



Responding to a Youth or School Staff Suicide during COVID-19

Updated April 7, 2020

In addition to the ordinary grief mourners experience at a time of loss, the newly imposed requirements to modify or cancel public funerals, burials, and memorials introduces a new trauma and component to the grieving process. It is important that family, friends and school staff provide support and comfort to remain connected for grieving individuals.

The complications of this grief may differ for students and staff:

- The restrictions on gatherings limits traditional rituals that typically offer physical and emotional support which is one component people rely upon after a death.
- The inability to honor the wishes of a departed loved one.
- An inability to adhere to religious observances.
- The inability for students and staff to gather and process their grief.

SERA recognizes that coping with grief during a traumatic event, like social distancing required for the COVID-19 outbreak, can intensify and complicate the grieving process. Complicated or traumatic grief is grief that does not end and does not help you make progress toward getting back to your usual activities and routine.

PROTOCOL: This is a template for your district to adapt based on roles and responsibilities tailored to your existing resources and protocols. [SAMSHA and AFSP guidelines](#) remain the foundation for response and are available in the resource section of the SERA website (www.mindpeacecincinnati.com/suicide).

1. Notify the district administration according to your district's protocol for a death by suicide. Administrators will collect initial information and inform the central office (Asst. Sup, Director of Communication, etc.).
 - a. ONLY CONFIRMED INFORMATION THAT THE PARENT HAS APPROVED CAN BE SHARED
 - b. ALL COMMUNICATION TO MEDIA AND OUTSIDE SOURCES WILL COME FROM COMMUNICATION DIRECTOR

Responding to a Youth or School Staff Suicide during COVID-19

2. Information received from the community must be verified through the police or authority.
3. Begin communication process and continue to gather information as it becomes available:
 - a. Determine information to be communicated to staff, including next steps and continuing communication. Refer to [SAMSHA and AFSP guidelines](#) for specific information.
 - b. Determine information to be communicated to the community and how communication will continue. Refer to [SAMSHA and AFSP guidelines](#) for specific information.
 - c. Communication to families should include information about the crisis hotlines available and the need to be vigilant about warning signs and risk factors. ([refer to sample communication](#))
 - d. Contact MindPeace to ensure the community safety net is informed and to mobilize additional mental health resources if needed.
Call Susan Shelton, Executive Director of MindPeace 513-236-7296. If not available, contact PIRC at 513-636-4124.
 - e. Make sure to contact your lead school based mental health partner so they can assist with additional resources.
4. Administration will determine the crisis team in your building and assign a team leader. Make sure to include members with mental health backgrounds (school counselors, school psychologists, school social worker, school based therapist(s), etc.).
 - a. Crisis team meets via video or teleconferencing
 - i. Crisis team notifies all school counselors, school psychologists and mental health partner (attach list of administrators and school mental health providers)
 - b. Triage-- crisis team determines staff and students with immediate need and assigns team members to contact each student via video or teleconferencing or virtual meeting.
 - i. Consider siblings possibly in other buildings, friends, teachers from previous years, parents, people in other buildings.
 - ii. Teachers are often a great resource for identifying friends and other students who may be impacted and need check-ins.
 - iii. Keep a list of students in a shared drive, who require and/or receive a check in and assign a person & time. Consider sending this to district contacts for a more comprehensive list.

Responding to a Youth or School Staff Suicide during COVID-19

- iv. Ensure identification of high-risk students, including students who have experienced a loss themselves and those receiving mental health services.
 - c. Communication & Connection via Social Media
 - i. Select a consistent time for the crisis team to meet as they monitor the situation (i.e. crisis team meets at 8 AM & 8PM via video or tele-conferencing to debrief daily).
 - ii. Team leader discusses with the family how to monitor the student's social media account. Best practice is to close down social media accounts.
 - iii. Assign members of the crisis team to monitor social media at different intervals. Note that separate sites may be started by students. This should also be monitored.
 - iv. Be aware of notifications that may come from student monitoring systems to administration (Gaggle, Guardian, etc.).
- 5. Crisis Team convenes via video or teleconferencing after triage to discuss:
 - a. Debrief and reflect on initial response
 - i. Check in on crisis team reaction and self-care plans
 - b. Impact on students, staff and the community
 - c. Identify students newly in need of support and how to provide virtual support.
 - d. Review and update list of high-risk students--all crisis team members should update the list with contact made and still needed.
- 6. Postvention Longer Term Planning-- typically occurs within a week of the death. Constantly reevaluating needs at specific time periods (depends on age and timing in year--graduation, summer, etc.).
 - a. Contact [SERA](#) to request planning assistance
 - b. Consider sending a survey to all impacted (questions about support and additional support request, etc.)
 - c. Consider utilizing virtual grief groups through Companions on a Journey
 - d. Familiarize your team with the [recommendations for memorials and anniversaries](#).

Responding to a Youth or School Staff Suicide during COVID-19

RESOURCES:

For a Mental Health Crisis or Emergencies School Districts Should Instruct Parents to:

1. Patients and families are encouraged to contact their current mental health provider first. This allows the mental health provider, who knows their patient best, to provide support and direction.
2. If your school has a mental health partner, and the student is experiencing a non-life threatening mental health crisis, the guardian or parent is encouraged to contact the lead school-based mental health partner. Find them at www.mindpeacecincinnati.com.
3. If your school does not have a mental health partner, and the student is experiencing a non-life threatening mental health crisis, you or the parent are encouraged to contact the Psychiatric Intake Response Center (PIRC) at Cincinnati Children's Hospital Medical Center 513.636.4124. The PIRC staff will help you to decide the most effective level of intervention for your child's mental health crisis – which may include an urgent psychiatric assessment in the PIRC Bridge Clinic.
4. Contact your local mobile crisis team to provide an immediate assessment of the person in crisis (see contact information below).
5. The guardian/parent should call 911 or go to the emergency department if you are experiencing a medical emergency, a life-threatening mental health crisis, or are directed to go there by a medical provider. This will help limit the spread of the virus in our community and allow our emergency departments to care for patients with the most critical needs first.

PIRC- 513-636-4124. The Psychiatric Intake Response Center (PIRC), located within Cincinnati Children's, is the admission and evaluation center for all psychiatric services.

Mobile Crisis Teams- mobile crisis teams are available to physically go to a person/student in crisis and do an assessment if needed

Butler County Mobile Crisis- 844-427-4747

Butler, Clinton, Preble and Warren County Mobile Response Stabilization Services (ages 0-21)- 513-785-2160

Clermont County Mobile Crisis- 513-528-7283

Hamilton County Mobile Crisis- 513-584-5098

Responding to a Youth or School Staff Suicide during COVID-19

County Crisis Hotlines

[Butler County Crisis Hotline](#)-844-427-4747- A 24-hour crisis hotline and heroin hotline. Service also coordinated with the butler county mobile crisis team.

[Clermont County Crisis Hotline](#)- 513-528-SAVE (7283)- This is a free and confidential hotline available 24/7. This is also the same number for the Mobile Crisis Team in Clermont County.

[Hamilton County – 281-CARE](#)- Call 513-281-CARE (2273) or text *4Hope* to 839863 for help. Emergency phone lines are staffed 24 hours a day, seven days a week, offering crisis intervention, information, and referral services.

[Northern Kentucky Crisis Hotline](#)- 859-331-3292 or 877-331-3292- A 24/7 crisis hotline for residents of the 8 northern counties in Kentucky.

[Warren and Clinton Counties Hotline](#)- 877-695-NEED (6333)- A 24-hour crisis hotline servicing both Warren and Clinton Counties.

[National Suicide Prevention Lifeline](#)- 800-273-8255 or text HOME to 741741

Grief Support

[Companions on a Journey- Grief Support](#)- 513-870-9108- Offers support to anyone who has suffered the death of a loved one

[Fernside- Supporting Children and Families Through Grief](#)- 513-246-9140- Offers groups for children and teens ages 3-18, who are grieving the death of a family member or friend.

RESOURCES:

[Samhsa Grief After Trauma
Resource for Condolences and Mourning](#)