GUIDE TO K-12 STUDENT WELLBEING

SUICIDE PREVENTION

RAPTOR
TECHNOLOGIES

This guide covers information about suicide, which may be a challenging topic for some people. If you ever need support, you can text 741741 or call 988 for help.

Although this guide covers a topic that may be difficult, it is an important step in suicide prevention. The knowledge you gain will support not only your work with students, but also your interactions with colleagues, friends, and loved ones.

INTRODUCTION

Suicide is a complex and deeply impactful issue that touches individuals, families, and communities. This ebook is designed to provide a comprehensive understanding of suicide, beginning with the factors that contribute to suicidal thoughts and behaviors. We will explore the far-reaching impact of suicide, not only on those directly affected but also on society as a whole. The following chapters offer practical strategies for suicide prevention, with a special focus on the unique challenges and opportunities within school settings. Finally, we examine the evolving role of technology in both risk and prevention, highlighting how digital tools can support efforts to save lives and foster hope.

CONTRIBUTOR

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Dr. Grosso is a highly accomplished professional with a Ph.D. in Counseling and Counselor Education from the University of North Carolina at Greensboro, with more than 15 years of experience and a passion for student wellbeing.

At Round Rock ISD, she led the creation of the Behavioral Health Services Department, overseeing a team of social workers providing vital support to students and families. Dr. Grosso pioneered the threat assessment process, creating a safe environment for over 46,000 students. She also updated suicide protocols district-wide, implementing evidence-based practices. Driven to enhance student support, she played a crucial role in establishing the Round Rock ISD Police Department, fostering collaboration between social workers and officers.

Nationally, Dr. Grosso serves on the American Foundation for Suicide Prevention's National Chapter Leadership Council, contributing to suicide prevention efforts.

She is the co-author of the book "Schoolwide Collaboration for Transformative Social Emotional Learning." Dr. Grosso speaks at state and national conferences and hosts the School Safety Today podcast.

Chapter 1

UNDERSTANDING MENTAL HEALTH & SUICIDE

Before we can have a meaningful conversation about suicide, it is important to first develop a basic understanding of mental health.

Our perceptions of mental health are often shaped by early experiences and the messages we received growing up. Take a moment to reflect:

- What comes to mind when you hear the term "mental health"?
- What stereotypes or beliefs did you encounter as a child regarding mental health and suicide?

Many of us were not encouraged to discuss these topics openly, which can make them uncomfortable to address as adults. This is why training and education are so valuable: they help us move beyond outdated or inaccurate messages and focus on evidence-based information.

Just as every person has physical health, every person also has mental health. The World Health Organization defines mental health as a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their communities. Mental health is a fundamental part of our overall health and wellbeing, supporting our ability to make decisions, build relationships, and shape the world around us.

Mental health is not simply the absence of a mental health condition. It also involves the presence of well-being and the ability to thrive. Mental health exists on a spectrum, and it is unrealistic to expect anyone to feel completely well or unwell every single day. Our mental health naturally fluctuates over time, and by recognizing this, we can take proactive steps before reaching a point of serious distress.

Describing a student as either "well" or "unwell" oversimplifies the complexities of mental health. We all fluctuate across this continuum—always somewhere between coping and struggling. If a student's wellbeing is starting to move towards struggling and unwell, appropriate interventions can help the student move back towards coping and well.

Often, suicide prevention is seen as something that only comes into play during a crisis. While it is crucial to know how to respond if someone is in immediate danger, we can be much more effective if we learn to recognize risk factors, early warning signs, and changes in behavior that may indicate someone is beginning to struggle with thoughts of suicide. By increasing our awareness and understanding, we can intervene earlier and provide support before a situation becomes critical.

⟵ **Well   Coping   Struggling   Unwell** ⟶
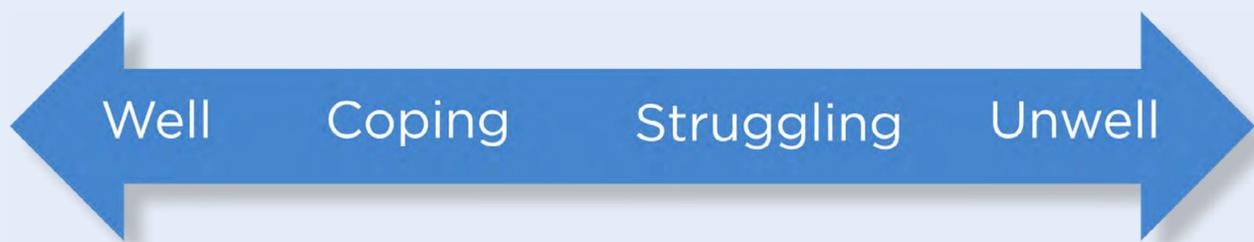
IMPACT OF STIGMA ON MENTAL HEALTH SUPPORT

Stigmas surrounding mental health often arise from a lack of understanding or from fear. These stigmas and stereotypes can include beliefs that people experiencing mental health challenges are dangerous, incompetent, responsible for their condition, or unpredictable. Such misconceptions can be deeply harmful and contribute to a culture of silence and misunderstanding.

As a result of these negative attitudes, students who are struggling with declining mental health or thoughts of suicide may choose not to speak up or seek the help they need. Even though the stigma around mental health and suicide has lessened, especially over the past decade, it is still important to recognize that each of us has the opportunity to be a supportive and caring adult whom students feel comfortable approaching.

One effective way to reduce stigma is by changing the way we talk about suicide. Even small adjustments in our language can have a significant impact, as the words we use shape how students perceive the process of asking for help. By being mindful of our language, we can create a more supportive environment and encourage those who are struggling to reach out.

Over the last few years, language around suicide has shifted to help reduce stigma. For example, instead of saying "committed suicide," it is more respectful to say "died by suicide," "took their life," or "killed themselves." This change aligns discussions of suicide with the way we speak about other causes of death. Similarly, it's best to use the phrase "attempted suicide" rather than "failed suicide attempt," which is not only redundant but also carries a judgmental tone.

INSTEAD OF SAYING
- COMMITTED SUICIDE
- SUCCESSFUL SUICIDE ATTEMPT

SAY
- DIED BY SUICIDE
- TOOK THEIR LIFE
- KILLED THEMSELVES

INSTEAD OF SAYING
- FAILED SUICIDE ATTEMPT

SAY
- SUICIDE ATTEMPT
- ATTEMPTED SUICIDE

Another way to reduce stigma is to avoid making assumptions about someone who is struggling. It can be easy to judge others without realizing it, but taking the time to be open-minded and understanding can make a significant difference.

COMPLEXITY OF SUICIDE

"There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated." – American Foundation for Suicide Prevention

Only by understanding the complexity of suicide can we recognize the many ways we can work to prevent it. Chapter 3 outlines actionable steps adults and peers can take to identify risk factors and warning signs.

MYTH VS REALITY

| MYTH	REALITY
Asking about suicide will put the idea in someone's head.	In reality, research shows the opposite. Asking someone if they are thinking about suicide does not cause suicidal thoughts. Instead, it gives the person a chance to share what they may be experiencing. For someone struggling with these thoughts, reaching out can be extremely difficult. By asking directly, you create an opportunity for them to get the help they need.
If someone really wants to, they can just choose to be happy.	Mental health challenges are not simply a matter of willpower. Just as we wouldn't expect someone with epilepsy to control their seizures by wishing them away, we shouldn't expect someone with mental health struggles to simply "snap out of it." Overcoming suicidal thoughts usually requires support and treatment from a mental health professional.
Only trained professionals can help prevent suicide.	Suicide prevention is not limited to counselors and doctors—everyone has a role to play. Prevention includes everyday actions, such as creating a supportive environment, teaching coping skills, and building positive relationships. For example, when teachers foster open communication and teach students how to manage stress, they are actively contributing to suicide prevention.
People who are suicidal are violent.	Most people who have suicidal thoughts are not violent toward others. Making assumptions like this can increase stigma and discourage people from seeking help. It's important to approach these situations with understanding and not let stereotypes get in the way of offering appropriate support.

Chapter 2

## IMPACT OF SUICIDE

The Youth Risk Behavior Surveillance System (YRBSS) is a nationwide survey conducted by the Centers for Disease Control and Prevention that includes responses from more than 20,000 public and private high school students across the United States. Its purpose is to track trends in adolescent health behaviors over time, identify emerging concerns, and inform the development and evaluation of programs that support youth wellbeing. The survey collects data on a wide range of areas, including student demographics, health-related behaviors, health conditions, and personal experiences. The 2023 report provides a 10-year comparison, offering valuable insight into how these patterns have shifted over the past decade.

Over the past 10 years, the percentage of students experiencing distress has risen for both girls and boys, with girls consistently reporting higher levels of distress than boys.
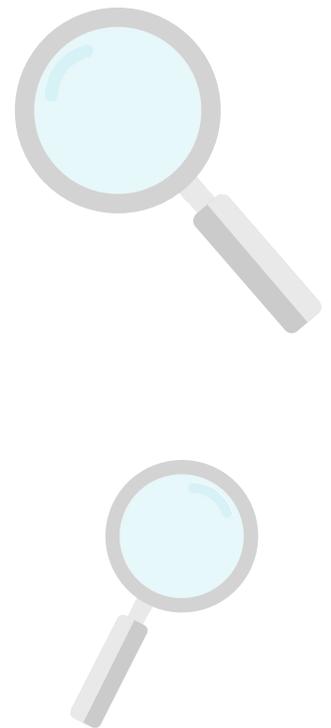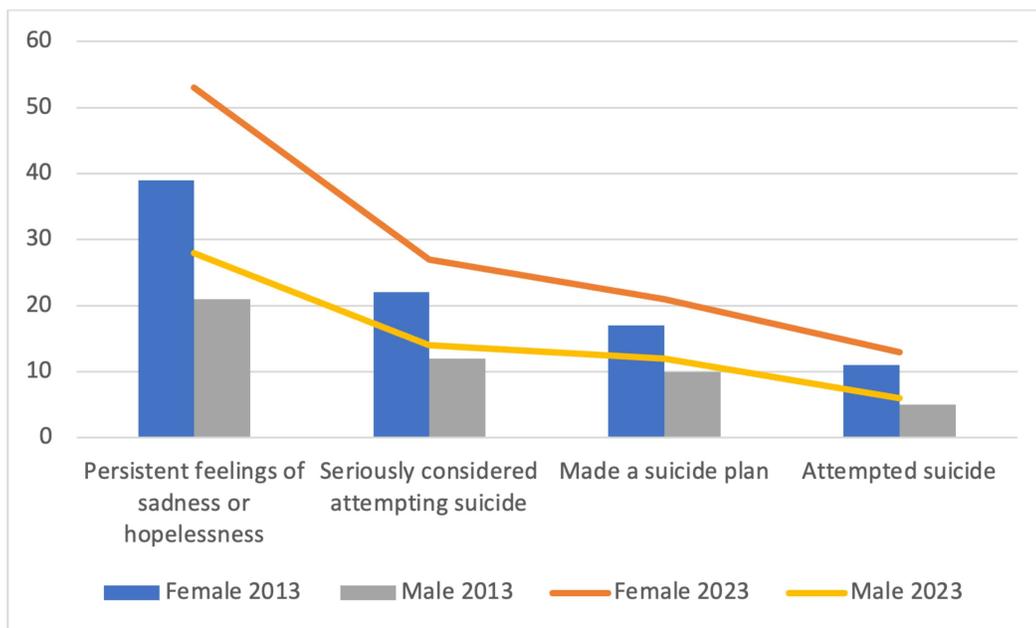
CDC data shows that, during the same period, suicide rates among students aged 15 to 19 are much higher for boys than for girls. The reasons for this difference are complex and multifaceted. It's also important to consider how our assumptions about who is at risk and what struggling looks like can affect our ability to recognize when someone needs support. Chapter 3 will cover protective factors, risk factors, and warning signs to provide clear direction on ways to prevent suicide.
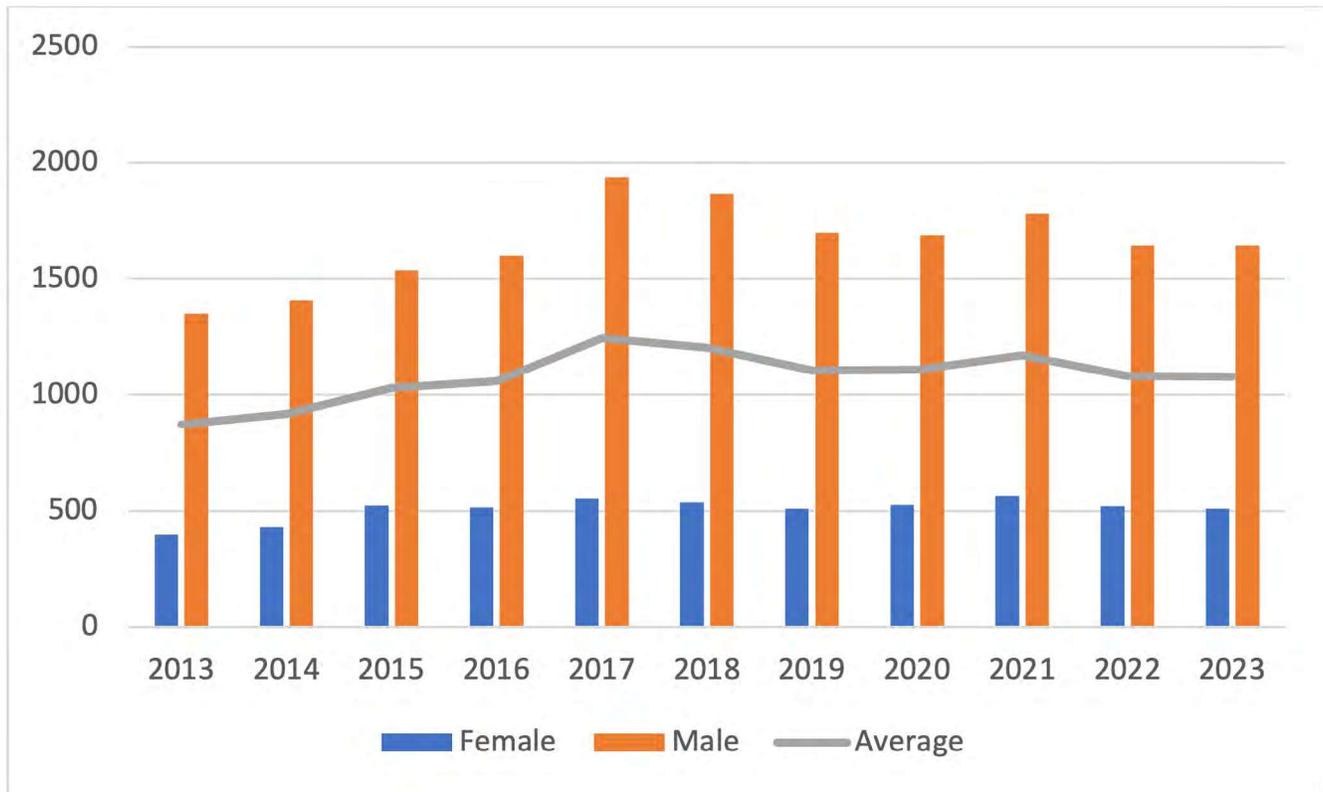
Students are affected by suicide not only when they face their own struggles, but also when someone close to them, such as a friend or family member, is struggling. According to the American Foundation for Suicide Prevention, suicide was the 11th leading cause of death in the United States, with 49,316 deaths and 1.5 million attempts reported in 2023. Additionally, the 2024 National Survey on Drug Use and Health found that 9.8 million adults seriously considered suicide.

Chapter 3

SUICIDE PREVENTION
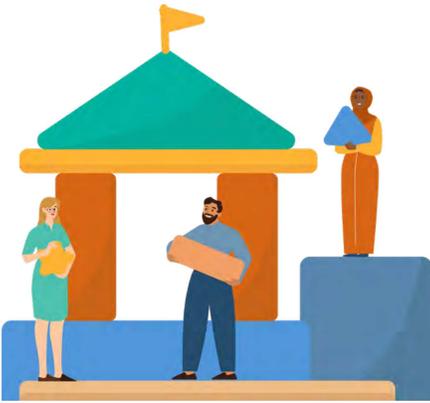
While the effects of suicide are far-reaching, it's encouraging to know that nine out of ten adults believe suicide can be prevented at least some of the time, and 95% say they would take action if they were concerned about someone.

However, many adults hesitate to talk about suicide because they feel unsure of what to say or lack the necessary knowledge. This highlights the importance of increasing awareness and understanding as a key part of suicide prevention.

RISK FACTORS

Risk factors are characteristics or circumstances that increase the likelihood that someone might attempt suicide. Just as there are risk factors for physical health conditions like heart disease, similar factors can make someone more vulnerable to suicide. These risk factors can be grouped into three main categories: health, historical, and current life events or stress.

- Health
  - Mental health. Half of all mental health disorders begin to show symptoms before the age of 14, and three out of four mental health conditions start before a person turns 24, according to the Substance Abuse and Mental Health Services Administration
  - Chronic health conditions like chronic pain
  - Traumatic brain injury
- Historical
  - Family history of suicide
  - Childhood abuse
  - Trauma
  - Previous attempts (even though the majority of individuals who attempt suicide do not go on to die by suicide)
- Current life and events or stress (often the only thing we see from the outside
  - Prolonged stress: bullying, relationship problems, harassment
  - Stressful life events: breakup, life transitions
  - Increase use of drug and alcohol use
  - Access to lethal means

PROTECTIVE FACTORS

Protective factors are characteristics, conditions, or resources that decrease the likelihood of suicidal thoughts, attempts, or deaths. These factors enhance resilience and buffer against risk—even in high-risk individuals.

- **Individual**
  - Problem solving skills
  - Coping strategies
- **Relationship**
  - Support from family and/or friends
  - Feeling connected
- **Community**
  - Feeling of belonging to community or school
  - Access to care

So often we think suicide prevention is a big gesture, but it's the small things you do each day. Taking the time to notice small changes in a student's behavior and documenting it in a centralized platform for your school counselors can save lives.

ADOLESCENT DEVELOPMENT

Adolescence is a period of significant transformation across physical, cognitive, emotional, social, and moral domains, each of which can influence suicide risk in some individuals.

- **Physically**, puberty brings visible and internal changes that can affect self-image and social interactions, with factors like genetics and health influencing the pace of development.
- **Cognitively**, the adolescent brain is still maturing, particularly in areas related to impulse control and decision-making, which can lead to increased risk-taking behaviors.
- **Emotionally**, teenagers experience intensified feelings and evolving identities, making them more vulnerable to stress and mood swings, especially in challenging environments.
- **Socially**, expanding peer networks and the influence of technology introduce new pressures, such as cyberbullying.
- **Morally**, adolescents begin to question established norms and develop their own values, shaped by their growing ability to understand complex ethical issues and the influence of family, peers, and community.

These overlapping changes can create both opportunities for growth and increased vulnerability, highlighting the importance of support and understanding during this critical stage.

WARNING SIGNS

While the previously mentioned risk factors are traits or conditions that make it more likely someone could become suicidal, warning signs are urgent signals that a person may be at immediate risk. Warning signs can be broken down into three categories: mood, behavior, and talk.

- Mood
  - Depression
  - Anxiety
  - Anger/agitation
  - Irritability
  - Loss of interest
  - Relief/sudden happiness
- Behavior
  - Substance use
  - Looking for ways to kill themselves
  - Withdrawing from activities
  - Isolation from friend and/or family
  - Giving away possessions
  - Fatigue
- Talk
  - Saying they want to die
  - Expressing guilt and shame
  - Being a burden to others
  - They might even joke about killing themselves

The most important thing with warning signs is to trust your instincts. If you notice a change in someone, speak up. Even if they aren't thinking about suicide, they could be having a hard time and may value your concern. In Chapter 4, we will go over how to start a conversation.

ROLE OF DIGITAL WORLD

Screen time itself isn't inherently good or bad, but growing research shows that more teens are developing addictions to social media and gaming. Those struggling with these addictions are at a higher risk for suicidal thoughts. However, it's still unclear whether spending more time online increases suicide risk, or if those already at risk are drawn to spend more time online.

Additionally, some online platforms can promote unhealthy or risky behaviors, including those related to suicide. Instead of simply warning students or labeling online behavior as bad, it's important for adults to have open conversations about the potential harms of certain online activities, recognizing that the digital world is a permanent part of students' lives.

Chapter 4
SUICIDE PREVENTION IN SCHOOLS

If mental health is on a continuum, your approach to suicide prevention should be too. This means addressing four key areas: prevention, ongoing support, crisis intervention, and postvention.

PREVENTION

Prevention helps staff, students, and parents be educated about mental health and suicide. In addition, there needs to be specific ways staff can report if they see changes in students so the appropriate personnel (like a school counselor) can follow up on the concerns. Prevention also includes a curriculum focused on the emotional wellbeing of students and the teaching of coping skills.

ONGOING SUPPORT

This area focuses on the programs the district offers to students struggling with their wellbeing. These services might include school counseling, campus-based mental health services, school social workers, or school psychologists. Also, schools often form partnerships with community organizations that offer a higher level of emotional support.

Ongoing support also includes nonformal support of students. Research consistently shows the power of one caring adult in a student's life. Something so simple can have a profound impact on suicide risk in students.

CRISIS INTERVENTION

Understanding crisis intervention means responsible adults at a school know what to do if a student appears to be in a suicidal crisis (i.e. making comments, writing, experiencing drastic behavior change). While school counselors and other mental health school personnel will be trained at a higher level on how to intervene (such as suicide screenings), any adult on campus needs to know the protocol of what to do, such as never leaving a student alone who might be experiencing a suicidal crisis.

It's also crucial for crisis intervention to provide a way for students, parents, and community members to anonymously report concerns about a student's well-being.

POSTVENTION

Postvention needs to cover two aspects: after a student has a suicidal crisis and after a student or staff suicide.

- **After a suicidal crisis**
  When a student experiences a suicide crisis and receives intensive care outside of the school setting, school personnel need to be prepared for the student's return to campus. Safety planning and support during the school day are two ways in which schools can assist.

- **After a suicide death**
  While it is not easy to ever think about a student dying by suicide, schools need to be prepared for this event. A resource developed by experts and leading organizations walks a campus through how to handle the suicide death of a student or staff member.

Having a policy on suicide prevention is a way to show all stakeholders not only the importance of suicide prevention but also how suicide prevention will be supported across all campuses. The American Foundation for Suicide Prevention, the American School Counselor Association, the National Association of School Psychologists, and the Trevor Project worked together to provide The Model School District Policy on Suicide Prevention. School districts can easily take the model and tailor it to their schools.

Chapter 5

THE ROLE OF TECHNOLOGY IN SUICIDE PREVENTION

Today's technology offers unmatched opportunities for proactive interventions and support. Integrating mental health into school safety protocols with the help of the right technology enables schools to proactively address not only the warning signs of suicidal ideation but also the early signs a student might be experiencing a decline in wellbeing.

CENTRALIZED DOCUMENTATION

Even if a district has policies and protocols, without proper software for documentation, gaps can occur. Using paper forms or individual spreadsheets for critical information like threat assessment and suicide intervention prevents access, visibility, and real-time updates.

Empowering school mental health professionals to leverage technology designed for student support reduces administrative burdens and enables them to manage cases more efficiently. These tools help in maintaining detailed records of student issues, enabling timely and effective interventions by

- streamlining documentation and analysis in a centralized platform so every staff member can share a concern with counseling quickly and easily
- integrating Suicide Risk Management tools into a centralized system
- advancing case management with notifications and progress tracking, enabling counselors to devote more time to direct student support, and helping ensure effective and continuous assistance
- helping administrators leverage this data to identify trends across student cohorts and allocate resources to proactively address and mitigate risks

THE IMPORTANCE OF ONLINE TRAINING

Every adult in a school community plays a meaningful role in suicide prevention. This is why more than half of U.S. states now require suicide prevention training for school personnel. When educators, support staff, and administrators are equipped to recognize early warning signs and respond with confidence, schools can foster a culture of proactive, compassionate care.

When planning training, it's important to think beyond the traditional back-to-school session. Ongoing learning opportunities throughout the year help reinforce key concepts, such as risk factors, warning signs, and protective factors. Regular refreshers ensure staff not only remember the material but also feel prepared to act when a student needs support. Continual training builds shared responsibility, strengthens schoolwide awareness, and ultimately creates a safer environment for every student.

ANONYMOUS REPORTING

Anonymous reporting systems are a critical component of school-based suicide prevention because they lower the barriers for students to speak up when they see or hear something concerning. Many young people hesitate to report warning signs, whether due to worry about damaging a friendship, or uncertainty about whether their concern is "serious enough." By offering a confidential way to share information, schools empower students to act on their instincts and protect their peers. Anonymous reporting helps ensure that valuable information doesn't get lost because a student was afraid to come forward.

These systems also strengthen a school's overall safety net by providing adults with timely insights that might otherwise go unnoticed. When reports are funneled into a structured process, school mental health teams can follow up with the student of concern and coordinate appropriate support. In many cases, anonymous reporting serves as the first alert that a student may be struggling emotionally, allowing schools to intervene earlier and more effectively. Ultimately, anonymity encourages communication, builds trust, and supports a culture where seeking help is both accessible and safe.

ADDITIONAL RESOURCES

Numerous resources exist to help adults and peers respond to students who are at risk of suicide.

MENTAL HEALTH AND SUICIDE PREVENTION

- Columbia Suicide Severity Rating Scale (C-SSR)

- Model School District Policy on Suicide Prevention

- After a Suicide: A Toolkit for Schools

- Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention by Terri A. Erbacher, Jonathan B. Singer, Scott Poland

- Suicide Prevention by Christine Yu Moutier, Anthony R. Pisani, and Stephen M. Stahl

- 988 –The 988 Suicide & Crisis Lifeline is a 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 in the United States.

- American Foundation for Suicide Prevention – AFSP offers a variety of programming on suicide prevention for staff, students, and families.

- The Defensive Line – offers training programs specifically tailored to each school or organization, not creating new programs, rather by enhancing existing processes and programs.

- National Alliance on Mental Illness – NAMI offers a wide variety of programming for students and families on a variety of mental health topics.

- The Jason Foundation – The Jason Foundation focuses on youth suicide and offers training for students, parents, educators, coaches, and youth workers.

- The Jed Foundation - The Jed Foundation is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults, giving them the skills and support they need to thrive today... and tomorrow. The website has a resource center.

PODCASTS ON STUDENT WELLBEING BY RAPTOR

- The Defensive Line & Student Suicide Prevention
- National Bullying Prevention Month: Hey Dude, Nice Shoes
- Self-Injury Awareness Month
- The Role of Trusted Adults in Student Resilience and Wellbeing
- Being Prepared: The Role of School Crisis Team
- Empowering Voices: The Role of Anonymous Reporting in Education
- Connecting in Crisis: How Schools and Crisis Text Line Support

RAPTOR STUDENTSAFE™

Raptor StudentSafe is a fully integrated monitoring and reporting platform designed specifically for K-12 schools. It acts as an early warning system with features such as:

- **Early concern tracking:** Empowers all staff to document noticeable changes or emerging concerns about a student (e.g., sudden mood shifts, withdrawal).
- **Detailed chronology:** Helps counselors and administrators identify students who may need support before a crisis or suicide outcry occurs.
- **Assessment tools:** Allows trained staff to escalate an initial concern into a formal suicide risk assessment when needed.
- **Robust data analytics:** Allow counselors and administrators to observe trends in real time.

"With parents' permission, we share the StudentSafe information when a student is transported to Pediatric Emergency Services. The first time we did that, the doctor told us how much it helped—it means they're prepared because they know what has happened."

Liz Margolis
Executive Director School Safety & District Operations
Ann Arbor Public School District, MI
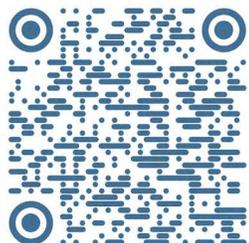
BOOK A
STUDENTSAFE™ DEMO

PUBLICSCHOOLWORKS STAFF COMPLIANCE TRAINING

[PublicSchoolWORKS Staff Compliance Training](#) helps ensure your district is prepared with comprehensive, evidence-based training designed to meet state mandates and create a culture of mental health awareness. From courses like Self-Injury and Suicide Prevention to Youth Suicide Awareness, staff are equipped to identify warning signs, de-escalate crises, and connect students to critical support.

The online training platform automatically enrolls and distributes the appropriate courses based on individual roles, as well as district and state requirements. Districts can also distribute their suicide prevention policies through the same platform, ensuring all staff receive, acknowledge, and electronically sign off on critical protocols. This makes it easy to verify compliance, track completion, and ensure everyone understands their role in creating a safe, supportive environment.

Key course topics include:

- warning signs, risk factors, and protective factors of suicide
- effective school-based interventions and postvention practices
- creating supportive environments that foster mental wellness

"When it comes to staff training on critical topics like active shooter response or suicide prevention, the impact can be life-saving—whether it's a student or a fellow staff member. That alone makes it more than worth it. State mandates exist for a reason, and what may seem like just another training can quickly turn into a real emergency. Safety starts with preparedness."

Chris Wright
Director of Teaching and Learning
Dayton ISD (KY)

STAY SAFE. SPEAK UP! ANONYMOUS REPORTING
PublicSchoolWORKS' anonymous reporting system, called ["Stay Safe. Speak Up!"](#), allows students, parents, and community members to report student concerns confidentially and anonymously at any time via web, mobile app, or phone. Reports are reviewed by a trained team, not automated bots, and urgent notifications are sent to school administrators for immediate action. The system is designed to encourage reporting of issues mental wellness and suicide ideation.

Less than 1% of reports are found to be false, and over 20% relate to serious concerns such as suicide ideation. All documentation is managed in one location for compliance and trend analysis, helping schools spot patterns and improve measures proactively.

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ABOUT RAPTOR

Raptor is driven by our mission to protect every child, every school, every day.

Founded in 2002, Raptor has partnered with over 60,000 schools in 55 different countries, including over 7,300 K-12 U.S. school districts, to provide integrated visitor, volunteer, attendance, dismissal, emergency management, and safeguarding software and services covering the complete spectrum of school and student safety. To learn more about Raptor Technologies, visit www.raptortech.com.

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