Although more prevalent as children age, mental health issues and suicide are not phenomena limited to the high school years. Suicide was the second leading cause of death for youths and young adults ages 10 to 24 nationwide in 2014, and in the 2013–14 school year, 21 percent of California youths 12–17 needed help for emotional or mental health problems.

Data can never “paint the entire picture,” says the “Toolkit for Mental Health Promotion and Suicide Prevention,” a 2017 publication from the Health Care Alliance for Response to Adolescent Depression, or HEARD Alliance.

“It cannot quantify the grief, anguish, confusion, guilt, and devastation felt by the family, friends, and community of an adolescent who dies by suicide,” the toolkit advises. “It does not inform about the increased risk youth face for PTSD, other mental health problems, or even their own suicide after the loss of a peer to suicide.”

Building Well-Being

The goal of HEARD’s toolkit is to support everyone involved in the school community in improving overall mental well-being. It offers strategies schools can use before a suicide occurs to bring attention to mental health problems, handle mental health crises as they occur, and better cope in the aftermath of a loss to prevent others.

Following California’s 2016 Model Youth Suicide Prevention Policy and the state’s establishment of pupil suicide prevention policies, the toolkit addresses the needs of high-risk demographic groups and trains administrators, teachers, staff, and students in suicide awareness and prevention.

Prevention

The toolkit’s first section describes preventive efforts schools can take to maintain mental health and well-being in the community. “Suicide is a complex phenomenon,” it says. “There is no simple explanation. Though an immediate precipitating event might occur, that is not the ‘reason’ someone has died.”

Prevention efforts should include:

■ School policies that foster a positive, supportive environment and promote student engagement in school, as well as support comprehensive K–12 education in social-emotional learning.
■ Adequate funding and training for school staff to recognize signs of mental distress, promote a safe and supportive environment for at-risk students, and refer students to services.
■ Suicide awareness and prevention education for parents and students.

Intervention

The toolkit includes protocols schools can follow to assist students in a crisis involving suicidal thoughts or behaviors and aid school personnel in intervention. Students of concern might be referred to counselors by staff, parents, peers, or themselves; protocols vary based on the degree of suicide risk.

Key principles to remember in a crisis include:

■ Ensure that the student in crisis is safe.
■ Send someone for help: Remain with the student, and send someone to retrieve the nearest available health professional or crisis response team member.
■ Listen to the student: Acknowledge their feelings, avoid giving advice or opinions, and pay attention to warning signs.
Be direct: Ask openly about suicide; asking does not put the idea into a student’s mind.

Be honest: Offer hope, but do not condescend or offer unrealistic assurances.

Know your limits: Involve yourself only to the level at which you feel comfortable. Then refer the student to someone in a better position to help.

Inform parents, when appropriate, that their child is experiencing a crisis.

**Postvention**

Should the unthinkable happen, postvention—intervention conducted after a suicide—can help surviving students, teachers, and staff in ways that promote mental health and support those experiencing their own mental health crises following a death.

Because children are vulnerable to the risk of suicide “contagion,” schools must memorialize the deceased in a way that doesn’t glamorize or romanticize the student or his or her death. Schools can seek opportunities to emphasize connections between suicide and depression or anxiety that might not be immediately apparent or might manifest as behavioral problems or substance abuse.

Be aware of special events, holidays, and anniversaries, since these might activate possible stress/grief responses in students and staff. The probability of contagion is heightened on the anniversary of a death and other meaningful days.

“Schools have special reasons for taking action to prevent suicide,” the toolkit says. “A student’s mental health can affect academic performance, interfering with the ability to learn.” And schools occupy a critical role in students’ lives—as a place where they can learn about mental health issues, self-care, and grief.

For more information, visit the HEARD Alliance at [www.heardalliance.org](http://www.heardalliance.org).