



Model Suicide Awareness and Prevention Administrative Regulation

Pursuant to section 1526 of the Pennsylvania Public School Code, 24 P.S. §15-1526, the Pennsylvania Department of Education (Department) developed a Model Youth Suicide Awareness and Prevention Policy.

Additionally, the following Administrative Regulation was developed for school entities to use as an additional resource when developing/implementing their own Youth Suicide Awareness and Prevention Policy. The information contained in this document includes research-based practices, which the Department *recommends* implementing with the school entity's Youth Suicide Awareness and Prevention Policy. In developing procedures, it is recommended that school entities reference SAMHSA's *Preventing Suicide: A Toolkit for High Schools*, which outlines a multifaceted approach to school-based suicide prevention with the following six (6) components:

1. Protocols for helping students at risk of suicide
2. Protocols for responding to suicide death
3. Staff education and training
4. Parent education
5. Student education
6. Screening

Neither the Model Policy nor this Administrative Regulation is intended to be adopted as written. Instead, each school entity should consider both the Model Policy and Administrative Regulation below as a reference when developing and implementing their own unique Policies.

Unless otherwise noted, the definitions found in the Model Policy also apply to the terms in this document.

Staff Development

Training Effectiveness

Research in suicide prevention and awareness training for gatekeepers¹ has been found to improve outcomes; including increased knowledge about suicide prevention and resources, and increased comfort in engaging individuals at risk. In keeping with evidence-based practices in adult education, it is recommended that gatekeeper training is spread out over a period of time, as opposed to one long training session and then not revisiting the training for several years. If schools opt to deliver an extended training to staff at one time, it is recommended that school personnel receive annual “refresher” training to review key content and any updates in research and best practice recommendations. Additionally, best practices in suicide prevention recommend the inclusion of behavioral role play and dissemination of national, state, and local resources.

The following nine topic areas are recommended for gatekeeper training:

1. Suicide Prevention 101 and Debunking Myths
2. School-related Epidemiology
3. Risk Factors vs. Warning Signs
4. Risk and Protective Factors
5. Warning Signs
6. Review of School District Policies and Procedures
7. How Educators Can Respond to Youth about Whom They are Concerned
8. Safe Messaging
9. Postvention Practices in Schools

Additional information and resources around these training topics can be found on the Department’s [Act 71 page](#).

Additional professional development in suicide risk screening or assessment and crisis intervention shall be provided to specialized school personnel, including; school mental health professionals (e.g., school counselors, school psychologists, school social workers) and school nurses or any individual that would reasonably be expected to screen or assess at-risk individuals. Note that specific protocols should be developed to address these responsibilities.

Research in suicide prevention suggests the need for efforts to reduce suicide risk factors and increase protective factors, including strengthening student resiliency and enhancing healthy coping (refer to section on Early Identification and Referral for additional examples). School personnel should also receive training to better understand the intersection of suicide prevention, intervention and other protocols related to student safety and well-being (i.e.,

¹ Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military.” (US Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012)”

bullying prevention², sexual harassment, gender-based violence, relationship violence,³ etc.). This training should include how incidents are documented, involvement of key staff in case evaluation, investigations, and interventions.⁴

Additional considerations for suicide awareness and prevention education may also include the following:

1. Selection of appropriate staff trainings and target audience
2. Identification of current and appropriate training materials and resources
3. Training in communication and documentation procedures for responding to and intervening in crises

Student Education

Per Act 71, Pennsylvania schools must provide education and awareness programming for all students. Options for student education on suicide prevention and awareness may include programs, curricula/classroom lessons, and or awareness activities. Section 1526 of the School Code does not mandate a specific curriculum or program be used; however, each school's policy must include protocols for administering youth suicide awareness and prevention to staff and students. Schools are encouraged to refer to best practice guidelines and select programs/curricula that are evidence-informed.

Early Identification and Referral

Early identification of individuals with one or more suicide warning signs is vital to the school entity's suicide prevention efforts. In the absence of an immediate warning sign for suicide, students demonstrating suicide risk factors that appear to be adversely impacting the student should be referred through an appropriate mechanism (e.g., Student Assistance Program) for follow-up.

Risk factors refer to personal or environmental characteristics that are associated with suicidal behaviors including, but not limited to:

Behavioral Health Issues/Disorders:

- Depression
- Bipolar or other mood disorder

² OCR "Dear Colleague Letter: Responding to Bullying of Students with Disabilities", October 21, 2014. <http://www2.ed.gov/about/offices/list/ocr/publications.html#Section504>.

³ OCR Title IX guidance available here: [US Department of Education, Office for Civil Rights](#).

⁴ Please see the U.S. Department of Education, Office for Civil Rights (OCR), for guidance related to disability discrimination, sex discrimination, and other concerns. Reading Room: [US Department of Education, Office for Civil Rights](#)

- Substance use disorders, including abuse or dependence
- Externalizing disorders, such as ADHD and Conduct Disorder
- Previous suicide attempts
- Non-suicidal self-injury

Personal Characteristics

- Hopelessness/low self-esteem
- Loneliness/social alienation/isolation/lack of belonging
- Poor problem-solving or coping skills
- Impulsivity/risk-taking/recklessness

Adverse/stressful life circumstances

- Lack of family and/or peer support for gender identity/sexual orientation
- Homelessness
- Interpersonal difficulties or losses
- Disciplinary or legal problems, including school disciplinary issues
- Bullying (victim, perpetrator, both, and/or witness)
- School or work issues
- Physical, sexual or psychological abuse
- Exposure to family or peer suicide or suicidal behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Family mental health or substance use problems
- Divorce/death of parent
- Parent-Child conflict

Warning signs are evidence-based indicators that someone may be in danger of suicide, either immediately or in the very near future. These warning signs may mean that a youth is at greater risk for suicide, particularly in youth who have attempted suicide in the past. Risk is also greater if the warning sign is new and/or has increased and if it seems related to an anticipated or actual painful event, loss, or change. Finally, the presence of more than one of the following warning signs may increase a youth's risk for engaging in suicidal behaviors in the near future:

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - a. Withdrawal from or changing in social connections/situations
 - b. Recent increased agitation or irritability
 - c. Anger or hostility that seems out of character or out of context
 - d. Changes in sleep (increased or decreased)

Intervention

The school entity shall approve intervention and assessment procedures that address the following:

1. Identifying school personnel (e.g., school mental health professional, administrator/designee or suicide prevention coordinator) to serve as the key contact(s) to oversee and monitor the suicide intervention process, as outlined below.
2. Responding to various risk scenarios (e.g., suicide threat, suicide attempt, suicide death).
3. Identifying a suicide risk screening or assessment tool to be used by trained school staff (e.g., school counselors, school psychologists, school social workers, etc.). While schools may consider the implementation of universal screening, this has not been widely researched and warrants the development of specific procedures.
4. Developing follow-up protocols for school personnel after conducting suicide risk screening or assessment, including developing an individual safety plan.
5. Notifying parents/guardians and documenting recommendations and follow-up.
6. Collaborating with community behavioral health agencies and other local resources.
7. Initiating emergency evaluation referrals as needed (i.e., 302 proceedings).

The following procedures will be followed in response to a suicide threat:

1. Any school personnel who learns of the suicide threat will locate the individual and arrange for or provide constant adult supervision.
2. The above-mentioned individual will immediately inform school personnel designated to conduct the suicide risk screening or assessment.
3. School personnel who conduct the suicide risk screening/assessment will notify an administrator or designee. They can be reached at *[include up-to-date contact information]*.
4. The appropriate individual or approved agency provider will determine risk and intervention needed by interviewing the student and gathering appropriate supportive documentation from teachers or others who witnessed the threat.

The identified school mental health professional or administrator/designee will:

1. Contact the parents or guardians, apprise them of the situation, and make recommendations, including crisis and non-crisis resources.
2. Put all recommendations in writing to the parents or guardians and review the safety plan with the parents/guardians as needed
3. If the parent/guardian refuses to cooperate and there is any doubt regarding the child's safety, the school personnel who directly witnessed the threat should pursue a 302-involuntary mental health assessment by calling *County Emergency Services* at (xxx-xxx-xxxx) and ask for a delegate. The delegate should listen to concerns and advise on the course of action. If a 302-involuntary mental health assessment is granted, the first-hand witness would need to be the petitioner, with support from the (*insert the title of the staff*). School entities need to consult with their local county administrator regarding local county procedures for a 302, including who authorizes and transports students in this circumstance.
4. Keep a record/document how contact was made/established.
5. Maintain a file copy of the screening and/or assessment and related recommendations, including a copy of the safety plan, in a secure and appropriate location.

6. If the student is known to be currently in counseling, the principal or designee will attempt to inform his/her treatment provider in writing of what occurred and the actions taken. Encourage the family to sign a Release of Information at their treatment provider's office allowing communication between the school and the provider. This level of communication will help facilitate a return to school should an absence be warranted.
7. Notify the chief school administrator or central office designee of the results of the screening and/or assessment and related recommendations.
8. Involve the Student Assistance Program (SAP) team for follow-up and support as needed.

Note: If a threat is made during an after-school program and no school personnel are available, call *Insert telephone number for County Crisis Emergency Services* or 1-800-SUICIDE or 1-800-273-TALK (8255), or text the Crisis Text Line at 741-741 for assistance. Inform the identified school mental health professional or administrator/designee of the incident and actions taken.

Suicidal Act or Attempt on School Grounds or During a School-Sponsored Activity

When responding to a suicidal act or attempt on school grounds or during a school-sponsored activity, the school recommends that the staff use the following guidelines if the circumstances warrant such action:

The first school personnel on the scene should call for help from another staff member and follow school emergency medical procedures, such as calling 911 and requesting assistance from the school nurse. In addition:

Staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.

The individual or other school personnel should notify the identified school mental health professional or administrator/designee. Once notified, the identified mental health professional or administrator/designee may delegate the following actions:

- Involve the crisis team/Student Services personnel to assist as needed.
- Contact the parent/guardian and ask him/her to come to the school or hospital.
- Inform the Superintendent's office.
- Call for assistance from the district Crisis Management Team or County Crisis Emergency Services at (*insert 24-hour number*), or contact other appropriate local resources.
- If the student is known to be currently in counseling, ensure that a release is on file and attempt to inform his/her treatment provider of what occurred and the actions taken.
- Document in writing all actions taken and recommendations to the family.
- Involve the SAP team for follow up and support if proper consents are obtained.

Student Services staff should promptly follow up with any students or staff who might have witnessed the attempt and contact their parents/guardians. Student Services staff should provide supportive counseling and document all actions taken. Guidelines are available in the *STAR-Center's Postvention Standards Manual*. [STAR-Center's Postvention Standards Manual](#)

Media representatives should be referred to the appropriate school spokesperson (e.g., Superintendent or Communications Coordinator). School personnel should make no statements to the media. Any statements made about the suicidal act or attempt should be in accordance with national safe and effective messaging guidelines. [Suicide Prevention Resource Center](#)

Suicide Act or Attempt Not on School Grounds or During a School-Sponsored Activity But Reported to a School Employee

If a suicide act or attempt is made not on school grounds but is reported to school personnel and is ongoing, call 911 and/or other county emergency services to respond. Notify identified school mental health professional and/or administrator/designee.

If a suicide act or attempt is not made on school grounds but is reported to school personnel at a later date, follow the procedures outlined under the response to a suicide threat (see above).

Reentry After a Suicide Attempt or Hospitalization

If a student's return to school is contingent upon the results of a mental health (MH) assessment, school personnel should consult the applicable school policy and consult with the school solicitor to determine the school's obligations to educate the student and the school's responsibility, if any, to finance the MH assessment.

Procedures for facilitating a student's return to school for members of the crisis response team/Student Services:

1. Prior to the student returning to school, a meeting between designated school personnel from the crisis team and parents or guardians should be scheduled to discuss possible arrangements for support services and to create an individual re-entry plan.
2. Request written documentation from any treating facilities prior to a student's return to school. If possible, encourage involvement from the treatment provider in the reentry meeting.
3. Establish procedures to monitor the student's progress and maintain contact with the parents/guardians and any treatment providers.
4. If the student is unable to attend school for an extended period of time, determine how to help him or her complete course requirements. Assistance can include, but is not limited to, homebound instruction and/or a 504 plan to assist with accommodations.
5. For students with disabilities the appropriate team shall be notified and shall address the student's needs in accordance with applicable law, regulations, and school policy.
6. If a student is identified as being at risk for suicide or attempts suicide and the student may require special education services or accommodations, the Director of Special Education shall be notified and shall take action to address the student's needs in accordance with applicable law, regulations, and school policy.

Suicide Death of a Student or Employee on School Grounds or During a School-Sponsored Activity

Districts need to develop postvention response procedures based on research and best practices outlined in resources such as the STAR Center's *Postvention Standards Manual*, the Suicide Prevention Resource Center (SPRC)/American Foundation for Suicide Prevention's (AFSP) *After a Suicide: A Toolkit for Schools*, and the national resource of [Recommendations for Reporting on Suicide](#).

Until the death can be confirmed, follow the school's emergency response procedures. When the death of a student or staff member is confirmed by a coroner or medical examiner, the school will promptly implement crisis response procedures outlined in the school's Crisis Management Plan.

It is important for schools to recognize the family's wishes in regard to disclosing the nature of the death. However, postvention practices may be implemented regardless. Schools are strongly encouraged to consult with and utilize local behavioral health partners in carrying out a postvention response. Consider the following research-based and best practice guidelines:

The school will identify a Postvention Coordinator, which may also be the identified school mental health professional or administrator/designee, to oversee the following activities:

1. Immediately notify relevant personnel within the school.
2. Verify and obtain as much factual information as possible.

Assemble the crisis response team to review and implement the communication procedures for staff, students, and parents/families. Avoid announcing the death over the loudspeaker system or convening large assemblies with students. Refer media requests to the school spokesperson, who should refer to current national [Recommendations for Reporting on Suicide](#).

3. Prioritize classrooms, groups (e.g., soccer team, art club), and individual students who should need immediate attention and connect them with the crisis response team or other appropriate resources as determined by Student Services staff. Individual students of concern may include those closest to the deceased, those who had contact with the deceased prior to the death, and other students within the student body that may be at elevated risk (e.g., students with recent losses, students with behavioral health disorders/concerns). Implement student risk screening/assessment procedures for identified students that may be at increased risk. Develop procedures for ongoing monitoring and follow-up as needed.
4. Offer resources and supports to staff, students, and parents/families, which may include informational meetings on suicide warning signs and how to respond, grief reactions, self-care, healthy coping, help-seeking, and local county crisis information.

Regarding memorials, it is recognized that grieving individuals need a variety of opportunities to personally express their emotions and reactions to this type of death. It is recommended that the school have a protocol in place, including the use of memorials, for the death of any student so that the standard plan can be followed in a similar fashion for any death. This helps to alleviate concern for paying special attention to a specific type of death. Recommendations and ideas for a memorial should be taken into consideration and discussed with the Office of *[insert name of Office]* and the crisis response team prior to being implemented. Memorials must be carefully and tastefully planned, considering a broad range of responses. A variety of activities may in fact occur to celebrate positive remembrances, and these expressions often vary. Refer to SAMHSA's *Preventing Suicide: A Toolkit for High Schools* section on "Guidelines for Memorialization," for additional considerations regarding memorials, graduation activities and anniversary dates.