YOUTH SUICIDE AWARENESS AND PREVENTION MODEL POLICY

Missouri
DEPARTMENT OF ELEMENTARY & SECONDARY
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205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

The Missouri Department of Elementary and Secondary Education (DESE), pursuant to Section 170.048, RSMo, developed a model policy for suicide awareness and prevention. The department utilized a variety of organizations with expertise in youth and suicide prevention to develop the model policy. The model policy includes resources that were used and can be used for related training and professional development.

DESE would like to thank everyone who contributed to this important work.

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Youth Suicide Prevention and Awareness

Dear Missouri School District:

Pursuant to Section 170.048, RSMo, the Missouri Department of Elementary and Secondary Education (DESE) developed a model policy regarding youth suicide awareness and prevention. This model policy may be adopted by Missouri school districts to meet the requirements of Section 170.048, RSMo which provides as follows:

1. By July 1, 2018, each district shall adopt a policy for youth suicide awareness and prevention, including plans for how the district will provide for the training and education of its district employees.
2. Each district's policy shall address, but not be limited to, the following:
   (1) Strategies that can help identify students who are at possible risk of suicide;
   (2) Strategies and protocols for helping students at possible risk of suicide; and
   (3) Protocols for responding to a suicide death.

This model policy is intended to serve as a template for districts in developing suicide prevention policy. Districts are encouraged to adapt and customize the model policy to best address and meet the needs of their school community.

Youth Suicide Prevention and Awareness Model Policy

Pursuant to Section 170.048, RSMo, the following model policy has been drafted by Missouri Department of Elementary and Secondary Education (DESE).

Purpose statement

Suicide is a leading cause of death in youth ages 10-24 in Missouri[1] and is a public health concern impacting all Missouri citizens. This school district is committed to maintaining a safe environment to protect the health, safety and welfare of students.

This policy will outline key protocol and procedures for this district in educating employees and students on the actions and resources necessary to prevent suicide and to promote student well-being. This policy is being adopted pursuant to Section 170.048, RSMo.

The district will address suicide awareness and prevention through the following policy components:

1. Crisis response team
2. Crisis response procedures
3. Procedures for parent involvement
4. Community resources available to students, parents, patrons and employees
5. Responding to suicidal behavior or death by suicide in the school community
6. Suicide prevention and response protocol education for staff
7. Suicide prevention education for students
8. Publication of policy

1. Crisis Response Team

The district will include suicide awareness and prevention in already established district or building crisis response teams or will establish such team(s) if not already in existence. Crisis response team members will include administrators, counselors and the school nurse, and may also include school social workers, school resource officers, teachers and/or community resources as appropriate. The crisis response team will be responsible for implementation of crisis response procedures.

The district will adopt an evidence based/informed tool for assessing suicide risk. The crisis response team, the building administrator, or his/her designee will receive training and coaching in using this tool to collect and document student suicidal behaviors and safety planning strategies.

2. Crisis Response Procedures

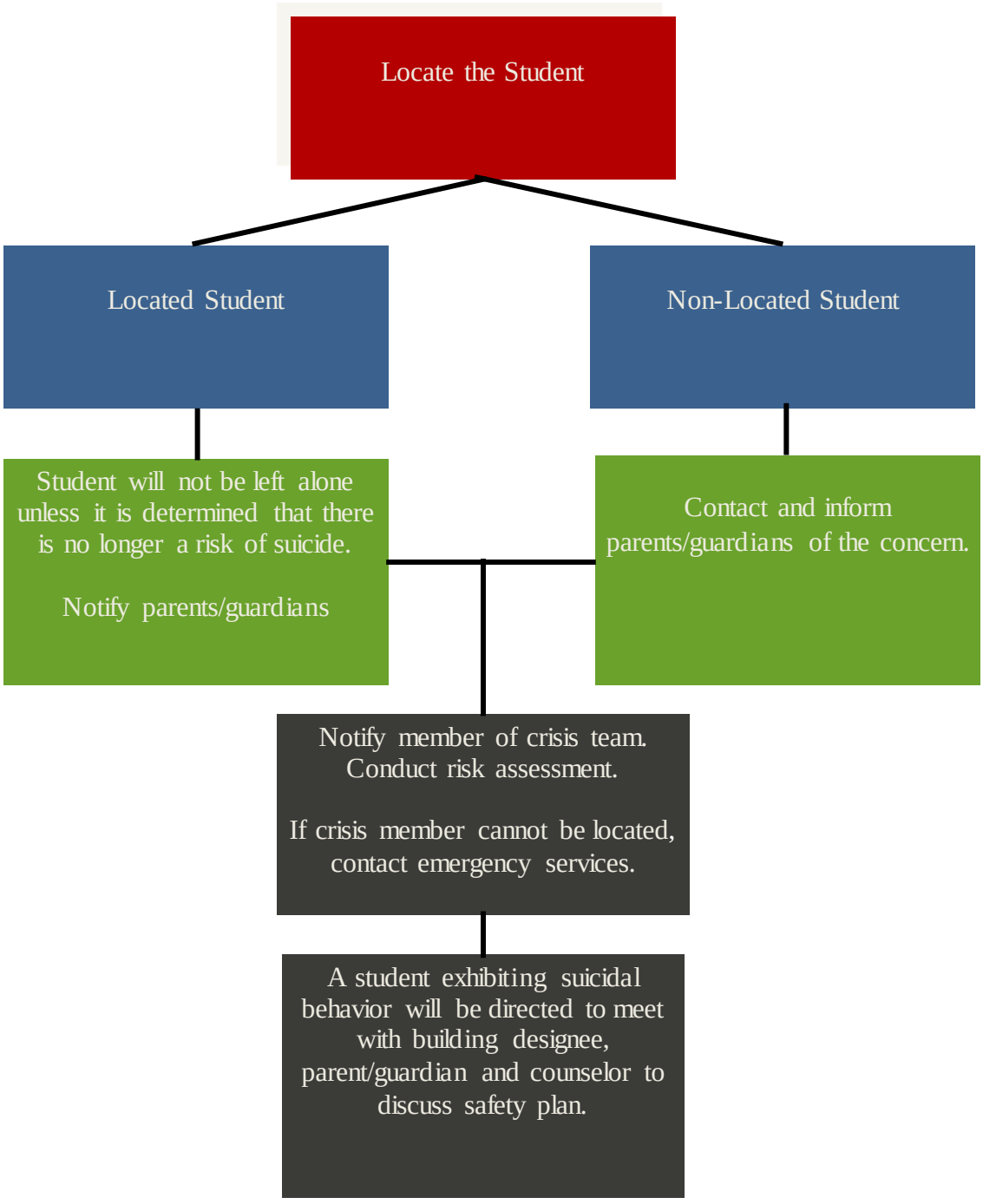
Student suicidal behaviors are not confidential and may be revealed to the student's parents, guardians, school personnel or other appropriate authority when the health, welfare or safety of the student is at risk.

[1] Missouri Institute of Mental Health, July 2015

Any school employee who has a reasonable belief that a student may be at risk for suicide or witnesses any attempt towards self-injury will notify a member of the crisis response team, the building administrator or his/her designee.

If a student suicide behavior is made known to any school employee and a member of the crisis response team, the building administrator or his/her designee is not available, the employee will notify the student's parent/guardian, the National Suicide Prevention Lifeline (800-273-8255) or local law enforcement in an emergency situation. As soon as practical, the employee will notify the building designee or principal.

The following steps will be employed in response to any risk of student suicide:



3. Procedures for Parent Involvement

A member of the crisis response team, the building administrator or his/her designee shall reach out to the parents/guardians of a student identified as being at risk of suicide to consult with them about the risk assessment of their student, to make them aware of community resources, and to discuss how to best support the student's mental well-being and safety.

If the parent refuses to cooperate or if there is any doubt regarding the student's safety, local mental service providers and/or law enforcement may need to be engaged, and a report may need to be made to the Child Abuse and Neglect Hotline.

Contact with a parent concerning risk of suicide will be documented in writing.

4. School and Community Resources

A student exhibiting suicidal behavior will be directed to meet with the building designee, their parent/guardian and counselor to discuss support and safety systems, available resources, coping skills and a safety plan as necessary.

The district will, in collaboration with local organizations and the Missouri Department of Mental Health, identify local, state and national resources and organizations that can provide information or support to students and families. A basic list of resources can be found on the Department of Mental Health website and the district will strive to develop its own list of local resources to be made readily available.
http://dmh.mo.gov/mentalillness/suicide/prevention.html

5. Responding to Suicidal Behavior or Death by Suicide in the School Community

When the school community is impacted by suicidal behavior or a death by suicide, the district will confer with their crisis response teams and, when appropriate, confer with local community resources and professionals to identify and make available supports that may help the school community understand and process the behavior and/or death.

The crisis response team, the building administrator or his/her designee will determine appropriate procedures for informing the school community of a death by suicide and the supports that will be offered. Staff and students who need immediate attention following a death by suicide will be provided support and resources as determined necessary.

6. Suicide Prevention and Response Protocol Education for Staff

All district employees will receive information annually regarding this policy and the district's protocol for suicide awareness, prevention and response. The importance of suicide prevention, recognition of suicide protective and risk factors, strategies to strengthen school connectedness and building specific response procedures will be highlighted.

Such information shall include the following:

1. Current trends in youth mental health, wellbeing and suicide prevention and awareness
2. Strategies to encourage students to seek help for themselves and other students

3. Warning signs that indicate a student may be at risk of suicide
4. The impact of mental health issues and substance abuse
5. Communication to students regarding concerns about safety and that asking for help can save a life
6. Understanding limitations and boundaries for giving help and techniques to practice self-care
7. Identification of key school personnel who are comfortable, confident and competent to help students at risk of escalated distress and suicide

All district staff will participate in professional development regarding suicide awareness and prevention.

7. Suicide Prevention Education for Students

Starting no later than fifth grade, students will receive age appropriate information and instruction on suicide awareness and prevention. Information and instruction may be offered in health education, by the counseling staff or in other curricula as may be appropriate.

Student education will include the following:

1. Information about mental health, well-being and suicide prevention and awareness
2. Promotion of a climate that encourages peer referral and which emphasizes school connectedness
3. Recognition of the signs that they or peers are at risk for suicide
4. Identification of issues that may lead to suicide including depression, anxiety, anger, and drug/alcohol dependency
5. Directive to not make promises of confidence when they are concerned about peer suicide
6. Identification of a trusted adult on campus with whom students can discuss concerns about suicide

8. Publication of Policy

The district will notify employees, students and parents of this policy by posting the policy and related procedures and documents on the district's website and discussing this policy during employee training as detailed herein.

Legislative Workgroup Participants and Organizations

NAME	ORGANIZATION
Angie Stuckenschneider	Division of Behavioral Health/Department of Mental Health
Annie Wilson	Missouri Kids First
Aubrey Ash	Missouri School Teachers Association /Columbia Public Schools
Betsey A. Helfrich	Mickes O'Toole, LLC
Carmen Hill	Missouri National Education Association
Cherisse Thibaut	Missouri Kids First
Chrissy Bashore	Department of Elementary and Secondary Education
David Bohm	Avery's Angels Foundation
Dr. Blaine Henningsen	Department of Elementary and Secondary Education
Dr. C.J. Huff	Missouri Center for Education Safety
Dr. Gerald Cox	PSY.D, LLC
Dr. Melissa Maras	Hook Center for Educational Research - University of Missouri
Dr. Patsy Carter	Department of Mental Health and Children's Division
Dr. Phil Cook	Missouri Association of School Administrators/Carl Junction School District
Dr. Rene' Yoesel	Department of Elementary and Secondary Education
Dr. Scott Mercer	Missouri Association of Secondary School Principals
Dr. Shari Sevier	Missouri School Counselor Association
Elizabeth Makulec	Kids Under Twenty One (KUTO)
Emily Luft	St. Louis Regional Health/Alive and Well STL
Hillary Williams	American Foundation for Suicide Prevention
JaCinda Rainey	Department of Social Services/TANF
Jean West	School Social Workers Association of Missouri/St. Joseph School District
Kelly Hopkins	Missouri School Boards' Association
Kevin Sandlin	Missouri Association of Rural Education
Kim Harrelson	School Social Workers Association of Missouri
Kim Moore	Missouri Association of School Psychologists
Lawrence Altman	Former Attorney for Kansas City Public School District
Lore'e Libbert	Department of Elementary and Secondary Education
Marian McCord	CHADS Coalition for Mental Health
Marjorie Cole	Missouri Department of Health and Senior Services
Matthew Huffman	Missouri Coalition Against Domestic and Sexual Violence
Niki Donawa	Truman Medical Center
Rebecca Bax	Missouri Developmental Disabilities Council
Rikki Barton	Community Partnerships of the Ozarks
Ryan Kulage	CHADS Coalition for Mental Health
Sam Biver	CHADS Coalition for Mental Health
Sarah Schmanke	Mickes O'Toole, LLC
Serena Muhammad	St. Louis Mental Health Board
Shenekia Weeks	CharacterPlus
Stacey Williams	Division of Behavioral Health/Department of Mental Health
Susan Perkins	Columbia Public Schools

APPENDIX

Appendix A

GUIDELINES for training or professional development

Protective Factors for Suicide

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors.

- Effective clinical care for mental, physical and substance abuse disorders
- Easy access to a variety of clinical interventions and support for seeking help
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Risk Factors for Suicide

A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide they might not be direct causes.

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Centers for Disease Control - Risk and Protective Factors

Suicide Prevention Training (Department of Mental Health)
https://dmh.mo.gov/mentalillness/suicide/training.html

Appendix B Chart of evidence-based and research-based programs with program details

	Signs of Suicide (SOS)	Lifelines *	More Than Sad	Talk Saves Lives	Question Persuade Refer (QPR)*	Youth Mental Health First Aid
Audience	Universal student, middle, high school, parent and staff modules	Whole school	Youth in grades 6-12	Anyone over age 15	Adult gatekeepers Includes special course for school health professionals focused on youth	Adult gatekeepers (parents/caregivers, teachers, coaches, religious leaders, medical staff, etc.) Information focused on ages 12-18
Costs	$500 for SOS kit, $1000 for implementer training, limited funding available through Missouri Department of Mental Health (MDMH)	$500 for curriculum, $1000 for training	Free and downloadable from American Foundation for Suicide Prevention (AFSP): optional videos and manuals available for $60 and $100	Free	Starts at $30 per person; group training rates available; online training available School professional course $79	$150 per person, funding available through MDMH
Materials	Video, slides for presentation, BSAD depression screen and "self-ID" slip assessments for outcomes	Manuals, CD-ROMS, Videos	Downloadable materials for facilitators and participants: videos	Professional talk that can be requested from AFSP or that is given to the community on a regular basis	Online training materials, brochures and books available for download and purchase	Course materials
Time	Student – 1 classroom period Staff - 1-2 hours	4-6 hours, meant to fit into class lesson plans	Approximately 1 hour	Varies	Gatekeeper training as short as 1 hour: more in-depth available	8 hour course: can be split into 2 days
Evidence of outcomes	Evidence-based: reduced suicide attempts, improved attitudes about mental health, 10% of students come forward for help at end of presentation	Research-Based: improved attitudes about suicide and suicide prevention	Materials are research based: formal evaluation in process	Materials are research based	Research-based: increased declarative knowledge, increased active listening skills, increased ability to make referrals	Evidence-based: improvement in recognition of symptoms, knowledge of mental health treatments and resources, confidence in providing mental health help
Internal or External trainer	External: can be internal if implementer training is taken	Internal for curriculum, external for training of trainer	Internal	External	External	External
Special features	Gives youth a tool for helping self and others through the A.C.T. technique. (ACKNOWLEDGE the signs of suicide, respond with CARE, and TELL a responsible adult.)	Three modules: whole school community students, staff and parents, module for staff focused on at-risk youth and postvention	Teacher materials: "complies with teacher education suicide prevention requirements in many states"	Talks with special focus available, such as GLBT community	A special tool for adults likened to CPR for suicide prevention	Developed and disseminated by Missouri Department of Mental Health

*Currently classified as Legacy program under National Registry of Evidence-based Programs and Practices (NREPP) as program has not been re-reviewed under NREPP's new criteria for evidence-based.

These resources were derived from the collective work of members of the Legislative Workgroup. Listing these resources and information does not constitute endorsement by the Department of Elementary and Secondary Education.

Appendix C

Resources for drafting and customizing your district policy:

National Strategy for Suicide Prevention
A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention
https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf

Missouri Strategy for Suicide Prevention
A Collaborative Effort: Bringing a National Dialogue to the State
http://dmh.mo.gov/docs/mentalillness/suicideplan.pdf

Missouri Department of Mental Health
Suicide Prevention Resources
http://dmh.mo.gov/mentalillness/suicide/prevention.html

American Association of Suicidology (AAS)
AAS promotes research, public awareness programs, public education, and training for professionals and volunteers. It serves as a national clearinghouse for information on suicide, publishing and disseminating statistics and suicide prevention resources. AAS also hosts annual national conferences for professionals and survivors.
www.suicidology.org

American Foundation for Suicide Prevention (AFSP)
AFSP funds research and offers educational programs and resources for professionals, survivors of suicide loss, and the public. With Suicide Prevention Resource Center (SPRC), AFSP coproduces the Best Practices Registry (BPR) for Suicide Prevention. AFSP's Public Policy Division, SPAN USA, promotes and keeps track of policies and legislation related to suicide prevention. AFSP chapters provide connections to local resources and services addressing suicide prevention. The chapters also organize awareness events.
www.afsp.org

Means Matter, Harvard School of Public Health
The mission of the Means Matter campaign is to increase the proportion of suicide prevention groups that promote activities that reduce a suicidal person's access to lethal means of suicide. The website has a wide variety of information to help families, clinicians, suicide prevention groups, local communities, and colleges and universities.
www.hsph.harvard.edu/means-matter

Suicide Prevention Resource Center (SPRC)
SPRC is a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded, national center that helps strengthen the efforts of state, tribal, community and campus suicide prevention organizations and coalitions and organizations that serve populations with high suicide rates. It provides technical assistance, training, a variety of resource materials, a current awareness newsletter (The Weekly SPARK), and a searchable online library. In partnership with AFSP, SPRC coproduces the BPR for Suicide Prevention. SPRC also provides organizational support for the National Action Alliance for Suicide Prevention.
www.sprc.org

Suicide Prevention Resource Center - Community Tool Box
Free educational modules and tools addressing community assessment, planning, intervention, evaluation, and advocacy. Planning and Implementing: Program Evaluation, Funding, Sustainability, Partnerships and Coalitions, Education and Training, Communications and Outreach.
http://www.sprc.org/resources-programs/community-tool-box

Youth Suicide Prevention School Based Guide
The Guide is a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.
http://theguide.fmhi.usf.edu/

This policy includes reference to a risk-assessment tool. Recommended resources for risk assessment tools can be found at:

Kutcher Adolescent Depression Scale: KADS-6
The KADS was developed to assist in the public health and clinical identification of young people at risk for depression. The six-item KADS is designed for use in institutional settings (such as schools or primary care settings) where it can be used as a screening tool to identify young people at risk for depression or by trained health care providers (such as public health nurses, primary care physicians) or educators (such as guidance counselors) to help evaluate young people who are in distress or who have been identified as possibly having a mental health problem.
http://teenmentalhealth.org/product/kutcher-adolescent-depression-scale-kads-english/

Linehan Risk and Management Protocol: LRAMP
Behavioral Tech, LLC, founded by Dr. Marsha Linehan, trains mental health care providers and treatment teams who work with complex and severely disordered populations to use compassionate, scientifically valid treatments and to implement and evaluate these treatments in their practice setting. Behavioral Tech, LLC develops and applies the most effective and efficient methods of training and provides a range of opportunities to learn and implement state-of-the-art treatments to a competent level.
http://depts.washington.edu/uwbrtc/wp-content/uploads/LSSN-LRAMP-v1.0.pdf

Suicide in Schools - *A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*
With purchase of the book ($40) an online link is provided to download assessment tools, documentation forms and recommended guidelines for school suicide safety.
T.Erbacher, J.Singer, S.Poland
www.routledgementalhealth.com

Suicide Ideation Questionaire & SIQ-JR
The SIQ assesses the frequency of suicidal thoughts in adolescents and may be used to evaluate or monitor troubled youths. Because not all depressed adolescents are suicidal and not all suicidal adolescents are depressed, the SIQ is a valuable component in a comprehensive assessment of adolescent mental health. The versions include the SIQ (Grades 10-12) and the SIQ-JR (Grades 7-9). The cost is $211.
http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ

Tool for Assessment of Suicide Risk Adolescent: TASR-A Package
The TASR-A was developed to assist in the clinical evaluation of young people at imminent risk for suicide. It was created by clinicians with expertise in the area of adolescent suicide assessment and the development and application of various scales and tools in clinical, research and institutional settings. The TASR-A is not a diagnostic tool since suicide is a behavior rather than a medical diagnosis. The TASR-A is also not a predictive tool since there is no tool that can be demonstrated to predict suicide. Rather, the TASR-A is a semi-structured instrument that the clinician can follow to ensure that the most common risk factors known to be associated with suicide in young people have been assessed.
http://teenmentalhealth.org/product/tasr/

It is recommended that each district identify local community and behavioral health service resources. Recommended resources would include:

- Hotline/Helpline – telephonic/text

Access Crisis Intervention: ACI
Regional telephone hotlines staffed by mental health professionals who can respond to your crisis 24 hours per day, 7 days per week. They will talk with you about your crisis and help you determine what further help is needed, for example, a telephone conversation to provide understanding and support, a face-to-face intervention, an appointment the next day with a mental health professional, or perhaps an alternative service that best meets your needs. They may give you other resources or services within your community to provide you with ongoing care following your crisis. All calls are strictly confidential.
http://dmh.mo.gov/mentalillness/progs/acimap.html

National Suicide Prevention Lifeline
1.800.273.8255 (TALK)
TTY: 1-800-799-4889 (hearing impaired)
The national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
http://suicidepreventionlifeline.org

The Trevor Project
(specifically geared to Lesbian, Gay, Bisexual, Transgender and Questioning LGBTQ)
1-866-488-7386
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
http://www.thetrevorproject.org/pages/get-help-now

Kids Under Twenty One: KUTO
1-888-644-5886 (youth, peer helpline)
The helpline is a safe resource for youth where they are free to express their concerns, explore feelings, identify stressors and realize effective coping mechanisms. The helpline is available to help young people find the hope and strength to cope positively with the pressures and stress in their lives and to encourage using positive skills to manage stress, mediate conflict and work through feelings.
www.kuto.org

Trans Lifeline
(877) 565-8860
Trans Lifeline is a volunteer organization dedicated to the well-being of transgender people. The hotline staffed by transgender people for transgender people. Trans Lifeline volunteers are ready to respond to whatever support needs members of our community might have.

- Texting & Online Support

Crisis Text Line
Crisis Text Line, the national not-for-profit that provides free, 24/7 crisis support via SMS Text "HELLO" to 741-741.
http://www.crisistextline.org

Lifeline Crisis Chat
A program of National Suicide Prevention Lifeline
Crisis centers across the United States have joined together to form one national chat network that can provide online emotional support, crisis intervention and suicide prevention services.
http://chat.suicidepreventionlifeline.org

Trevor Chat
Online instant messaging with a Trevor Chat counselor. Available seven days a week between 3:00 p.m. - 9:00 p.m. ET/12:00 p.m. - 6:00 p.m. PT.
http://www.thetrevorproject.org/pages/get-help-now

Trevor Text
Text "Trevor" to 1-202-304-1200. Standard text messaging rates apply.
Available on Wednesdays-Fridays between 3:00 p.m. - 9:00 p.m. EST/12:00 p.m. - 6:00 p.m. PT.
http://www.thetrevorproject.org/pages/get-help-now

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Appendix D
Definitions

Behavioral health—A state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Bereaved by suicide—Family members, friends and others affected by the suicide of a loved one (also referred to as survivors of suicide loss).

Best practices—Activities or programs that are in keeping with the best available evidence regarding what is effective.

Community—A group of individuals residing in the same locality or sharing a common interest.

Comprehensive suicide prevention plans—Plans that use a multifaceted approach to addressing the problem: for example, including interventions targeting biopsychosocial, social, and environmental factors.

Connectedness—Closeness to an individual, group, or individuals within a specific organization; perceived caring by others; satisfaction with relationship to others; or feeling loved and wanted by others.

Contagion—A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.

Evidence-based programs—Programs that have undergone scientific evaluation and have proven to be effective.

Gatekeepers—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.

Intervention—A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorders, educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).

Means—The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs).

Means restriction—Techniques, policies and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Methods—Actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g., overdose).

Mental health—The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective, and relational).

Mental health services—Health services that are specifically designed for the care and treatment of persons with mental health problems, including mental illness. Mental health services include hospitals and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services and other intensive outreach approaches to the care of individuals with severe disorders.

Non-suicidal self-injury—Self-injury with no suicidal intent. Same as non-suicidal self-directed violence (see Centers for Disease Control and Prevention surveillance definitions box at the end of this appendix).

Postvention—Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.

Prevention—A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Protective factors—Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family and environment.

Resilience—Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Risk factors—Factors that make it more likely that individuals will develop a disorder. Risk factors may encompass biological, psychological or social factors in the individual, family and environment.

Safety plan—Written list of warning signs, coping responses and support sources that an individual may use to avert or manage a suicide crisis.

Screening—Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Screening tools—Instruments and techniques (e.g., questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.

Social support—Assistance that may include companionship, emotional backing, cognitive guidance, material aid, and special services and resources focused on specific aspects of psychological or behavioral well-being.

Stakeholders—Entities including organizations, groups, and individuals that are affected by and contribute to decisions, consultations, and policies.

Suicidal self-directed violence—Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.

Suicidal ideation—Thoughts of engaging in suicide-related behavior.

Suicidal intent—There is evidence (explicit and/or implicit) that at the time of injury the individual intended to kill him or herself or wished to die and that the individual understood the probable consequences of his or her actions.

Suicidal plan—A thought regarding a self-initiated action that facilitates self-harm behavior or a suicide attempt often including an organized manner of engaging in suicidal behavior such as a description of a time frame and method.

Suicide—Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide attempt—A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal behaviors—Acts and/or preparation toward making a suicide attempt, suicide attempts, and deaths by suicide.

Suicide crisis—A suicide crisis, suicidal crisis, or potential suicide is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency requiring immediate suicide intervention and emergency medical treatment.

Suicide attempt survivors—Individuals who have survived a prior suicide attempt.

Suicide loss survivors—See bereaved by suicide.

Edited from Appendix F - 2012 National Strategy for Suicide Prevention