*****Massachusetts Department of***

***Elementary and Secondary Education***

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**Suicide Awareness and Prevention Training Guidance**

Section 12 of An Act Relative to the Reduction of Gun Violence[[1]](#footnote-1) amended G.L. c. 71 by adding Section 95 (a), which requires all public school districts and commonwealth charter schools to provide at least 2 hours of suicide awareness and prevention training every 3 years to all licensed school personnel, subject to appropriation. In addition, newly hired licensed personnel are to be trained within 6 months of being hired. The statute states that the training shall be provided within the framework of existing in-service training programs offered by the department or as part of required professional development activities. Since additional funding for this training has not been appropriated, the training is not required. Nonetheless, the Department of Elementary and Secondary Education is providing this guidance to assist districts interested in designing comprehensive professional development on this issue.

Teachers and other licensed personnel play an extremely important role in suicide prevention. They have day-to-day contact with many students, some of whom have problems that could result in self-harm and/or serious injury, or even suicide. Teachers, in particular, are well-positioned to both observe the behavior of students and to take action when it is suspected that a student might be at risk for self-harm or harm to others.

This guidance was developed using a Safe and Supportive School Framework.[[2]](#footnote-2) Schools and districts are encouraged to consider using this framework as an organizing tool to provide suicide awareness and prevention training within the context of creating a safe and supportive environment for students. The Framework identifies 6 key areas that should be addressed in school-wide initiatives such as suicide awareness and prevention training plans.

1. **LEADERSHIP**
2. **PROFESSIONAL DEVELOPMENT**
3. **ACCESS TO RESOURCES AND SERVICES**
4. **ACADEMIC AND NON-ACADEMIC SUPPORTS**
5. **POLICIES AND PROTOCOLS**
6. **COLLABORATION WITH FAMILIES**
7. **LEADERSHIP**

The suicide or violent or unexpected death of a student, teacher, well-known community member, or even a celebrity, can significantly impact the school community and may result in increased risk for suicide in vulnerable young people. Accordingly, an essential component of any crisis or suicide response plan is responding appropriately to a tragedy that may generate increased risk for suicide.

Maintaining a safe and supportive learning environment is implicitly a school’s/school district’s overall mission. The support of school administrators is essential for the success of suicide awareness and prevention initiatives within schools. District administrators should take the lead in developing the comprehensive plan for preventing and responding to suicide. The plan should include the response to the suicide death of any student, faculty, or staff member, as well as other members of the broader community. Oversight of a school’s response following a suicide generally falls to the building principal, who needs to have access to appropriate guidance and resources. District administrators must also be prepared to support school district faculty and staff who may be affected by a suicide death.

1. **PROFESSIONAL DEVELOPMENT**

Identifying students at risk is an integral element of a comprehensive approach to suicide prevention. Teachers and staff can be alerted to problems or circumstances that increase suicide risk and identify students who may be at-risk for suicide. Typically, suicide is greater among people with more than one risk factor. For those already at-risk, a precipitating or “triggering” event causing shame or despair may increase likelihood of suicidal behavior. Such events may include school problems (e.g., academic challenges; discipline issues), family problems or abuse, relationship problems or break-ups, bullying, and legal difficulties. Although most students with risk factors will not attempt suicide, a professional evaluation would be indicated. Thus, raising staff awareness about suicide and providing training to school staff are the key components of a successful school-based suicide prevention program.

Districts should provide tiered training, so that all school staff know district policies, procedures, and protocols for prevention, intervention, and follow-up in preventing and responding to suicide. Faculty and staff see students on a daily basis and often recognize changes in student performance, demeanor, and appearance that indicate a student may be at risk. Staff should know the warning signs of suicide, how to identify at-risk students, and referral processes to appropriate resources.

Teachers and staff can have an active role in suicide prevention by fostering the emotional well-being of all students, not just those already at high risk. Teachers are well-positioned to promote the feeling of connectedness and belonging in the school community. Research states that school connectedness is the belief by students that adults and peers in the school care about them as individuals as well as their learning. Further, connectedness is shown to be an important factor in improving academic achievement and healthy behaviors, and is also directly related to reducing suicidal thoughts and behaviors. Staff should have knowledge of and relationships with local community partners and agencies to which students and families can be referred.

All staff should receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, follow-up, and resources regarding youth suicide prevention. The professional development should include information regarding groups of students at elevated risk for suicide, including those living with mental health challenges and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additionally, education and training should address cultural differences since cultural background can affect how students respond to problems, how they may talk about death and dying, and their attitudes towards suicide, as well as how they feel about sharing personal information, speaking with adults, and seeking help.

Teachers should be educated and trained to know the immediate actions and procedures to follow should they encounter a student at immediate risk for suicide. Additionally, teachers should be taught how to reach out to a student about whom they may be concerned for suicide risk.

Suicide prevention plans should include a student suicide awareness and prevention component. Teachers should become involved in various activities and components of their school’s programmatic efforts. Educators who provide suicide prevention lessons to students as part of an evidence-based suicide prevention curriculum should receive training in those curricula to assure fidelity of implementation.

School psychologists, counselors and social workers should be provided with specified information and skills to prepare them to effectively meet the needs of students who are at risk or have reported considering and/or making suicide attempts. Suicide can also occur among teachers and staff as well as students, and knowing signs of risk can be helpful for assisting colleagues in obtaining help.

1. **ACCESS TO RESOURCES AND SERVICES**

Young people’s ability to learn is affected when they are struggling with thoughts of suicide. Obviously, the primary responsibility of schools is to educate students and many school districts do not have the capacity to directly provide appropriate mental health services to students at risk. Educators and school counseling personnel should work in collaboration with health care professionals, educators, and mental health specialists to meet the needs of those most at risk.

School counseling personnel should be provided with the strategies necessary to facilitate referrals to community services for the wide variety of mental health problems that students experience including suicide. Districts should establish a resource list for the network of services that are available through the local agencies in their areas. Service providers may include psychiatric hospitals, community mental health centers, mental health service providers including psychologists, psychiatrists, social workers, hospitals with psychiatric departments, and primary care providers. Referral processes should include strategies and skills for working with students and families who are being referred.

1. **ACADEMIC AND NON-ACADEMIC SUPPORTS**

School environments that incorporate universal supports with high-quality educational instruction can maximize time spent in the classroom and minimize removal of students with mental health challenges. Integrating suicide prevention into schools is one of the easiest ways to reach youth and young adults.

If a school has school-based mental health professionals, they should be working directly with young people who are identified as being at risk of suicide. At least one individual should be designated as the point of contact and support for students who are considered to be at risk.

High schools should consider implementing evidence-based suicide prevention curricula for grades 9-12. Junior high/middle schools with data demonstrating suicide ideation or attempts within their populations may also want to consider implementing such curricula. All programs should be developmentally appropriate and demonstrate cultural competency.

1. **POLICIES AND PROTOCOLS**

All Massachusetts school districts should have policies for suicide prevention, intervention, and follow-up in place. It is essential to establish protocols for responding to students at possible risk of suicide before implementing strategies to help identify students at risk of suicide. Identifying students who are at risk of suicide will be more likely to prevent suicide when the appropriate services are in place. Policies should include guidelines for working with at-risk students, communication with students, staff, parents/families, and the media, memorialization, and confidentiality. Schools should include procedures for reintegration of those students who have been absent related to a suicide risk, hospitalized for mental health treatment, or recovering from an attempt.

Specific protocols should be designed for district crisis response teams. Crisis team members should understand their roles in implementing the planned response, providing support and structure, and their individual responsibilities.

1. **COLLABORATION WITH FAMILIES**

School districts must emphasize the importance of school-community-home collaborations in weaving together the resources for comprehensive, multifaceted approaches to preventing suicide. Providing parents/guardians with information regarding comprehensive suicide prevention programs is critical, as they play a key role in their success. Parents/guardians need to be prepared to cope with suicide in the school community and realize the importance of asking for help when needed to prevent or respond to suicide. It is recommended that school districts inform parents and families about the district’s comprehensive suicide prevention program on an annual basis.

Student handbooks should contain information on district policies, procedures and protocols.  This information should also be made available through the district website, Parent Teacher Associations/Organizations, parent engagement programming, and other related programming. If suicide prevention curricula are being implemented, schools should offer parent workshops that include lesson overviews and make the curriculum available for review. Information on the prevalence of suicide and suicide attempts, warning signs of suicide, how to respond when they recognize a youth at risk, and where to turn for help in the community should be made available to families during outreach activities. Materials should be easily understandable and culturally competent.

**Definitions**

Licensed school personnel means a person required to be certified, authorized, or approved by the Department of Elementary and Secondary Education as a superintendent, administrator, principal, classroom teacher, school nurse, school social worker/adjustment counselor, school psychologist, or school guidance counselor.

School staff includes, but is not limited to, educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, support staff, and paraprofessionals.

Suicide Awareness and Prevention Education includes information on suicide prevention awareness, based on accepted national models, and provides: a good foundation in language use, beliefs, and attitudes underpinning suicide prevention; understanding of basic district protocols on necessary steps to assist a student; discussion of common warning signs, risk factors, and protective factors for suicide; training in a simple intervention to ask individuals about suicide and to connect them with appropriate resources; and identification of school and local resources for intervention.

**Resources**

The Centers for Disease Control and Prevention: <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

Massachusetts Department of Public Health:

<http://www.mass.gov/dph/suicideprevention>

The Society for Prevention of Teen Suicide:

<http://www.sptsusa.org/>

School Resources related to Suicide Prevention:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/suicide-prevention/school-resources.html>

1. [Chapter 284 of the Acts of 2014](https://malegislature.gov/Laws/SessionLaws/Acts/2014/Chapter284) [↑](#footnote-ref-1)
2. The Framework was adapted from the Framework developed by the 2008 Behavioral Health and Public Schools Task Force <http://www.doe.mass.edu/research/reports/2011/08BehavioralHealth.pdf> [↑](#footnote-ref-2)