SAFETY GUIDELINES FOR SCHOOLS

Safety Guidelines for School-Based Suicide Prevention or Postvention Activities and Events

These guidelines are designed to help school personnel and students when planning and participating in messaging, activities, and events related to suicide and suicide prevention. Closely following these guidelines is of the utmost importance to keep students safe as public messaging contributes to the feelings of vulnerable youth and toour own perceptions of suicide and suicide prevention. It also affects our ability for help-seeking and help-giving to those who may be in crisis.

Importance of Safe Messaging

The safety of our students is job one. Ensuring that messaging is safe, and even more important, effective, is a critical element in protecting students' emotional well-being andpreventing severe distress, self-injury, and suicide. All students are affected by school- based messaging and vulnerable students can be deeply affected in ways that increase risk if messages are not appropriate. The next sections will provide more detailed information related to safe and unsafe messages and activities.

Messaging Examples

Areas considered messaging platforms include:
- Classrooms
- Education and awareness campaigns or materials (posters, PSAs, flyers,giveaways, etc.)
- Fundraising appeals
- Press releases and media interviews
- Public presentations
- Publicity for events and observances
- School assemblies and announcements
- School websites, newsletters, and blogs
- Social media
- Any other public-facing messages or materials

What to Avoid

It is important to avoid messages that are unsafe and/or ineffective. Some messages about suicide can increase the possibility that already at-risk individuals might considersuicide themselves. Increased risk can be associated with the following *"Don'ts"* of messaging:
- ***Don't show or describe suicide methods or locations***. Pictures or detailed descriptions of how or where a person died by suicide can encourage imitation or serve as a "how-to" guide.
- ***Don't include personal details of people who have died by suicide***.

Vulnerable individuals may identify with the personal or situational details of someone who died by suicide, encouraging them to end their own lives. Avoid "she was depressed" or "he was bullied."

- ***Don't glorify or romanticize suicide***. Portraying suicide as a heroic, romantic, or honorable act may encourage vulnerable people to view it more positively or lead them to desire the positive attention garnered by someone who has died bysuicide.
- ***Don't normalize suicidal behavior by presenting it as common or acceptable***. Although we don't want to minimize the magnitude of the suicide problem, we also don't want to imply that suicidal behavior is acceptable, normal,or what most people do in a given circumstance. The majority of people who face adversity, mental illness, and other challenges – even those in high risk groups – do not die by suicide, but instead find support, treatment, or other healthy ways to cope.
- ***Don't use data or language that suggests suicide is inevitable or unsolvable***. Describing suicide as an "epidemic," using terms like "bullycide," or providing extensive statistics about suicide without solutions or action steps are examples of messaging that can make suicide seem too overwhelming to address. These practices also contribute to normalizing suicide (described above) and add to an overall negative narrative about suicide by implying that nothing can be done about it.
- ***Don't oversimplify causes***. Suicides result from a complex interplay of factors.Therefore:
  - Avoid attributing suicide to a single cause or circumstance (e.g., job loss, break-up, bullying, high stress, or being gay or Native American). Presenting suicide as an understandable or inevitable response to a difficult situation or membership in a group can create a harmful "social script" that discourages other ways of coping.
  - Avoid portraying suicide as having no cause. Describing suicidal behavior as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the person who died and convey that suicide cannot be prevented. It is also a missed opportunity to educate thepublic about warning signs and how to respond to them.
- ***Don't reinforce negative stereotypes, myths, or stigma related to mental illnesses or suicidal persons***. This may shift beliefs, attitudes, and behaviors inthe wrong direction. Examples:
  - Messages linking particular groups with high rates of suicide or mental illness, especially without examples of effective interventions or stories of recovery, may inadvertently increase negative beliefs or discriminatory behaviors towards that group.
  - Messaging themes such as "breaking the stigma of mental illness" or other language reiterating the extent to which stigma is a problem may serveto reinforce stigma, rather than countering it. Instead, reinforce positive norms, e.g., "mental health disorders are treatable."
  - Adjectives like "successful" suicide, "unsuccessful" suicide," and "failed

attempt" inappropriately define a suicide death as a success and a nonfatal attempt as a failure. Terms such as "committed suicide" (associated with crimes or sins), can reinforce stigmatizing attitudes about people who die by suicide.

Youth-Specific Safe Messaging: Do's and Don'ts

- *Don't* sensationalize or permanently memorialize an individual's death by suicide.
- *Do* acknowledge a loss of an individual by suicide and give ongoing support to family and friends impacted by suicide (for more information, see **Memorials**).
- *Don't* create a false norm or sense that everyone is suicidal or that dying by suicide is extremely common.
- *Do* raise awareness of suicide as a significant health issue.
- *Don't* try to shock or make teens (or general public) aware of suicide by giving descriptive details of death or by focusing on methods used in a suicide attemptor fatality.
- *Do* give messages of hope and strength and highlight how individuals have recovered.
- *Don't* focus messaging around sad or traumatic stories.
- *Do* focus on where help is available, hope-based stories, and stories of resilience.
- *Don't* assume that if you talk about suicide it will make others become suicidal.
- *Do* use care in how you present suicide prevention messages and with the size of the group being presented to.
- *Don't* allow overextended, distressed, or stressed teens to over-involve themselves in suicide prevention efforts where it harms rather than heals.
- *Do* assist these teens in maintaining some balance in their lives and making healthy decisions.
- *Don't* allow students to give public, negative messages about not trusting, blaming, nobody cares, or messages that add to a group's sense of hopelessness.
- *Do* talk about the importance of hope and help messages with students, rehearse public messaging, and encourage corrective and helpful feedback from other peers.
- *Don't* allow vulnerable youth early in recovery from depression or addiction to tell highly personal stories in public that may harm or embarrass them. Also, don't allow them to present as the "all knowing community expert."
- *Do* provide them with individual and small group supports and encourage maturity and listening to others in their healing and recovery process.
- *Don't* take natural student leaders for granted.
- *Do* provide a variety of ways they are being recognized and honored for the good work they are doing.

Proper Language & Terminology

It is important to use factual and appropriate terminology when discussing suicide. By using correct terminology, suicide attempt and loss survivors experience lessened stigma. For mental health providers and suicide prevention professionals, using consistent terminology increases the accuracy of understanding in communication with one another. As the suicide prevention field evolves, terminology will continue tochange. Current guidelines on terminology are listed below.

Avoid: "Committed suicide" – This gives the false impression that suicidal people are committed to dying by suicide. Most, even highly, suicidal people are ambivalent about their deaths because they do not desire death. They want an end to their severe emotional pain and are unable to see another way to relieve it. "Committed" is also usually associated with sins or crimes and carries stigma.

Instead use: "died by suicide"

Avoid: "Completed suicide" – This terminology implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" (J. Last, Dictionary of Epidemiology 1988) would view this event as undesirable.

Instead use: "died by suicide"

Avoid: "Failed attempt" – This terminology gives a negative impression of the person'saction, implying an unsuccessful effort aimed at achieving death.

Instead use: "suicide attempt"

Avoid: "Successful suicide" – This term also implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this event as undesirable.

Instead use: "suicide" or "died by suicide"

Avoid: "Suicide epidemic" – Though the impact of suicide on those left in its wake may make it seem so, suicide is not at epidemic levels and using such overstatements can lead vulnerable individuals to normalize suicide when, in fact, death by suicide is statistically rare.

Instead use: "suicide is a critical public health issue"

Positive Narrative Focus

Using a positive narrative as part of public messaging is especially important as this promotes the positive aspects of suicide prevention rather than emphasize the negative.It is important to change our focus to hope, help and strength rather than sad, shock and trauma, and create positive stories about suicide prevention. Examples of promoting the positive include:

- Effective programs and services exist
- Help is available
- Prevention works
- Resilience and recovery are possible and are the norm
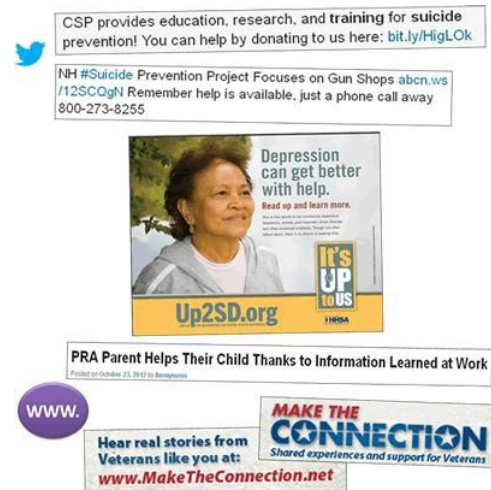- There are actions that people can take to help prevent suicide

Messaging Examples

Group 1 – Don't's

Group 2 – Do's

The messaging in Group 1 focuses much more on data and the devastating effects that suicide has on communities. It also implies that suicide is an unsolvable problem. Group 2 provides hope, connectedness, and the idea that recovery from suicidal ideation and behavior is a reality.

School Activities & Events

Announcements: In the event of a student death, **do not** announce the news of the death over the loudspeaker or in a school assembly. It is difficult to keep eyes on all students at once, especially those who may be particularly vulnerable to the news of asuicide death. Announcing the death, from a written script, classroom by classroom is the safest and most effective way to share the news. A communication plan for announcements should be implemented. For more information about communication plan implementation, visit our postvention page.

Assemblies: Holding school-wide assemblies after a suicide death to honor the victim or to discuss suicide prevention efforts can be detrimental to student safety if not done in a safe and effective way. By gathering a large audience of students into one place, staff are unable to see individual students in a way that would allow them to identify vulnerable and at-risk youth more readily. Assemblies held at the end of the school day can also be extremely dangerous. Some students may leave school and not have appropriate supervision after receiving potentially harmful and confusing information about suicide, suicide prevention and mental health diagnoses. This does not mean that stories about real struggles and death should not be discussed. However, they need to be discussed in a way that focuses on resilience, strength, help and hope, and ensures that suicide is not portrayed as inevitable or hopeless in any way.

Mental Health & Suicide Screenings: If a school plans to conduct mental health andsuicide screenings (ex. BDI, ACES, PHQ) they **must use extreme caution**. A school should never conduct school-wide suicide screenings unless they meet the following requirements:
1. All screenings are reviewed before students go home for the day
2. The school has enough in-school resources to review and assess all screenings
3. The school has the mental health resources needed for proper referrals
4. The school has enough staff to conduct proper follow-up with students

Memorials: Do not allow inappropriate memorials or activities after a suicide death. It is important to avoid any activities that glorify, glamorize, or sensationalize the death.

Avoid that which other vulnerable youth may see as a way to receive recognition forconsidering suicide.

Do Not Allow	**Allow**
• Memorial services within the school building	• Donations collected for the bereaved family, charities, suicide prevention efforts or youth support programs
• Sending all students to the funeral or cancelling classes for the funeral	• Positive notes or memories written by those students and staff who wish, to be given to the family
• Large student assemblies about the victim or a moment of silence at assemblies	• Dedication pages in school newspaper or yearbooks to treat the dedication equally with that of others
• Permanent markers or memorials of any kind	
• Flying the flag at half-mast	

Suicide Prevention (or other focus area) "Weeks": Rather than focusing on a specific issue with a negative connotation, schools should focus on the positive opposite. Like the messaging examples in above, dedicating an entire school week

should have a positive spin that emotes messages of hope, strength, resilience, and recovery.

For example, host a "Wellness Week" instead of a "Suicide Prevention Week." Each day can focus on a different strength or different ways of help seeking rather than something sad or traumatic that leave the youth in a potentially harmful and vulnerable place. For more information, watch The Happy Secret to Better Work by Shawn Achor.

Resources
American Foundation for Suicide Prevention (AFSP) Idaho

Idaho Falls Community Suicide Prevention

Idaho Lives Project

Idaho Suicide Prevention Coalition

Idaho Crisis and Suicide Hotline

PAuSe Mini-Cassia

SPAN of North Idaho

Suicide Prevention of the Inland Northwest (SPIN)

Idaho Suicide Prevention Program

References
National Center for Injury Prevention and Control, Division of Violence Prevention's *Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements*

Suicide Prevention Resource Center

The National Action Alliance for Suicide Prevention's *The Framework for Successful Messaging*