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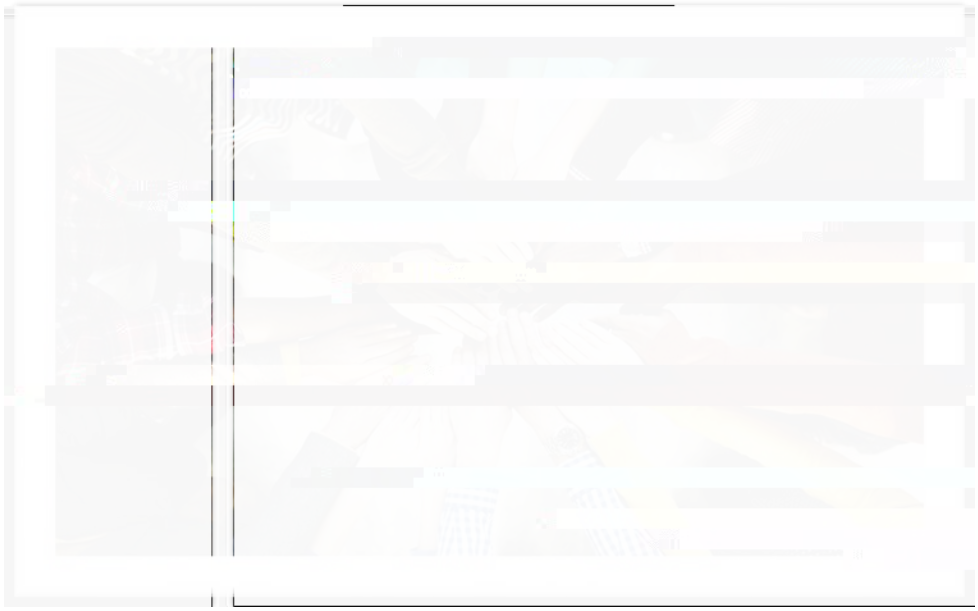

The University of the State of New York
The State Education Department
Office of Student Support Services

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

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

Suicide is the second leading cause of death among young people aged 10-24. Youth across racial/ethnic groups, and sexual orientations experience suicidal thoughts and even attempts at significant rates. Black children aged 5-12 had a significantly higher incidence of suicide than white children[3], and suicide was the second leading cause of death for Hispanics, ages 15 to 34.[4] Research also indicates that lesbian, gay, and bisexual youth have much higher levels of suicidal ideation than their heterosexual peers.[5] Unique risk factors exist that put Black youth, Latinx youth, and LGBT youth at risk for suicide. Those risk factors may include racism, disparities in health, and limited access to healthcare, mental illness, harassment, bullying, rejection by family, language barriers and poverty.[6]

[1] Levin, Dan. "In a World 'So Upside Down', the Virus Is Taking a Toll on Young People's Mental Health." May 20, 2020, *The New York Times,* 18 March 2021 https://www.nytimes.com/2020/05/20/us/coronavirus-young-people-emotional-toll.html

[2] Yard E. Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic United States, January 2019-May 2021. MMWR Morb Mortal WKLY Rep 2021; 70:888-894.

[3] Bridge, Jeffrey A et al. "Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015." *JAMA pediatrics* vol. 172,7 (2018V2 theng97 Tc 0 Tw (-)Tj0.004 Tc -0.004 Tw [(1)13.ed S3 1an8L rlhenghK04 Tc -0.0047 (m)-3

[illegible] [illegible]

[illegible] [illegible] [illegible] – Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent.[8]

[illegible] – Interventions to address the care of bereaved survivors, caregivers, and health care providers; destigmatize the tragedy of suicide and assist with the recovery process; and serve as a secondary prevention effort to minimize the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma.[9]

[illegible] – Per the CDC, "[d]eath caused by self-directed injurious behavior with an intent to die as a result of the behavior."

[illegible] Non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

[illegible] Any behavior resulting in an attempt or preparation for an attempt; this may include practicing or rehearsing for the attempt.

[illegible] The phenomenon by which suicide and suicidal behavior is increased for some who are exposed to the suicide of others.[10]

[illegible] – Thoughts of ending one's own life, regardless of how intense these suicidal thoughts are.

[8] Erbacher, T., Singer, J., Poland, S. (2015). "Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention". Rutledge, New York.
[9] Underwood, M., Fell, F., Spinazzola, N. (2018). "Lifelines Postvention: Responding to Suicide and Other Traumatic Death." Hazelden, Center City

and Protective Factors in OMH's A Guide for Suicide Prevention in New York Schools (p.4).

[redacted] are characteristics at the biological, psychological, family, community, or cultural level that precede, and are associated with, a higher likelihood of negative outcomes.[13] Risk factors include, but are not limited to, academic challenges or learning

intervention, and postvention policies and procedures, as well as executing the actions necessary to ensure the safety of the student(s) during a crisis.[15] School administrators should designate a school suicide prevention liaison to act as a point of contact in each school building for issues related to suicide prevention and policy implementation. Each member of the crisis team should have a distinct role and responsibility; these responsibilities should be committed to in writing. Members of the team should include, but are not limited to, a school administrator, school psychologist, school counselor, school social worker, teacher, school nurse, and/or district medical director, school safety professional, and any other district/school member who can be of assistance during a crisis. Written procedures should be developed that clearly delineate how to refer a student when suicide risk is suspected and should be reviewed at least annually with all staff. Training should be ongoing so that when the School

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that staff be educated about school district suicide protocols during staff orientation, staff meetings, and in-service trainings. SAMHSA further recommends that the protocols be incorporated into the employee handbook, employee newsletter and any other form of communication used with teachers, and staff. School districts should develop and provide training on protocols which should include:

- How to identify warning signs for suicide, and the protocols to follow when referring a student thought to be at risk for suicide;
- A description of the roles and responsibilities of the school crisis team; and
- The flow of communication, and the tasks each role of the school crisis team undertakes.

All school districts should have clear policies and protocols for what steps to take if a student verbalizes suicidal ideation or attempts suicide. Schools should consider the need for trained school-employed mental health professionals and school crisis teams. Protocols should include the following action steps:

When school staff become aware of a student exhibiting potential suicidal behavior, they should: immediately escort the child to a member of the school's crisis team.

- if the appropriate staff is not available, 911, mobile crisis, and/or crisis text line 741741 should be contacted;
- inform the student what you are going to do every step of the way;
- prevent the student from leaving school or being alone under any circumstances (even in the restroom);
- reassure and supervise the student until a 24/7 caregiving resource (e.g., parent/guardian, mental health professional, social worker), can assume responsibility;
- determine the level.w 16.73 0 g0.004

- a member of the school crisis team should remain with the student until the parent/guardian is in attendance, including if the student requires transportation to the hospital, the school crisis team member needs to accompany the student during transportation and until a parent/guardian is in attendance.

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

3. **[illegible]** Suicidal thinking and behavior can also occur outside of school. Thus, referrals should include options to access 24-hour community-based services.

4. **[illegible]** A trained member of the school crisis team, ideally a mental health professional, along with the student, and parent/guardian should develop a written safety plan. The safety plan should include:
   - a written list of coping strategies,
   - sources of support,

is critical. Students need support navigating how to explain their absence and return. Schools play a crucial part in students' safe return to school. tudentt4 (r)u (nav)4 (i (na

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

- Appendix A- *Sample School Suicide Crisis Protocol* is a set of best practice standards that schools can use when a student is in crisis. The protocol is a step-by-step guide for adults caring for students in crisis.
- Appendix B- *Protocol for Responding to a Student Suicide Attempt*, adapted from SAMHSA's Preventing Suicide A Toolkit for High Schools, provides schools with an easy to read and follow procedure if a teacher or staff member becomes aware of a student at risk for suicide.
- Appendix C- *Sample Suicide Risk Assessment and Safety Planning Document* is a step-by-step checklist that schools can use to document the chain of events that have occurred when a student is identified as being at risk for suicide.
- Appendix D- *Columbia Suicide Severity Rating Scale* is a questionnaire that schools can use to assess a student's suicide risk.
- Appendix E- *Sample Parent/Guardian Notification of Child's Suicide Risk* is a tool that can be used to provide information to parents/guardians regarding actions taken to ensure the safety of their child, recommendations for care of their child, and the need for a meeting upon the child's return to school to assist in the development of a safety plan.
- Appendix F- *Sample Safety Plan* is a tool that schools can use in collaboration with the student and their parent/guardian. It is a prioritized list of coping strategies and sources of support students can use to mitigate suicide risk.
- Appendix G- *Sample Return to School Meeting* is a documentation tool that schools can use when a student is returning to school. It addresses a student's status, community recommendations, review of the safety plan, how missing academic work will be handled, assistance with helping the student to answer questions, establishment of check ins while at school, assistance for families, and creating a plan for follow up.

[redacted] 18	[redacted] (Customize this section based on school specific policies)	[redacted]

FEELINGS – Hopelessness, excessive worry, burdensomeness, rejections, worthlessness

ACTIONS – Impulsiveness, self-harm, increase drug or alcohol use, giving away possessions, looking for a way to die.

CHANGES – Particularly in the presence of other warning signs, changes in attitude, moods, behaviors, or social connection, sudden change in sleep or eating habits.

THREATS ociti ioodsi t a w too76126 Td[(dr)-6exocesenionsf othlr als osares ole

	(Customize this section based on school specific policies)	
Contact Parent/Guardian Parent/Guardian arrives at school	Explain why their child is thought to be at risk for suicide. If child was transported by Emergency Services, inform them of child's location. Explain options for follow up with mental health services or further emergency evaluation based on level of risk. Provide information about services and assist with making appointments. Explain the importance of securing all firearms, medications, alcohol, and other dangerous items. Provide contact information for the school suicide prevention liaison. The liaison will remain in contact with the family and will determine when contact/follow up will occur. Obtain signed HIPAA consent to speak with/obtain information from the student's mental health provider in preparation for returning to school. Explain that a return to school meeting will be scheduled for safety planning and support.	_____ _____ _____ _____ _____ _____ _____

Student's Name _____Date_____
Name of Person Completing Form _____

For each step, please check all that apply. Attach all relevant documentation (completed C-SSRS, Parent/Guardian Notification Form, Safety Plan).

Who

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Past month

What (thoughts, moods, experiences) do you experience when you feel very depressed or have thoughts of suicide?

”

”

What can you do on your own to help yourself not act on suicidal thoughts? Think about how likely you would be to use these strategies and what might stand in the way of you doing these things.

”

”

. *Who or what social situations might help to make you feel better or take your mind off your problems?*

”

”

Who can you contact and talk to when you are feeling depressed, stressed, or having suicidal thoughts? Think about people at school, home, and other places.

”

”

National Suicide Prevention Lifeline: 1-800-273-8255 or https://www.sprc.org/livedexperience/tool/crisis-lines or text 741-741

”

”

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Student_____Date_____/_____/

Parent/Guardian_____Date____/_____/

School Personnel/Title_____Date_/_/___

Student Name_____Date:___/___/___

People in Attendance:

Student

The Office of Mental Health Information for Children, Teens and Their Families provides resources for children and their families.

Single Point of Access (SPOA) or Children and Youth Services is a centralized intake process for referrals for high-intensity mental health services for children and adults. The purposes of the SPOA are to manage access to high-intensity mental health services, provide a forum for improved collaboration among community service providers, and identify and promote community-based alternatives to residential treatment and psychiatric hospitalization.

SAMHSA's Preventing-Suicide-A-