs available on website:

Tool # 3: Model School District Policy:



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS



AMERICAN FOUNDATION FOR
Suicide Prevention

Reducing the risk of youth suicide requires making positive changes. To help make it easier for schools to prevent, assess, intervene in, and respond to suicidal behavior, The Trevor Project has collaborated to create a Model School District Policy for Suicide Prevention. This modular, adaptable document will help educators and school administrators implement comprehensive suicide prevention policies in communities nationwide. Download our fact sheet and full policy today – by adopting or advocating for this model policy in your school district, you can help protect the health and safety of all students.

Source: <http://www.thetrevorproject.org/pages/modelschoolpolicy>

This model policy was created in collaboration with the American Foundation for Suicide Prevention, the American School Counselor Association, and the National Association of School Psychologists.

Tool # 4: Sources of Strength:

Sources of Strength (SOS)

A best practice youth suicide prevention project designed to harnesses the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by using an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard they have strengths to rely on.

Sources of Strength has been shown to:

- Increase youth-adult connectedness
- Increase in Peer Leader's school engagement
- Peer Leaders in larger schools were four times more likely to refer a suicidal friend to an adult
- Increase positive perceptions of adult support for suicidal youth and the acceptability of seeking help

Source: sourcesofstrength.org

Tool # 5: Self Injurious Behavior Research & Handouts:

Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

This study provides excellent handouts for training about self-injury. Included are resources that help the educator understand and identify self-injury as well as how to help those who struggle with self-injury by providing distraction techniques and alternative coping strategies. The following websites provide more detailed information:

<http://www.crpsib.com>

<http://www.selfinjury.com>

<http://www.siari.co.uk>

<http://www.thesite.org/healthandwellbeing/mentalhealth/selfharm>

Tool # 6: District Designed Training:

District Designed Training

Checklist for effective training designed by local administration should include the following elements as identified by various agencies on the Best Practices Registry and mentioned in the SAMHSA Suicide Prevention Toolkit Resources. The Trevor Project model shared at <http://www.thetrevorproject.org/pages/modelschoolpolicy> provides a model school policy. Additionally, the Boerne Independent School District Administrative Policy on Suicide Prevention and Response printed in 2016 reflects significant thought and intent for creating a suicide safe school culture. The Boerne ISD policy is available at boerne-isd.net

Your training should be designed to be used to achieve several specific goals related to suicide prevention:

- ✓ Convey current statistics, beliefs and attitudes about suicide in youth
 - Dispel myths about suicide
 - Identify protective factors
 - Stress never keeping a secret about a student's suicidal behavior
- ✓ Educate school staff to be prepared to recognize and respond to warning signs of suicide risk
- ✓ Promote the importance of intervention with suicidal youth and connect them with the needed help
 - Know the school referral procedures
 - Know who the suicide risk prevention specialist is
 - Utilize pathways to care
- ✓ Provide information about protocols and resources in your school and community
- ✓ Convey that suicide is almost always a preventable loss
- ✓ Document staff attendance and understanding through workforce pre and post-survey

GUIDELINES FOR SCHOOL BASED SUICIDE PREVENTION PROGRAMS can be accessed free of charge at: (http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf).

<http://www.sprc.org/basics/about-suicide-prevention> provides comprehensive training units.

Tool #7: Leadership Involvement

1. Review the suicide prevention requirements from the 84th legislative session and share them with all building principals (see Texas Statutes in Appendix III.)
2. Form a district task force on suicide prevention that includes representatives from elementary and secondary schools and the mental health advisory council. Ensure the task force meets at least twice a year and keeps up with current trends and the incidence of youth suicide
3. Develop district procedures and guidelines for intervention with suicidal students, parent notification, and referral and follow up services at school for suicidal students
4. Identify local and state resources for suicide prevention and meet with their representatives in person or via conference call to improve collaboration (DSHS/HHSC and local suicide prevention coalitions)
5. Designate a suicide prevention liaison or liaisons for the district that is referenced in this document as a suicide prevention risk specialist
6. Obtain extensive suicide assessment/intervention training for key personnel such as school counselors and school psychologists
7. Ensure that school counselors have the needed training in suicide assessment and intervention and their schedule and ratio to students meet national recommendations from the America School Counselor Association (ASCA)
8. Investigate depression screening (SOS)
9. Implement programs to safeguard and support LGBTQ students
10. Review the best practices list from DSHS and TEA
11. Plan and conduct annual trainings for all staff on suicide prevention and bullying prevention, emphasizing the association between bullying and suicide
12. Implement programs to increase all students' connections to their school

Review postvention procedures in this report and from: After a suicide: Toolkit for schools from AFSP and SPRC Appendix M1 and after a suicide: Challenging time for schools by Dr. Scott Poland, Tool #18

Additionally, the following actions should be taken to promote a zero suicide culture:

- Have policy memos in place regarding training and intervention expectations for staff suicide awareness
- Dispatch messages from administrative leaders across the district/school
- Make sure administrative leadership addresses suicide prevention at least once a year during in-service opportunities
- Require leadership in district/schools to be aware of Pathways to Care and encourage early help-seeking behavior

Source: District Action Steps Flow Chart (Texas Suicide Safer Schools, 2015)

Tool #8: Leadership Involvement Checklist

Provide suicide prevention training as required by Texas Legislation and based on Best Practices programs from the National Registry. Professional education courses conducted at district and school level should include the following:

Required Personnel:

- ✓ Administrators, counselors, psychologists, SRO, nurses, suicide response designee
- ✓ Teachers and teachers' assistants (classroom professionals)
- ✓ Office support staff: secretaries, attendance clerks, etc.

Strongly Recommended Additional Personnel

- ✓ Ancillary staff: custodians, cafeteria workers, bus drivers and attendants, part time staff, such as coaches, arts teachers

Training Requirements:

- ✓ Training should be conducted by mental health personnel for administrators and crisis response designees on the use of mental health services
- ✓ Every administrator and crisis response designee must receive suicide prevention and intervention training at least once a year
- ✓ Every classroom professional must receive this training once a year
- ✓ Staff entering mid-year or after training has been conducted must be provided training upon employment
- ✓ Time spent on suicide prevention training and activities must be documented
- ✓ A pre and post training survey is recommended to identify degree of understanding and confidence in implementing a zero suicide culture
- ✓ All school personnel must complete required annual suicide prevention training
- ✓ All parents must be provided access to the suicide prevention information and the Pathways to Care information that are posted on the district website
- ✓ All supervisory personnel in interactive roles with students must have completed suicide prevention and intervention training
- ✓ Student suicide prevention information that promote pathways to care and crisis hotline resources must be reviewed and considered for age appropriateness

Depression Screening and Identification Procedures:

- ✓ All crisis response designees must be educated about the Pathways to Care and the possible use of depression screening with secondary students and parent permission procedures to ensure express consent

Crisis Response Team:

- ✓ The district/school must have a fully trained Crisis Response Team

- ✓ The district/school must have documented and shared with school community the staff roles in the suicide prevention and intervention process

Communication of Suicide Prevention and Intervention Information:

- ✓ Information Board
- ✓ Links on District/School Web site
- ✓ Letters to staff, students, parents, local mental health resources
- ✓ Campus Improvement Plan
- ✓ Meetings with faculty, students, parents, local resources

Documentation:

- ✓ Monitored suicide statistics, tracked suicide prevention training, and ensured full implementation of the suicide prevention efforts

Source: Texas Suicide Safer Schools, 2015

Tool #9: Guidelines for School-Based Suicide Prevention Programs

Note: the following document may be beneficial when creating a district/school based suicide prevention program.

Guidelines for School Based Suicide Prevention Programs

Developed by the Prevention Division of the American Association of Suicidology, the Guidelines for School-Based Suicide Prevention Programs provides practical recommendations for the safe and effective implementation of school-based suicide prevention programs. Topics addressed by the Guidelines include:

- The conceptual basis for prevention programs
- Requirements for effective suicide prevention programs
- Requirements for effective program implementation
- Requirements for institutionalization and sustainability of suicide prevention programs
- Components of comprehensive school-based suicide prevention programs

Contact Information:

American Association of Suicidology (AAS)
5221 Wisconsin Avenue, NW
Washington, DC 20015
Voice: 202-237-2280
Website: www.suicidology.org

AAS Guidelines are available from the SPRC library without charge
http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf

Source: American Association of Suicidology

Tool #11: Survey, Pre and Post Training (additional questions can be added to fit the training)

Texas Suicide Safe Schools Name/ID# _____

The purpose of this survey is to collect information regarding your degree of understanding about youth suicide and your confidence in identifying and knowing what to do if a student expresses suicide ideation.

Please check the descriptor that most reflects your opinion and/or understanding based on your experiences. A comment space has been provided for additional information should you wish to elaborate on your response.

Agree= 1, Somewhat Agree=2, Disagree=3				Additional Comments?
1	2	3	1. Suicide rates have increased for adolescents.	
1	2	3	2. Discussing suicide with a student may increase the chances of him/her attempting suicide.	
1	2	3	3. Suicide is largely inherited and is destiny.	
1	2	3	4. Suicide often occurs on a whim and without much forethought.	
1	2	3	5. Suicidal individuals don't make future plans.	
1	2	3	6. A successful student with lots of friends would not take his/her life by suicide.	
1	2	3	7. There are often no warning signs before a student takes his/her life by suicide.	
1	2	3	8. I'm confident that I can identify suicidal warning signs in my students.	
1	2	3	9. I know who to refer a suicidal student to in my school.	
1	2	3	10. I have received suicide awareness training.	
1	2	3	11. I am aware of the Zero Suicide culture in schools.	
1	2	3	12. I understand the Pathways to Care model.	
1	2	3	13. Suicide prevention policies and procedures are clear in my school district.	
1	2	3	14. I feel I have received enough training/information on identification of a student with suicidal ideation to alert the appropriate staff.	
1	2	3		

Desired answers: 1-Agree, 2-Disagree, 3-Disagree, 4-Disagree, 5-Disagree, 6-Disagree, 7-Disagree, 8-Agree, 9-Agree, 10-Agree, 11- Agree, 12- Agree, 13- Agree, 14- Agree

Tool #12: Pathways to Care for Suicide Risk Students

Referral comes from Student....Parent....or School Staff



School Suicide Prevention Risk Specialist:

- **Meets with student**
- **Assesses risk with direct inquiry, recommends removal of lethal means,**
- **Develops safety plan, provides crisis hotline**
- **Notifies parents and request a face to face conference immediately**
- **Monitors student closely until parent(s) arrive**
- **Documents all steps**
- **Refers to Community Resources: Note -- If parents are uncooperative and refuse to get help, refer to Child Protective Services.**



Community Resources:

- **Pre-identified/approved list of well-trained community providers and available resources**
- **Treatment by community provider**
- **Parent provides release form for community provider to share information with school suicide prevention risk specialist.**



School Suicide Risk Specialist:

- **Conduct a re-entry meeting with student and parent(s)**
- **Conduct a re-entry meeting with appropriate staff if student missed school or was hospitalized**
- **Alert school staff and especially teachers to future warning signs of suicide**
- **Follow-up daily/weekly, face to face (depending on severity but weekly minimum)**

Tool #13: Most Common Errors about Youth Suicide

Texas educators must address the many myths of suicide to increase prevention efforts. It is essential that educators know the facts and not hold on to the myths and errors of fact. A more detailed list with deeper explanations of the corresponding facts is available in the online E-resources for Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention:

www.routledgementalhealth.com

Myth: If I ask a student about suicidal ideation, I will put the idea in his or her head.

Fact: Asking someone about suicide will not make them suicidal. In fact, if they are suicidal it provides an opportunity for the student to unburden themselves and learn about sources of assistance. If they are not having suicidal thoughts then the conversation provides an opportunity to talk with them about what to do if they or a friend ever do have suicidal thoughts.

Myth: There is a single cause or a simple reason for a youth suicide.

Fact: The suicide of a young person is very complex and the result of many factors, such as significant mental health problems and many traumatic events.

Myth: If a student really wants to die by suicide, there is nothing I can do about it.

Fact: Suicide is preventable. Even students at the highest risk for suicide are still ambivalent about desiring death and desiring life. Most of all, they want things to change.

Myth: Students who talk about suicide all of the time are not actually suicidal, therefore you don't need to take the statements seriously.

Fact: Youth who make suicidal statements typically have some risk for suicide. About 80% to 90% of persons who died by suicide expressed their intentions to one and often more than one person. All suicidal statements should be taken seriously.

Myth: Suicide usually occurs without warning.

Fact: A person planning suicide usually gives clues about their intentions, although in some cases the clues may have been subtle.

Myth: A suicidal person fully intends to die.

Fact: Most suicidal people feel ambivalent about death and arrange an attempted suicide at a place and time where someone will intervene.

Myth: Suicidal individuals do not make future plans.

Fact: Many individuals who died by suicide had future plans. For example, they had planned future activities and trips.

Myth: Those who die by suicide almost always leave a note.

Fact: About 75% of suicide victims do not leave a note.

Myth: Young people engaging in self-injury such as moderate superficial cutting or burning their body will not attempt suicide.

Fact: Young people engaging in self-injury may acquire the ability for a suicide attempt as they become habituated to harming themselves.

Myth: If a person attempts suicide once, they remain at constant risk for suicide throughout life.

Fact: Suicidal intentions are often limited to a specific period of time, especially if help is sought and received.

Myth: If a person shows improvement after a suicidal crisis, the risk has passed.

Fact: Most suicides occur within three months or so after the onset of improvement, when the person has the energy to act on intentions, say goodbye and put their affairs in order.

Myth: Suicide occurs most often among the very rich and the very poor.

Fact: Suicide occurs in equal proportions among persons of all socioeconomic levels.

Myth: Families can pass on a predisposition to suicidal behavior.

Fact: Suicide is not an inherited trait, but an individual characteristic resulting from a combination of many variables. One variable may be that another family member has died by suicide, which creates exposure to suicide, and there may also be a history of depression in the family.

Myth: All suicidal persons are mentally ill, and only a psychotic person will commit suicide.

Fact: Studies of hundreds of suicide notes indicate that suicidal persons are not necessarily mentally ill.

Myth: If a suicidal individual is stopped from using one method, they will find another way to die by suicide.

Fact: Research has documented that if a specific method is removed and not available that suicidal individuals are very unlikely to seek another method. The Means Matter website at Harvard provides extensive research showing that removing the lethal means -- such as a gun and raising the barrier on bridges -- has decreased suicides. More information is available at <http://www.hsph.harvard.edu/means-matter>.

Source: Texas SSS, 2015

Tool #14: Suicide Assessment, Columbia Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Past
month

Ask questions that are **bolded** and **underlined**.

YES

NO

Ask Questions 1 and 2

1) Wish to be Dead:

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up?

2) Suicidal Thoughts:

General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

Have you actually had any thoughts of killing yourself?

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):

Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."

Have you been thinking about how you might kill yourself?

4) Suicidal Intent (without Specific Plan):

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."

Have you had these thoughts and had some intention of acting on them?

5) Suicide Intent with Specific Plan:

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6) Suicide Behavior Question:

Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: How long ago did you do any of these?

Over a year ago? Between three months and a year ago? Within the last three months?

Source: Kelly Posner, Ph.D. New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu © 2008 The Research Foundation for Mental Hygiene, Inc.

<http://www.cssrs.columbia.edu/>

Tool #15: Prevention Assessment Help

<https://www.routledge.com/Suicide-in-Schools-A-Practitioners-Guide-to-Multi-level-Prevention-Assessment/Erbacher-Singer-Poland/p/book/9780415857031>

Prevention Resources:

-  02 Wallet Card.pub
-  02 Wallet Card full sheet.pdf
-  02 Presentation for Teens.ppt
-  02 Presentation for Teachers.ppt
-  02 Cyber-bullying Tips for Parents.pdf
-  02 Cyber-bullying for Teachers.pdf
-  02 Cyber-bullying for Administrators.p
-  01 A Suicide Quiz Answer Key.pdf
-  01 A Suicide Quiz.pdf
-  10 Caring for the Caregiver.pdf
-  05 Rates of STB from the 2011 YRBS.
-  05 Prevention Programs.pdf
-  05 Myths and facts about suicide.pdf
-  02 Warning Signs of Suicide.pdf
-  02 Wallet Card_crop.pdf

-  01 A Suicide Quiz.pdf
-  01 A Suicide Quiz Answer Key.pdf
-  02 Cyber-bullying for Administrators.p
-  02 Cyber-bullying for Teachers.pdf
-  02 Cyber-bullying Tips for Parents.pdf
-  02 Presentation for Teachers.ppt
-  02 Presentation for Teens.ppt
-  02 Wallet Card full sheet.pdf
-  02 Wallet Card.pub
-  02 Wallet Card_crop.pdf
-  02 Warning Signs of Suicide.pdf
-  05 Myths and facts about suicide.pdf
-  05 Prevention Programs.pdf
-  05 Rates of STB from the 2011 YRBS.
-  10 Caring for the Caregiver.pdf

Assessment Resources:

-  07 Safety Plan Form.pdf
-  06 Suicide Risk Screening Form.pdf
-  06 Suicide Risk Monitoring Tool K-8
-  06 Suicide Risk Monitoring Tool HS.
-  06 Suicide Risk Assessment Form.pc
-  06 Screening Mental Health Provi
-  06 How are you feeling_.pdf
-  10 Caring for the Caregiver.pdf

Postvention Resources:

- | | | | | | | |
|---|--|---|---|--|--|--|
|  09 Suggestions for Memorials.pdf |  09 Simple Joys for Students.pdf |  09 Sample Grief Group Activities.pdf |  09 Forming Suicide Grief Groups.pdf |  09 Developmental Responses to Grief.pdf |  08 Tips for Dealing With the Media.pdf |  08 Teacher Handout - Suicide .pdf |
|  08 Suicide Loss Booklet for Teens.pdf |  08 Students - Your Grief is Unique.pdf |  08 Sample MOU Form.docx |  08 Safe Suicide Reporting.pdf |  08 Safe Room Sign-In Sheet.pdf |  08 Parent Letter -Suicide Loss.docx |  08 Parent Handout - Suicide Loss.pdf |
|  08 Helping Grieving Students .pdf |  08 Checklist of Crisis Team Tasks.pdf |  08 After a Suicide- Student Questions.pdf |  10 Caring for the Caregiver.pdf | | | |

Case Studies:

- | | | | | | |
|--|--|---|--|---|---|
|  11 Jimmy Suicide Risk Assessment.pdf |  11 Jimmy Safety Plan.pdf |  11 Jimmy Risk Monitor 10-27-15 .pdf |  11 Jimmy Risk Monitor 10-4-15 .pdf |  11 Jimmy Risk Monitor 5-25-16 .pdf |  11 Jimmy Excel Spreadsheet.xlsx |
|  11 Jimmy Suicide Risk Screening.pdf | | | | | |

On-line Resources:

Dr. Erbacher's quarterly newsletter at <http://www.delcosuicideprevention.org>

WEBSITES:

- National Association of School Psychologists: <http://www.nasponline.org>

- Save a Friend: Tips for Teens to Prevent Suicide:

http://www.nasponline.org/resources/crisis_safety/savefriend_general.aspx

•Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I:

http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx

•National Association of Secondary School Principals, *Taking the Lead on Suicide Prevention and Intervention in the*

Schools: <http://www.nasponline.org/resources/principals/index.aspx>. This will be a helpful resource to share with your school administrators.

AWARENESS/PREVENTION FOR PROFESSIONALS:

Active Minds empowering youth on college campuses: <http://www.activeminds.org>

Aavidum to empower students: <http://aavidum.com>

American Association of Suicidology: <http://www.suicidology.org>

American Foundation for Suicide Prevention: <http://www.afsp.org>

American Psychological Association Children & Trauma: <http://www.apa.org/pi/families/resources/children-trauma-update.aspx>

Delaware County Suicide Task Force: <http://www.delcosuicideprevention.org>

Jason Foundation Suicide Prevention Program: <http://www.jasonfoundation.com>

National Organization of People of Color Against Suicide: <http://www.nopcas.com>

QPR Institute: <http://www.qprinstitute.com>

Suicide Awareness/Voices of Education: <http://www.save.org>

Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>

Center for Disease Control: <http://www.cdc.gov>

Minding your Mind: <http://www.mindingyourmind.org>

National Suicide Prevention Resource Center: <http://www.sprc.org>

National Council on Suicide Prevention: <http://www.ncsp.org>

National Alliance on Mental Illness: <http://www.nami.org>

National Institute of Mental Health: <http://www.nimh.nih.gov/suicideprevention/index.cfm>

National Mental Health Association: <http://www.nmha.org>

Pennsylvania Youth Suicide Prevention Initiative: <http://www.paspi.org/Training.php>

Speaking of Suicide: <http://http://www.speakingofsuicide.com>

Signs of Suicide Prevention Program: <http://www.mentalhealthscreening.org/highschool/>

U.S. Department of Health and Human Services, National Strategy on Suicide Prevention:

<http://www.mentalhealth.samhsa.gov/suicideprevention/>

Yellow Ribbon Youth Suicide Prevention Program: <http://www.yellowribbon.org>

CONNECT WITH LOCAL CONTACTS:

Suicide Prevention Resource Center (SPRC): Provides an alphabetical listing of states and territories along with contact information for the person(s) who are taking the lead in the state plan development or implementation process:

<http://www.sprc.org/states/all/contacts>

FOR SURVIVORS OF SUICIDE:

American Association of Suicidology - Clinicians as Survivors of Suicides:

mypage.iusb.edu/~jmcintos/therapists_mainpg.htm

Center for Loss and Bereavement: <http://www.bereavementcenter.org>

Compassionate Friends for Parents who lost Children: <http://www.compassionatefriends.org>

Dougy Center for Grieving Children and Families: <http://www.dougy.org>

Friends and Families of Suicides: <http://www.friendsandfamiliesofsuicide.com>

Grief Loss Recovery: <http://www.recover-from-grief.com>

National Suicide Prevention Lifeline: <http://www.suicidepreventionlifeline.org>

Online Healing for Grief: <http://www.journeyofhearts.org>

Parents of Suicides: <http://www.parentsofsuicide.com>

Suicide Memorial Wall: <http://www.suicidememorialwall.com>

Survivors of Suicide (SOS): <http://www.survivorsofsuicide.com>

CONTEMPLATING SUICIDE?

<http://www.metanoia.org/suicide>

WEBSITES FOR TEENS:

Facts for Teens: Teen Suicide: <http://www.safeyouth.org/scripts/teens/docs/suicide.pdf>

Go Ask Alice!: <http://www.goaskalice.columbia.edu>

Hospice: <http://www.hospicenet.org/html/teenager.html>

Jason Foundation: <http://www.jasonfoundation.com/student.html>

The ME Project: <http://meproject.org>

Jed Foundation: <https://www.jedfoundation.org/students>

National Institute of Mental Health: <http://www.nimh.nih.gov/publicat/friend.cfm>

Reach Out: <http://www.reachout.com>

Samariteens: <http://www.samaritansofboston.org/samariteens.html>

Suicide Prevention Lifeline: <http://www.suicidepreventionlifeline.org>

TeensHealth Answers & Advice: <http://kidshealth.org/teen>

Trevor Project: <http://www.thetrevorproject.org>

FOR PARENTS:

Parent Awareness Series: <http://www.sptsnj.org/pdfs/parent-awareness-handout.pdf>

PROFESSIONAL VIDEOS:

•School-based suicide prevention: A matter of life and death by Jan Ulrich. Visit:

http://www.sprc.org/library_resources/items/school-based-suicide-prevention-matter-life-and-death

•Training Videos for schools, colleges and clinicians by Dr. Scott Poland. Visit:

<http://www.nova.edu/suicideprevention/training-videos.html>

TWITTER – Who to follow:

- Active Minds, Inc. @Active_Minds
- American Association of Suicidology @AASuicidology
- American Foundation for Suicide Prevention @afspnational
- Bazelon Center @BazelonCenter
- Dart Center for Journalism & Trauma @DartCenter
- End The Stigma @EndTheStigma
- IMAlive Crisis Chat @_IMAlive
- International Association for Suicide Prevention (IASP) @IASPinfo
- It Gets Better @ItGetsBetter
- National Alliance on Mental Illness (NAMI) @NAMICommunicate
- National Institute of Mental Health (NIMH) @NIMHgov
- Social Work Podcast @socworkpodcast
- Suicide Prevention Resource Center @SPRCtweets
- Suicide Prevention Social Media Chat @SPSMChat

- SuicidePreventionAUS @SuicidePrevAU
- The Substance Abuse and Mental Health Services Administration @samhsagov
- The Trevor Project @TrevorProject
- To Write Love On Her Arms (TWLOHA) @TWLOHA
- Young Minds Advocacy Project @YoungMindsAdvoc

BIBLIOTHERAPY:

More books, resources and readings can be found on the following sites:

<http://www.afsp.org>

<http://www.suicide.org/suicide-books.html>

<http://www.forsuicidesurvivors.com/Good-Books-for-Survivors-of-Suicide.html>

BOOKS FOR PROFESSIONALS:

- Berman, A.L., Jobes, D.A. & Silverman, M.M. (2006) Adolescent suicide: Assessment and intervention – 2nd Edition
- Brent, D.A., Poling, K.D. & Goldstein, T.R. (2011) Treating depressed and suicidal adolescents: A clinician's guide
- Cohen, J.A., Mannarino, A.P. & Deblinger, E. (2006) Treating Trauma and Traumatic Grief in Children and Adolescents
- Dunne, E. McIntosh, J. and Dunne-Maxim, K. (1987) Suicide and Its Aftermath, Understanding and Counseling the Survivors
- Figley, C.R. (1999) Traumatology of grieving: Conceptual, theoretical and treatment foundations

- Goldsmith, S. (2002) *Reducing Suicide: A National Imperative*
- Goldston, D.B. (2003) *Measuring suicidal behavior and risk in children and adolescents*
- Jamison, K.R. (1999) *Night Falls Fast: Understanding Suicide*
- Joiner, T. (2005) *Why People Die by Suicide*
- Johnson, K. (1998) *Trauma in the lives of children: Crisis and stress management techniques for counselors, teachers and other professionals*
- Juhnke, G.A., Granello, D.H. & Granello, P.F. (2011) *Suicide, self-injury and violence in the schools: Assessment, prevention and intervention strategies*
- Kerr, M.M. (2003) *Postvention Standards Manual: A Guide for a School's Response in the Aftermath of a Sudden Death*
- Leach, M.M. (2006) *Cultural diversity and suicide: Ethnic, religious, gender and sexual orientation perspectives.*
- Lehmann, L., Jimerson, S., & Gaasch, A. (2001) *Teens together grief support group curriculum: Adolescence edition.*
- Leong, F.T.L & Leach, M.M. (2008) *Suicide among racial and ethnic minority groups*
- Lester, D. (1992) *Why People Kill Themselves*
- Lowenstein, L. (2006) *Creative Interventions for Bereaved Children*
- Maltzberger, J.T. and Goldblatt, M.J. (Eds.) (1996) *Essential Papers on Suicide*
- Maris, R. Berman, A. and Silverman, M. (2000) *Comprehensive Textbook of Suicidology*
- Miller, D. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment and intervention*
- Poland, S. (1989). *Suicide intervention in the schools.*
- Rudd, M.D., Joiner, T, & Rajab, M.H. (2001) *Treating suicidal behavior: An effective, time-limited approach.*

- Shea, S.C. (1999) *The practical art of suicide assessment.*
- Shneidman, E. (1996) *The Suicidal Mind*
- Stroebe, M.S., Hansson, R.O., Schut, H. & Stroebe, W. (Eds.) (2008) *Handbook of Bereavement Research and Practice*
- Trozzi, M. & Massini, K. (1999) *Talking With Children about Loss*
- Webb, N.B. (2011) *Helping Bereaved Children: A Handbook for Practitioners*
- Wenzel, A, Brown, G.K. & Beck, A.T. (2009) *Cognitive therapy for suicidal patients: Scientific and clinical applications*
- Worden, J.W. (1996) *Children and grief: When a parent dies*
- Worden, J.W. (2008) *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner (4th edition)*
- Wright, H. (1993) *Crisis Counseling: What to Do and Say During the First 72 Hours*

BOOKS FOR SURVIVORS OF SUICIDE:

- Bolton, I. (1983) *My Son, My Son: A Guide to Healing After a Suicide in the Family,*
- Chalifour, F. (2005) *After*
- Chance, S. (1997) *Stronger than Death: When Suicide Touches Your Life*
- Harrison, J. (2006) *Incomplete Knowledge*
- Hopely, M. (2013). *The People you meet in real life*
- Kosminsky, P. (2007) *Getting back to life when grief won't heal*
- Loehr, C.A. (2006) *My Uncle Keith Died*
- Cobain, B. & Larch, J. (2006) *Dying to Be Free: A Healing Guide for Families after a Suicide*
- Lukas, C. & Seiden, H. (2007) *Silent Grief: Living in the Wake of Suicide*

- Lukas, C. (2008) *Blue Genes: A Memoir of Loss and Survival*
- Treadway, D.C. (1996) *Dead Reckoning: A Therapist Confronts His Own Grief*
- Wickersham, J. (2008) *The Suicide Index: Putting My Father's Death in Order*

FOR MEN

- Cox, P. (2002) *When Suicide Comes Home: A Father's Diary and Comments*
- Golden, T.R. (1996) *Swallowed by a Snake: The Gift of the Masculine Side of Healing*

POETRY/INSPIRATIONAL

- Greenleaf, C. (2006) *Healing the Hurt Spirit: Daily Affirmations for People Who Have Lost a Loved One to Suicide*
- Smith, H.I. (2006) *A Long-Shadowed Grief: Suicide and its Aftermath*
- Staudacher, C. (1994) *A Time to Grieve: Meditations for Healing After the Death of a Loved One*

SOCIAL WORK PODCAST EPISODES:

Singer, J. B. (Producer). (2007, January 29). Crisis intervention and suicide assessment: Part 2 –

Intervention and crisis assessment [Episode 4]. Social Work Podcast [Audio podcast].

Retrieved from <http://socialworkpodcast.com/2007/02/crisis-intervention-and-suicide.html>

Singer, J. B. (Producer). (2010, February 21). Suicide and Black American males: An interview

with Sean Joe, Ph.D., LMSW [Episode 56]. Social Work Podcast [Audio podcast]. Retrieved

from <http://socialworkpodcast.com/2010/02/suicide-and-black-american-males.html>

Singer, J. B. (Producer). (2007, October 15). Dialectical Behavior Therapy: Interview with Sabrina Heller, LSW. [Episode 26]. Social Work Podcast [Audio podcast]. Retrieved from <http://socialworkpodcast.com/2007/10/dialectical-behavior-therapy-interview.html>

Singer, J. B. (Producer). (2011, December 5). Lonely at the top: Interview with Thomas Joiner, Ph.D. [Episode 70]. Social Work Podcast [Audio podcast]. Retrieved from <http://www.socialworkpodcast.com/2011/12/lonely-at-top-interview-with-thomas.html>

Singer, J. B. (Producer). (2012, August 10). Non-suicidal self-injury (NSSI): Interview with Jennifer Muehlenkamp, Ph.D. [Episode 73]. Social Work Podcast [Audio podcast]. Retrieved from <http://www.socialworkpodcast.com/2012/08/non-suicidal-self-injury-nssi-interview.html>

Singer, J. B. (Producer). (2012, September 11). The Chronological Assessment of Suicide Events (CASE) Approach: Interview and role play with Shawn Christopher Shea, M.D. [Episode 74]. Social Work Podcast [Audio podcast]. Retrieved from <http://www.socialworkpodcast.com/2012/09/the-chronological-assessment-of-suicide.html>

Tool #16:

Sample: Student Suicide Risk Assessment and Procedures

Risk Assessment and Pathway to Care/Safety Flow Chart

“Warning Signs*” of risk of suicide are recognized by peer, parent, or staff and student is immediately brought to Suicide Prevention Risk Specialist (SPRS) NO EXCEPTIONS!



SPRS consults with administration and/or school crisis team **while student is directly supervised by an adult**



SPRS notifies parents/guardians as well as community-based Mental Health Service Provider, where applicable.



Suicide Risk Assessment Is Done



Risk of suicide is determined to be low risk.



- ✓ Direct inquiry of suicidal thoughts/plans
- ✓ Utilization of the Columbia Suicide Severity Rating Scale might be beneficial to determine severity
- ✓ A safety plan is developed
- ✓ Parents are notified in face to face conference
- ✓ Parent acknowledgment of suicide concern form is signed
- ✓ Referral to community mental health resources. Request that parent sign a release of information form for communication with community providers
- ✓ SPRS follows up with student & appropriate faculty
- ✓ If parents are uncooperative or suspected of abuse then Protective Services must be notified.



Risk of suicide is determined to be medium/high risk



- ✓ Direct inquiry of suicidal thoughts/plans
- ✓ Utilization of the Columbia Suicide Severity Rating Scale might be beneficial to determine severity
- ✓ Parents are notified in face to face conference
- ✓ Parent acknowledgment of suicidal concern form signed
- ✓ Referral to community mental health resources. Request that parent sign a release of information form for communication with community providers.
- ✓ SPRS follows up with student & appropriate faculty
- ✓ If parents are uncooperative or suspected of abuse then Protective Services must be notified.
- ✓ Re-entry plan developed if student is hospitalized

Tool #17: Sample: Parent Acknowledgement Form for Suicide Concern

School: _____

Date: _____

Student: _____

As the parent/guardian of the student whose name is _____, I have authority to make decisions on behalf of my child and have the authority to sign this document. I acknowledge that I have been advised by school staff member _____ on _____^{date} that my child has expressed suicidal ideation and may be at risk of suicide.

I understand that I have been advised to take my child immediately to the appropriate medical and/or mental health providers for evaluation and any treatment recommended by the provider.

I agree to provide appropriate information to _____ (name of school staff member) regarding any evaluations and/or treatment received from the mental health provider that will prepare the school to support my child’s reentry into the academic setting.

_____ (name of staff member) will follow up with me and my child within one week from the date of this letter as well as other times that the staff member determines.

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and not a requirement that I use these providers. I am free to select other providers of my choice.

The school/district is not responsible for evaluation expenses for any service providers.

Parent Signature: _____ Date: _____

Print Name: _____

Parent/guardian current address and phone contact information

Tool #18: Flow Chart- Documentation of Assessment Steps and Resources

Student Suicide Risk Report

Assessed level of risk: Low _____ Medium _____ High _____

Student _____ Grade _____

Counselor/Suicide Response Designee _____ School _____

Administrator _____ Date _____

Risk Assessment Complete By _____

Notification of Student’s Counselor Y/N

Actions Taken

Date	Action	Members Present	Notes
	Student Conference		
	Notified Principal, key personnel		
	Parent contacted		
	Parent conference		
	Student Safety Plan		
	Parent Acknowledgement Form Signed		
	Release of information signed		
	Mental Health Provider referral		
	Other community referral		

Follow-up documentation:

Student _____

Parent _____

Community Resource _____

Copy for student’s counselor, suicide response designee, and designated administrator

Tool #19:

Checklist-School Re-entry of Suicidal Student

- √ **Principal or designee meets with student's parent/guardian to discuss re-entry and steps needed to ensure the student has a successful return to school.**
- √ **Review student's progress with mental health provider outside of school as hopefully the release of information form has been signed and, if not, then discuss with parents and persuade them of the necessity and benefits for their child if this communication is allowed.**
- √ **Review all information from the mental health provider especially with regards to safety planning and needed support services at school.**
- √ **Plan the follow-up services within the school community that will be available to the parent(s) and the student.**
- √ **Discuss any foreseeable social and/or academic challenges their child will experience and make a plan for easing those challenges.**
- √ **Counselor or designated staff member such as suicide prevention risk specialist will meet with the student on first day of return before he/she attends any classes and will regularly check in with the student to assess student's adjustment to academic and social environment (weekly minimum recommended).**
- √ **Discuss with student the progress they feel they made while under mental health care. Do they feel hopeful for the future? Are they looking forward to getting back to classes? Are they looking forward to meeting up with friends? Who are their friends?**
- √ **Inform them of how to find you (or another adult they express trust in) if they are distressed or have a question.**
- √ **Review the plan for staying in touch to make sure they are adjusting to the academic and social requirements.**
- √ **If the student has been out for an extended time, missed assignments may have to be prioritized by importance and counselor coordination with teachers is advised to set up a manageable schedule for the student. Also, consider postponing interim or final course grades until the student has had time to catch up.**
- √ **Provide appropriate information to the student's teachers and any other staff on a need-to-know basis so they can be alert to any further warning signs.**

Tool #20: Checklist- Postvention Steps After a Suicide

Principal:

- Contact the police to confirm the death and the facts.**
- Notify district superintendent and suicide prevention risk specialist.**
- Review Tool #19.**
- Call neighboring schools for extra counseling support for students and staff at the the elementary school or middle school the deceased attended and/or the high school the deceased and friends are scheduled to attend.**
- Activate phone tree that includes: crisis response team, school staff, and transportation administrator (if student rode bus), coach (if student was an athlete), notify other school principals that may be impacted, such as schools the siblings of deceased attend or friends of deceased still attend.**
- Contact family of deceased student in person to offer condolences and assistance. Explain to the grieving parents that being truthful about the cause of the death will be helpful to dispel rumors and prevent further suicides. Obtain permission from parents to release cause of death and if permission is not received then review the sample letter and recommendations for this scenario in the publication, After a Suicide: A Toolkit for Schools and then discuss the situation with the district crisis team.**
- Schedule a faculty meeting as quickly as possible -- before school if incident happened the day before, or at the end of school in preparation for the next day if notification of incident came during the school day.**
 - **Dispel rumors by providing the facts.**
 - **Allow staff to ask questions and express feelings.**
 - **Review process for students who want to leave the campus due to the death.**
- Remind staff to not speak to media and provide them with a prepared statement that can be used for any unexpected calls from the community or concerned parents. Staff is to refer to the Principal or principal's designee for any media requests.**
- Provide teachers with permission to allow students to express their feelings in class. Review the facts and be truthful, refrain from speculating about the why the suicide happened, and continually focus on the shock, confusion and other reactions of your students.**
 - **Compile list of students close to the deceased.**
 - **Compile list of staff members who had contact with the deceased.**
 - **Compile list of students who may be at-risk for suicide.**

- Remind staff about risk factors and warning signs of youth suicide.
- Provide staff counseling opportunities and support services.

If school has a Crisis Response Team Leader (Suicide Risk Prevention Specialist):

- 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 after reviewing the sample letters in the publication, *After a suicide: A toolkit for schools*
- 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.
- Recognize that school suicide postvention efforts are often too short in duration and focus on too few students

Source: Texas Suicide Safer Schools Report, 2015

More details can be found in the Texas Suicide Safer Schools Report, 2015 on pages 44 and in Appendix M2

Another recommended source is:

<http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools>

Tool #21: After a Suicide: Challenging Time for Schools

My name is Dr. Scott Poland, Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University and the previous Prevention Division Director for the American Association of Suicidology. I have provided numerous trainings on the topics of suicide prevention, intervention and postvention for schools over the past thirty years and have authored numerous books and chapters on school crisis and specifically youth suicide.

I am very saddened to hear about another suicide and know that few tragedies are more difficult for a school to manage than the suicide of a student or staff member. It is essential after a suicide occurs to partner with community resources such as mental, health, law enforcement, clergy, survivor groups and medical personnel.

We must acknowledge that perhaps not every youth suicide can be prevented but the vast majority can be and it is very important for schools to accept assistance from local, state and national resources after a suicide. Exposure to suicide is a risk factor and thoughts of suicide and attempts increase after a death by suicide has occurred.

National YRBSS survey for 2013 found 8.0% of high school students made a suicide attempt in the last year and 15.6% seriously considered it. Ninth grade students are the most at risk.

National research has found that talking with youth about suicide does not cause them to think of it and in fact provides the opportunity for them to unburden themselves. It is very important that school counselors in particular reach out to students who are the most affected and provide them an opportunity to talk about what has happened. It is also an optimal time for schools to review the training that is provided to staff and students about suicide prevention and to review protocols and guidelines in place for suicide prevention. I have outlined below key points for providing students assistance and identifying those most at risk. Please do not hesitate to contact me if I can be of further assistance. I can be reached at spoland@nova.edu or 954-262-5881.

After a Suicide: Answering Student Questions and Providing Assistance

Overview:

The aftermath of a youth suicide is a sad and challenging time for a school. Postvention is a term coined by Shniedman to describe helpful and appropriate acts after a dire event. The major tasks for suicide postvention are to help your students and fellow faculty manage the understandable feelings of shock, grief and confusion. The major focus at this time should be grief resolution and prevention of further suicides.

The research literature estimates that once a suicide happens the chances of another death by suicide increases dramatically. The following suggestions are intended to guide staff during this difficult time:

- * It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone (including the students) plays in **prevention**.
- * It is important to balance being truthful and honest without violating the privacy of the suicide victim and his/her family and to take great care not to glorify their actions.
- * It is important to have the facts of the incident, be alert to speculation and erroneous information that may be circulating and assertively, yet kindly, redirect students toward productive, healthy conversation.
- * Centers for Disease Control research has found that the teenagers most susceptible to suicide contagion are those believed to be: students who backed out of a suicide pact, students who had a last very negative interaction with the victim, students who now realize they missed warning signs, and students with their own set of childhood adversities/previous suicidal behavior who need not have known the victim.
- * It is important that students not feel that the suicide victim has been erased and that surviving students be provided an opportunity to talk about the deceased.
- * Numerous professional associations caution that memorials not be dramatic , and encourage activities that focus on living memorials such as funding suicide prevention.
- * Suicide is always on the minds of numerous high school students. The National YRBSS survey for 2013 found 8.0% of high school students have made a suicide attempt in the last year and 15.6% seriously considered it.
- * School personnel are encouraged to monitor social media after a suicide occurs as vulnerable youth often connect with each other on line.
- * School personnel often consider postponing previously scheduled suicide prevention programs if a suicide has occurred but prevention information is needed more than ever, since suicide postvention focuses on prevention of further suicides.
- * Schools are often reluctant to implement depression screening programs that are available for middle and high school students. Multiple deaths may have to occur before the administration is willing to investigate depression screening. In fact, depression screening reaches students themselves and helps them to identify symptoms of depression and encourages them to seek adult help for themselves or a friend. The SOS Signs of Suicide program includes empowering videos where students learn how to help themselves or their friends through ACT (Acknowledge, Care and Tell an adult). SOS is listed as evidence based on the Suicide Prevention Resource Center website www.sprc.org. Detailed information about SOS can be found at www.mentalhealthscreening.org

- *
- * National research has found that talking with youth about suicide does not cause them to think of it. And, in fact, provides the opportunity for them to unburden themselves. The Jason Flatt Act which focuses on needed training annually for school staff on suicide prevention has been passed in 30% of all states. More information about the Jason Foundation is available at www.jasonfoundation.com
- * Major protective factors identified by the World Health Organization are the following: stable families, positive connections at school, good connections with other youth, religious involvement, lack of access to lethal weapons, access to mental health care, and awareness of crisis hotline resources.

Source: Dr. Scott Poland is the Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University www.nova.edu/suicideprevention and has over 30 years of school experience.

Commonly Asked Questions and Appropriate Responses:

Q. Why did they die by suicide?

A. We are never going to know the answer to that question, as the answer has died with him/her. The focus needs to be on helping students with their thoughts and feelings and everyone in the school community working together to prevent future suicides.

Q. What method did they use to end their life?

A. Answer specifically with information as to the method such as he/she shot herself or died by hanging. But do not go into explicit details such as what was the type of gun or rope used or the condition of the body, etc.

Q. Why didn't God stop the suicide?

A. There are varying religious beliefs about suicide, and you are all free to have your own beliefs. However, many religious leaders have used the expression "God sounded the alarm but could not stop him/her. God has embraced them yes, and he/she is in whatever afterlife you believe in, but God is actually saddened that he/she did not stay on this earth and do God's work over their natural lifetime."

Q. What should I say about them now that they have made the choice to die by suicide?

A. It is important that we remember the positive things about them and to respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.

Q. Didn't they make a poor choice and is it okay to be angry with them?

A. They did make a very poor choice, and research has found that many young people who survived a suicide attempt are very glad to be alive and never attempted suicide again. You have permission for any and all of your feelings in the aftermath of suicide and it is okay to be angry with them.

The suicide of a young person has been compared to throwing a rock into a pond with ripple effects in the school, church, and the community. These ripple effects have never been greater than with the existence of social networks (e.g. Facebook). It is recommended that school staff and parents monitor what is being posted on social network sites in the aftermath of a suicide.

Suicide is a multifaceted event, and sociological, psychological, biological, and physiological elements were all present to some degree. The suicide is no one's fault -- yet it is everyone's fault and suicide prevention is everyone's responsibility. Many individuals who died by suicide had untreated mental illnesses, most likely depression, and it is important that everyone is aware of resources that are

available in their school and community so that needed treatment can be obtained. It is always important that everyone knows the warning signs of suicide.

Q. Isn't someone or something to blame for this suicide?

A. The suicide victim made a very poor choice and there is no one to blame. The decision to die by suicide involved every interaction and experience throughout the young person's entire life up until the moment they died and yet it did not have to happen. It is the fault of no one.

Q. How can I cope with this suicide?

A. It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings with them. It is important to maintain normal routines, proper sleeping and eating habits, and engage in regular exercise. Please avoid drugs and alcohol. Resiliency, which is the ability to bounce back from adversity, is a learned behavior. Everyone does the best when surrounded by friends and family who care about us and by viewing the future in a positive manner

Q. What is an appropriate memorial to a suicide victim?

A. The most appropriate memorial is a living one such as a scholarship fund or contributions to support suicide prevention. The American Foundation for Suicide Prevention www.asfsp.org and the Suicide Prevention Resource Center www.sprc.org published an excellent guide for postvention in 2011 entitled, After a Suicide: A Toolkit for Schools, which is available on both of their websites. The guide provides specific guidelines to balance the often felt needs that students have to do something after a suicide, without glorifying the suicide victim which might contribute to other teenagers considering suicide.

Q. How serious is the problem of youth suicide?

A. It is the third leading cause of death for teenagers and the 11th leading cause of death for all Americans. More than 42,000 Americans die by suicide each year.

Q. What are the warning signs of suicide?

A. The most common signs are the following: making a suicide attempt, verbal and written statements about death and suicide, fascination and preoccupation with death, giving away of prized possessions, saying goodbye to friends and family, making out wills, and dramatic changes in behavior and personality.

Q. What should I do if I believe someone to be suicidal?

A. Listen to them, support them and let them know that they are not the first person to feel this way. There is help available and mental health professionals such as counselors and psychologists have special training to help young people who are suicidal. Do not keep a secret about suicidal behavior. You can save a life by getting adult help, since that is what a good friend does. Someday, your friend will thank you.

Q. How does the crisis hotline work?

A. We are very fortunate to have nationally certified crisis hotlines in many cities that are available 24 hours a day and manned by trained volunteers. There is also a 24 hour national suicide hotline and that can be reached via **1-800-Suicide or 1-800-273-8255**.

Q. How can I make a difference in suicide prevention?

A. Know the warning signs, listen to your friends carefully, do not hesitate to get adult help, remember that most youth suicides can be prevented, and become aware of ways to get involved with suicide prevention. High school students can volunteer in some cities and be trained to answer the Teeline. Please contact the local Crisis Hotline for more information. One person can make the difference and prevent a suicide!

Q. Where can I go for more information about preventing suicide?

A. Contact the American Association of Suicidology (AAS) at www.suicidology.org or the Jason Foundation at www.jasonfoundation.com or Yellow Ribbon Suicide Prevention Program at www.yellowribbon.org or the American Foundation for Suicide Prevention www.afsp.org or the Suicide Prevention Resource Center at www.sprc.org or Nova Southeastern University at www.nova.edu/suicideprevention, as our three training videos focus on suicide awareness, suicide assessment and postvention in schools.

Q. How well do families who lost a child to suicide cope with the loss?

A. The literature well documents the devastating effect of suicide on the family and shows that family members often feel isolated. Research studies conducted 15 months after the suicide indicate that the families have resumed normal functioning, however they are profoundly affected especially when there is little explanation for the suicide of their loved one.

Family members may experience anger towards those they believe are somehow responsible, as well as loss of interest in their employment or school work, increased absences, disrupted sleeping and eating patterns, grief, helplessness, abandonment, isolation, loneliness, shame and guilt. Suicide survivors have more difficulty with the grieving process than survivors of losses from other causes than suicide. Survivors often reported feeling uncomfortable with the naturally occurring support systems, since school and community members often are unsure of what to say and how to reach out to those who lost a family member to suicide.

Source: Dr. Scott Poland is the Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University www.nova.edu/suicideprevention and has over 30 years of school experience.

Tool #22: Sample Agenda for Initial All-Staff Meeting (AFSP & SPRC)

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 funerals.
- 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:

- 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.

Source: After a Suicide- A toolkit for schools

Tool #23: 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]

Source: **(AFSP & SPRC)** *After a Suicide: A toolkit for schools*

Tool #24:Key Messages for Media Spokesperson

For use when fielding media inquiries.

Suicide/Mental Illness

- Depression is the leading cause of suicide in teenagers.
- About six 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).

Source:AFSP, AAS & SPRC

Tool #25: Talking About Suicide

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.
 - “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.”
 - “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.”
 - “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?”

Source: *After a Suicide: A Toolkit for Schools*

Tool #26: Facts about Suicide and Mental Disorders in Adolescents

- 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.

Tool #27: of Warning Signs 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

Source: *After a Suicide: A Toolkit for Schools*

Appendix II

Sample School District Suicide Prevention Plan

Sample Plan (Boerne ISD):

BOERNE INDEPENDENT SCHOOL DISTRICT
ADMINISTRATIVE POLICY
ON SUICIDE PREVENTION AND RESPONSE
FOREWORD

Boerne Independent School District strives to prepare all students for the world that they will face following graduation.

Working together with parents, organization sponsors, business leaders, community supporters and others, our teachers and staff commit themselves to helping students achieve their full potential and chart a course for their future that draws upon the cumulative experiences of their Boerne ISD education.

We believe that a Boerne ISD learner is...

Academically prepared with a disciplined approach to goal setting and problem solving.

A critical thinker with an inquiring mind who is open to change and resourceful.

An active, effective communicator who possesses self-confidence and masterful social skills, respects others, and values conflict resolution.

A responsible, engaged member of the community who is caring, empathetic, and generous, and is ethical, respectful, and self-disciplined.

Someone with a deep sense of self-awareness who exhibits confidence in their abilities, challenges themselves to achieve personal improvement, and who displays perseverance and resilience.

In light of these beliefs, Boerne ISD developed a task force in Fall, 2015 with key stakeholders to address suicide prevention, intervention, and response to suicide attempts and completions. Its membership was composed of parents, students, mental health professionals, school counselors, nurses, teachers, administrators, and community members. First conducting a needs assessment, the task force identified areas of need and growth for its suicide prevention, intervention, and postvention planning, then developed a plan and policy for use throughout Boerne ISD.

The purpose of this administrative policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This administrative policy is meant to be paired with other district legal and local policies supporting the emotional and behavioral health of students. Specifically, this administrative policy is meant to be applied in accordance with the district's Child Find obligations.

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Submitted for approval April 20, 2016 (*note excerpts reprinted in toolkit with permission from Dr. Holly Robles*)

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Source: Boerne Independent School District, 2016

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INTRODUCTION

Boerne Independent School District believes that protecting the health and well-being of students while at school is accordance with state law and ethical standards. Because it is impossible to predict when a crisis will occur, prevention and preparedness are necessary. In a typical high school, it is estimated that three students will attempt suicide each year. On average, a young person dies by suicide every two hours in the United States. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts (Centers for Disease Control and Prevention, 2012).

The National Youth Behavior Risk Survey (2015) surveyed students in grades 9-12 and found that 20.2% reported bullying at school, and 15% reported electronic bullying. During the 12 months before the survey, 29.9% of students nationwide had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities. Nationwide, 17.7% of students had seriously considered attempting suicide during the 12 months before the survey, and 14.6% of students had made a plan about how they would attempt suicide. In addition, 8.6% of students had attempted suicide one or more times during the 12 months before the survey (US Department of Health and Human Services/Centers for Disease Control and Prevention). Suicide is the third leading cause of death for individuals aged 10-14, and the second leading cause of death for individuals aged 15-24. The suicide rate per 100,000 for Kendall County is 14.4% and Bexar County is 12.5%, compared to the suicide rate for Texas (11.69%) and the United States (12.61%) (<http://www.worldlifeexpectancy.com/usa/texas-suicide>).

Youth suicide is preventable, and educators and schools are keys to prevention. Available research indicates that preventing suicide depends not only on suicide prevention policies but also on a holistic approach that promotes healthy lifestyles, families, and communities. Thus, this administrative policy is intended to be paired with other district legal and local policies and efforts that support the emotional and behavioral well-being of youth.

PURPOSE

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

Boerne ISD:

- a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- b) further recognizes that suicide is a leading cause of death among young people,
- c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, this administrative policy is meant to be paired with other District legal and local policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the Boerne ISD's Child Find obligations.

PARENTAL INVOLVEMENT

Parents and families play a key role in youth suicide prevention, and Boerne ISD seeks to involve parents and family members in suicide prevention efforts as key stakeholders. Parents and guardians will be informed and actively involved in decisions regarding their child's welfare, especially if the student presents a danger to himself/herself or others. 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 and family members are advised to take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention. For additional information on warning signs, crisis resources, and who to contact for assistance, please consult the Boerne Independent School District website.

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 both 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., student assistance counselor, licensed mental health professional, LSSP, or school counselor). 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, and 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 a 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 may each 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 administrative 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 administrative policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This administrative policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

IMPORTANCE OF SCHOOL-BASED MENTAL HEALTH SUPPORTS

Access to school-based mental health services and supports directly improves students' physical and psychological safety, academic performance, cognitive performance and learning, and social-emotional development. School-employed mental health professionals (school counselors, Licensed Specialists in School Psychology, licensed mental health professionals, and in some cases, school nurses) ensure that services are high quality, effective, and appropriate to the unique needs of each individual campus. Having these professionals as integrated members of the school staff empowers principals to more efficiently and effectively deploy resources, ensure coordination of services, evaluate their effectiveness, and adjust supports to meet the dynamic needs of their students. School-employed mental health professionals also promote and encourage collaboration with community providers to meet the more intense or clinical needs of students.

Referrals to community providers that are highly skilled and trained in suicide assessment and management will be made for any students that have suicidal risk.

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 daily functioning) 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 physical 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 may include:

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

Note: 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 to be aware of student populations that are at elevated risk for suicidal behaviors:

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. 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.
6. 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.
7. 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, asthma, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. 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 STRATEGIES

1. District Policy Implementation:

- A. A district-level suicide prevention coordinator shall be designated by the Superintendent. This staff person will have extensive mental health experience in crisis intervention and suicide prevention, and is recommended to be the Lead for Safe and Drug-Free Schools. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
- B. Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person, and is recommended to be the principal or senior school counselor on campus. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator, who will in turn, notify the campus principal immediately.

2. Faculty and Staff Professional Development:

- A. NEW FACULTY AND STAFF: All new faculty and staff will receive evidence-based training in the recognition of early mental health needs, suicide intervention, and local campus and district response as a component of new employee orientation. All new faculty and staff will also receive evidence-based training on the identification, recognition, and reporting of child abuse, including child sexual abuse, and the prevention of bullying.
- B. RETURNING FACULTY AND STAFF: All returning faculty and staff (including substitute teachers and volunteers) 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, and how to identify signs of early mental health problems. All returning faculty and staff will also receive annual professional development at the beginning of the school year on the identification, recognition, and reporting of child abuse, including child sexual abuse, and the prevention of bullying. In addition, faculty and staff will be provided professional development during available in-service training days in mental health and early substance abuse intervention.

3. Anti-Bullying Campaign:

- A. BULLYING INVESTIGATIONS: District policy prohibits bullying and also prohibits retaliation against anyone who reports an incident of bullying. Upon receiving a report of bullying, school administrators will investigate in a timely manner, putting into action corrective strategies to reduce bullying behaviors to create a school climate that values diversity and safety for all

students. Due to the strong association between bullying and suicide, all staff members are encouraged to ask all victims of bullying or suspected bullying about feelings of hopelessness and thoughts of suicide.

- B. **STUDENT EDUCATION:** All students in grades K-5 will receive anti-bullying and cyber-bullying/safety instruction taught by a community education specialist, school counselor, or teacher in the fall of each school year. Each campus is encouraged to maintain current anti-bullying programming and campaigns in addition to those arranged at the district level. School counselors and administrators will retain the opportunity to add additional instruction or campaigns on bullying with approval. All students in grades 6-12 will receive age-appropriate anti-bullying education and bystander intervention training in health and health science technology education classes.

4. **Substance Abuse Prevention Education:**

- A. Students in grades 2 and 4 will receive preliminary resiliency and substance abuse prevention education taught by a prevention education specialist employed by either the school district or a local community partner. Students in grades 6 and 9 will receive substance abuse prevention education through the 6th PE and 9th Health classes, taught by their PE/Health teacher, a substance abuse professional, or a prevention education specialist employed by either the school district or a local community partner.

5. **Early Mental Health Recognition and Awareness:**

- A. **STUDENT AWARENESS:** All students in grades K-12 will receive age-appropriate mental health instruction to develop resiliency skills, to identify and respond to bullying as a bystander, and (secondary campuses) to identify suicide risk in peers and refer to an appropriate adult.
- B. **ASK, CARE, TELL CAMPAIGN:** All secondary campuses will be provided information for dissemination on the ASK, CARE, TELL Campaign, designed to increase students' reports to responsible adults when a friend reports suicidal ideation. Marketing materials will be provided for use.
- C. **ASK GATEKEEPER TRAINING FOR PARENTS AND STUDENTS:** Students in grades 9-12 will be offered ASK Gatekeeper training for suicide identification and assistance students to help others at least once annually; this training will be offered after hours or at lunch, and requires express written parental consent. Parents will be offered the identical training at least once annually. Parents will also be offered parent education nights on substance abuse prevention, healthy relationships, and mental health identification and assistance.
- D. **ANNUAL DEPRESSION AND SUICIDE SCREENINGS:** Boerne ISD will conduct a depression and suicide screening event at least once per school year on each secondary campus. Screenings will be advertised through district and campus media campaigns. All screenings will be conducted by a mental health professional or school counselor and will require express written consent of a parent to

proceed. The event will occur in a private setting and be conducted as unobtrusively as possible within the school environment.

6. Access to Mental Health Intervention and Supports:

- A. **EMPLOYMENT OF A FULL TIME MENTAL HEALTH PROFESSIONAL:** The district employs a full-time mental health professional for assessment and crisis intervention during the school day.
- B. **ACTIVE REFERRAL PROCESSES:** All campuses will utilize a clear and active referral process to ensure that students who are identified as at-risk have access to mental health services. Counselors, nurses, and administrators will have available a list of local mental health providers to provide to students and parents for students that exhibit mental health concerns. Upon completion of school-based assessments, students will be referred to local community providers and facilities that employ highly trained mental health providers in suicide assessments and crisis intervention.
- C. **CLEARLY ARTICULATED PROTOCOL FOR ASSESSMENTS AND CRISES:** Assessments and crisis intervention processes are clearly articulated and detailed in this plan. All employees will be provided a flowchart for assisting those students who experience a mental health crisis and will be trained on this protocol annually.

ASSESSMENT AND REFERRAL

1. Referral:

- A. Teachers, administrators, nurses, students, or others will notify the counselor of any student who is exhibiting suicide-related clues or threatening suicide. (See Crisis Intervention Flowchart in Resources Section of this Plan.)***
- B. If the counselor is not available, the student's principal will be notified.
- C. If the student seems to be threatening suicide immediately, the student should never be left alone; he/she should be escorted to the counselor's office and supervised until the counselor arrives. The counselor will assess the referred student immediately, and the student will not be left alone until evaluated by counselor.**

2. Assessment of Level of Risk:

- A. The counselor will see the student immediately. The student will not be allowed to leave school until he/she has met with the counselor.
- B. The counselor will inform the student about the limits of confidentiality as related to suicide.
- C. The counselor will evaluate the level of risk presented by the student: low, medium, or high.

3. Implement Appropriate Response Plan:

- A. If the student is at **LOW RISK** of immediate suicide, the counselor will implement the following plan:
 - 1. Contact the student's parents by telephone to
 - a. Describe the student's current behavior

- b. Gather information about the student's behavior at home
 - c. Offer suggestions for immediate responses to the student
 - d. Inform them that our policy is to share this concern with the principal, Director of Legal Affairs, and Suicide Prevention Coordinator.
 - e. Offer list of mental health providers in the local area for early mental health Intervention.
2. Notify the principal, Director of Legal Affairs, and Suicide Prevention Coordinator about the student's current behavior and level of risk.
 3. Schedule with the student follow-up counseling sessions, including
 - a. Clear permission for the student to self-refer at any time, and
 - b. Other counseling sessions at the counselor's discretion
 4. Complete the Student Suicide Risk Report and email a copy to the District Suicide Prevention Coordinator identifying the student, the level of risk, actions taken, and actions proposed. For clarification or consultation, call 210-749-5789 or 830-388-2917.
 5. Report to the referring person about the student's status.

B. If the student is at **MEDIUM RISK** of immediate suicide, the counselor will implement the following plan:

1. **Do not leave the student alone at any time until his/her parent has arrived.**
2. Notify the principal, Director of Legal Affairs, SRO, and Suicide Prevention Coordinator about the student's current behavior and level of risk.
3. Contact the student's parents by telephone to:
 - a. Describe the student's current behavior and level of risk
 - b. Provide information about suicide
 - c. Provide referral sources for therapy or assistance
 - d. Offer suggestions for immediate responses to the student
 - e. Set up an appointment for a parent conference **immediately**
 - f. Request that the parent sign the Verification of Emergency Conference and Release of Information during the parent conference. **DO NOT** allow the student to leave or be unsupervised until a parent can take custody of child. If parent is unavailable, notify SRO
 - f. Inform them that our policy is to share this concern with the principal, Director of Legal Affairs, and Suicide Prevention Coordinator
 - g. Discuss what information will be shared with teachers and other staff members who have a need to know. Counselors and administrators are encouraged to enlist the help of teachers who know the student to be alert to any additional warning signs for mental health issues or threats to self or others.
4. Notify the school nurse about the student's current behavior and level of risk.
5. Schedule with the student follow-up counseling sessions, including
 - a. Clear permission for the student to self-refer at any time, and
 - b. Other counseling sessions at the counselor's discretion

6. Complete the Student Suicide Risk Report and email a copy to the District Suicide Prevention Coordinator identifying the student, the level of risk, actions taken, and actions proposed. For clarification or consultation, call 210-749-5789 or 830-388-2917.
7. Report to the referring person about the student's status.

C. If the student is at **HIGH RISK** of suicide (**imminent danger**), the counselor will implement the following plan:

4. **Do not leave the student alone at any time until his/her parent has arrived.**
5. Notify principal, Director of Legal Affairs, SRO, and Suicide Prevention Coordinator about the student's current behavior and level of risk. Principal may advise SRO if police assistance is needed to secure the scene or if student is an imminent threat to self or others.
6. Contact the student's parent(s) requesting an immediate school conference.
7. At the conference with the parent(s)
 - a. Describe the student's current behavior and level of risk
 - b. Provide information about suicide
 - c. Provide referral sources for mental health intervention
 - d. Offer suggestions for immediate responses to the student
 - e. Request that the parent sign the Verification of Emergency Conference and Release of Information during the parent conference
 - f. Inform them that our policy is to share this concern with the principal, Director of Legal Affairs, and Suicide Prevention Coordinator. Also discuss what information will be shared with teachers and other staff members who have a need to know.
8. Schedule follow-up counseling sessions with the student, including
 - a. Clear permission for the student to self-refer at any time
 - b. At least weekly counseling sessions until, in the counselor's judgment, the student is no longer at risk
9. Report to the referring person about the student's status.
10. Notify the school nurse about the student's current behavior and level of risk.
11. Complete the Student Suicide Risk Report and email a copy to the District Suicide Prevention Coordinator identifying the student, the level of risk, actions taken, and actions proposed. For clarification or consultation, call 210-749-5789 or 830-388-2917.
12. When the campus administrator has been notified that a student has been identified as **high risk for suicide**, he/she will notify all other campus administrators and any of the student's current teachers who, in the opinion of the administrator, **have a need-to-know. This is private, confidential information and should be disclosed on a strict need-to-know basis. Counselors and administrators are encouraged to enlist the help of teachers who know the student to be on alert for further warning signs of risk as a part of the school safety plan.**

4. Follow-up Procedures:

- A. The counselor will document all steps taken, including
 1. Assessment of level of risk

2. Initial and follow-up contacts with
 - a. Administrators
 - b. Parents
 - c. Referring person
 - d. School nurse
 - e. Student
 - f. Director of Legal Affairs and District Suicide Prevention Coordinator
 - g. Community referrals, including treatment professional acknowledged on Release of Information

- B. The day after initial conference, the counselor will contact the parent **to determine what follow-up action the parent has initiated.** If the parent has not initiated appropriate follow-up action, the counselor will reassess the student's level of risk. If, in the counselor's judgment, the student is in imminent danger (HIGH RISK), the counselor will insist on medical supervision of the child. **If the parent refuses to seek medical evaluation/treatment, the counselor will initiate a referral to Children's Protective Services to report the medical neglect of a child.** Please consult with District Suicide Prevention Coordinator and Director of Legal Affairs through campus principal if a parent is being uncooperative in seeking medical treatment when it has been advised.

- C. The counselor will see the student on a weekly basis until, in the counselor's judgment, the student is no longer at risk.

- D. The counselor will contact the original referring person, the administrator notified, Director of Legal Affairs and District Suicide Prevention Coordinator 24 hours from the date of the original referral to verify that the student is no longer at risk.

- E. The counselor will consider a referral to §504 or Special Education, as appropriate.

IN-SCHOOL SUICIDE ATTEMPTS

Procedure: 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. The school nurse will provide a medical assessment and contact Emergency Medical Services as appropriate to assessment.
2. School staff will supervise the student to ensure his/her 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 Assessment and Referral Section of this Plan.
6. Staff will immediately notify the principal, Director of Legal Affairs, SRO, and Suicide Prevention Coordinator regarding in-school suicide attempts.
7. No staff members will identify that the student's behavior was defined as a "suicide attempt" unless directed to do so by the Director of Legal Affairs.
8. No employees of Boerne Independent School District will provide any comments, statements, or disclosures to the media, parents, or outside agencies without the guidance and express consent of the superintendent, principal, Director of Legal Affairs, and the Director of Communications. Media or parents requesting information should be directed to the Director of Communications.
9. The school will engage the crisis team to assess whether additional steps should be taken to ensure student safety and well-being. The crisis team, in consultation with Director of Legal Affairs, District Suicide Prevention Coordinator, and superintendent will initiate approved crisis team response strategies to provide assistance as needed.

OUT-OF-SCHOOL SUICIDAL OR HOMICIDAL ATTEMPTS OR THREATS

Procedure: If a staff member becomes aware of a suicide or homicidal attempt or threat 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 principal, Director of Legal Affairs, SRO, and Suicide Prevention Coordinator. If the student contacts the staff member and expresses suicidal ideation, the staff member should remain in 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.
4. Ensure contact with principal at beginning of next school day for details on staff member involvement in crisis intervention as needed.

RE-ENTRY PROCEDURE

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, his/her 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 he/she is no longer a danger to themselves or others.
3. The designated staff person will meet with the student upon the first day of return at the beginning of the school day, before the student has returned to any classes. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

POSTVENTION

Boerne ISD strives to treat all student deaths in the same way as in its crisis response. At the same time, the district recognizes that adolescents are vulnerable to the risk of suicide contagion and takes steps to not glamorize or simplify the student or his or her death by suicide. All students and staff members are reminded of the opportunity for support and help during their time of loss due to suicide.

Procedure:

1. The principal will contact the police in order to verify the death and the facts surrounding the death.
2. The superintendent, SRO, Director of Legal Affairs, and District Suicide Prevention Coordinator are notified of the death. Principal activates phone tree and prepares statement with Communications. Principal notifies other campus principals.
3. Utilizing established protocol for activating the school and district crisis response team, members are notified and activated.
4. The principal will contact the family of the deceased. Siblings attending other campuses in the school district are offered support from the school counselor at the respective campus. The principal should obtain permission to release the cause of death from the parents. The school representative to the family will explain to parents that when students are told the truth about the cause of death, classmates are helped the most as the best opportunity to prevent other suicides. If the parents do not give permission to release the cause of death, respect for their wishes is maintained. The crisis team should convene to determine next steps for communicating with students.
5. The principal schedules a faculty meeting before the next school day to notify faculty members and other school staff.
- 6.
7. Contact local churches and mental health providers for assistance in providing support.
8. Arrange a meeting for concerned parents of students.
 - A. Provide parents/caregivers with warning signs for children and adolescents who may be suicidal.
 - B. Provide information on supportive services at the school; provide list of local mental health providers for supportive services.

- C. Provide information on how to respond to their child's questions about suicide.
 - D. Remind parents/caregivers of their child's special needs during this time.
 - E. Communicate with other students' parents/caregivers through telephone or written notice of student death through the Communications.
 - F. In this written notice to parents and also at the parent meeting, alert parents that their child and other students may choose to use social media and other online venues to communicate about the suicide. Encourage close monitoring of their child's Internet usage during this time.
9.]Meet with all students in small groups in classrooms.
- A. Notify students as early as possible following the staff meeting.
 - B. If parents/family of the deceased student give permission and the Director of Legal Affairs and Communications authorize the disclosure of cause of death, teachers should announce the death of the student to their first class of the day. It is preferable to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." Disclose only relevant facts pertaining to the student's death, including a brief explanation of the method. Do not provide details, such as exact time and location of suicide.
 - C. Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the message behind the structure of discussion. Teachers should explain and predict what students can anticipate as they grieve (e.g., feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Teachers should express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them.
 - D. Below are some age-appropriate signs of grief reactions in children:
 1. Very young children may respond to a death or traumatic experience by reverting to earlier behavioral stages and begin thumb sucking, wetting the bed, and clinging to parents again.
 2. Children ages five through approximately eleven may withdraw from playgroups, compete for more attention from parents and teachers, become aggressive, and/or fear things they did not previously fear. Their behavior may also revert to earlier stages.
 3. Adolescents may complain about vague physical symptoms. They may become more disruptive at school and at home, and may become at risk for drug and alcohol use.
 - E. Teachers and administrators should inform students of the available support services in the school (and outside the school, including family and peer support groups) and encourage them to use them.
 - F. Teachers will be sensitive to the responses of students and will then make attempts at the appropriate time to re-orient students to ongoing classroom activities.

- G. Principals should avoid assemblies for student notification or use impersonal announcements over the public address system. Students will be notified in small, individual classrooms through faculty members or crisis team members.
- H. Lists of available local mental health providers will be made available to students in each classroom.
- I. Crisis team members or mental counselors should offer individual counseling to all students identified as at-risk.
- J. Members of the school's crisis team should follow the victim's classes throughout the day, providing counseling and discussion to assist students and teachers. This may also help to identify and refer students who may be at-risk.
- K. Support stations or counseling rooms will be made available in the school, with either email or paper notification of locations, so that everyone including faculty, students, and other school staff members know where these are located. There should be more than one location and should be set up in small to mid-size rooms. Water, tissues, fruit, and information about follow-up contacts should be offered.
- L. The Director of Legal Affairs and District Suicide Prevention Coordinator will de-brief staff (including members of the crisis team) at the end of the day for approximately five days following the suicidal crisis. Support will be made available to school staff involved in student support during the crisis. These individuals may include, but are not limited to: assistant principals, school counselors, nurses, teachers, bus drivers, monitors, cafeteria staff, etc.
- M. Immediate stressful academic exercises or tests will be rescheduled, if possible, without changing the school day's regular schedule.
- N. The school flag will not be flown at half-mast in order to avoid glamorizing the death. Memorialization should be consistent with other types of deaths of students. Memorialization should focus on prevention, education, and living. Staff and students are encouraged to memorialize the deceased through contributions to prevention organizations such as Suicide Prevention Week, Depression Awareness Week, and a Suicide Prevention Walk.
- O. The school administration and communications are encouraged to collaborate with students to utilize social media effectively to disseminate information and promote suicide prevention efforts. Social media can be used 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. Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on a social networking site. Such pages should not glamorize the death in ways that may lead other at-risk students to identify with the person who died. Memorial pages should utilize safe messaging, include resources, be monitored by an adult, and be time-limited, remaining 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 supportive messages that had been posted and encouraging students who wish

to further honor their friend to consider other creative expressions. School personnel should also join any student-initiated memorial pages so that they can monitor and respond as appropriate. If the flag is flown at half-mast for other student deaths, the school should follow the same procedure.

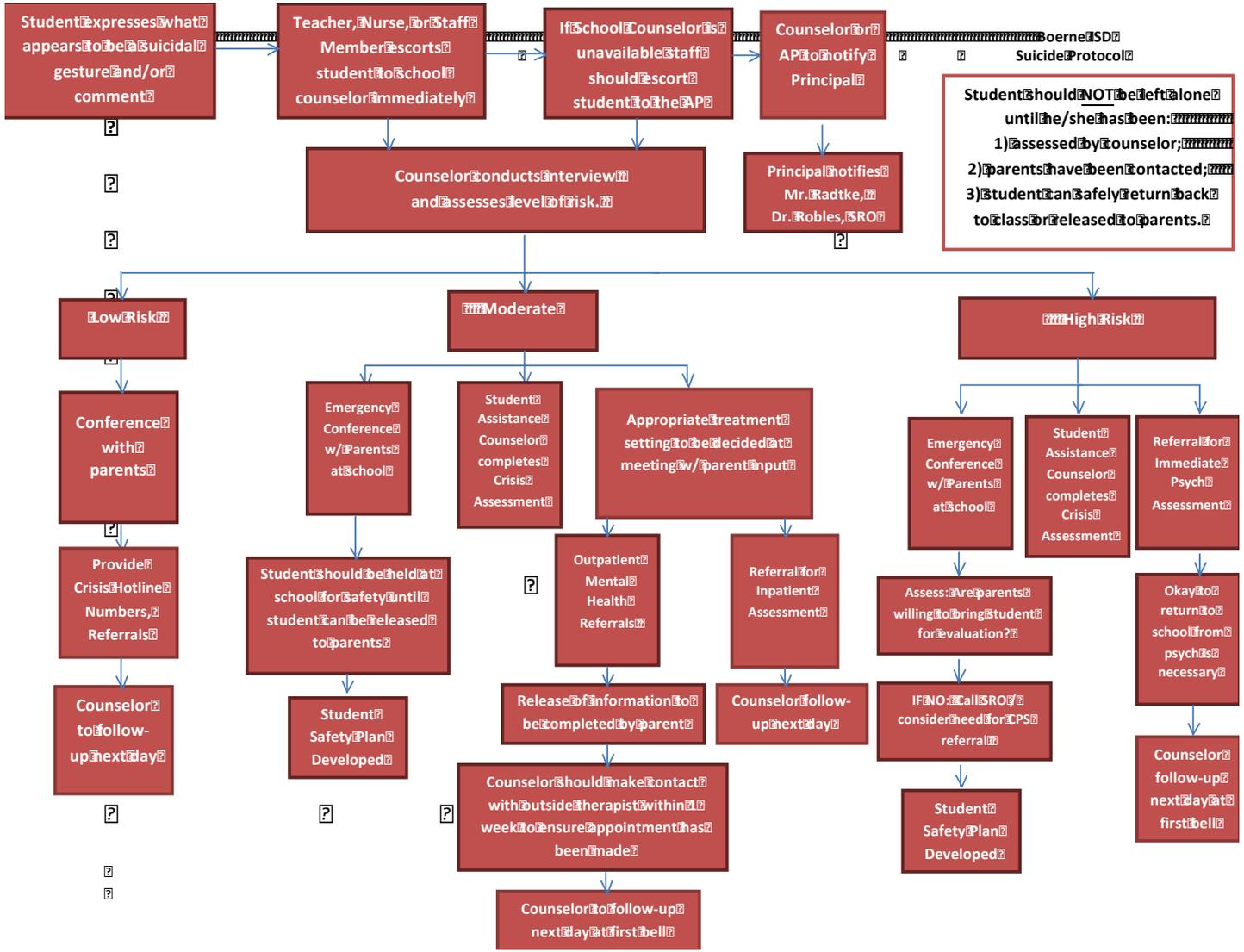
- P. The District Suicide Prevention Coordinator should inform local crisis telephone lines and local mental health agencies about the death so that they can prepare to meet the needs of students and staff.
- Q. Information about visiting hours and funeral arrangements will be provided to staff, students, parents, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students. The family of the deceased should be encouraged to schedule the funeral after school hours to facilitate the attendance of students; however, students, faculty, and staff will be excused from school to attend the funeral, if necessary.
- R. School counselors should schedule follow up with students who are identified as at-risk and provide on-going assessment and monitoring, including Internet use, of these students following the death. Follow-up should be maintained as long as possible, and as long as the counselor determines that a risk still exists.
- S. The Director of Legal Affairs and campus principal will strive to keep the superintendent and District Suicide Prevention Coordinator advised of all school actions related to the death and students at-risk of suicide.

Information for Student Handbooks

Protecting the health and well-being of all students is of utmost importance to Boerne Independent School District. 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, he or she will be assessed by a school employed mental health professional who will work with the student and parents and help them connect 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
 - The Trevor Lifeline – 1.866.488.7386, 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 of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.
7. For a more detailed review of policy, please see the district's full suicide prevention policy.



COLUMBIA-SUICIDE SEVERITY RATING SCALE

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
<p>1) Wish to be Dead:</p> <p>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal Thoughts:</p> <p>General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</p> <p>Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without Specific Plan):</p> <p>Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them."</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan:</p> <p>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
<p>6) Suicide Behavior Question:</p> <p><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p>If YES, ask: <u>How long ago did you do any of these?</u></p> <p>• Over a year ago? • Between three months and a year ago? • Within the last three months?</p>		

For inquiries and training information contact: Kelly Posner, Ph.D

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@columbia.edu

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Boerne Independent School District

**Student Risk Notice and
Parent Acknowledgement Form**

School: (Circle) CHS BHS BMS-N BMS-S CCES
 CES FES FORES KES BA/AC

I am the parent, guardian, or custodian of the student whose name is _____.
 I have the authority to make decisions on behalf of my student and have the full authority to sign this document. I affirm and acknowledge that I have been advised by school staff member _____ on the _____, 20____, at _____ (time) that my student is at risk for the following conduct:

- risk for suicide
- risk of injurious self-harm
- risk of illegal or other substance abuse

I acknowledge that it is the clear and unequivocal recommendation of the Boerne ISD that my student be taken immediately to the appropriate medical and/or mental health providers for immediate evaluation and treatment. I agree to provide appropriate information to key faculty and staff concerning any evaluations and/or treatment afforded to my student so that the Boerne ISD will be adequately prepared to address and support the continued well-being of my student. I understand that _____ (name of staff member) will follow up with me and my student within two weeks from this date and at such other times as the staff member determines.

Finally, I acknowledge that any referral information provided to me by the Boerne ISD that identifies medical, mental health, or related agency providers is simply information for me to consider. I am not bound to use such providers in the evaluation and treatment of my student and I may select other providers of my own choosing. Unless otherwise required by law, the Boerne ISD is not responsible for any medical treatment or evaluation expenses whether I use the referred providers or use others of my own choosing.

Parent Signature: _____ Date: _____

Parent printed name: _____

Parent address and phone contact information:

Staff Member signature: _____ Date: _____

FOR OFFICE USE ONLY:

Directions to staff member: Provide one copy to parent and make one copy for records. Retain one copy on campus and provide original to Dr. Holly Robles within one business day of the event.

Report provided to Dr. Holly Robles, LPC-S, District Student Assistance Counselor on _____ (date) at _____ (time).

Follow up with child, parent, and agency due by this date: _____ (2 weeks)

Followed up with child _____ (date completed), parent _____ (date completed), agency _____ (date completed). Agency name and contact information:

Follow up notes: _____



Parent Assessment Refusal Form

I am a parent of the student whose name appears below. I have been provided the Boerne Independent School District Student Risk Notice. I acknowledge that I have been informed that my student is at risk for one or more of the behaviors or conduct listed in that notice. Having been fully informed of the risks and dangers associated with my student's conduct and having been advised that my student should be taken immediately to the appropriate medical and/or mental health providers for immediate evaluation and treatment, I respectfully decline such referrals. I acknowledge that the Boerne ISD has timely and properly informed me of my student's situation and that the Boerne ISD is not responsible for the actions that I may choose to take or not take in response to the notice.

Name of Student

Campus

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date

Printed name of School Counselor or School Representative

Signature of School Counselor or School Representative

Date

Boerne Independent School District
Student Suicide Risk Report
20_____ - 20_____

Assessed Level of Risk: _____ **Low** _____ **Medium** _____ **High**

Student _____ Grade _____
Counselor _____ Campus _____
Administrator _____ Date _____
Risk Assessed by _____
Notified Counselor Responsible: Y / N

ACTIONS TAKEN	Date
_____ Student Conference	_____
_____ Notified principal, key personnel	_____
_____ Parent contacted by phone	_____
_____ Parent conference	_____
_____ Student contract (verbal/written)	_____
_____ Consultation	_____
_____ Parent Acknowledgement Form signed	_____
_____ Release of Information signed	_____
_____ Mental Health Provider referral	_____

_____	MHMDD referral	_____
_____	Other community referral	_____
_____	Suicide attempt	_____
_____	Previous suicide attempt	_____
_____	Hospitalization	_____
_____	Previous hospitalization	_____
_____	Other (specify)	_____

FOLLOW-UP

Student _____

Parent _____

Community Resource _____

Retain a copy for your records.

Email a copy to Dr. Holly Robles, District Suicide Prevention Coordinator.

APPENDIX III
Texas Statutes Regarding Suicide
(as of August 2015)

Texas Statutes Regarding Suicide



2015

Information compiled by Denise Brady, JD, Austin, Texas
www.TexasSuicidePrevention.org

THE MATERIALS IN THIS DOCUMENT ARE FOR INFORMATIONAL PURPOSES ONLY AND NOT FOR THE PURPOSE OF PROVIDING LEGAL ADVICE. YOU SHOULD CONSULT WITH AN ATTORNEY TO OBTAIN ADVICE WITH RESPECT TO ANY PARTICULAR ISSUE, PROBLEM, OR SITUATION. MENTAL HEALTH AMERICA OF TEXAS AND THE TEXAS SUICIDE PREVENTION COUNCIL REGRET THAT WE ARE UNABLE TO PROVIDE INDIVIDUAL LEGAL ADVICE OR FURTHER INTERPRETATIONS OF THESE TEXAS STATUTES.

The following is a list of Texas laws (statutes) that relate to suicide prevention, services, or reporting.

The statutes are organized by subject, with a short explanation of what the law does and, when relevant, what suicide prevention advocates should know about that section of the law. The statutes are presented as excerpts, with only the section of the law that relates to suicide, bullying, or other related issues, included. In many cases, the statute excerpts have been slightly edited and/or reformatted for clarity and ease of reading, but no content or meaning should have been affected. The reference to "suicide" will be underlined in most passages. The full citation is provided after each excerpt for those that want to see the entire section of the law.

This list is current as of July 1, 2015, and includes updates from bills that passed the 84th Texas Legislature (2015 Legislative Session). Changes to Texas statutes made during the 2015 Legislative Session will be noted by the designation "NEW Texas Law" or "REVISED Texas Law." When the new law is mixed in with language in existing law, the language of the new portion of the law will be shown in italics.

The document does not contain references to several sections of statute that address suicide in the Texas Insurance Code or in the area of wills and estates, due to the complicated nature of those areas of law. Nor do we include references to the Texas Administrative Code (i.e., agency regulations) at this time, due to the length of the document.

Note: During the 84th Legislative Session, 2015, all health and human services agencies went through the Sunset review process, and legislation was passed that will significantly impact the structure and functions of health and human service agencies in Texas in the next decade. At the present time, however, none of those changes impact the legal requirements included in this summary.

SCHOOLS AND SCHOOL PERSONNEL

What you should know: Public schools in Texas must have a “district improvement plan” which must include strategies for suicide prevention. Advocates of suicide prevention should work with their school district’s local committees and stakeholders to ensure the district’s plan and training includes methods for addressing suicide prevention.

Texas Law: Texas Education Code – District-Level Planning and Decision-Making

- ▶ Each school district shall have a district improvement plan that is developed, evaluated, and revised annually, in accordance with district policy, by the superintendent with the assistance of the district-level committee established under Section 11.251 of the Education Code. The purpose of the district improvement plan is to guide district and campus staff in the improvement of student performance for all student groups in order to attain state standards in respect to the achievement indicators adopted under Section 39.053 (c) (1)-(4) of the Education Code.
- ▶ The district improvement plan must include strategies for improvement of student performance that include methods for addressing the needs of students for special programs, including suicide prevention programs (in accordance with Health and Safety Code requirements regarding parental or guardian notification procedures), conflict resolution, violence prevention, or dyslexia treatment programs.

Tex. Education Code §11.252 (a)(3)(B)

What you should know: Teachers must have best practice-based training in mental health, substance abuse, and youth suicide to receive a teaching certificate.

REVISED Texas Law (SB 674): Texas Education Code – Educator Preparation

Before the State Board for Educator Certification can issue a teaching certificate to an individual, the individual must receive instruction *regarding mental health, substance abuse, and youth suicide*. *The instruction required must:*

- *be provided through a program selected from the list of recommended best practice-based programs the Department of State Health Services (in coordination with the Texas Education Agency) publishes every year in compliance with Health and Safety Code requirements described on pages 13-15; and*
- *include effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports.*

Note: SB 674 builds upon SB 460 that was passed by the 83rd Legislature in 2013. In addition to the new language italicized above requiring the educator training to be based on best practices, SB 674 also deleted provisions in this section of the Education Code that allowed the training to be developed by a panel appointed by the Texas Board of Educator Certification and which did not require the training to be best practice-based. SB 674 effectively makes the same best-practice standards apply to both educator preparation training and on-going staff development training.

Further, the training no longer has to include information on compliance with Texas Education Code Section 38.010 requirements that prohibit a school employee from referring a student to a counselor outside the school

without the consent and approval of the student’s parent and the school administration. Section 38.010 was not repealed, however; those requirements would still apply.

Tex. Education Code §21.044 (c-1)

What you should know: Educators may receive continuing education in mental health first aid.

Texas Law : Texas Education Code – Continuing Education

The State Board for Educator Certification must adopt rules to allow a public school educator to fulfill certain continuing education requirements by participating in a mental health first aid training program.

Tex. Education Code §21.054 (d)

What you should know: Schools must provide best practice-based training on suicide prevention as part of staff development, and may provide training on bullying (along with other topics).

NEW Texas Law (HB 2186): Texas Education Code – Staff Development

School district staff development for all new district and open enrollment charter school educators **must** include suicide prevention training annually as part of the district or charter school’s new employee orientation, and must also be provided to existing school district and open-enrollment charter school educators on a schedule adopted in rules by the Texas Education Agency (TEA). The training must use a best practice-based program(s) recommended by the Department of State Health Services in coordination with TEA in compliance with requirements in the Health and Safety Code (discussed on pages 13-15) that the agencies collaboratively provide schools with an updated list of best practice suicide prevention programs each year.

The suicide prevention training requirement may be satisfied through independent review of suicide prevention training material that complies with the guidelines developed by TEA and is offered online.

Note: Previous law allowed (but did not require) school district staff development to include certain training, including training in preventing, identifying, responding to, and reporting incidents of bullying. Now, in addition, the law **requires** annual training specifically on best practice-based suicide prevention.

Tex. Education Code §21.451(d), (d-1), and (d-2)

What you should know: School peace officers and school resource officers in larger school districts will be required to receive training on mental health and positive behavior interventions, and other related topics, before serving in a school. Suicide prevention advocates should give input into the content of the training when it is being developed or periodically reviewed.

NEW Texas Law (HB 2684): Texas Education Code – Discipline; Law and Order, and Occupations Code, Law Enforcement Officers

A school district with an enrollment of 30,000 or more students that commissions a school district peace officer, or at which a school resource officer provides law enforcement, shall adopt a policy requiring the officer to complete the education and training program required by provisions in the Texas Occupations Code that govern law enforcement officers, including the new ones established in this bill.

The Texas Commission on Law Enforcement (TCOLE) must create, adopt, and distribute a model training curriculum for school district peace officers and school resource officers. (A "school resource officer" is a peace officer who is assigned to a school.)

The curriculum developed under this section must incorporate learning objectives regarding:

- child and adolescent development and psychology;
- positive behavioral interventions and supports, conflict resolution techniques, and restorative justice techniques;
- de-escalation techniques and techniques for limiting the use of force, including the use of physical, mechanical, and chemical restraints;
- the mental and behavioral health needs of children with disabilities or special needs; and
- mental health crisis intervention.

TCOLE must publish the proposed training curriculum for public comment for 30 days before adopting and distributing it. Once it is adopted, TCOLE must provide it to:

- school district police departments;
- law enforcement agencies that place peace officers in a school as school resource officers under a memorandum of understanding; and
- any entity that provides training to school district peace officers or school resource officers.

TCOLE must review the curriculum at least every four years and update it as needed.

TCOLE must adopt rules that will require a school district peace officer or resource officer who will be working in a district with an enrollment of 30,000 or more students to complete the education and training program outlined in this law before or within 120 days of the officer's commission by or placement in the district or a campus. (Note: Officers who have completed an advanced training course conducted by the National Association of School Resource Officers or an equivalent training are exempt from these new training requirements.)

The program must:

- consist of at least 16 hours of training;
- be approved by TCOLE; and
- provide training in accordance with the curriculum developed under Section 1701.262 in each subject area listed in Subsection (c) of that section.

Deadlines: TCOLE must create the model training curriculum for school district peace officers and school resource officers by December 1, 2015. They must make it available to these officers by February 1, 2016. If an officer starts working with a school that has an enrollment of 30,000 or more students before the February date, the officer must complete the training as soon as possible, but not later than June 1, 2016.

School districts with an enrollment of 30,000 or more students must adopt the training policy for school district peace officers and school resource officers required by this law by February 1, 2016,

What you should know: Schools will have a “campus behavior coordinator” who will be responsible for managing disciplinary actions at the school, including notifying parents in certain cases.

NEW Texas Law (SB 107): Texas Education Code – Discipline; Law and Order

Each Texas public school campus will have to designate a person to serve as the campus behavior coordinator. The person designated may be the principal of the campus or any other campus administrator selected by the principal.

The campus behavior coordinator is responsible for maintaining student discipline on the campus. Although the campus or district policy can make modifications to the coordinator’s responsibilities, one of the core duties of the coordinator is to promptly notify a student's parent or guardian if the student is suspended (in school or out of school), placed in a disciplinary alternative education program, expelled, placed in a juvenile justice alternative education program, or taken into custody by a law enforcement officer.

The new law allows a teacher to send a student to the campus behavior coordinator's office to maintain discipline in the classroom, rather than to the principal’s office. The campus behavior coordinator may implement discipline management techniques allowed in the code of conduct, including progressive interventions. The coordinator also must convene a conference with the parent or guardian of the student, the teacher who removed the student (if applicable), and the student. Other due process and appeal procedures are outlined. Primarily, before a student is suspended, expelled, or removed to an alternative education setting, it must be considered whether the student acted in self-defense, the intent or lack of intent at the time the student engaged in the conduct, the student's disciplinary history, and whether the student has a disability that substantially impairs the student's capacity to appreciate the wrongfulness of the student's conduct, regardless of whether the decision of the behavior coordinator concerns a mandatory or discretionary disciplinary action.

Tex. Education Code §§ 37.0012, 37.002(a), 37.007(a), 37.009(a) and (f)

What you should know: Advocates should work with (or get appointed to) their local school board’s School Health Advisory Council to ensure the Council recommends that a district’s health education curriculum includes appropriate instruction in suicide prevention and other topics.

Texas Law: Texas Education Code – Local School Health Advisory Council and Health Education Instruction

Local school boards in Texas have been required since 2003 to establish “school health advisory councils” to assist the district in ensuring that local community values are reflected in the district's health education instruction. The district must consider the recommendations of the local council before changing the district's health education curriculum or instruction.

The local school health advisory council's duties include recommending:

- ▶ the number of hours of instruction to be provided in health education;
- ▶ policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns through coordination of:

- + health education;
- + physical education and physical activity;
- + nutrition services;
- + parental involvement;
- + instruction to prevent the use of tobacco;
- + school health services;
- + counseling and guidance services;
- + a safe and healthy school environment; and
- + school employee wellness.

Tex. Education Code §28.004 (c) and (d)

What you should know: School counselors should help ensure their school’s counseling programs and services integrate best practices in suicide prevention.

Texas Law: Texas Education Code – School Counselors

- ▶ The primary responsibility of a school counselor is to counsel students to fully develop each student's academic, career, personal, and social abilities.
- ▶ In addition to a school counselor's responsibility described above, the counselor shall participate in planning, implementing, and evaluating a comprehensive developmental guidance program to serve all students and to address the special needs of students who are at risk of dropping out of school, becoming substance abusers, participating in gang activity, or committing suicide.

Tex. Education Code § 33.006 (a) and (b)

What you should know: Parents may request that their child be transferred to another classroom or another school if their child is a victim of bullying.

Texas Law: Texas Education Code – Transfer of Victims of Bullying

For this and all other sections of the Education Code, bullying is now defined as “engaging in written or verbal expression, expression through electronic means, or physical conduct that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the district and that: (1) has the effect or will have the effect of physically harming a student, damaging a student’s property, or placing a student in reasonable fear of harm to the student’s person or of damage to the student’s property; or (2) is sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student.”

Conduct described above is considered bullying if that conduct exploits an imbalance of power between the student perpetrator and the student victim through written or verbal expression or physical conduct and interferes with a student’s education or substantially disrupts the operation of a school.

- ▶ Parents/guardians may request that their child be transferred to another classroom or another school if their child is a victim of bullying. It is the responsibility of the board of trustees or the board’s designee to verify that the student has been a victim of bullying before the transfer may occur and “may consider past student behavior when identifying a bully.” School districts are not required to provide transportation to a student who transfers to another school.
- ▶ A district may transfer the student who engaged in bullying to another campus at the campus to which the victim was assigned at the time the bullying occurred, or a campus other than that campus -- after consulting with the parent of the student who engaged in bullying.

[Tex. Education Code § 25.0342 and § 37.0832](#)

What you should know: Student Codes of Conduct must prohibit bullying and other harassing behaviors.

Texas Law: Texas Education Code – Student Code of Conduct:

Student codes of conduct, developed by the district board of trustees, must be posted and prominently displayed at each school or be made available at the principal’s office. The code of conduct must:

- ▶ Specify circumstances under which a student may be removed from a classroom, school campus, alternative education program, or a school bus or vehicle owned or operated by the school district;
- ▶ Specify conditions when a principal or administrator may transfer a student to an alternative education program;
- ▶ Outline conditions under which a student may be suspended or expelled;
- ▶ Address parent/guardian notification of code violations that result in suspension, removal to a disciplinary alternative education program, or expulsion;
- ▶ Prohibit bullying, harassment, and making hit lists, and ensure that district employees enforce these prohibitions; and
- ▶ Provide methods for classroom management, student discipline, and preventing and intervening in student discipline problems, including bullying, harassment, and making hit lists.

Defines “harassment” as “threatening to cause harm or bodily injury to another student, engaging in sexually intimidating conduct, causing physical damage to the property of another student, subjecting another student to physical confinement or restraint, or maliciously taking any action that substantially harms another student’s physical or emotional health or safety.”

[Tex. Education Code § 37.001](#)

What you should know: Advocates should work with their local school boards in developing bullying prevention policies.

Texas Law: Texas Education Code – Discipline, Law and Order; Bullying Prevention Policies and Procedures

The Board of Trustees of each school district must adopt a policy, including any necessary procedures, concerning bullying that:

- ▶ prohibits the bullying of a student;
- ▶ prohibits retaliation against any person, including a victim, a witness, or another person, who in good faith provides information concerning an incident of bullying;
- ▶ establishes a procedure for providing notice of an incident of bullying to a parent or guardian of the victim and a parent or guardian of the bully within a reasonable amount of time after the incident;
- ▶ establishes the actions a student should take to obtain assistance and intervention in response to bullying;
- ▶ sets out the available counseling options for a student who is a victim of or a witness to bullying or who engages in bullying;
- ▶ establishes procedures for reporting an incident of bullying, investigating a reported incident of bullying, and determining whether the reported incident of bullying occurred;
- ▶ prohibits the imposition of a disciplinary measure on a student who is a victim of bullying on the basis of that student's use of reasonable self-defense in response to the bullying; and
- ▶ requires that discipline for bullying of a student with disabilities comply with applicable requirements under federal law, including the Individuals with Disabilities Education Act.

The procedures adopted must be included annually in the student and employee school district handbooks and in the district improvement plan under Education Code Section 11.252 (District-Level Planning and Decision-Making). Also requires that the procedure for reporting bullying be posted on the district's Internet website to the extent practicable.

Tex. Education Code § 37.0832

Texas Law: Texas Education Code – Essential Knowledge and Skills Curriculum

In addition to any other essential knowledge and skills the State Board of Education adopts for the health curriculum under another section of the Education Code, the board shall adopt for the health curriculum, in consultation with the Texas School Safety Center, essential knowledge and skills that include evidence-based practices that will effectively address awareness, prevention, identification, self-defense in response to, and resolution of and intervention in bullying and harassment.

Tex. Education Code §28.002 (s)

What you should know: Parents and guardians have certain rights pertaining to mental health care, medications, and their children.

Texas Law: Texas Education Code – Health and Safety; Psychotropic Drugs and Psychiatric Evaluations or Examinations

(a) In this section:

- (1) "Parent" includes a guardian or other person standing in parental relation.
- (2) "Psychotropic drug" means a substance that is:
 - (A) used in the diagnosis, treatment, or prevention of a disease or as a component of a medication; and
 - (B) intended to have an altering effect on perception, emotion, or behavior.

(b) A school district employee may not:

- (1) recommend that a student use a psychotropic drug; or
- (2) suggest any particular diagnosis; or
- (3) use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.

(c) Subsection (b) does not:

- (1) prevent an appropriate referral under the child find system required under the Individuals with Disabilities Education Act; or
- (2) prohibit a school district employee who is a registered nurse, advanced nurse practitioner, physician, or certified or appropriately credentialed mental health professional from recommending that a child be evaluated by an appropriate medical practitioner; or
- (3) prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another school district employee.

(d) The board of trustees of each school district shall adopt a policy to ensure implementation and enforcement of this section.

(e) An act in violation of Subsection (b) does not override the immunity from personal liability granted in Section 22.0511 or other law or the district's sovereign and governmental immunity.

Tex. Education Code § 38.016

Texas Law: School-Based Health Centers – Parental Consent Required

- ▶ A school-based health center may provide services to a student only if the district or the provider with whom the district contracts obtains the written consent of the student's parent or guardian or another person having legal control of the student on a consent form developed by the district or provider. The student's parent or guardian or another person having legal control of the student may give consent for a student to receive ongoing services or may limit consent to one or more services provided on a single occasion.

- ▶ The consent form must list every service the school-based health center delivers in a format that complies with all applicable state and federal laws and allows a person to consent to one or more categories of services.

Tex. Education Code § 38.053 (a) and (b)

- ▶ The staff of a school-based health center and the person whose consent is obtained under Section 38.053 shall jointly identify any health-related concerns of a student that may be interfering with the student's well being or ability to succeed in school.
- ▶ If it is determined that a student is in need of a referral for mental health services, the staff of the center shall notify the person whose consent is required under Section 38.053 verbally and in writing of the basis for the referral. The referral may not be provided unless the person provides written consent for the type of service to be provided and provides specific written consent for each treatment occasion.

Tex. Education Code § 38.057 (a) and (b)

What you should know: Colleges and universities must provide mental health and suicide prevention information to all incoming (including transfer) students.

NEW Texas Law (SB 1624): Texas Education Code, Higher Education – Requirements for Higher Education

Beginning with the 2016 fall semester, Texas public colleges and universities must provide suicide prevention information to all incoming full-time students – including undergraduate, graduate, professional degree, and transfer students. The information must include:

- available mental health and suicide prevention services offered by the institution or by any associated organizations or programs;
- early warning signs that a person may be considering suicide, and appropriate suicide prevention interventions for a person who may be considering suicide.

The information may be provided through a live presentation or through a format that allows for student interaction, such as an online program or video, but it may not be provided only in a paper format.

The new requirement does not apply to community colleges or private colleges and universities.

Tex. Education Code § 51.9194

What you should know: Colleges and universities will have to include information on their websites regarding mental health resources for students at the institution.

NEW Texas Law (HB 197): Texas Education Code, Higher Education – Requirements for Higher Education

- ▶ Every college – including a general academic teaching institution, medical and dental unit, public junior college, public state college, or public technical institute, must create a web page on the institution's website dedicated solely to information regarding the mental health resources available to students at the institution. The web page must include the address of the nearest local mental health authority.
- ▶ Every higher education institution covered must develop and post the webpage as soon as possible after the act goes into effect on September 1, 2015.

Tex. Education Code § 51.9193

YOUTH AND FAMILY SERVICES

What you should know: A minor generally may seek and receive counseling services from a doctor or a mental health professional without the professional having to obtain consent from the minor's parent or guardian, including counseling regarding suicide prevention. This assures youth they may seek confidential counseling in many situations.

Texas Law: Texas Family Code – Consent to Counseling

- ▶ A child may consent to counseling for:
 - + suicide prevention;
 - + chemical addiction or dependency; or
 - + sexual, physical, or emotional abuse.
- ▶ A licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused, is contemplating suicide, or is suffering from a chemical or drug addiction or dependency may:
 - + counsel the child without the consent of the child's parents or, if applicable, managing conservator or guardian;
 - + with or without the consent of the child who is a client, advise the child's parents or, if applicable, managing conservator or guardian of the treatment given to or needed by the child; and
 - + rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's own treatment under this section.
- ▶ Unless consent is obtained as otherwise allowed by law, a physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court order.
- ▶ A physician, psychologist, counselor, or social worker counseling a child under this section is not liable for damages except for damages resulting from the person's negligence or willful misconduct.
- ▶ A parent, or, if applicable, managing conservator or guardian, who has not consented to counseling treatment of the child is not obligated to compensate a physician, psychologist, counselor, or social worker for counseling services rendered under this section.

What you should know: The Texas state agency responsible for the public mental health system, the Department of State Health Services (DSHS), must have a designated employee who will specialize in suicide prevention to liaison with public schools.

Texas Law: Texas Health & Safety Code – Services for Children and Youth

- ▶ The department (DSHS) shall ensure the development of programs and the expansion of services at the community level for children with mental illness or intellectual disabilities, or both, and for their families.
- ▶ DSHS shall designate an employee as a youth suicide prevention officer. The officer shall serve as a liaison to the Texas Education Agency and public schools on matters relating to the prevention of and response to suicide or attempted suicide by public school students.

Tex. Health & Safety Code § 533.040 (a) and (c)

What you should know: The Department of State Health Services (in coordination with the Texas Education Agency and education service centers) must provide and annually update a list of best-practice suicide prevention programs for consideration by public schools.

Texas Law: Texas Health and Safety Code – Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention, and Suicide Prevention.

(a) Requires the Texas Department of State Health Services (DSHS), in coordination with the Texas Education Agency (TEA) and regional education service centers, to provide and annually update a list of recommended best practice-based programs in the areas listed in (a-1), below, for implementation in public elementary, junior high, middle, and high schools within the general education setting. Authorizes each school district to select from the list a program or programs appropriate for implementation in the district.

(a-1) The list must include programs in the following areas:

- ▶ early mental health intervention;
- ▶ mental health promotion and positive youth development;
- ▶ substance abuse prevention;
- ▶ substance abuse intervention; and
- ▶ suicide prevention.

(a-2) DSHS, TEA, and each regional education service center shall make the list easily accessible on their websites.

(b) Requires that the programs on the list include components that provide for training counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to:

- (1) recognize students at risk of committing suicide, including students who are or may be the victims of or who engage in bullying;
- (2) recognize students displaying early warning signs and a possible need for early mental health or substance abuse intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others; and
- (3) intervene effectively with students described by Subdivision (1) or (2) by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health or substance abuse services, may be taken by a parent or guardian.

(c) Requires DSHS and TEA, in developing the list of programs, to consider:

- (1) any existing suicide prevention method developed by a school district; and
- (2) any Internet or online course or program developed in this state or another state that is based on best practices recognized by the Substance Abuse and Mental Health Services Administration or the Suicide Prevention Resource Center.

(c-1) Requires each school district to provide training described in Subsection (b) for teachers, counselors, principals, and all other appropriate personnel, except that a school district is required to provide the training at an elementary school campus only if sufficient funding and programs are available. A school district may implement a program on the list to satisfy the training requirements.

(c-2) If a school district provides the training described in (c-1):

- (1) the school district employee must participate in the training at least one time; and
- (2) the school district shall maintain records that include the name of each district employee who participated in the training.

(d) Allows the board of trustees of each school district to adopt a policy concerning mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention that:

- (1) establishes a procedure for providing notice of a recommendation for early mental health or substance abuse intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (b)(2);
- (2) establishes a procedure for providing notice of a student identified as at risk of committing suicide to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (b)(2);
- (3) establishes that the district is authorized to develop a reporting mechanism and is authorized to designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health or substance abuse intervention or suicide prevention; and

- (4) sets out the available counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early mental health or substance abuse intervention or suicide prevention.
- (e) Requires that the policy prohibit the use without the prior consent of a student's parent or guardian of a medical screening of the student as part of the process of identifying whether the student is possibly in need of early mental health or substance abuse intervention or suicide prevention.
- (f) Requires that the policy and any necessary procedures adopted under Subsection (d) be included in:
- (1) the annual student handbook; and
 - (2) the district improvement plan under Texas Education Code Section 11.252 (District-Level Planning and Decision-Making).
- (g) Authorizes DSHS to accept donations for purposes of this section from sources without a conflict of interest. Prohibits DSHS from accepting donations for purposes of this section from an anonymous source.
- (h) Required DSHS to submit a report to the legislature relating to the development of the list of programs and the implementation in school districts of selected programs by school districts that choose to implement programs by January 1, 2013. [Note: Although the report should still be publicly available, this Subsection (h) of the law has now expired.]
- (i) Clarifies that nothing in this section of the law is intended to interfere with the rights of parents or guardians and the decision-making regarding the best interest of the child. Provides that policy and procedures adopted in accordance with this section are intended to notify a parent or guardian of a need for mental health or substance abuse intervention so that a parent or guardian may take appropriate action. Clarifies that nothing in this law should be construed as giving school districts the authority to prescribe medications, and that any and all medical decisions are to be made by a parent or guardian of a student.

[Tex. Health & Safety Code § 161.325](#)

Texas Law: The Health and Safety Code (§161.326) and Civil Practice and Remedies Code (§74.151) were also both amended to include language to the effect that requirements in this section of the law about best practices, training, etc., do not change pre-existing laws regarding immunity from liability for school district officers or employees, other than liability from willful or intentional misconduct.

What you should know: Mental Health First Aid is an in-person training that teaches skills and strategies to help someone experiencing a mental health crisis. Although it is not primarily a suicide prevention program, it does include a section on suicide prevention. The scope of the training was expanded in 2015. (*New language in italics.*)

REVISED Texas Law (SB 133): Texas Health and Safety Code – Mental Health First Aid Training.

The Department of State Health Services (DSHS), to the extent that funds are appropriated to it for this purpose, shall provide grants to local mental health authorities for training mental health first aid trainers and for providing mental health first aid training to public school *district employees and school resource officers*.

(Note: A "school resource officer" is a peace officer who is assigned to a school. "School district employee" is defined to mean a person employed by a school district who regularly interacts with students through the course of the person's duties, including an educator, a secretary, a school bus driver, or a cafeteria worker. This bill expands the scope of who can receive the training to include any type of school employee, and resource officers.)

Requires the Executive Commissioner of the Texas Health and Human Services Commission to adopt rules to establish the requirement for a person to be approved by DSHS to train employees or contractors of a local mental health authority as first aid trainers. The rules must ensure that a person who is approved by the department is qualified to provide training in:

- ▶ the potential risk factors and warning signs for various mental illnesses, including depression, anxiety, trauma, psychosis, eating disorders, substance abuse disorders, and self-injury;
- ▶ the prevalence of various mental illnesses in the United States and the need to reduce the stigma associated with mental illness;
- ▶ an action plan for use by the employees or contractors that involves the use of skills, resources, and knowledge to assess a situation and develop and implement an appropriate intervention to help an individual experiencing a mental health crisis obtain appropriate professional care; and
- ▶ the evidence-based professional, peer, social, and self-help resources available to help individuals with mental illness.

The mental health first aid training program provided by a local mental health authority under this section must:

- ▶ be conducted by a person trained as a mental health first aid trainer;
- ▶ provide participants with the skills necessary to help an individual experiencing a mental health crisis until the individual is able to obtain appropriate professional care; and include:
 - + instruction in a five-step strategy for helping an individual experiencing a mental health crisis, including assessing risk, listening respectfully to and supporting the individual, and identifying professional help and other supports for the individual;
 - + an introduction to the risk factors and warning signs for mental illness and substance abuse problems;
 - + experiential activities to increase participants' understanding of the impact of mental illness on individuals and families; and
 - + a presentation of evidence-supported treatment and self-help strategies.

A local mental health authority may contract with a regional education service center to provide a mental health first aid training program to educators under this section, and two or more local mental health authorities may collaborate and share resources to develop and operate a training program.

DSHS must grant \$100 to any local mental health authority for each *school district employee or school resource officer* who successfully completes a mental health first aid training program provided by that authority, *and allows DSHS to allocate any unobligated money appropriated for making grants under this bill for supplemental grants.*

The law also includes reporting requirements (such as requiring DSHS to report to the Legislature how many individuals, including school personnel, received the training) and adds provisions relating to the liability of a person who has completed a mental health first aid training program.

Tex. Health & Safety Code § 1001.201 – §1001.206; §1001.2031

What you should know: The Executive Commissioner of the Texas Health and Human Services Commission may direct the Department of State Health Services to monitor the quality of services provided through the Children’s Health Insurance Plan (CHIP), in part by measuring suicide attempts of enrolled youth. This requirement can help ensure health plans will be aware of the importance of suicide prevention activities and services. Advocates may want to inquire about the availability of this data.

Texas Law: Texas Health & Safety Code – Texas Department of State Health Services

The Health and Human Services Commission may direct the Texas Department of State Health Services to monitor the quality of services delivered to enrollees through outcome measurements including the percent of adolescents reporting attempted suicide.

Tex. Health & Safety Code § 62.052 (a)(3)(D)

What you should know: Child care facilities licensed by the Texas Department of Family and Protective Services (which includes child care facilities, residential facilities, foster homes, and other facilities) must report to the agency any attempted suicide by a child in a regulated facility.

Texas Law: Texas Human Resources Code – Reporting of Incidents and Violations

In this section, "serious incident" means a suspected or actual incident that threatens or impairs the basic health, safety, or well being of a child. The term includes:

- ▶ the arrest, abuse, neglect, exploitation, running away, attempted suicide, or death of a child;
- ▶ a critical injury of a child; and
- ▶ an illness of a child that requires hospitalization.
- ▶ A person licensed under this chapter shall report to the Department of Family and Protective Services’ statewide intake system each serious incident involving a child who receives services from the person, regardless of whether the department is the managing conservator of the child.
- ▶ An employee or volunteer of a general residential operation, child-placing agency, foster home, or foster group home shall report any serious incident directly to the department if the incident involves a child under the care of the operation, agency, or home.

- ▶ A foster parent shall report any serious incident directly to the department if the incident involves a child under the care of the parent.

Tex. Human Resources Code § 42.063

MEDICAL SERVICES TO MINORS IN THE CONSERVATORSHIP OF THE STATE

What you should know: A medical professional can provide care or services to a youth in the conservatorship of the state (i.e., a child in foster care) in emergency situations without having to obtain the usual consents in order to prevent a child from committing suicide.

Texas Law: Texas Family Code – Provision of Medical Care in Emergency

- ▶ Consent or court authorization for the medical care of a foster child otherwise required by this chapter is not required in an emergency during which it is immediately necessary to provide medical care to the foster child to prevent the imminent probability of death or substantial bodily harm to the child or others, including circumstances in which:
 - + the child is overtly or continually threatening or attempting to commit suicide or cause serious bodily harm to the child or others; or
 - + the child is exhibiting the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the child's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.
- ▶ The physician providing the medical care or designee shall notify the person authorized to consent to medical care for a foster child about the decision to provide medical care without consent or court authorization in an emergency not later than the second business day after the date of the provision of medical care under this section. This notification must be documented in the foster child's health passport.
- ▶ This section does not apply to the administration of medication under Subchapter G, Chapter 574, Health and Safety Code, to a foster child who is at least 16 years of age and who is placed in an inpatient mental health facility.

Texas Family Code § 266.009 (a)-(c)

PROVIDING MENTAL HEALTH SERVICES OR MEDICATION WITHOUT CONSENT

What you should know: An individual can be ordered by a court to receive inpatient or outpatient mental health or intellectual disability services if the court finds that the person may cause harm to him or herself without treatment.

Texas Law: Texas Health & Safety Code – Court Ordered Mental Health Services

Note: This section of the Health & Safety Code contains extensive provisions regarding court-ordered mental health treatment that are too lengthy to be duplicated here. The following is one excerpt that outlines the standard for temporary inpatient court-ordered care.

- ▶ The judge may order a proposed patient to receive court-ordered temporary inpatient mental health services only if the judge or jury finds, from clear and convincing evidence, that the proposed patient is mentally ill and as a result of that mental illness the proposed patient:
 - + is likely to cause serious harm to himself;
 - + is likely to cause serious harm to others; or
 - + is suffering severe and abnormal mental, emotional, or physical distress; experiencing substantial mental or physical deterioration of the proposed patient's ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for the proposed patient's basic needs, including food, clothing, health, or safety; and unable to make a rational and informed decision as to whether or not to submit to treatment.

Tex. Health & Safety Code Chapter 574

Note: Chapters 592 and 593 of the Health and Safety Code contain similar provisions regarding admission and commitment as it relates to intellectual disability services.

What you should know: A medical professional can administer psychoactive medication to an individual who is receiving certain inpatient mental health or residential services for persons with intellectual or development disabilities without the individual's consent in certain emergency situations.

Texas Law: Texas Health & Safety Code – Administration of Medication to Patient under Court-Ordered Mental Health Services

- ▶ A person may not administer a psychoactive medication to a patient who refuses to take the medication voluntarily unless:
 - + the patient is having a medication-related emergency*;
 - + the patient is under an order issued under Section 574.106 authorizing the administration of the medication regardless of the patient's refusal; or
 - + the patient is a ward who is 18 years of age or older and the guardian of the person of the ward consents to the administration of psychoactive medication regardless of the ward's expressed preferences regarding treatment with psychoactive medication.

Tex. Health & Safety Code § 574.103 (a) and (b)(1)-(3)

Note: Sec. 576.025 of the Health and Safety Code contains similar, but not identical, provisions related to the administration of psychoactive medication to a patient receiving voluntary or involuntary mental health services who refuses the medication.

Texas Law: Texas Health & Safety Code – Administration of Medication to Client Receiving Voluntary or Involuntary Residential Care Services or to a Client Committed to Certain Residential Care Facilities

- ▶ A person may not administer a psychoactive medication to a client who refuses to take the medication voluntarily unless:
 - + the client is having a medication-related emergency*;
 - + the client is under an order issued under Section 592.156 authorizing the administration of the medication regardless of the client’s refusal; or
 - + the client is a ward who is 18 years of age or older and the guardian of the person of the ward consents to the administration of psychoactive medication regardless of the ward's expressed preferences regarding treatment with psychoactive medication.

Tex. Health & Safety Code § 592.152 – 592.153

* A “medication emergency” means a situation in which it is immediately necessary to administer medication to an individual:

- ▶ to prevent imminent probable death or substantial bodily harm to the individual because the individual:
 - + overtly or continually is threatening or attempting to commit suicide or serious bodily harm; or
 - + is behaving in a manner that indicates that the client is unable to satisfy the client's need for nourishment, essential medical care, or self-protection; or
- ▶ to prevent imminent physical or emotional harm to another because of threats, attempts, or other acts the client overtly or continually makes or commits.

Tex. Health & Safety Code § 574.101 (2); 592.141 (2)

Note: All uses of the phrase “medication-related emergency” in subchapter G of Chapter 574 of Tex. Health and Safety Code and subchapter F of Chapter 592 includes the reference to the risk of suicide. See subsequent sections of Chapter 574 and 592 for procedures related to administration of medication without an individual’s consent.

EFFECT OF SUICIDE ATTEMPT ON A DECLARATION FOR MENTAL HEALTH TREATMENT

What you should know: Medical personnel can disregard an individual’s Declaration for Mental Health Treatment in emergency situations in order to prevent the individual from committing suicide.

Texas Law: Texas Civil Practice & Remedies Code – Disregard of Declaration for Mental Health Treatment.

- ▶ A physician or other health care provider may subject the principal (i.e., the person who is the subject of the Declaration for Mental Health Treatment) to mental health treatment in a manner contrary to the principal's wishes as expressed in a declaration for mental health treatment only:
 - + if the principal is under an order for temporary or extended mental health services under Section 574.034 or 574.035, Health and Safety Code, and treatment is authorized in compliance with Section 574.106, Health and Safety Code; or
 - + in case of an emergency* when the principal's instructions have not been effective in reducing the severity of the behavior that has caused the emergency.

- ▶ A declaration for mental health treatment does not limit any authority provided by Chapter 573 or 574, Health and Safety Code:
 - + to take a person into custody; or
 - + to admit or retain a person in a mental health treatment facility.
- ▶ This section does not apply to the use of electroconvulsive treatment or other convulsive treatment.

Tex. Civil Practice & Remedies Code Sec. 137.008.

*"Emergency" means a situation in which it is immediately necessary to treat a patient to prevent:

- ▶ probable imminent death or serious bodily injury to the patient because the patient:
 - + overtly or continually is threatening or attempting to commit suicide or serious bodily injury to the patient; or
 - + is behaving in a manner that indicates that the patient is unable to satisfy the patient's need for nourishment, essential medical care, or self-protection; or
- ▶ imminent physical or emotional harm to another because of threats, attempts, or other acts of the patient.

Tex. Civil Practice & Remedies Code § 137.001 (4)

Note: Because this section of the law defines “emergency” to include situations where there is an attempt to treat a patient to prevent death by suicide, all uses of the word “emergency” in Tex. Civil Practice & Remedies Code Chapter 137 would include suicide prevention.

VETERAN'S SERVICES

What you should know: Programs serving veterans, including women veterans or veterans in rural areas, should be knowledgeable about suicide prevention. *(New language in italics.)*

Texas Law: Texas Government Code – Veterans County Service Offices

The Texas Veteran’s Commission must, among other duties, develop a training handbook containing instruction and case studies addressing how to provide assistance to veterans and their families in a number of areas, and must coordinate with the Department of State Health Services to incorporate a suicide prevention component as part of the accreditation training and examination for County Service Officers that are designated by the County to assist veterans.

Tex. Government Code § 434.038 (e)(4)

REVISED Texas Law (SB1304 and SB 1305): Texas Health and Safety Code – Mental Health Program for Veterans

The Texas Department of State Health Services must develop a mental health intervention program for veterans. The program must include:

- ▶ peer-to-peer counseling;
- ▶ access to licensed mental health professionals for volunteer coordinators and peers;

- ▶ training approved by the department for peers;
- ▶ technical assistance for volunteer coordinators and peers;
- ▶ grants to regional and local organizations providing certain services;
- ▶ recruitment, retention, and screening of community-based therapists;
- ▶ suicide prevention training for volunteer coordinators and peers; and
- ▶ veteran jail diversion services, including veterans courts.

As part of the mental health intervention program for veterans, the department shall develop a women veterans mental health initiative. (SB 1304)

As part of the mental health intervention program for veterans, the department shall develop a rural veterans mental health initiative. (SB 1305)

The department shall solicit and ensure that specialized training is provided to persons who are peers and who want to provide peer-to-peer counseling or other peer-to-peer services under the program, must establish a grant program to award grants to organizations to deliver the veteran's programs, and must report certain information about how the program is going each year to the Governor and Legislature.

Tex. Health and Safety Code § 1001.202 – §1001.204

NEW Texas Law (HB 19): Texas Human Resources Code – Program for Veterans

The Texas Department of Family and Protective Services (DFPS) must develop and implement a preventive services program for veterans and military families who have committed or experienced or who are at a high risk of:

- family violence; or
- abuse or neglect.

The program must:

- be designed to coordinate with community-based organizations to provide prevention services;
- include a prevention component and an early intervention component;
- include collaboration with services for child welfare, services for early childhood education, and other child and family services programs; and
- coordinate with the community collaboration initiative developed under Subchapter I, Chapter 434, Government Code, and committees formed by local communities as part of that initiative.

(c) The program must be established initially as a pilot program in areas of the state in which the department considers the implementation practicable. The department shall evaluate the outcomes of the pilot program and ensure that the program is producing positive results before implementing the program throughout the state.

(d) The department (DFPS) shall evaluate the program and prepare an annual report on the outcomes of the program. The department shall publish the report on the department's Internet website.

The bill also requires the Texas Veterans Commission and the Department of State Health Services to collaboratively administer the mental health program for veterans developed under Chapter 1001, Health and Safety Code (described above).

The Veteran's Commission would:

- (1) provide training to volunteer coordinators and peers in accordance with Section 434.353;
- (2) provide technical assistance to volunteer coordinators and peers;
- (3) recruit, train, and communicate with community-based therapists, community-based organizations, and faith-based organizations; and
- (4) coordinate services for justice involved veterans.

(d) The Veteran's Commission shall provide appropriate facilities in support of the mental health program for veterans to the extent funding is available for that purpose.

The Veteran's Commission also has to develop and implement methods for providing volunteer coordinator certification training to volunteer coordinators, including providing training for initial certification and recertification and providing continuing education.

(b) The Veteran's Commission shall manage and coordinate the peer training program to include initial training, advanced training, certification, and continuing education for peers associated with the mental health program for veterans.

SUBCHAPTER I. COMMUNITY COLLABORATION INITIATIVE

Sec. 434.401. **COMMUNITY COLLABORATION.** (a) The Veteran’s Commission and the Department of State Health Services shall include as a part of the mental health program for veterans described by Section 434.352(a) an initiative to encourage local communities to conduct cross-sector collaboration to synchronize locally accessible resources available for veterans and military service members.

(b) The initiative must be designed to encourage local communities to form a committee that is tasked with developing a plan to identify and support the needs of veterans and military service members residing in their community. The Commission may designate general areas of focus for the initiative.

[Tex. Human Resources Code Chapter 52,](#)
[and Tex. Government Code, Chapter 434, Subchapters H and I](#)

NEW Texas Law (SB 55): Texas Government Code – Grants for Veterans’ Programs

The Health and Human Services Commission (HHSC) must establish a grant program for supporting community mental health programs providing services and treatment to veterans and their families. The program is contingent on funding being appropriated to HHSC for this purpose. HHSC must use a nonprofit or private entity to act as the administrator of the grant program, which must include assisting, supporting, and advising HHSC in designing, developing, implementing, and managing the program in a number of ways.

Funding was continued for this initiative in Rider **68. Mental Health for Veterans Grant Program.** HHSC will be required to submit a report on the effectiveness of the grants, the number of grants awarded, and the number of veterans served to the Legislative Budget Board and the Governor by December 1, 2016.

[Tex. Government Code § 531.0992](#)

EFFECT ON EMPLOYMENT FOR PERSON CONVICTED OF THE OFFENSE OF AIDING A SUICIDE

What you should know: A person who has been convicted of aiding a suicide may not be employed in certain state-regulated facilities, such as nursing homes, State Supported Living Centers, assisted living facilities, Home and Community Services Programs, local MH/ID center programs, and others.

Texas Law: Texas Health & Safety Code – Convictions Barring Employment

A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense under Section 22.08, Texas Penal Code (aiding suicide).

Tex. Health & Safety Code § 250.006 (a)(8)

What you should know: A nurse's license will be suspended if he or she has been convicted of aiding someone's suicide.

Texas Law: Texas Occupations Code – Required Suspension, Revocation, or Refusal of License for Certain Offenses

The board of nursing shall suspend a nurse's license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony.

Texas Occupations Code § 301.4535 (a)(9)

PUBLIC SAFETY/CRIMINAL JUSTICE

What you should know: The Texas Juvenile Justice Department (formerly the Texas Youth Commission) must train juvenile correctional officers in suicide prevention. (*New language in italics.*)

REVISED Texas Law (HB 2372): Texas Human Resources Code – Juvenile Correctional Officers

The Texas Juvenile Justice Department shall provide *competency-based training* to each juvenile correctional officer employed by the department, which must include on-the-job training, *Each officer must complete at least 300 hours of training in the officer's first year of employment, with at least 240 hours of training before the officer independently commences the officer's duties at a facility. The officer must demonstrate competency in the trained subjects.* The training must provide the officer with information and instruction related to the officer's duties, including information and instruction concerning the signs of suicide risks and suicide precautions, behavior management, mental health issues, trauma-informed care, and other topics.

Tex. Human Resources Code § 242.009 (b)(4)

What you should know: It is against the law to allow a child under 17 unsupervised access to a loaded firearm.

Texas Law: Texas Penal Code – Making a Firearm Accessible to a Child

- ▶ A person commits an offense if a child gains access to a readily dischargeable firearm and the person with criminal negligence:
 - + failed to secure the firearm; or
 - + left the firearm in a place to which the person knew or should have known the child would gain access.
- ▶ It is an affirmative defense to prosecution under this section that the child's access to the firearm:
 - + was supervised by a person older than 18 years of age and was for hunting, sporting, or other lawful purposes;
 - + consisted of lawful defense by the child of people or property;
 - + was gained by entering property in violation of this code; or
 - + occurred during a time when the actor was engaged in an agricultural enterprise.
- ▶ Except as provided by the subsection directly below, an offense under this section is a Class C misdemeanor.
- ▶ An offense under this section is a Class A misdemeanor if the child discharges the firearm and causes death or serious bodily injury to himself or another person.
- ▶ A peace officer or other person may not arrest the actor before the seventh day after the date on which the offense is committed if:
 - + the actor is a member of the family, as defined by Section 71.003, Family Code, of the child who discharged the firearm; and
 - + the child in discharging the firearm caused the death of or serious injury to the child.
- ▶ A dealer of firearms shall post in a conspicuous position on the premises where the dealer conducts business a sign that contains the following warning in block letters not less than one inch in height:

"IT IS UNLAWFUL TO STORE, TRANSPORT, OR ABANDON AN UNSECURED FIREARM IN A PLACE WHERE CHILDREN ARE LIKELY TO BE AND CAN OBTAIN ACCESS TO THE FIREARM."

Texas Penal Code § 46.13

What you should know: City or county jails may not be required to install fire sprinklers in jail facilities if a sheriff believes an inmate might use the sprinkler head in an attempt to commit suicide.

Texas Law: Texas Government Code – Fire Sprinkler Head Inspection

- ▶ On the request of a sheriff, the Commission on Jail Standards shall inspect a facility to determine whether there are areas in the facility in which fire sprinkler heads should not be placed as a fire prevention measure. In making a decision under this section, the commission shall consider:
 - + the numbers and types of inmates having access to the area;

- + the likelihood that an inmate will attempt to vandalize the fire sprinkler system or commit suicide by hanging from a sprinkler head; and
 - + the suitability of other types of fire prevention and smoke dispersal devices available for use in the area.
- ▶ If the commission determines that fire sprinkler heads should not be placed in a particular area within a facility, neither a county fire marshal nor a municipal officer charged with enforcing ordinances related to fire safety may require the sheriff to install sprinkler heads in that area.

Tex. Government Code § 511.0097

What you should know: A person who is determined to be a danger to themselves or others and who is ordered into in-patient psychiatric treatment may lose their right to possess a firearm, as is required by federal law.

Texas Law: Texas Code of Criminal Procedure - Search Warrants; Health and Safety Code – Emergency Detention

Disposition of firearm seized from certain persons with mental illness.

A peace officer is authorized to hold any firearm found on a person who is in a mental health crisis, is determined to be a danger to self or others, and is being detained and transported for an emergency mental health evaluation (i.e., “emergency detention”). Law enforcement is to conduct a follow-up investigation of the person to determine whether the case was dismissed or the person was court ordered into in-patient psychiatric treatment, so that the law enforcement agency will know whether or not it is permissible to return the firearm. The law also includes procedures for law enforcement agencies to return the weapon to the owner or other potential party if they did not meet the criteria for in-patient commitment.

Tex. Health and Safety Code §573.001(g); Code of Crim. Procedure Art.18.191

What you should know: A prison must have a medical or mental health professional assess an inmate before he or she can be sent to solitary confinement to ensure the inmate doesn’t have a medical or mental health condition for which solitary confinement could be harmful.

NEW Texas Law (HB 1083): Government Code – Inmate Welfare

- ▶ Before an inmate can be confined in a Texas Department of Criminal Justice (TDCJ) facility in administrative segregation (i.e., “solitary confinement”), an appropriate medical or mental health care professional must perform a mental health assessment of the inmate.
- ▶ TDCJ may not confine the inmate in administrative segregation if the assessment indicates that type of confinement is not appropriate for the inmate's medical or mental health.

Tex. Government Code § 501.068

What you should know: A person won't be found guilty of certain crimes if the person was using force to prevent another person from committing suicide.

Texas Law: Texas Penal Code – Protection of Life or Health

- ▶ A person is justified in using force, but not deadly force, against another when and to the degree he reasonably believes the force is immediately necessary to prevent the other from committing suicide or inflicting serious bodily injury to him or herself.
- ▶ A person is justified in using both force and deadly force against another when and to the degree he reasonably believes the force or deadly force is immediately necessary to preserve the other's life in an emergency.

Texas Penal Code § 9.34

What you should know: It is against the law to aid or attempt to aid another person in committing suicide.

Texas Law: Texas Penal Code – Aiding Suicide

- ▶ A person commits an offense if, with intent to promote or assist the commission of suicide by another, he aids or attempts to aid the other to commit or attempt to commit suicide.
- ▶ An offense under this section is a Class C misdemeanor unless the actor's conduct causes suicide or attempted suicide that results in serious bodily injury, in which event the offense is a state jail felony.

Tex. Penal Code § 22.08 (a) and (b)

What you should know: It is not against the law to assist a person in carrying out an advance directive or DNR order.

Texas Law: Health and Safety Code – Honoring Advance Directive or Do Not Resuscitate Order Not Aiding Suicide

- ▶ A person does not commit an offense under Section 22.08, Penal Code, by withholding or withdrawing life-sustaining treatment from a qualified patient in accordance with this subchapter.

Tex. Health & Safety Code § 166.047

- ▶ A person does not commit an offense under Section 22.08, Penal Code, by withholding cardiopulmonary resuscitation or certain other life-sustaining treatment designated by the board from a person in accordance with this subchapter.

Tex. Health & Safety Code § 166.096

REPORTS AND DATA

What you should know: The Texas Health and Human Services Commission Office of Inspector General must report annually to a number of state executive and legislative officials the number of investigations in State Supported Living Centers (formerly called “State Schools”) and in state psychiatric hospitals that involve the suicide of a resident

Texas Law: Texas Health & Safety Code – Annual Status Report

The inspector general shall prepare an annual status report of the inspector general's activities, which must include information that is aggregated and disaggregated by individual center or state hospital regarding the number of investigations conducted that involve the suicide, death, or hospitalization of an alleged victim.

Tex. Health & Safety Code § 555.103 (a) and (b)(4)

What you should know: The Inspector General of the Texas Juvenile Justice Department (TJJD—formerly the Texas Youth Commission) must report regularly to a number of state executive and legislative officials certain information, including the number of investigations they have conducted in TJJD facilities that involve a youth’s suicide.

Texas Law: Texas Human Resources Code – Office of Inspector General

- ▶ The chief inspector general shall on a quarterly basis prepare and deliver a report concerning the operations of the office of inspector general.
- ▶ A report prepared under this section is public information under Chapter 552, Government Code (i.e., “Open Records”), to the extent authorized under that chapter and other law, and the department shall publish the report on the department’s Internet website. A report must be both aggregated and disaggregated by individual facility and include information relating to:
 - + the number of investigations conducted concerning suicides, deaths, and hospitalizations of children in the custody of the department.

Tex. Human Resources Code § 242.102 (g) and (h)(3)

What you should know: Certain entities or agencies may share information about suicides with each other and release data for suicide prevention purposes.

Texas law: Texas Health & Safety Code – Memorandum of Understanding on Suicide Data

- ▶ In this section, "authorized entity" means a medical examiner, a local registrar, a local health authority, a local mental health authority, a community mental health center, a mental health center that acts as a collection agent for the suicide data reported by community mental health centers, or any other political subdivision of this state.
- ▶ An authorized entity may enter into a memorandum of understanding with another authorized entity to share suicide data that does not name a deceased individual. The shared data may include:
 - + the deceased individual's date of birth, race or national origin, gender, and zip code of residence;
 - + any school or college the deceased individual was attending at the time of death;
 - + the suicide method used by the deceased individual;
 - + the deceased individual's status as a veteran or member of the armed services; and
 - + the date of the deceased individual's death.
- ▶ The suicide data an authorized entity receives or provides under the above provisions is not confidential.
- ▶ An authorized entity that receives suicide data under a memorandum of understanding authorized by this section may periodically release suicide data that does not name a deceased individual to an agency or organization with recognized expertise in suicide prevention. The agency or organization may use suicide data received by the agency or organization under this subsection only for suicide prevention purposes.
- ▶ An authorized entity, or an employee or agent of an authorized entity, is not civilly or criminally liable for receiving or providing suicide data that does not name a deceased individual and that may be shared under a memorandum of understanding authorized by this section.
- ▶ This section does not prohibit the sharing of data as authorized by other law.

Texas Health & Safety Code § 193.011

What you should know: The law authorizes Texas counties to establish “fatality review teams” to investigate unexpected deaths, which include deaths by suicide, and to use the information gathered from the investigations to engage in activities to prevent such deaths in the future – including “advising the legislature, appropriate state agencies, and local law enforcement agencies on changes to law, policy, or practice that will reduce the number of unexpected deaths.”

Texas law: Texas Health & Safety Code – Definitions

"Unexpected death" includes a death of an adult that before investigation appears:

- ▶ to have occurred without anticipation or forewarning; and
- ▶ to have been caused by suicide, family violence, or abuse.

Note: Because the definition of “unexpected death” includes suicide, all uses of the phrase “unexpected death” in this section of the code, below, also include suicide.

Establishment of Review Team

- ▶ A multidisciplinary and multiagency unexpected fatality review team may be established for a county to conduct reviews of unexpected deaths that occur within the county. A review team for a county with a population of less than 50,000 may join with an adjacent county or counties to establish a combined review team.
- ▶ The commissioners' court of a county may oversee the activities of the review team or may designate a county department to oversee those activities. The commissioner's court may designate a nonprofit agency or a political subdivision of the state involved in the support or treatment of victims of family violence, abuse, or suicide to oversee the activities of the review team if the governing body of the nonprofit agency or political subdivision concurs.
- ▶ Members selected under this section should have experience in abuse, neglect, suicide, family violence, or elder abuse.

Purpose and Powers of Review Team

- ▶ The purpose of a review team is to decrease the incidence of preventable adult deaths by:
 - + promoting cooperation, communication, and coordination among agencies involved in responding to unexpected deaths;
 - + developing an understanding of the causes and incidence of unexpected deaths in the county or counties in which the review team is located; and
 - + advising the legislature, appropriate state agencies, and local law enforcement agencies on changes to law, policy, or practice that will reduce the number of unexpected deaths.
- ▶ To achieve its purpose [to decrease the incidence of preventable adult deaths], a review team shall:
 - + meet on a regular basis to review fatality cases suspected to have resulted from suicide, family violence, or abuse and recommend methods to improve coordination of services and investigations between agencies that are represented on the team.

Duties of Presiding Officer

The presiding officer of a review team may send notices to the review team members of a meeting to review a fatality involving suspected suicide, family violence, or abuse.

Access to Information

- ▶ A review team may request information and records regarding adult deaths resulting from suicide, family violence, or abuse as necessary to carry out the review team's purpose and duties. Records and information that may be requested under this section include:
 - + medical, dental, and mental health care information; and
 - + information and records maintained by any state or local government agency, including:
 - + a birth certificate;
 - + law enforcement investigative data;
 - + medical examiner investigative data;
 - + juvenile court records;
 - + parole and probation information and records; and
 - + adult protective services information and records.

Meeting of Review Team

This section does not prohibit a review team from requesting the attendance at a closed meeting of a person who is not a member of the review team and who has information regarding a fatality resulting from suicide, family violence, or abuse.

Report of Unexpected Fatality

A person, including a health care provider, who knows of the death of an adult that resulted from, or that occurred under circumstances indicating death may have resulted from suicide, family violence, or abuse shall immediately report the death to the medical examiner of the county in which the death occurred or, if the death occurred in a county that does not have a medical examiner's office or that is not part of a medical examiner's district, to a justice of the peace in that county.

Procedure in the Event of Reportable Death

- ▶ A medical examiner or justice of the peace notified of a death under the above provision may hold an inquest under Chapter 49, Code of Criminal Procedure, to determine whether the death was caused by suicide, family violence, or abuse.
- ▶ Without regard to whether an inquest is held, the medical examiner or justice of the peace shall immediately notify the county or entity designated by the commissioner's court of:
 - + each notification of death received under Section 672.012 (report of unexpected fatality);
 - + each death found to be caused by suicide, family violence, or abuse; or
 - + each death that may be a result of suicide, family violence, or abuse, without regard to whether the suspected suicide, family violence, or abuse is determined to be a sole or contributing cause and without regard to whether the cause of death is conclusively determined.

Tex. Health & Safety Code Chapter 672

What you should know: A medical examiner's office must hold an inquest into the death of a person who dies in the county if the person commits suicide or the circumstances of the death indicate that the death may have been caused by suicide, and the death certificate must state if the cause of death was suicide.

Texas law: Texas Code of Criminal Procedure – Medical Examiners/Death Investigations

Any medical examiner, or his duly authorized deputy, shall be authorized, and it shall be his duty, to hold inquests with or without a jury within his county when any person commits suicide, or the circumstances of his death are such as to lead to suspicion that he committed suicide.

Tex. Code of Criminal Procedure Art. 49.25 Sec. 6 (a)(5)

What you should know: In counties that do not have a medical examiner, a justice of the peace shall conduct an inquest into the death of a person who dies in the county if the person commits suicide or the circumstances of the death indicate that the death may have been caused by suicide.

Texas law: Texas Code of Criminal Procedure – Deaths Requiring an Inquest

A justice of the peace shall conduct an inquest into the death of a person who dies in the county served by the justice if the person commits suicide or the circumstances of the death indicate that the death may have been caused by suicide.

Tex. Code of Criminal Procedure Art. 49.04 (a)(5)

Texas law: Texas Health & Safety Code – Personal Information

A person conducting an inquest required by Chapter 49, Code of Criminal Procedure, shall complete the medical certification not later than five days after receiving the death or fetal death certificate; and state on the

medical certification the disease that caused the death or, if the death was from external causes, the means of death and whether the death was probably accidental, suicidal, or homicidal, and any other information required by the state registrar to properly classify the death.

Tex. Health & Safety Code § 193.005(e)(1) and (2)

PUBLIC SAFETY EMERGENCY RESPONSE SYSTEMS

What you should know: 9-1-1 systems may be used to transmit requests for suicide prevention services.

REVISED Texas law: Texas Health & Safety Code – Transmitting Requests for Emergency Aid

A 9-1-1 system must be capable of transmitting requests for fire-fighting, law enforcement, ambulance, and medical services to a public safety agency or agencies that provide the requested service at the place from which the call originates. A 9-1-1 system may also provide for transmitting requests for other emergency services, such as poison control, suicide prevention, and civil defense, with the approval of the board and the consent of the participating jurisdiction.

Tex. Health & Safety Code §§ 772.112, 772.212, 772.312, 772.515, and *NEW* § 772.614 (SB 1108)

EFFECT OF SUICIDE IN A CIVIL ACTION OR LAWSUIT

What you should know: A defendant in a civil lawsuit may be not liable for damages in the lawsuit in certain situations if the person suing (i.e., the plaintiff) was committing or attempting to commit suicide and suicide (or the attempt) caused the damages/injury.

Texas law: Texas Civil Practice & Remedies Code – Assumption of the Risk: Affirmative Defense

It is an affirmative defense to a civil action for damages for personal injury or death that the plaintiff, at the time the cause of action arose, was:

- ▶ committing a felony, for which the plaintiff has been finally convicted, that was the sole cause of the damages sustained by the plaintiff; or
- ▶ committing or attempting to commit suicide, and the plaintiff's conduct in committing or attempting to commit suicide was the sole cause of the damages sustained; provided, however, if the suicide or attempted suicide was caused in whole or in part by a failure on the part of any defendant to comply with an applicable legal standard, then such suicide or attempted suicide shall not be a defense.

Note: The above does not apply in any action brought by an employee, or the surviving beneficiaries of an employee, under the Worker's Compensation Law of Texas, or in an action against an insurer based on a

contract of insurance, a statute, or common law. In an action to which it does apply, this section of the law will prevail over any other law.

Tex. Civil Practice & Remedies Code § 93.001

EFFECT OF SUICIDE ON PROPERTY TRANSACTIONS

What you should know: A real estate broker or salesperson does not have to reveal information about whether any person who lived on the property they are brokering committed suicide.

Texas law: Texas Occupations Code – Disclosure of Certain Information Relating to Occupants

A license holder is not required to inquire about, disclose, or release information relating to whether:

- ▶ a previous or current occupant of real property had, may have had, has, or may have AIDS, an HIV-related illness, or an HIV infection as defined by the Centers for Disease Control and Prevention of the United States Public Health Service; or
- ▶ a death occurred on a property by natural causes, suicide, or accident unrelated to the condition of the property.

Tex. Occupations Code § 1101.556

What you should know: A person attempting to sell property does not have to reveal information about whether any person who lived on the property they are brokering committed suicide.

Texas law: Texas Property Code – Seller's Disclosure of Property Condition

A seller or seller's agent shall have no duty to make a disclosure or release information related to whether a death by natural causes, suicide, or accident unrelated to the condition of the property occurred on the property or whether a previous occupant had, may have had, has, or may have AIDS, HIV-related illnesses, or HIV infection.

Tex. Property Code § 5.008 (c)

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ADDENDUM TO SUICIDE PREVENTION STATUTES

Texas Suicide Prevention Week

**Sunday through Saturday surrounding World Suicide Prevention Day,
September 10, each year**

CONCURRENT RESOLUTION

WHEREAS, Suicide is a major preventable cause of premature death in the State of Texas; and

WHEREAS, According to the latest available figures, approximately 30 Texans attempt suicide every day, and on average, 6 attempts are completed; death by one's own hand stands as the 11th leading cause of mortality in the state overall, ranking 7th among men and 14th among women; and

WHEREAS, Suicide is the third leading cause of death for young Texans and the second leading cause of death for college-age youth; a large number of suicides occur among the middle-aged as well, while the elderly suffer the highest rate; veterans and active-duty military personnel in Texas are also at high risk for suicide; and

WHEREAS, In addition to the personal suffering involved, suicide entails significant social costs; the average medical expense associated with each suicide death is \$4,000, while the medical cost of each suicide attempt averages nearly \$9,000; in addition, the "work loss" cost per suicide death has been calculated at \$1.2 million; and

WHEREAS, The causes of suicide are complex and include psychological, biological, and sociological factors; among those who die by suicide, 90 percent are suffering from an underlying mental health or substance abuse condition; the most common mental health problem affecting those who commit suicide is a depressive disorder; sadly, the stigma attached to mental illness often discourages individuals who are afflicted from seeking help; and

WHEREAS, Public health researchers, however, consider suicide to be one of the most preventable causes of death; opportunities for reducing the incidence of suicide continue to improve, thanks to advances in neuroscience, progress in diagnosing and treating mental illness, and the growing number of community-based suicide prevention initiatives; and

WHEREAS, September 10 is now recognized annually as World Suicide Prevention Day; within this country, the Substance Abuse Mental Health Services Administration, the U.S. Suicide Prevention Resource Center, the American Association of Suicidology, and the American Foundation for Suicide Prevention, together with Mental Health America of Texas and the Texas Suicide Prevention Council, have endorsed the week encompassing September 10 as a time to promote understanding about suicide and to highlight resources for addressing its precipitating causes; now, therefore, be it

RESOLVED, That the 82nd Legislature of the State of Texas hereby designate the Sunday through Saturday surrounding World Suicide Prevention Day, September 10, each year as Texas Suicide Prevention Week.

