

SUICIDE PREVENTION & 988 GUIDE FOR MISSOURI SCHOOLS

**MISSOURI
SUICIDE
PREVENTION
NETWORK**

988

**SUICIDE & CRISIS
LIFELINE
MISSOURI**

JULY 2025





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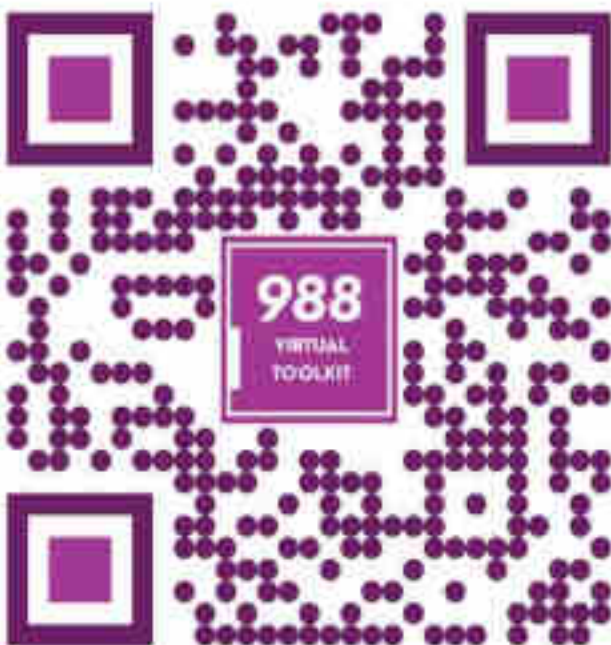
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PURPOSE

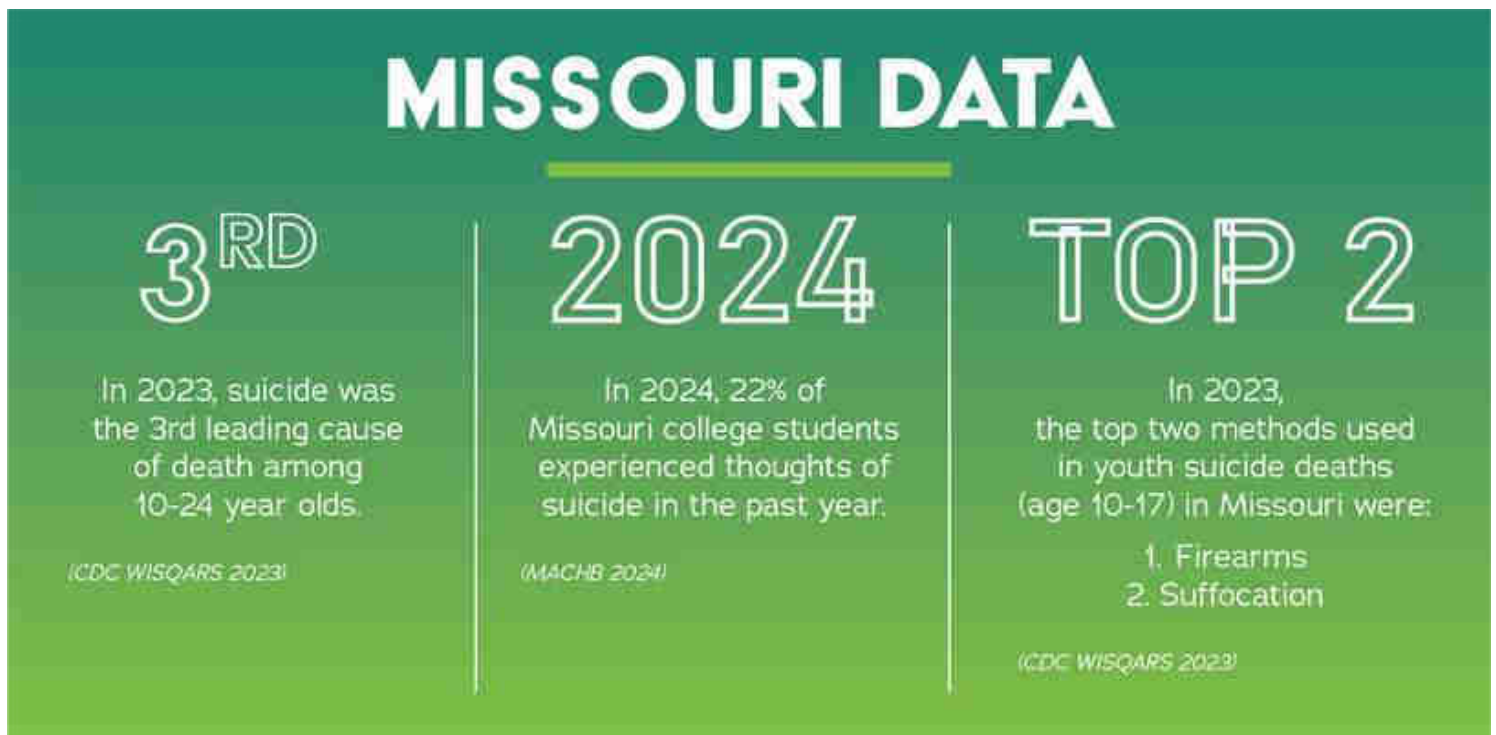
This guide is intended for school personnel to utilize suicide prevention, intervention and crisis response services, and postvention resources to better address and meet the needs of schools across the state. While the guide is most applicable to middle and high school settings, elementary and higher education considerations are included as well.

In addition to the guide, the Missouri Department of Mental Health (DMH) is making available 988 Suicide & Crisis Lifeline materials for schools to promote this resource on their campuses and encourage help seeking among students. Schools will have access to the Suicide Prevention & 988 Guide, a virtual 988 social media toolkit, and a physical 988 toolkit.



DATA

Suicide is a critical public health issue that affects individuals, families, schools, and communities. Missouri's suicide rate is consistently higher than the national average. Preventing suicide requires everyone's commitment, from the individuals struggling with their own thoughts of suicide to the systems and communities that support them. A strategic approach that engages everyone at every level is our best hope to prevent suicides in Missouri.



These statistics can be daunting, however, there is a lot that can be done, and many are willing to learn how to help prevent suicide.



TRENDS AND SEASONALITY OF EMERGENCY DEPARTMENT VISITS AND HOSPITALIZATIONS FOR SUICIDALITY AMONG CHILDREN AND ADOLESCENTS

Kim Y, Krause TM, Lane SD. Trends and Seasonality of Emergency Department Visits and Hospitalizations for Suicidality Among Children and Adolescents in the US from 2016 to 2021. JAMA Netw Open. 2023;6(7):e2324183. doi:10.1001/jamanetworkopen.2023.24183
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807435>

- This is the second large analysis to find a strong relationship between on-site school attendance and suicidality.
- 73,123 hospital admissions for suicidality ages 10-18.
- Rate (per 100,000) of ED Visits/Hospitalizations increased from 760 in 2016 to 942 in 2019 and dropped in 2020 to increase in 2021 to 1,160.
- Term visits will be used to refer to visits to Emergency Department Hospitalizations for suicidality.
- The observed season trends with April and October being the highest rate for visits, with July being lowest rate, but the seasonal peaks disappeared when schools closed in 2020 with April/May being the lowest rate months for 2020.
- Rates start dropping for 18 year-olds as they leave high school – further connecting school with the pattern of seasonal increases.
- The following chart demonstrates how different 2020 was by highlighting seasonal peaks in April/May of all but 2020 and the seasonal drop spring of 2020.

Continued from Page 5:

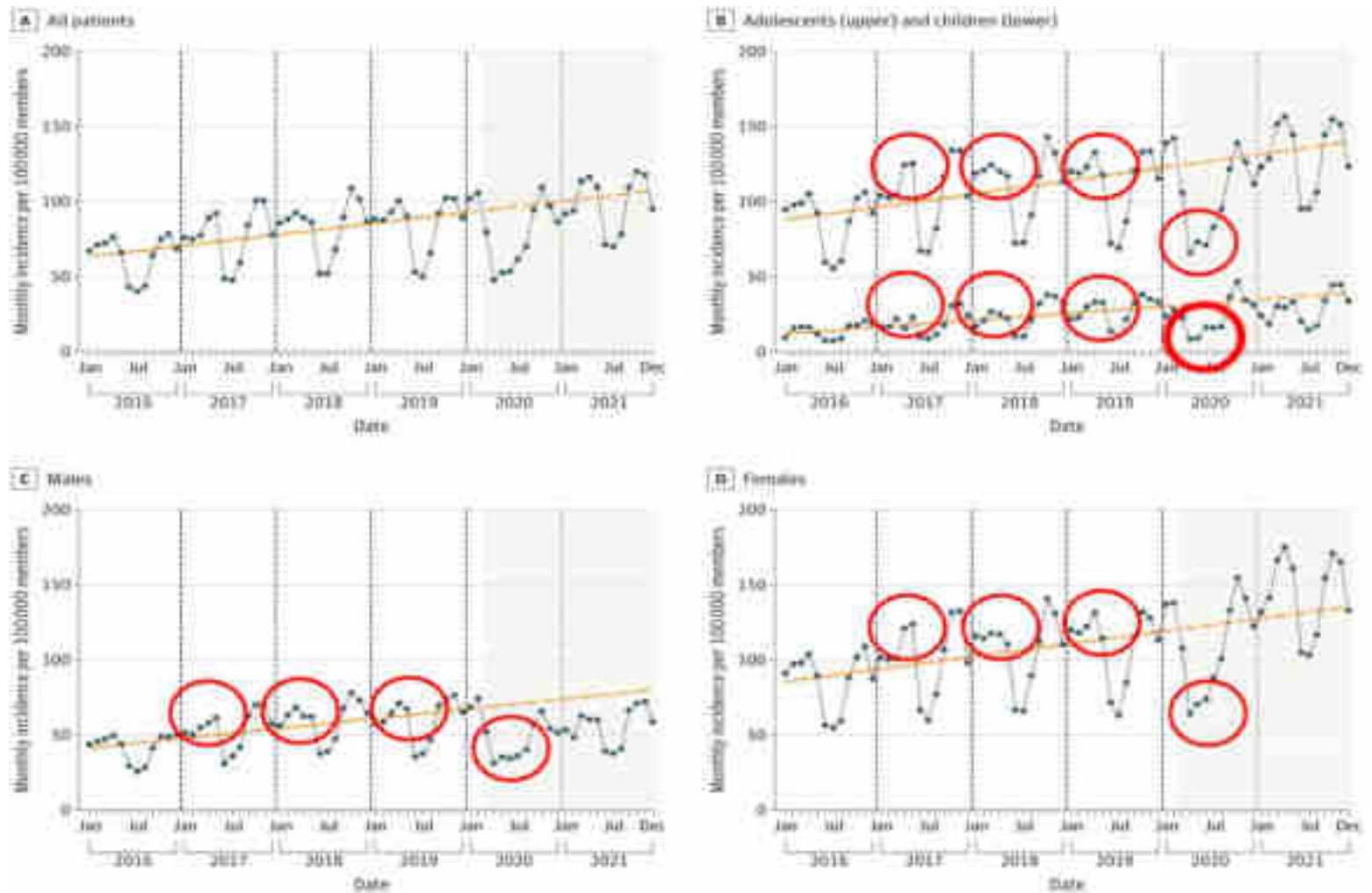


Figure Legend:

Temporal Trends of Emergency Department Visits and Hospitalizations for Suicidal Ideation and Suicide Attempts Among Children and Adolescents, 2016 - 2021. The shaded background indicates the COVID-19 period from March 2020 onward. Connected dots indicate the observed monthly incidence per 100,000 members, solid orange lines indicate the de-seasonalized trends, and dashed orange lines depict the projected trends according to the pre-pandemic trend had the pandemic not occurred.

CALL TO ACTION

[Suicide Prevention for Schools](#)

This video explains why suicide is a serious public health issue and the effects suicide can have on youth and young adults.



[Department of Elementary and Secondary Education \(DESE\) Model Policy](#)

This video provides information about the Youth Suicide Awareness Model Policy, which serves as a template for schools in developing suicide prevention policies.



[Missouri School Counselor Association \(MSCA\) Crisis Manual](#)

This video describes the MSCA Crisis Manual, a document intended to help educators and administrators plan for crisis situations before they arise.



PREVENTION

Suicide prevention is a collection of efforts to reduce factors that increase risk of suicide and increase factors that promote resilience. It requires a combination of efforts that work together to address different aspects of the problem for youth and young adults. Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels—can increase risk. To help understand how to prevent suicide for students, it's important to look at warning signs, risk factors, and protective factors.

Things to Look Out For

Warning signs are behaviors that may indicate that a person is at immediate risk for suicide. The following should prompt you to immediately call, text, or chat 988 to speak to a trained crisis specialist.



Talking about being a burden



Increased substance use



Expressing hopelessness



Being isolated



Looking for a way to access lethal means



Sleeping too little or too much



Increased anxiety



Increased anger or rage



Talking or posting about wanting to die



Talking about feeling trapped or in unbearable pain



Extreme mood swings



Making plans for suicide

Protective Factors

Protective factors are a range of factors that can protect people from suicide.

We can take action in communities and as a society to support people and help protect them from suicidal thoughts and behavior.

Below are some common protective factors for youth and young adults:

Category	Protective Factors
Individual	<ul style="list-style-type: none">• Reasons for living (e.g., family, friends, pets)• Effective coping & problem-solving skills• Strong cultural identity
Relationship	<ul style="list-style-type: none">• Support from partners, friends, and family• Feeling connected to others
Community	<ul style="list-style-type: none">• Feeling connected to school, community, and other social institutions• Availability of high-quality and consistent behavioral healthcare
Societal	<ul style="list-style-type: none">• Reduced access to lethal means• Cultural, religious, or moral objections to suicide



Things You Can Do

Below are things educators can do to support youth and build protective factors against suicide. These strategies, when integrated into the school's culture and practices, can significantly contribute to building protective factors against suicide among students.



Create a Supportive Environment: Foster a positive, inclusive, and accepting atmosphere in the school community. Encourage kindness and empathy among students and staff.



Identify At-Risk Students: Train teachers and staff to identify warning signs and risk factors in order to identify at risk students.



Promote Healthy Coping Skills: Teach students strategies for managing stress, such as mindfulness, breathing exercises, or relaxation techniques.



Encourage Help-Seeking Behavior: Normalize seeking help for mental health concerns and provide information about available resources both within and outside the school.



Educate Staff and Parents: Contact the [Missouri Suicide Prevention Network](#) for resources to educate administrators, teachers, and parents about 988, or visit the [Missouri 988 website](#) to find existing materials for schools and youth.



Create Safe Spaces: Designate areas where students can feel safe to discuss their feelings or concerns with trusted adults or peers.



Promote Resilience: Teach resilience-building skills such as problem-solving, decision-making, and coping strategies to help students navigate challenges.



Offer Postvention Support: Develop plans for supporting students and the school community after a suicide or attempted suicide, including school-based and community resources.



Involve Community Partnerships: Collaborate with behavioral health and suicide prevention organizations, local crisis response providers, hospitals, and other community resources to provide additional support.



Follow-up and Support: Ensure continuity of care by following up with students who have received mental health support to track progress and offer ongoing assistance.

DESE Model Policy

[The DESE Model Policy](#) provides guidance for schools on key suicide prevention and awareness protocols and procedures and steps that can be taken to prevent it. The following sections of the DESE Model Policy provide information on suicide prevention protocol requirements, best practices, and training that schools could apply to a suicide prevention protocol:

P. 5, Suicide Prevention & Response Protocol Training and Education for Staff

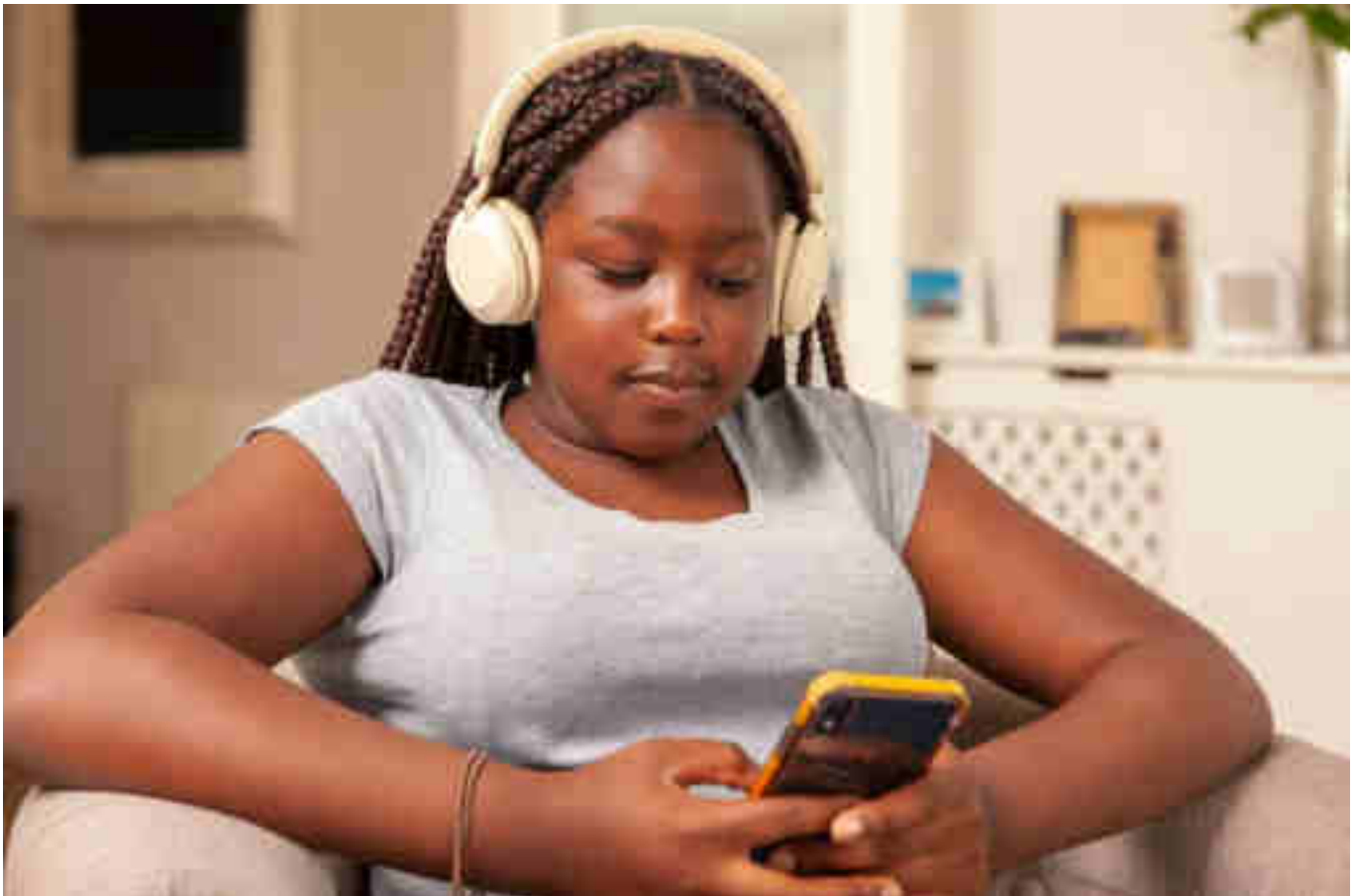
- This section outlines suicide prevention policy education requirements, best practices, and information about suicide prevention & awareness training.

P. 5 & 6, Suicide Prevention Education for Students

- This section outlines best practice recommendations for and information on suicide prevention & awareness training.

P. 6, Suicide Prevention Resources and Information for Staff, Students, and Families

- This section outlines requirements for student identification cards and additional resources to support staff, students, and families.



SUICIDE PREVENTION PROGRAMMING FOR SCHOOLS

Students spend a significant amount of their lives in school, and school personnel are in a prime position to help students develop protective factors and foster social and emotional competencies and well-being. School suicide prevention programming is available to help educate students and staff on how to identify warning signs, risk factors, and protective factors of suicide and how to reach out for help when they need it.

Through funding provided by DMH, ten [Prevention Resource Centers](#) (PRCs) cover the entire state, providing technical assistance and support to community coalitions in their service areas. Schools can reach out to their local PRCs for free suicide prevention programming for schools, training, support, and resources. In addition to suicide prevention assistance, PRCs also offer youth substance use prevention support.

[Certified Community Behavioral Health Clinics](#) (CCBHCs) operate statewide and offer comprehensive mental health and substance use services. CCBHCs may serve as valuable partners for schools seeking to connect students and families with timely access to crisis care, outpatient treatment, and ongoing behavioral health support. In addition, many offer community education and training opportunities.



Evidence-Based Prevention Programming

Evidence-based school suicide prevention aims to foster positive behaviors, improve social-emotional skills, and prevent problems like substance use, bullying, mental health issues, and academic failure. When selecting or developing a suicide prevention program for your school community, schools are encouraged to consider whether the program is aligned with their goals and are appropriate for the population they are trying to reach. The [Suicide Prevention Resource Center](#) is a helpful site that can help in selecting or developing a suicide prevention program. These are a selection of programs listed on the [SPRC's Best Practices registry](#) as rooted in research and proven effective.

Name	Description	Audience
Erika's Lighthouse	Erika's Lighthouse provides evidence-informed, no-cost school-based suicide prevention programs for students in grades 4-12. Their programs focus on mental health education, depression awareness, and suicide prevention, with a particular emphasis on teaching students how to recognize signs of distress and seek help. Erika's Lighthouse also provides resources for families and school staff to support students' mental well-being.	Grades 4-12
Good Behavior Game	The Good Behavior Game (GBG) is a team-based classroom behavior management strategy designed for early grades. Studies have found that students who play the GBG are less likely to need behavioral health services and have lower rates of suicide in adulthood.	First and second graders
Hope Squad	Hope Squad is a peer-to-peer suicide prevention program. Hope Squad members are nominated by their classmates as trustworthy peers and trained by advisors.	Elementary, middle, and high school students
Question, Persuade, Refer (QPR) Gatekeeper Training	Students and adults trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.	Students in middle school and up Youth serving adults
Signs of Suicide (SOS)	SOS is an evidence-based youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression.	Grades 6-12
Sources of Strength	Sources of Strength is a best-practice youth mental health promotion and suicide prevention program. Sources offers exceptional training for both youth and adults in secondary schools and community-based settings and has moved even further upstream with an elementary model featuring a fully stratified K-5 curriculum.	Elementary, middle, and high school students

Other Suicide Prevention Resources

Discover notable programs that offer educators, caregivers, and community members an opportunity to expand their knowledge and access a diverse range of tools for promoting mental well-being and supporting those in need.

Name	Description	Audience
Youth Mental Health First Aid	Youth Mental Health First Aid is a skills-based training that teaches youth-serving individuals how to identify, understand and respond to an adolescent (ages 12-18) who may be experiencing a mental health or substance use challenge.	Youth-serving individuals
Teen Mental Health First Aid	Teen MHFA teaches teens how to identify, understand, and respond to signs of mental health and substance use challenges among their friends and peers.	Teens ages 14-18
NAMI Ending the Silence	NAMI Ending the Silence is an evidence-based engaging presentation that helps middle and high school aged youth learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental health condition.	Middle and high school students

TESTIMONIALS

"People are afraid to ask for help. They're afraid to admit that they're not at their best, and that's okay, and we really just need to talk about it. It can do way more than you think. I feel like, you know, that now I have the power to do something, because everybody in my generation knows somebody who has thought about suicide, right? And now I feel like if I see that in one of my friends, that I can help them."

- North Kansas City High School Hope Squad Member

"You can help other people out who are really needing help, and it feels great being the ones to get to be responsible to do that. I feel like sometimes when my friends are stressed out, with whatever's going on, I just talk to them, and I try to make them feel better. And I use some of the strategies from [Hope Squad] and give them coping strategies to use. Even 10 years from now, I know I could use some of these strategies to help other people in my life with them."

- Jr. Hope Squad (Elementary School) Member



988 FOR SCHOOLS

One of the most widely available suicide prevention resources is the 988 Suicide & Crisis Lifeline. 988 is a 3-digit phone number available 24/7 that offers free and confidential access to compassionate care and support for anyone, including students experiencing a mental health, suicide, or substance use crisis. If you are worried about a student, call or text 988 or chat at 988lifeline.org and a trained crisis specialist will help walk you through navigating the situation.

While 988 is a national initiative, it is up to each state to implement 988 into existing services and systems. As part of Missouri's suicide prevention and crisis response efforts, DMH is leading 988 implementation for the state. In a coordinated effort to ensure schools understand what 988 is, how to access it, and its connection to the larger crisis system, DMH and partners have created several 988 resources and materials for schools that are referenced throughout this guide. Below is a 988 infographic for Missouri schools.

This infographic is available for download [here](#).



988 SUICIDE & CRISIS LIFELINE MISSOURI

WHAT IS 988?

988 is a 3-digit phone number available 24/7 that offers free and confidential access to compassionate care and support for anyone, including students experiencing a mental health, suicide, or substance use crisis.

Trained crisis specialists are available to hear about life's struggles, support your safety, discuss ways to help you cope, and connect you to local care or resources.

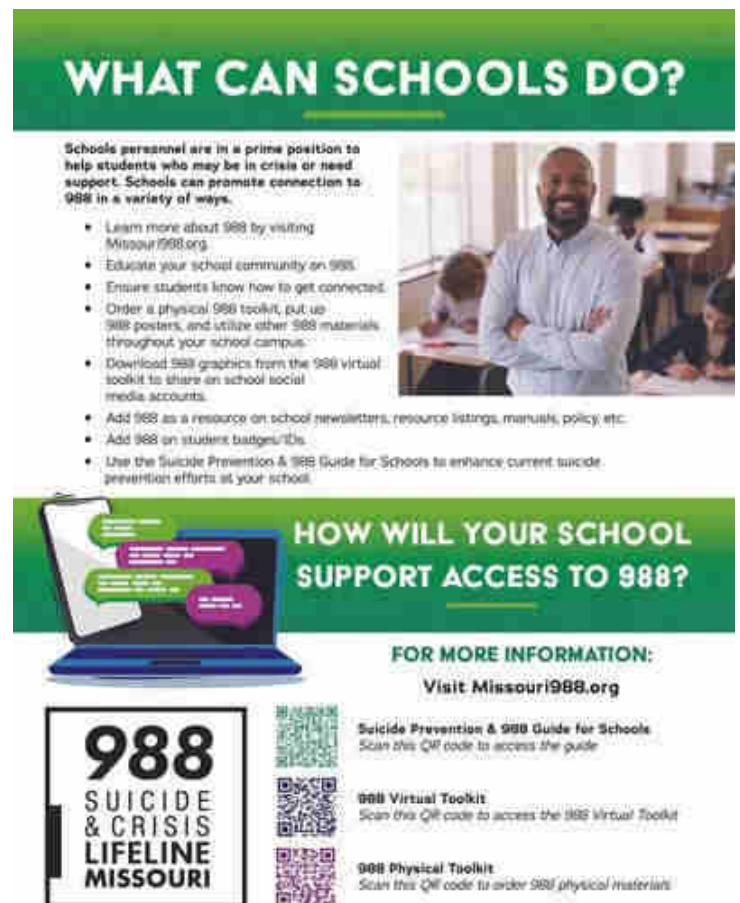
WHO IS 988 FOR?

STUDENTS SCHOOL PERSONNEL FRIENDS & FAMILY ANYONE

WHEN TO REACH OUT:

Whether you're in distress or just want to talk about something on your mind, call or text 988 or chat at 988lifeline.org. If you are worried about a student, reach out to 988 and a trained crisis specialist will help walk you through navigating the situation.

For free, confidential support, reach out to 988. Whether you call, text, or chat, we want you to reach out in whatever way is most comfortable for you. We are here to help.



WHAT CAN SCHOOLS DO?

Schools personnel are in a prime position to help students who may be in crisis or need support. Schools can promote connection to 988 in a variety of ways.

- Learn more about 988 by visiting Missouri988.org.
- Educate your school community on 988.
- Ensure students know how to get connected.
- Order a physical 988 toolkit, put up 988 posters, and utilize other 988 materials throughout your school campus.
- Download 988 graphics from the 988 virtual toolkit to share on school social media accounts.
- Add 988 as a resource on school newsletters, resource listings, manuals, policy, etc.
- Add 988 on student badges/IDs.
- Use the Suicide Prevention & 988 Guide for Schools to enhance current suicide prevention efforts at your school.

HOW WILL YOUR SCHOOL SUPPORT ACCESS TO 988?

FOR MORE INFORMATION:
Visit Missouri988.org

988 SUICIDE & CRISIS LIFELINE MISSOURI

988 Virtual Toolkit
Scan this QR code to access the 988 Virtual Toolkit

988 Physical Toolkit
Scan this QR code to order 988 physical materials

988 FOR PARENTS & GUARDIANS

WHAT CAN PARENTS AND GUARDIANS EXPECT:

- When you reach out to 988, a crisis specialist trained to help will be there to talk with you.
- They'll ask some questions to understand your situation better, like if you or someone you're worried about might be in danger or thinking about suicide.
- 988 is free and confidential, and you decide how much information to share.
- The support doesn't stop there. 988 can also help you find more resources and support.

ACTION STEPS FOR PARENTS & GUARDIANS:

- Encourage open talks about mental health. Help your child understand that asking for help is courageous and important.
- Save 988 to your family's contact list for quick access in times someone needs immediate emotional support.
- Call 988 together to learn how it can help if needed in the future, and order materials like stickers and magnets to help start conversations about 988 with others.
- Share these resources with your child's school.

CALL

Call 988 and **stay on the line** to speak to a crisis specialist.

SPECIALIZED SERVICES

Press 1 - Veterans
Press 2 - Spanish-speaking

Press 0 to bypass the introduction message and **connect directly** with a local crisis center

TEXT

Send any message to **988** to start a text conversation, answer a few questions before connecting with a trained crisis specialist.

CHAT

Visit 988lifeline.org/chat/, fill out the pre-chat survey and click submit to begin.

VIDEOPHONE

Chat with an **ASL-fluent crisis specialist** via videophone at <https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/>

INTERVENTION AND CRISIS RESPONSE

Schools need protocols that detail how to navigate a crisis, minimize subsequent trauma, and restore a sense of calm in the school environment. The goal is symptom reduction, stabilization, and restoration to a previous level of functioning. This can be provided in any setting, including schools. Intervention and crisis response practices for youth should aim to make every effort to help them stay in their current living environment, with family, or other natural supports actively participating in the young person's care and stabilization.

As outlined in [Section 170.048](#), RSMo, all Missouri school districts are required to have a protocol for helping students at possible risk of suicide and for responding to a suicide death. To help schools navigate a current crisis and be prepared for future crises, schools should have a comprehensive crisis response protocol. The MSCA developed a Crisis Manual to help educators and administrators think ahead and plan for crisis situations before they arise. This manual has information and guidance to help schools be as prepared as possible should a crisis occur.



MISSOURI'S CRISIS CONTINUUM

Missouri is following national best practices to create a comprehensive crisis continuum that includes three core elements:

SOMEONE TO TALK TO



**988 Suicide &
Crisis Lifeline**

SOMEONE TO RESPOND



**Mobile Crisis
Response Team**

SOMEWHERE TO GO



**Behavioral Health
Crisis Centers**

Someone to Talk to

988 Suicide & Crisis Lifeline: call, text, or [chat](#) the 988 Suicide & Crisis Lifeline for free and confidential crisis support available 24/7. 988 is available to anyone in a crisis or emotional distress. 988 is also a resource for anyone worried about someone else. If you are concerned about another person, reach out to 988 and a trained crisis specialist will help you navigate the situation.

Someone to Respond

Mobile Crisis Response: if the crisis is not able to be resolved over the phone, mobile crisis response teams led by behavioral health professionals are available to respond to an individual in crisis wherever they may be in the community, including in schools.

Somewhere to Go

Behavioral Health Crisis Centers (BHCCs): walk-in crisis receiving and stabilization facilities that triage, assess, provide immediate care, and stabilize a mental health, suicide, or substance use crisis. BHCCs provide a trauma-informed space to receive services from a multi-disciplinary team specializing in behavioral health crisis care. Please see page 21 for information on BHCCs that serve youth.

For more information on Missouri's Crisis Continuum, please visit the [Department of Mental Health Crisis Services webpage](#).

WHERE TO GET HELP



**WHEN EVERY SECOND
COUNTS...**

CONTACT 911

Life or death emergencies require immediate action from emergency responders because every second counts.



**WHEN THERE IS TIME TO
TALK...**

CONTACT 988

A mental health, suicide, or substance use crisis may not require emergency response, but does require compassionate assistance.

CONTACT 911 IF THEY ARE:

- In imminent danger
- Communicating someone else is in imminent danger
- In need of medical attention due to a self-induced injury
- Overdosing – 911 will contact poison control
- Unresponsive
- Communicating a suicide attempt
- In possession of an unsecured lethal weapon and in severe emotional distress

CONTACT 988 IF THEY ARE:

- Expressing a desire to end their life or hurt themselves
- Displaying a self-induced injury that does not require emergency medical attention
- At risk of suicide and/or appear to be under the influence of alcohol or drugs
- In emotional distress or struggling to cope

NOTE: THIS IS NOT AN EXHAUSTIVE LIST.

NEED HELP NOW?

If you are thinking about suicide, are experiencing a mental health or substance use crisis, or are worried about a student, friend, or loved one, reach out to the 988 Suicide & Crisis Lifeline for free and confidential support by calling, texting, or [chatting](#) 988.

If you or someone you know is needing crisis assistance at school or in the community, you can access mobile crisis response teams by first contacting 988 and connecting with a crisis specialist.

If you or someone you know needs walk-in crisis support, you can go to a [Behavioral Health Crisis Center](#). All centers serve adults. Centers that serve youth are listed below.

YOUTH SERVING BEHAVIORAL HEALTH CRISIS CENTERS	
Bridgeton	SSM Behavioral Health Urgent Care (5 years old and up)
Joplin	Ozark Center Urgent Behavioral Solutions (16 years old and up)
Kansas City	ReDiscover (5 years old and up)
Kirksville	Preferred Family Healthcare Behavioral Health Crisis Center (5 years old and up)
Poplar Bluff	Family Counseling Center (10 years old and up)
St. Joseph	Family Guidance Center (5 years old and up)
St. Louis	SSM Behavioral Health Urgent Care (5 years old and up)
St. Peters	Compass Health Network (5 years old and up)



MSCA Crisis Manual

[The MSCA Crisis Manual](#) provides guidelines for school crisis teams to operate effectively in crisis situations. One of the most important steps in preparing for a crisis is creating a comprehensive and thorough response plan. The time to start planning is before a crisis, not during it. Creating an effective plan requires careful pre-planning and consideration of what's best for the school community. The following sections of the MSCA Crisis Manual provide information on important crisis intervention components that could be applied to a school crisis response protocol:

P. 7-10, Crisis Intervention Worksheet

- This document may be helpful to schools compiling their school crisis response protocol and identifying steps needed to respond effectively.

P. 11-15, Administrator's Checklist for Responding to an Emergency/Crisis

- This checklist outlines key considerations for responding to a crisis including when to take immediate action, school personnel responsibilities, and responding to families, the media, and the community.

P. 16-35, Chapter 2: Crisis Interventions

- Guidelines for Understanding and Responding to a Crisis.
- Suggestions for School Crisis Team Members Visiting Classrooms.
- Good Tips for School Counselors to Remember (Crisis Do's and Don'ts).
- Tips for Students in Crisis, Teachers, School Crisis Team Members, and Parents.

P. 45-48, Handling Crises from Virtual Platforms

P. 49-50, How to Handle a Potentially Suicidal Student

- Step-by-step guidance on how to respond to a student who is suicidal.

DESE Model Policy

[The DESE Model Policy](#) also provides guidance for schools on crisis response procedures. The following sections of the DESE Model Policy provide information on important crisis intervention components that could be applied to a school crisis response protocol:

P. 6-7, School Crisis Teams

P. 7-8, Crisis Response Procedures

P. 9, Responding to Incidents Impacting the School Community

988 TOOLKITS FOR SCHOOLS

VIRTUAL TOOLKIT

Schools can access virtual 988 materials to promote on their school website, social media, or elsewhere. Virtual materials include graphics, videos, and infographics.



PHYSICAL TOOLKIT

Schools can order physical 988 items to promote the number on their campuses. Items for schools include yard signs, stencils, posters, wallet cards, magnets, notebooks, pens, and stickers. Materials are free of charge. Items are available while supplies last.



POSTVENTION

According to the national Survivors of Suicide Loss Task Force, postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss.
- To mitigate other negative effects of exposure to suicide.
- To prevent suicide among people who are at high risk after exposure to suicide.

Any death can have a profound effect on young people, especially the unexpected death of a peer. When someone dies by suicide, the impact can be profound for friends, family, loved ones, and others close to the individual. This impact can present as grief, guilt, and the concerning phenomenon known as suicide contagion, a relatively rare but real occurrence whereby one suicide death influences another.

A suicide death can also leave schools faced with distressed parents and community members, media attention, and communication from others seeking information about what happened and why. In these instances, it is important that schools have a model for postvention in place to be able to provide immediate support and necessary referrals to services. It is also crucial to have a plan for communicating with the public on necessary information regarding the incident.



Schools should be prepared to support the emotional needs of students affected by suicide by taking immediate action to respond as well as the long-term effects and risks that may be associated with the incident. The most effective response to a school community suicide is one in which steps are taken in advance to prepare. Utilizing this streamlined approach to postvention, offering school professionals clear, actionable steps to support students and staff following a suicide is essential. The goal is to ensure a compassionate, safe, and structured response while preventing further crises. These steps include:

- Forming a school crisis team.
- Having death notification templates on hand.
- Identifying and engaging with community partners to assist with student needs.
- Creating a plan for referring students to mental health services.
- Reaching out to 988 for further guidance, if needed.

IMMEDIATE STEPS FOLLOWING A SUICIDE DEATH (FIRST 24-48 HOURS)

ACTIVATE THE CRISIS RESPONSE TEAM

- Designate a School Crisis Team leader and key staff roles.
- Ensure school counselors and other mental health professionals are available for student and staff support.
- Have a pre-established relationship with local 988 provider/mobile crisis response team.

VERIFY AND COMMUNICATE INFORMATION

- Confirm facts with appropriate authorities (family, medical examiner, law enforcement, etc.).
- Use a prepared notification script for staff and students and avoid PA announcements or large assemblies.
- Send a parent letter with support resources.

IDENTIFY & SUPPORT AT-RISK STUDENTS

- Teachers and school-based mental health professionals such as school counselors, school social workers, school psychologists, and school nurses should monitor close friends and vulnerable students, talking to them about 988.
- Provide immediate access to crisis services, school counseling services, and other mental health or substance use supports.

MEDIA & SOCIAL MEDIA GUIDELINES

- Direct all media inquiries to a designated spokesperson.
- Monitor social media for harmful content and provide guidance to students on responsible online behavior.

MEMORIALIZATION & SAFE ACKNOWLEDGMENT

- Treat all student deaths equally to prevent suicide glorification.
- Encourage living memorials (mental health awareness initiatives, scholarships, community service).
- Avoid permanent on-campus memorials that may reinforce suicide as a coping strategy.

LONG-TERM SUPPORT & PREVENTION

- **Monitor and Check-In:** Continue to observe and support grieving students and staff for months after the loss.
- **Staff Training:** Ensure staff can recognize warning signs of suicide risk in students.
- **Community Partnerships:** Connect with local crisis providers and mental health resources for ongoing support.

KEY RESOURCES

- **988 Suicide & Crisis Lifeline:** Call, text, or chat 988 anytime.
- **Mental Health Services and Supports:** Ensure students know where to seek help.
- **Sample Letters & Scripts:** Keep accessible templates ready for quick response.

DESE Model Policy

As outlined in [Section 170.048](#), schools need protocols that detail how to navigate a crisis, minimize subsequent trauma, and restore a sense of calm in the school environment. [The DESE Model Policy](#) provides guidance for Missouri school districts regarding responding to suicidal behavior or death by suicide. The following section of the DESE Model Policy provides information on postvention considerations for schools:

P. 9, Response to Incidents Impacting the School Community

- This section highlights potential postvention procedures.

MSCA Crisis Manual

[The MSCA Crisis Manual](#) has detailed information on how to respond following a student death. The following sections of the MSCA Crisis Manual provide information on important postvention components that could be applied to a school postvention protocol (NOTE: The MSCA Crisis Manual does not define this information as "postvention", however, the information is applicable):

P. 51, Handling the death of a student or staff member

P. 41-43, School Crisis Team Roles and Procedures in the Event of a Student/Staff Death

P. 7-10, Crisis Intervention Worksheet

- This document is designed to organize personnel prior to, during, and after a crisis to minimize the trauma and focus resources.

P. 16-17, Understanding emotions and behaviors following a death

P. 18, Suggestions for School Crisis Team Members Visiting Classrooms

P. 26, Handling Crisis Situations: Tips for Teachers (7-11)

P. 34-35, How to Help a Young Person Experiencing Grief

P. 44, Crisis Plan/Memorials & Services, Sample Policy

After a Suicide: A Toolkit for Schools

[After a Suicide: A Toolkit for Schools](#) addresses Objective 10.1 of the National Strategy for Suicide Prevention (2012): "Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels". The following sections of the toolkit provide information on important postvention components that could be applied to a school postvention protocol:

P. 4-12, Crisis Response Section

- Information on how to immediately respond following a suicide death.

P. 13-16, Helping Students Cope

P. 17-20, Working with the community

P. 23-24 and P. 32-36, Working with the media and social media

P. 25-31, Memorialization

P. 37-39, Suicide Contagion (when to bring in outside help)



ELEMENTARY SCHOOL AND HIGHER EDUCATION PROGRAMMING CONSIDERATIONS

This document primarily focuses on suicide prevention, intervention and crisis response services, and postvention for middle and high school settings as there are fewer national resources available for elementary schools and higher education settings on these topics. While advancements in suicide prevention research continue, there is not currently broad evidence-based information available on elementary school and higher education suicide prevention efforts. However, Partners in Prevention, a higher education prevention consortium in Missouri, plans to convene a statewide workgroup to develop a toolkit on suicide prevention for higher education settings.

While there may be limited information regarding suicide prevention programming for elementary school and higher education settings, the 988 Suicide & Crisis Lifeline is available to all ages.

ELEMENTARY SCHOOL CONSIDERATIONS

Universal programming is recommended for elementary school settings as upstream prevention efforts. These efforts include awareness and education that integrates intrapersonal and interpersonal skills development into the curriculum and emphasize strengthening protective factors and fostering connectedness with others.

Programming

- Intrapersonal and interpersonal skills development is a systematic framework that can be integrated across classrooms. It focuses on helping students build healthy identities, manage emotions, and develop personal and collective goals. It also supports the ability to feel and show empathy for others, maintain supportive relationships, and make responsible and caring decisions.
- [Sources of Strength](#) is a best-practice suicide prevention program that uses a strength-based, upstream model to reduce negative outcomes and promote well-being, resilience, and help-seeking.
- [The Good Behavior Game \(GBG\)](#) is a team-based classroom behavior management strategy designed for early grades. Studies have found that students who play the GBG are less likely to need behavioral health services and have lower rates of suicide in adulthood.
- [Gizmo's Pawesome Guide to Mental Health](#) introduces youth and trusted adults to mental health basics, helping children recognize and talk about their feelings, identify trusted adults, and develop a simple mental health action plan.

HIGHER EDUCATION CONSIDERATIONS

Approximately 75% of all mental health conditions appear and are established by age 24, so colleges are uniquely situated to help these young people. Suicide prevention efforts for college students should focus on the unique experiences and needs of this population. The best way to prevent suicide in college-aged individuals is to use a comprehensive approach that promotes social networks and connectedness, improves access to mental health services on and off campus, identifies and assists students who may be at risk for suicide, and is prepared to respond when a suicide death occurs.

Programming

- [Partners in Prevention](#) provides information on how to implement a comprehensive approach to suicide prevention on college campuses.
- [Ask. Listen. Refer. \(ALR\)](#) is an online suicide prevention training program for students, faculty, and staff at colleges and universities. This recognition and referral skills training focuses on identifying individuals at risk for suicide, recognizing risk and protective factors and warning signs of suicide, and getting help for someone in need. The training is free and available to any institution of higher education. Visit asklistenrefer.org to learn more.
- [The Higher Education Mental Health Alliance \(HEMHA\)](#) has developed a Postvention Guide for Responses to Suicide on College Campuses. This guide covers the actions to take following a suicide, how to develop and implement a sensitive response plan, and steps to limit the risk of future suicides.
- [Mental Health First Aid \(MHFA\) for Higher Education](#) teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. This training – which focuses on the unique experiences and needs of college students – gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.
- [Active Minds](#) is a non-profit organization dedicated to promoting mental health among young adults via peer-to-peer dialogue and interaction. Active Minds facilitates awareness campaigns, events, advocacy, outreach, and more.

ACKNOWLEDGEMENTS

The Missouri Suicide Prevention Network (MSPN) is working with several state partners from the public and private sectors to coordinate and develop implementation of the Missouri Suicide Prevention Plan, based on the National Strategy for Suicide Prevention. MSPN is proud to launch the Suicide Prevention & 988 Guide for Schools.

The Missouri Suicide Prevention Network thanks all Executive Committee members, Committee Chairs & Co-Chairs, and members who contribute their time, efforts, and resources to this important work. We also want to thank all of the organizations and individuals supporting the implementation of this important work to help Missouri's youth.

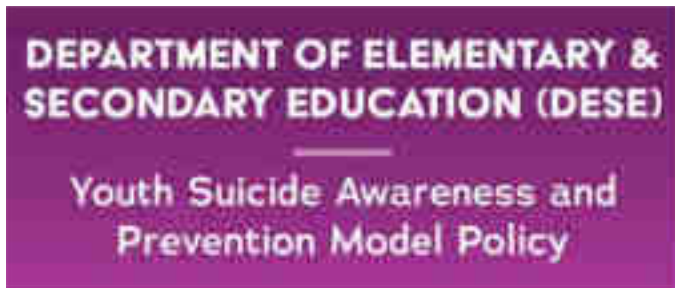
Special thanks to the following contributing partners for their work and dedication in developing this important resource:



University of Missouri



RESOURCES



[The DESE Mental Health Resources for School Staff and Students](#) page offers information about school-based mental health resources, including trainings, resources, legislation, and more.

[American Foundation for Suicide Prevention \(AFSP\) Model Policy](#) is a national resource for schools that provides a plan for school districts to implement suicide prevention policies.

[Certified Community Behavioral Health Clinics \(CCBHCs\)](#) exist to expand access to mental health and substance use care as well as school-based services.

[Youth Behavioral Health Liaisons \(YBHLs\)](#) are mental health professionals and service-connectors who form local community partnerships with various youth-serving organizations to address specific behavioral health needs of vulnerable children and youth.

[Recommendations for Reporting on Suicide](#) offers best practices and recommendations for reporting on suicide and other crisis situations.

[The Preventing Suicide: A Toolkit for High Schools](#) was developed to help high schools, school districts, and their partners design and implement strategies to prevent suicide among students.

[Youth Suicide Prevention and Intervention, Best Practices & Policy Implications](#) provides a review of suicide prevention research and practices as it relates to youth suicide.

[The JED Foundation](#) is a nonprofit that protects emotional health and prevents suicide among teens and young adults.

[Autism Resources - American Association of Suicidology](#) provides access to resources and information regarding warning signs of suicide for autistic people.

[Missouri Children's Trauma Network](#) is a network of clinicians and advocates dedicated to expanding access to evidence-based mental health treatment for traumatized children.

[Conversations for Suicide Safer Schools](#) is a two-hour training that equips school-based youth-serving individuals to assess suicide risk and engage in effective conversations with students and caregivers about suicide risk, safety planning, and lethal means safety.

[TeachWell](#) is a text-based, microlearning, wellness program that aims to support the mental health and wellbeing of educators through a series of short courses addressing key topics such as preventing burnout, seeking help, the benefits of movement, managing depression and anxiety, and fostering resilience through self-care and team care.

[The Missouri Suicide Prevention Network](#) supports schools and all communities through training, data, and implementation of the [Missouri Suicide Prevention Plan](#).

CONTACT INFORMATION

For questions about 988 and other crisis services in Missouri,
please contact: 988missouri@dmh.mo.gov.

* these emails are not monitored 24 / 7. Call, text, or [chat](#) 988 if you are in crisis.

For questions about this guide, or if you have a resource to share that is not
included in this document, please contact: admin@mospn.org.



— Missouri Department of —
MENTAL HEALTH



