

## SUICIDE PREVENTION AND RESPONSE

### Purpose, Intent and Scope

Through this policy, the district seeks to join with families and the community in this important work to protect the health, safety and welfare of its students and the school community, understanding that suicide prevention is an integral component of the trauma-informed System of Care and Learning Supports that promotes student social-emotional health and wellbeing and equitable access to education. This policy supports federal, state and local efforts to provide education on youth suicide awareness and prevention; to establish methods of prevention, intervention, and response to suicide or suicide attempt (“postvention”); and to promote access to suicide awareness, prevention and postvention resources.

In implementing this policy and plan, the Merrimack School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation;
- Believes that only through a collaborative, proactive approach can the problem of youth suicide be addressed;
- Pairs this policy with other policies and laws that support the overall emotional and behavioral health of students.

A. District Suicide Prevention Plan and Biennial Review. The superintendent (or “designee”) has developed a committee to review a District Suicide Prevention Plan (the “Plan”) to include guidelines, protocols and procedures with the objectives of prevention, risk assessment, intervention and response to youth suicides and suicide attempts. This policy is intended to guide the development and implementation of the coordinated plan to prevent, assess the risk of, intervene in, and respond to suicide; the Plan shall conform to the components required of public schools by RSA 193-J:2.

1. Specific Requirements for Plan Contents: The District Suicide Prevention Plan shall include content relating to:
  - a) Suicide prevention (risk factors, warning signs, protective factors, referrals);
  - b) Response to in-or-out-of-school student suicides or suicide attempts (postvention, suicide contagion);
  - c) Student education regarding safe and healthy choices, coping strategies, recognition of risk factors and warning signs of mental disorders and suicide; and help seeking strategies;

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- d) Training of staff, designated volunteers, and contracted personnel on the issues of youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention and resources available within the school and community;
  - e) Adherence to confidentiality protocols and statewide Code of Ethics for New Hampshire Educators;
  - f) Designation and identification of trained personnel within each school, to act as points of contact when students are believed to be at an elevated risk of suicide;
  - g) Information regarding state and community resources for referral, crisis intervention, and other related information;
  - h) Dissemination of the Plan or information about the Plan to students, parents, faculty, staff, and school volunteers;
  - i) Promotion of cooperative efforts between the District and its schools and community suicide prevention program personnel;
  - j) Such other provisions deemed appropriate to meet the objectives of this Policy (e.g., student handbook language, reporting processes, “postvention” strategies, memorial parameters, etc.).
2. Biennial Review: No less than once every two years, the Superintendent (or “Designee”), with input and evidence from community health or suicide prevention organizations, and District health and counseling personnel, shall update the District Suicide Prevention Plan.
- B. Annual Staff Training. The Superintendent (or “Designee”) shall assure that beginning with the 2020-21 school year, and continuing annually thereafter, all school building faculty and staff, designated volunteers, and any other personnel who have regular contact with students, including contracted personnel or third-party vendors, receive at least two hours of training in evidence - informed suicide awareness and prevention. Such training may include, but is not limited to, such matters as youth suicide risk factors, warning signs, protective factors, intervention, response procedures, referrals, and postvention and local resources.
- C. Dissemination. Student handbooks will include information about the District’s Suicide Prevention Plan and how to access the Plan. The District Suicide Prevention Plan will be made available on the District’s, and each school’s respective websites.

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- D. Statutory Considerations. In adopting this policy it is the intent of the District to fully comply with the provisions of RSA 193-J and to fulfill its statutory role in suicide prevention education as defined by RSA 193-J:2. In doing such, the District does not assume any duty beyond that set forth in RSA 193-J.

**Legal References:**

RSA 193-J: Suicide Prevention Education  
RSA 193-F: Pupil Safety and Violence Prevention  
ED 510: Code of Conduct for NH Educators  
School Volunteers Policy (IJOC)

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Adoption: February 15, 2021

## Merrimack School District Suicide Prevention and Response Plan

### Purpose

In 2019, the Suicide Prevention Education statute (RSA 193:J) was signed into law mandating that school districts provide evidence-based suicide prevention education and training to staff and students in an effort to “reduce suicides in our school population.” The district policy, Suicide Prevention and Response (JDLBB) requires a written plan that details the guidelines, protocols and procedures that the district uses to prevent, assess, intervene and respond to youth suicide. Through the adoption and implementation of this policy and plan, the district seeks to join with families and the community in this important work, understanding that suicide prevention is an integral component of the trauma-informed System of Care and Learning Supports that promotes student social-emotional health and wellbeing and equitable access to education.

In implementing this policy and plan, the Merrimack School District:

- Recognizes that physical and mental health are integral to student success, both in school and beyond graduation;
- Believes that only through a proactive and collaborative approach between the school, families and the community, can the problem of youth suicide be addressed;
- Pairs this policy with others that support the overall emotional and behavioral health of students, such as the Pupil Safety and Violence Prevention-Bullying Policy and the District Wellness Policy.

### MSD Prevention Implementation

#### Organizational Structure

- Each school principal will designate a team of individuals who are trained in the various components of suicide prevention, intervention and postvention, and within this team the principal will designate a point of contact for issues related to suicide prevention and policy implementation.
- The Principal and his/her designee shall be responsible for planning and coordinating the implementation of this policy within each school.
- All staff members shall report students they believe to be at-risk for suicide to the Principal or designee.
- All screenings done in schools will be collected and reported as part of a system-wide data collection effort to support the mental health and well-being of all students.
- All school personnel and students will be encouraged to help create a trauma-informed, equitable culture of respect and support both in the classroom and across the school and district.

- Students will be explicitly taught and encouraged to tell any staff member if they or a friend are feeling suicidal or need help. While confidentiality and privacy are important, students will be taught that when there is a risk of suicide, safety comes first.

### **Staff Professional Development**

- All staff, designated volunteers, and contracted personnel shall receive, at minimum, two hours of annual professional development on: risk factors, warning signs, protective factors, response procedures, referral protocols, postvention, and resources regarding youth suicide prevention.
- The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- Additional professional development in risk assessment, intervention and postvention may be provided to school-employed mental health professionals and nurses.
- All staff designated to administer the Safety Screening for Suicide/Self-Harm will be trained in the tools used to complete this process.

### **Youth Suicide Prevention Programming**

- Trauma-informed, developmentally appropriate, student-centered and evidence informed education materials shall be integrated into the curriculum of all K-12 SEL and health classes, as appropriate.
- The content of these age-appropriate materials shall include: the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicidality in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help.

### **School and Community Collaboration for Suicide Prevention**

- The System of Care and Learning Supports Coordinator and Committee will maintain cooperative and collaborative relationships with community suicide prevention programs and personnel, and regularly update referral intervention information.

### **Publication and Distribution**

The plan will be distributed and posted annually on the district website. A hard copy can be available upon request. All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

## **The MSD Intervention Implementation**

### **Assessment and Referral**

When a student is identified by a peer, educator or other source as potentially at risk for suicide or self-harm, — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation — the student shall be seen by a member of the designated team, such as a school psychologist, school counselor, school social worker, as designated by the school administrator, within the same school day to provide a *Safety Screening for Suicide/Self Harm* and to notify family and facilitate referral.

Educators shall also report written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to a designated team member.

### **After Hours or Remote Learning Situation**

Should an incident indicating risk occur after hours, during extra-curricular activities, the educator will contact the parent, and inform the parent that an administrator will be notified. The administrator or designee will contact the family within 24 hours of the report. If immediate help is needed, the educator will call 911.

### **For At-Risk Youth**

- School staff shall continuously supervise the student to ensure their safety until the screening process is complete.
- The Principal or designee shall be made aware of the situation as soon as reasonably possible.
- The Principal or his/her designee shall contact the student's parent or guardian, as described in the Parental Notification section and shall assist the family to identify appropriate community resources.
- Staff may ask the student's parent or guardian, and/or eligible student, for a written release granting permission to discuss the student's health with outside care providers, if appropriate.

### **Parameters for Engagement of Law Enforcement**

When a student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is at risk to themselves or others.

### **Parental Notification and Involvement**

The Principal or designee shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is screened for safety.

Following parental notification and based on initial screening, the Principal or designee may request that the parent/guardian meet with the appropriate personnel. At this time:

- The *Notification of Safety/Suicidal/Risk* form will be shared by the appropriate personnel, advising that the parent/guardian seek medical/psychological/psychiatric consultation immediately, and provided a list of emergency community resources.
- Copies of the *Safety Screening for Suicide/Self-Harm* form will be shared with the parent or guardian.
- The *Merrimack School District Student Crisis Guide* will be offered to the parent, detailing all available local resources, warning signs, information about resuming the school routine, and additional suicide prevention resources.
- A discussion will take place to review safety at home, with the goal of eliminating the student's access to lethal means for carrying out an attempt (i.e. guns, knives, pills).
- The parent may be asked to sign a release form if this would help with communication with community-based mental health professionals.

### **Lethal Means Counseling: Firearms and Medication**

Because firearms and medications are the most lethal method of suicide attempts, the following will be adopted as part of the procedures for student safety:

#### *Firearms*

- Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student in any other residences the child may visit.
- Should the child or parent indicate the presence of firearms, the administrator or designee will inform police, who will review gun safety measures.

#### *Medications*

- Recommend the parent or guardian lock up all medications (except rescue meds like inhalers), either with a traditional lock box or a daily pill dispenser.
- Recommend disposing of expired and unneeded medications, especially prescription pain pills.
- Recommend parent maintain possession of the student's medication, only dispensing one dose at a time under supervision.

### **In School Suicide Attempts**

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

- First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures.

- Administration will be contacted immediately.
- The student will be supervised at all times to ensure safety.
- Staff shall move all other students out of the immediate area as soon as possible to maintain privacy.
- The Principal or designee shall contact the student's parent or guardian as soon as possible.
- The school shall engage the Crisis Team as necessary to assess whether additional steps should be taken to ensure staff and student safety and well-being, including anyone who may have been impacted by the student's actions.
- The Principal or designee will brief the Superintendent on the situation.

### **Out-of-School Suicide Attempts**

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

- Call 911 (police and/or emergency medical services).
- Inform the student's parent or guardian.
- Inform the building administration, who will inform the appropriate identified school personnel.
- If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

### **The MSD Re-Entry Procedure**

For students returning to school after a mental health crisis (e.g., suicide ideation, attempt or psychiatric hospitalization), whenever possible, the Principal or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry.

- At this time the *Student Re-Entry after Safety/Suicide/Self-Harm Behavior* form will be completed and signed by the parent/guardian and administrator.
- This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back and continued interventions and recommendations.

- Following a student hospitalization, parents are encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provision and increase the likelihood of a successful re-entry.
- Resources within the community may be accessed to support this transition.
- Release forms will be shared if possible, to enable effective communication with all mental health supports the student has in place during this time.
- A conversation during re-entry will occur with student and parent/guardian about maintaining privacy about the events that have occurred. This includes maintaining privacy on social media. Staff can guide students on a comfortable response if questions arise about the student's absence.

The goal of this process is to:

- Create a response that is coordinated with the student, parent/guardian and outside health care providers.
- Identify ways to ease the transition back into the school environment (i.e., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, and other necessary accommodations, etc.)
- Establish agreed upon intervals for check-ins with parent/guardians and student by phone or in-person (e.g. for a period of three months) with more frequent check-ins initially, and then fading support.
- Discuss Confidentiality: The administration or designee shall disclose to the student's teachers and other relevant staff that the student is returning after a medically related absence and may need adjusted deadlines for assignments and extra supports. The Principal or designee shall be available to teachers to discuss any concerns they may have regarding the student after re-entry. Information will be shared on a need-to-know basis, to support the confidentiality of students.

### **The MSD Postvention Plan: After a Suicide Death**

#### **Development and Implementation of a Crisis Response Plan**

The Crisis Response Team led by the Principal or designee shall develop a crisis response plan following the death of a student or school community member. The crisis team will implement the appropriate plan when the nature of the untimely death has been determined. This plan may be applicable to all school community related suicides or suspected suicides. Whether it be student (past or present), staff, or other prominent school community members. A meeting of the crisis team to implement the plan shall take place immediately following word of the suicide death. Consultation with the parents/guardians and the Merrimack Police Department will guide the Crisis Response Team.

## **Action Plan Steps**

### **Step 1: Get the Facts**

The Superintendent or designee shall confirm the death and determine the cause of death through communication with the student's parent or guardian or police department. Before the death is officially classified as a suicide by the coroner's office, the death shall be reported as due to unknown cause to all staff, students, and parents or guardians. *Even when a case is perceived as being an obvious instance of suicide, it shall not be labeled as such until after a cause of death ruling has been made.*

If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed:

- The school may release a general statement without disclosing the student's name or cause of death (e.g., "We had a ninth-grade student die over the weekend")
- The Principal or designee who has a good relationship with the family shall speak with the parents to explain the benefits of sharing mental health and suicide prevention resource with students.
- If the family refuses to permit disclosure, the school will respect the privacy of the family, as per FERPA.
- The school will focus on providing mental health resources to students and school community, as needed.

### **Step 2: Assess and Prepare for the Situation**

The Crisis Response Team shall meet to prepare the postvention response. The team shall:

- Reflect upon how the community may be affected.
- Identify the students most likely to be affected.
- Identify any recent traumatic events that have occurred within the school community or anniversaries of traumatic events.
- Develop a plan to triage staff and all teachers directly involved with the victim who will be notified in-person and offered the opportunity for support.
- Discuss the contents of a written statement that will be developed by the Principal in consultation from district leadership, for staff members to share with students.
  - The statement may include the basic facts of the death and known funeral arrangements, recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief.
- Set a time for an all-staff meeting.

### **Step 3: Share Information**

Inform the faculty and staff that a sudden death has occurred, preferably in an all-staff meeting so that all members of the staff receive the same information at the same time:

- The Principal shall provide the written statement for staff members to share with students.
- The Crisis Response Team will assess staff's emotional readiness to provide this message in the event a designee is needed, understanding that staff members may have direct relationships with victims and be affected by the loss. A point person will be available for following up with impacted staff members.
- Staff shall be instructed to respond to questions only with factual information that has been confirmed. Staff shall dispel rumors with facts, be flexible with academic demands, normalize a wide range of emotional reactions, and know the referral process and how to get help for a student.
- The Crisis Response Team shall review suicide warning signs and procedures for referring students who present with increased risk.
- Avoid public address system announcements and school-wide assemblies in favor of face-to-face notifications, including small-group and classroom discussions.
- The Principal — with the input and permission from the student's parent or guardian — may write a letter to communicate with parents which includes facts about the death, information about what the school is doing to support students, the warning signs of at-risk behaviors, and a list of resources available.
- Staff shall direct all media inquiries to the Principal.

### **Step 4: Avoid Suicide Contagion**

Suicide contagion is when suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. *Talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help seeking does not cause contagion.* Although rare, suicide contagion can result in a cluster of suicides within a community. To avoid this:

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma.
- All staff will understand that one purpose of trying to identify and provide services to other high-risk students is to prevent another death.
- The Crisis Response Team shall work with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk.

- Avoid the word “commit,” or “successful” to discuss the suicide. “Died by suicide” is the language used in this case.

### **Step 5: Initiate Support Services**

The Principal and/or designee shall coordinate support services for students and staff in need of individual and small group counseling as needed.

- Students identified as being more likely to be affected by the death will be referred to appropriate staff.
- School counselors and other staff will support the emotional needs of students in response to the incident.
- If long term intensive services by a community provider are warranted, school counselors will collaborate with that provider and the family to ensure continuity of care between the school, home, and community.
- Students and staff affected by the suicide death shall be encouraged to return to a normal routine as much as possible, understanding that some deviation from routine is to be expected.

### **Step 6: Develop Memorial Plans**

The school shall develop policy regarding memorialization due to any cause and strive to treat all deaths the same way. School shall not be canceled for the funeral or for reasons related to the death.

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- If a spontaneous school-based memorial (e.g. small gatherings) occurs, administration and counselors will discuss an appropriate response.
- The school will provide an opportunity for students to express grief through cards, letters and pictures. These will be given to the student’s family after being reviewed by school administration. This will be for a limited period of time.
- If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.
- Memorials may be created off campus or online and it is important for administration and the Merrimack Police Department, if possible, to be aware of these to monitor them for sensationalizing the loss and potentially causing contagion.

### **Step 7: Postvention as Prevention**

Following a student suicide, schools may take the initiative to review and/or revise existing policies.

## **External Communication**

The Superintendent or designee shall be the sole media spokesperson. Staff shall refer all inquiries from the media directly to the spokesperson. The Principal or designee shall:

- Keep the district Superintendent informed of school actions relating to the death.
- Prepare a statement for the media, which may include the facts of the death, postvention plans, and available resources — the statement shall not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

## **Crisis Referral and Intervention Resources**

The Family Resource Guide for the Merrimack School District can be found on the district web page:

<https://www.sau26.org/Domain/976>

## **Definitions of Terms Used in Plan**

### **At Risk**

Suicide risk exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. On one end of the spectrum may be a student with suicide ideation, indicating thoughts of suicide or self-injury without a plan and on the other end of the spectrum may be a student with high-risk features who has intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. All students on the continuum are screened within the district by a designated member of the school and procedures are followed to support the student.

### **Risk Factors for Suicide**

Risk factors are characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means. Some frequently cited risk factors include:

- Mental health conditions such as depression, bipolar, anxiety or substance use disorder
- Hopelessness
- Family history of suicide or mental health problems

- Problems with impulse control and aggression
- Serious medical condition and/or pain
- History of early childhood trauma, abuse, neglect, or loss
- Current family stress or transitions

### **At Risk Student Populations**

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

- Mental health or substance use disorders
- Self-harm or past suicide attempts
- Homelessness
- Out-of-home placement
- American Indian/Alaska Native youth
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth
- Youth bereaved by suicide
- Youth living with medical conditions or disabilities

### **Protective Factors for Suicide**

Protective factors are the positive conditions and resources that promote resiliency and reduce the potential for youth suicide and harmful choices. These include, but are not limited to:

- Close family bonds
- A strong sense of self-worth
- A sense of personal control
- A reasonably stable environment
- Strong friendships
- Responsibility to others
- Involvement in activities
- Pets
- Lack of access to lethal means

## **Safety Screening**

A structured discussion with a student who may be at-risk for suicide. The screening is designed to elicit information about various safety and/or warning signs, such as the student's expressed 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, and other relevant risk factors.

## **Self-Harm**

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm and reduce the long-term risk of a future suicide attempt.

## **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 anyone may state this as a cause of death. **Most importantly, parent or guardian preference shall be honored when determining how the death is communicated to the larger community.**

## **Suicide Attempt**

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

## **Suicidal Behavior**

Suicide attempts, injury to oneself 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.

## **Suicidal Ideation**

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

## **Suicide Contagion**

The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

## Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

Avoid	Say
"Committed Suicide"	"Died by suicide." "Ended his/her life." "Killed himself/herself."
"Failed" or "Successful" Attempt	"Suicide attempt" "Death by suicide."

## References

*Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources*, a joint publication of: [afsp.org/modelschoolpolicy](http://afsp.org/modelschoolpolicy), American School Counselor Association, National Association of School Psychologists, the TREVOR Project, and the American Foundation for Suicide Prevention.

Suicide Prevention Education: Title XV, Chapter 193-J:1-3

<http://www.gencourt.state.nh.us/rsa/html/XV/193-J/193-J-mrg.htm>