

February 26, 2026

Supporting Your School District's Suicide Prevention and Response Efforts



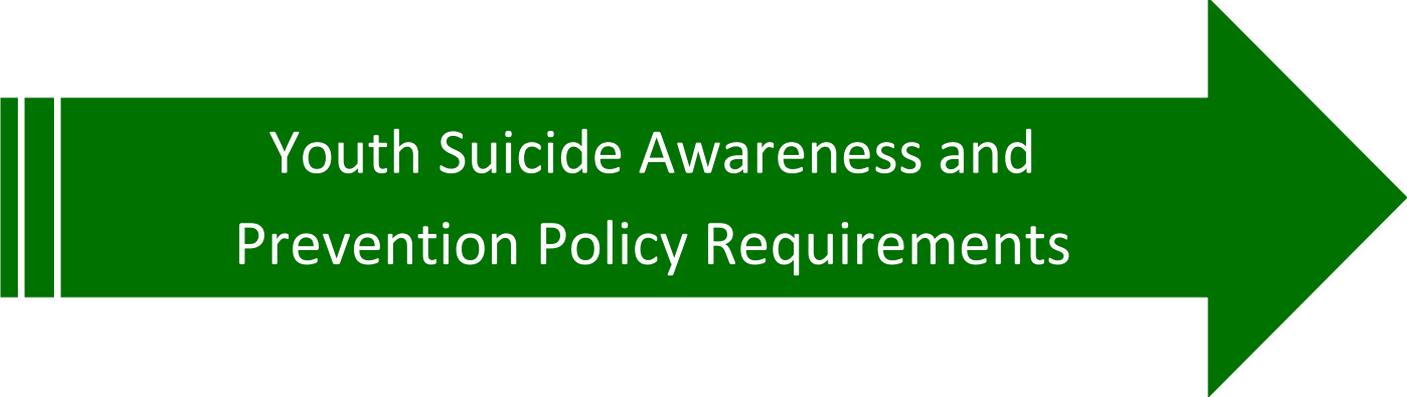
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What to Expect Today



- Review requirements for school districts' youth suicide awareness and prevention policy and best practice guidance available through the Missouri Department of Elementary and Secondary Education (DESE)
- Discuss practical strategies to support students returning to school following a suicide attempt or hospitalization
- Learn about resources to support suicide awareness and prevention, intervention/crisis response, and postvention efforts

There are various resources available to support local education agencies' youth suicide awareness and prevention efforts. The resources contained in this presentation are not comprehensive or required but provide tools for your consideration and use. Inclusion does not constitute endorsement by the Missouri Department of Elementary and Secondary Education (DESE). DESE encourages each local education agency to determine which tools best meet the needs of their school community. Outside speakers, whose views are their own and may not always reflect the views of DESE, are responsible for the information and resources they provide and questions about those materials should be directed to them.



Youth Suicide Awareness and
Prevention Policy Requirements

Youth Suicide Awareness and Prevention Policy (District Requirements)



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 education and training of its district employees.



Each district's policy shall address and include, 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.

Youth Suicide Awareness and Prevention Policy (DESE Responsibilities)



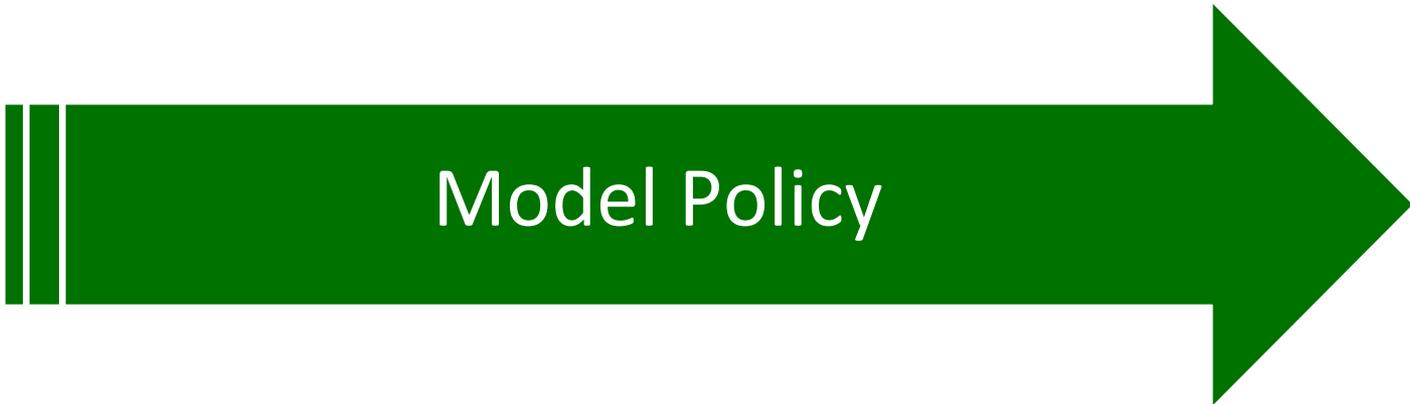
By July 1, 2017:

The Department of Elementary and Secondary Education (DESE) shall develop a model policy that districts may adopt. When developing the model policy, the department shall cooperate, consult with, and seek input from organizations that have expertise in youth suicide awareness and prevention.

Youth Suicide Awareness and Prevention Policy (DESE Responsibilities, continued)



By July 1, 2021, and at least every three years thereafter:
The department shall request information and seek feedback from districts on their experience with the policy for youth suicide awareness and prevention. The department shall review this information and may use it to adapt the department's model policy.



Model Policy



At-risk: Suicide risk exists on a continuum. Any level of risk requires response and intervention. A student defined as at-risk for suicide may

- have made a suicide attempt;
- have the intent to die by suicide; and/or
- display a significant change in behavior.

Suicidal Ideation: Thinking about, considering, or planning for self-injurious behavior that may result in death.



Suicide Attempt: A self-injurious behavior for which there is evidence that the person had at least some intent to die.

Suicidal Behavior: Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.



Prevention



Best Practice Guidelines for Training or Professional Development (Appendix C):

- All staff should receive training which includes a review of their local education agency (LEA)'s policy, protocols, and procedures:
 - new staff when they are hired
 - annual review for all staff at the beginning of each school year



- Annual professional development should include up-to-date information regarding
 - risk and protective factors
 - warning signs
 - response procedures
 - postvention support and information regarding groups of students at elevated risk for suicide



Related legislation: Section 170.047, RSMo.

- Each school year all teachers, principals, and licensed educators may count two hours of training in youth suicide awareness and prevention as professional development
- Training may be offered by practicing teacher assistance programs or through self-review of suicide prevention materials



Possible resources/avenues for professional development:

- LEA-led training
- Web-based training (such as Missouri Ask. Listen. Refer)
- Training provided by other organizations or health professionals
 - ❑ Mental Health First Aid Missouri
 - Question. Persuade. Refer. (QPR)
 - Youth Mental Health First Aid
 - ❑ Regional Professional Development Centers



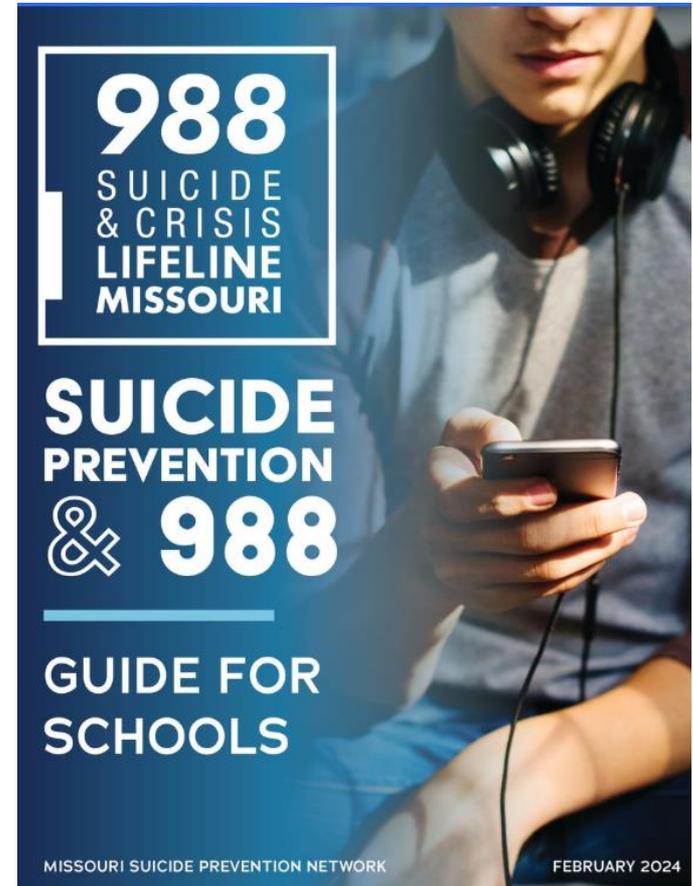
Possible resources/avenues for professional development:

- ❑ Missouri Suicide Prevention Network (annual conference)
 - Training Resources guide
- ❑ Missouri Department of Mental Health/Missouri Behavioral Health Council
 - Prevention Resource Centers
 - Certified Community Behavioral Health Clinics
 - Youth Behavioral Health Liaisons
- ❑ Professional organizations

Training and Education for Staff



- Staff should be made aware of available resources such as
 - ❑ the Suicide Prevention & 988 Guide for Schools;
 - ❑ Missouri's Crisis Continuum; and
 - ❑ supports available through district and local community providers



Missouri's Crisis Continuum

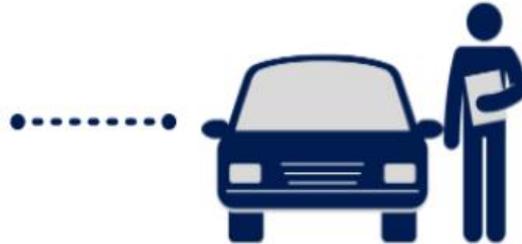


**SOMEONE
TO TALK TO**



988 Suicide &
Crisis Lifeline

**SOMEONE TO
RESPOND**



Mobile Crisis
Response Teams

**SOMEWHERE
TO GO**



Behavioral Health
Crisis Centers



Additional professional development in current best practices is recommended for school-based mental health professionals and crisis team members, as applicable:

- assessing risk
- crisis intervention
- postvention supports



- Students will receive age-appropriate information on
- the importance of safe and healthy choices
 - mental health, coping strategies, and resilience
 - recognizing and responding to risk factors and warning signs of mental health concerns in oneself and others
 - identification of trusted adults with whom students can discuss concerns
 - when and how to seek help for oneself or others.



Information and instruction may be offered

- during health or physical education
- in conjunction with mental health awareness training and instruction pursuant to Section 170.307 RSMo
- through the school counseling comprehensive program
- in other curricula
- in cooperation with other organizations or health professionals as appropriate



Considerations:

- goals/desired outcomes
- target population
- ability to implement the program with fidelity
- evidence-based/research-based (check best practices registries such as the Suicide Prevention Resource Center's [Best Practices Registry](#))



Pupil identification cards for grades 7-12:

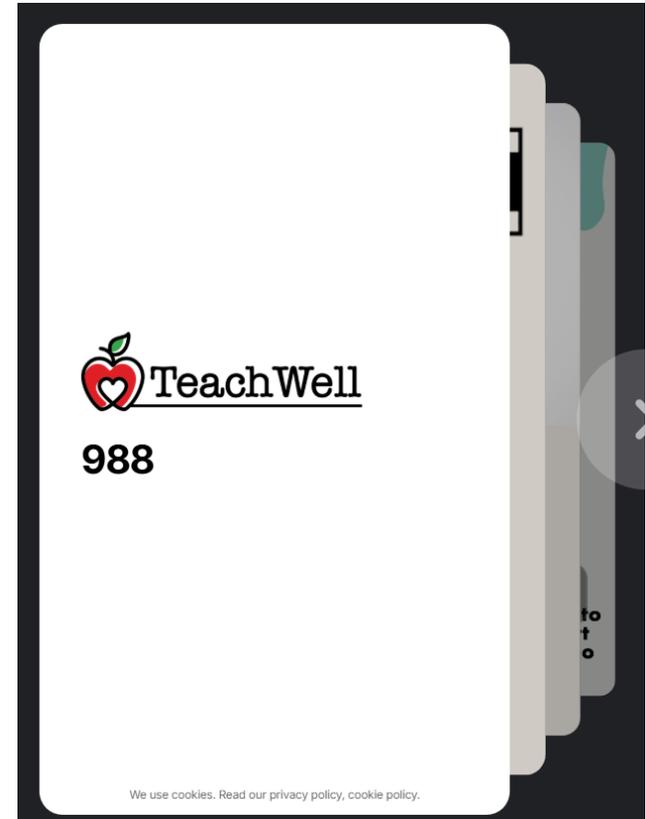
- shall include 988 and the non emergency telephone number of the local police department
- beginning July 1, 2025



TeachWell microlearning:

- 988
- Suicide Prevention-988
- School Resource Guide

Missouri 988 videos & social media assets





A building- or district-level crisis team is made up of trained professionals whose primary purpose is to address crisis preparedness, intervention, response, and recovery. Takes a leadership role in

- developing crisis plans
- ensuring school staff can effectively execute crisis protocols
- designing systems of support and access to resources.



Members include:

- Administrators
- school-based mental health professionals
- others as appropriate and applicable, such as school resource officers, support staff, teachers, and community-based resources

One member is designated as the suicide prevention coordinator to act as point of contact.



Intervention/Crisis Response



Any employee who believes a student may be at risk for suicide:

1. Ensures the student is in the presence of an adult
2. Notifies the suicide prevention coordinator or designee

*employee may contact 988 for assistance

*follow local education agency protocol for contacting emergency services as needed



The suicide prevention coordinator or designee:

1. Ensures student is in the presence of an adult
2. Assesses risk
3. Contacts parent/guardian
4. Determines appropriate action (may contact 988 for additional guidance)
5. Implements the appropriate response

*crisis team may contact 988 for additional guidance

Follow-up After Crisis is Resolved



- Crisis team (CT) meets to evaluate implementation of the crisis response
- A CT member follows up with the student and their parents/guardians to discuss ways to support the student
- Consultation with student's medical, behavioral, and/or mental health provider(s) if applicable



Postvention Support



Resources for the development and implementation of a crisis response plan:

- [After a Suicide: A Toolkit for Schools, Second Edition](#)
- [Hope Policy Academy \(Washington University\)](#)
- [Missouri School Counselor Association Crisis Manual](#)
- [Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#)



A member of the Crisis Team will:

1. Meet with the student and family prior to or upon return to school
2. Develop a school support plan for the student
3. Decide what to communicate to teachers and other staff members
4. Provide follow-up support as needed and desired

Resource: [BIRCh Center Hospital to School Transition Protocol](#)



In the past 2 decades, there has been an estimated 300% increase in child and adolescent psychiatric hospitalizations.

Hospitalization is meant for stabilization, not long-term therapeutic treatment.

- School can be a trigger for increased stress during this transition
 - Post-discharge, children tend to have
 - significant social-emotional needs
 - social isolation, rejection, and fear of stigma
 - new medications that take time to provide relief
 - disruption in learning
 - increased stress/pressure to get caught up in school
- All can lead to unhealthy coping



What do school nurses bring to the table that can support students in crisis?

Health Assessment Skills

Existing Trust and Rapport

Empathy and Compassion



Experience in...

- Care coordination
- Health plan development
- Outcome evaluations

Knowledge of...

- Existing community resources
- Physical/somatic symptoms associated with sympathetic response
- Medications and side effects

Care Coordination is Key



Care Coordination as a key principle of a school nurse's practice.

Goes beyond chronic condition management and should be used to address various social, mental, and health concerns of the individual or student population

Practice components of Care Coordination include:

- Direct care provisions for emergent, episodic, and chronic mental and physical health needs
- Connect student and family to available resources
- Develop and implement plans of care
- Foster developmentally appropriate independence and self-advocacy
- Provide evidence-based health counseling
- Facilitate continuity of care with family during transitions

Care coordination requires collaboration with families, school community, mental health team, and medical home.



Schools with re-entry protocols or procedures in place provide needed support for students

- Post-mental health hospitalization and/or suicide attempt, homebound, or long-term suspension

Collaborative efforts are key

- Building-level Crisis Team
- Nurses can play a pivotal role

Nurses create Individualized Health Care Plans (IHPs) for various health concerns.

- Mental health plans should not be excluded
 - Involve parent, student, school mental health personnel
 - Include pertinent information for school staff
 - Not exclusive to re-entry students



Upon notification of student hospitalization or suicide attempt, social workers are contacted with student information.

1. Parents/guardians contacted

2. Re-entry meeting scheduled

- Parent/Guardian, Student, Counselor, Social Worker, Nurse, Administrator, Teacher, School-Based Mental Health Provider

Post-Hospitalization

Re-Entry Checklist

- Contact Parent/Guardian
- Arrange Re-Entry Meeting
- Hold Re-Entry Meeting
- Referral Needed for SBS?
- Discuss Concerns
- Discuss Accommodations
- Develop Safety Plan & IHP
- Monitor and Follow Up



3. Re-entry meeting held
 - Discuss updated health history
 - Discuss concerns and accommodations
 - Determine if referral to school-based mental health services is needed
 - Develop Safety Plan and Individualized Health Plan
4. Monitor and follow up

Post-Hospitalization

Re-Entry Checklist

- Contact Parent/Guardian
- Arrange Re-Entry Meeting
- Hold Re-Entry Meeting
- Referral Needed for SBS?
- Discuss Concerns
- Discuss Accommodations
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- Monitor and Follow Up

Nixa Public Schools Re-Entry Data



	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026*as of 2/2026
# Enrollment Pre K-12th	6600	6800	6800	7000	6800
Post-Mental Health Hospitalization Re-Entry Meetings Held (#)	59	54	60	35	46
Additional Meetings (Return from Homebound or Long-Term Suspension)	20	24	20+	20+	14



Limitations:

- Notifications of hospitalizations inconsistent
- Parent/guardian decline participation
- Stigma and negative association with mental health response in schools
- Coordinating schedules
- Consistent buy-in from staff and multi-disciplinary team
- Clash in roles/responsibilities

Recommendations:

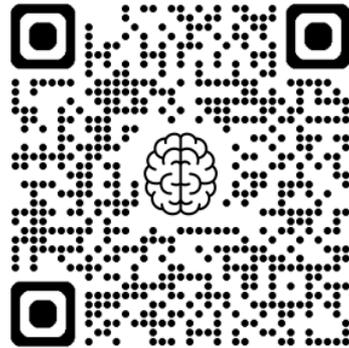
- Involve stakeholders when developing procedures/processes
- Identify and define roles/responsibilities ahead of time
- Attempt to secure Memorandums of Understanding (MOUs) with local inpatient facilities
- Communicate, communicate, communicate

Questions?

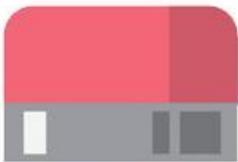


Keep in touch:

- SBMH@dese.mo.gov
- 573-751-6875
- Join us for office hours
Thursdays from 12-1 p.m. (link
on website)
- Sign up for the
School-Based
Mental Health
Listserv



<https://dese.mo.gov/mental-health-resources>



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