

YOUTH SUICIDE PREVENTION

**A Resource for Simsbury
Teachers, Staff & Administrators**

*“Unexpected death is always painful, but perhaps
none more so than the self-destruction of a young person
and a life, with all it’s potential and promise,
cut short by one desperate and all too final act.”*

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SUICIDE PREVENTION

A Resource for Simsbury Teachers, Staff & Administrators

I AM NOT A COUNSELOR, SO WHY SHOULD I READ THIS MANUAL?

If you work in a school (*in any capacity or role*), you play an important role in suicide prevention. Research shows that most people who are suicidal are ambivalent about dying and they often project signals or statements that they are contemplating taking their life. A gatekeeper is anyone who works with children or teenagers. You are a gatekeeper.

In the Simsbury School District, you play two important roles in preventing youth suicide. First, as a gatekeeper you may recognize that a youth is having difficulty and may be at risk for hurting him/herself. Second, as a helper you may take action by connecting with the student and assisting the student to access help.

The goal of this document is to help you recognize the signs of a struggling student and to know how to proceed once you have identified that a student is at risk. This resource is not intended to be a comprehensive manual for mental health providers, but rather a user-friendly guide for school personnel.

IT HAPPENS

Each year more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined! The suicide rate for males aged 15-24 has quadrupled in the past 60 years, and has doubled for females of the same age. Unfortunately, suicide is not just an issue affecting teenagers. In 2006, 216 children ages 10 to 14 committed suicide in the U.S. For children ages 10 to 14, the suicide rates increased 50% between 1981 and 2006. For every completed suicide by youth, it is estimated that 100-200 attempts are made. Studies have estimated that more than 8 out of 100 students in grades 9 through 12 have made an attempt at suicide in the past 12 months.

- Every day there are approximately 12 youth suicides.
- **Every 2 hours and 11 minutes, a person under the age of 25 completes suicide.**
- For every completed suicide, it is estimated that 100 to 200 attempts are made.

MYTHS vs. FACTS

MYTH: *You have to be crazy to even think about suicide.*

FACT: Most students have thought of suicide from time to time. Most suicides and suicide attempts are made by intelligent, temporarily confused students who are expecting too much of themselves, especially in the midst of a crisis.

MYTH: *Young people who talk about killing themselves are being dramatic and rarely commit suicide.*

FACT: Many people who commit suicide have declared or hinted at their intent, so all suicide threats and attempts should be treated seriously.

MYTH: *Students who attempt suicide do so because they want to die.*

FACT: Only a small number want to die; most have simply given up hope that their pain can stop, that anyone can help and that their life situation can improve.

MYTH: *Educating or talking about suicide may give a student the idea of hurting him/herself.*

FACT: The opposite is true. Asking someone directly about suspected suicide intent can convey concern and lower anxiety by encouraging expression of pent up emotion and can result in students receiving additional supports. Three-fourths (77%) of teenagers state that if they were contemplating suicide they would first turn to a friend for help. Educational programs help students learn how to identify their peers who are at risk. Students also learn how to approach helping adults when they or their friend is in need.

MYTH: *Students who attempt suicide are just trying to get attention, so there is no need for big concern.*

FACT: Often, a suicide attempt IS a way to get attention – it is the person reaching out for help and dismissing the incident only makes matters worse.

MYTH: *If a student is seriously considering suicide, there is nothing you can do.*

FACT: The crisis period may last only for a limited time. Most people want to be stopped and with appropriate interventions, can be prevented from killing themselves.

MYTH: *Once a student has made a serious suicide attempt, the student is unlikely to make another.*

FACT: The opposite is often true. Students who have made prior suicide attempts may be at greater risk of actually committing suicide; for some, suicide attempts may seem easier a second or third time.

RISK FACTORS FOR SUICIDE

The following supplement is designed to provide more in-depth information concerning some of the more important **risk factors** for suicide. Risk factors are unhealthy behaviors, compromised coping skills and negative aspects of a person's home and school life that increase the likelihood that the student may hurt him/herself. Risk factors do not mean that someone will definitely hurt themselves, but rather, indicate that a student is at greater risk.

PERSONAL RISK FACTORS

- **Alcohol and Other Drug Use:** Self-medicating with alcohol and drugs is common, but often doing so increases feelings of suicidality. More than 50% of teen suicides involve drug and alcohol use.
- **Isolation, Fear of Humiliation & Bullying:** For an adolescent, avoiding “loss of face” is a major risk factor. A student who feels humiliated by embarrassment, exposure to bullying (*either in person or online*) or social isolation is at severe risk.
- **Mental Health Problems:** Students who suffer from psychiatric problems (*depression, bipolar, schizophrenia, personality disorder, eating disorder*) often have a distorted view of themselves and their environment, which can increase suicidal thoughts or behaviors. [*Note: Fifty percent of special education students have some type of mood disorder.*]
- **Confusion or Conflict About Sexual Orientation:** Students who are questioning their sexual orientation or who are isolated or attacked for being gay, lesbian or transgendered, are at high risk for suicide when they are in an unwelcoming and unaccepting environment either at home or school. Schools have a responsibility to ensure that all students feel safe by not allowing derogatory names to be used to reference any minority group.
- **Compulsive, Extreme Perfectionism:** For some students, anything less than perfect leads to suicidal ideation. Students who are perfectionistic are typically self-driven and are often overlooked by adults. Due to the fact that they excel in so many areas, adults may not pick up on the possibility of any underlying emotional issue.
- **Deficits in Social Skills & Poor Impulse Control:** (*decision making, problem solving, conflict and anger management*) Students who are quick to act, and who have difficulty thinking things through, are more prone to suicide. These students are especially at risk when they are driving a car.
- **Feelings of Powerlessness, Hopelessness, Helplessness or Low Self-Esteem:** A student who feels that there is “no way out” or “what’s the point of it all” is more likely to consider suicide.
- **Stigma:** Students faced with difficult choices, especially when their actions are met with severe familial and community criticism, are more likely to choose suicide. Having an unintended pregnancy, a HIV positive diagnosis or having a sexually transmitted disease are some examples of outcomes from such choices.

BEHAVIORAL RISK FACTORS

- **Prior Suicide Attempt:** A student who has previously attempted suicide is 23% more likely to try it again. If the student was hospitalized and discharged recently, the risk is much higher (33-133%) in some instances.
- **Aggression, Rage, Defiance, Risk-Taking:** A student who reacts in this manner is more likely to engage in dangerous behaviors; suicide or homicide could be the result. Teenagers struggling with compulsive gambling issues are also at increased risk.
- **School Failure, Truancy, Running Away From Home:** Students often avoid what makes them feel unsuccessful. When they feel that there is “no way out,” they are at risk for suicide.
- **Fascination with Death and Violence:** Students who define themselves as “Goth” or “emo” often dwell on dark thoughts. Song lyrics, violent movies and TV shows may give credence to these tendencies, which can increase a student’s risk of suicide.
- **Alcohol & Drug Use:** Students who are under the influence are often uninhibited and behave in risky ways. This yields a higher risk of suicidal behavior.

FAMILY RISK FACTORS

- **Family History of Suicide:** Serious mental illness sometimes runs through a family. If a relative’s suicide is kept a “secret” and counseling was not given, the risk increases.
- **Changes in Family Structure or Family Relocation:** (*death, divorce, remarriage, moving*) Students have limited resources to deal with these issues and can most certainly benefit from counseling. Being separated from his/her friends, grief or a dislike of a parent’s new partner can all increase a student’s risk of suicide.
- **Alcohol or Drug Use in Family:** Feelings of helplessness and major responsibility for family members by youngsters can yield suicidal ideation and behavior when someone in the family is abusing substances.
- **Dysfunctional Relationships within the Family:** Unpredictable behavior by parental figures, inability to please parents and conflict within the family can all lead to insecurity and increased risk.
- **Unrealistic Parental Expectations:** When students fear they can’t meet their parents’ expectations, they can feel desperate. A failing or average student, whose parents expect straight A’s, must deal with a huge internal conflict. This puts the student at risk.

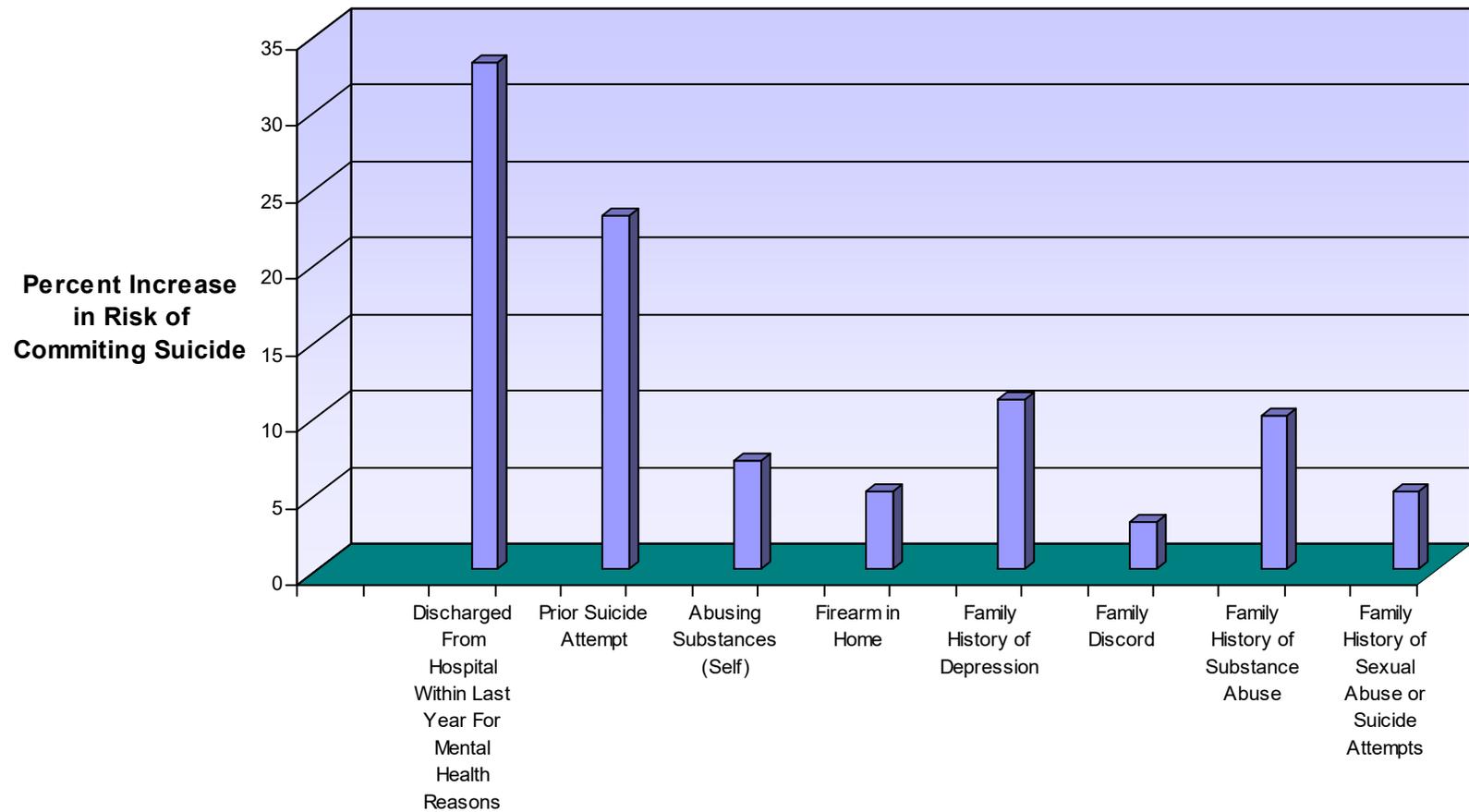
ENVIRONMENTAL RISK FACTORS

- **Stigma Associated with Seeking Help & Lack of Access to Helping Services or Resources:** Students seek help from their friends and often avoid adults. Stigma and embarrassment often impede a student's willingness to initiate accessing services. In some cases, students' concerns are discounted by adults and they are unable to access care.
- **Access to Lethal Means, High Levels of Exposure to Violence in Mass Media, Fascination with Death/Dying:** Students with access to firearms at home are five times more likely to choose suicide. Some websites outline methods and support suicidal behavior or thinking.
- **Exposure to Suicide of a Peer or the Anniversary of Someone Else's Suicide:** Fantasies of "joining" the deceased person or thoughts that suicide is not a permanent death, increases a student's risk.
- **Incarceration or Loss of Freedom; Trouble with the Law:** Feelings of desperation, embarrassment, humiliation and poor social skills increase suicidal ideation.
- **High levels of stress:** A student may reach the "last straw" stage of stress, at which time they are at increased risk of suicide.
- **Loss of any Significant Relationship:** A break-up with a boyfriend or girlfriend, two friends have a falling out, a parent in the military is called to serve away from the home for an extended period of time, a best friend moves away, a friend or family member dies. Of particular note, is the intense reaction student's can have following breaking up with their boyfriend or girlfriend. Often these relationships are minimized by the adults around them, but to the student, these relationships take on a significant level of importance and a child/adolescent can experience strong feelings after a break up.

"To laugh often and much; To win the respect of intelligent people and the affection of children; To earn the appreciation of honest critics and endure the betrayal of false friends; To appreciate beauty, to find the best in others; To leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition; To know even one life has breathed easier because you have lived. This is to have succeeded."

Ralph Waldo Emerson

FACTORS THAT INCREASE A STUDENT'S RISK OF SUICIDE



WARNING SIGNS FOR SUICIDE

Warning signs are changes in a student's behavior, feelings and beliefs about oneself that are maladaptive or out of character and place them at risk for suicide. While these warning signs vary from individual to individual, some common traits have been observed in individuals contemplating suicide. It is helpful to compare these warning signs with risk factors when trying to assess a student's level of risk. **If you observe any of these signs in one of your students, you should immediately contact your school social worker or psychologist.**

WARNING SIGNS FOR SUICIDE

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, available pills or other means.
- Talking or writing about death, dying or suicide when these actions are out of the ordinary for the student.

FEELINGS

- Feeling hopeless or pessimistic
- Feeling rage or uncontrolled anger or seeking revenge
- Feeling trapped – like there's no way out
- Feeling anxious or agitated, being unable to sleep or sleeping all the time
- Experiencing dramatic mood changes, depression or euphoria
- Feeling like there's no reason for living or having no sense of purpose in life

ACTIONS

- Acting reckless or engaging in risky activities – seemingly without thinking
- Withdrawal from friends, family and activities; giving away possessions; making a will
- Increasing alcohol or drug use
- Dramatic changes in school performance, attendance or behavior; notable change in appearance and personal hygiene (*i.e. sudden weight loss or gain*); increased physical complaints without any medical explanation

WORDS

- I wish I were dead
- I'm going to end it all
- I've decided to kill myself
- Grandpa's in a better place and I want to see him again
- If [*such and such*] doesn't happen, I'll kill myself
- You will be better off without me
- I'm so tired of it all
- What's the point of living?
- Here, take this. I won't be needing it anymore
- Pretty soon you won't have to worry about me
- Who cares if I am dead anyway

POSSIBLE TRIGGERS FOR A SUICIDE ATTEMPT

- Death or suicide of a friend, family member or major celebrity, or the anniversary of such
 - Break up with a boyfriend / girlfriend
 - Actual major life change (*or fear of one*), such as going away to college, staying behind while friends go to college, moving, changing schools, divorce/remarriage, etc.
 - Serious fight with parents or friend
 - Being arrested or getting into trouble with the law
 - Sudden failure at school or in an activity such as athletics (*getting cut from a team*)
 - Recent traumatic event such as moving, a car accident, a major loss or disciplinary crisis that makes facing the future seem impossible
 - Humiliation via bullying in person or online
-

*One looks back with appreciation to the brilliant teachers,
but with gratitude to those who touched our human feelings.*

*The curriculum is so much necessary raw material,
but warmth is the vital element for the growing plant
and for the soul of the child.*

Carl Jung

CASE STUDIES

Who are these students, who in a state of desperation take their own lives?

Below are a few typical vignettes of students who have attempted suicide. These are composites of several children and are not identifiable as any one student.

JOEY

Joey struggled at school. He was constantly teased and called names by other students. He lived in fear of being 'booked' in the hallway, and of being called a 'sped kid'. Joey had few friends and did not engage in after-school programs or community activities. He thought of himself as stupid and had no hope of success. Joey found a gun in his dad's basement. He obtained bullets. One morning he shot himself. His note said that he couldn't face another day at school.

LORRAINE

Lorraine lives with a parent who is an alcoholic. She never knows how her mom will react. Some days her mom is warm and cozy; other days her mom gets violent and cranky. Lorraine feels that she has to take care of her mom, and protect her from the reputation she is gaining in the community of being a violent drunk. Lorraine works very hard at this. Her grades are falling because she is not completing her schoolwork; she is losing weight and is showing some signs of depression. When teachers ask, Lorraine denies that anything is wrong, but she has told some of her friends that she just can't take it anymore. She gave her favorite drawings and her ipod to her best friend. She was found unconscious in the girls bathroom after taking a bottle of Ibuprofen. There was no note.

WILLIAM

William is interested in the Goth culture. He is fascinated with the music and self decoration and the idea of vampires and death. William experiments with self decoration by carving symbols into his arm. Recently, he learned that an uncle who died mysteriously, had actually committed suicide, but his family kept it a secret. William is also interested in experiences with various drugs. He attends parties where drugs are readily available and tries them. One night, under the influence, he decided to visit his uncle to ask him about his death. He drove his car into a tree.

LUCY

Lucy is struggling with her sexuality. She finds that she is more attracted to other girls, but is unsure if she is gay. Classmates tease and provoke her, constantly calling her names and telling her she is better off dead. A boy who is the ringleader of this bullying actually lives on her street. Sometimes, she gets so angry that she fights back. She gets into trouble at school. Parents and teachers tell her that if she concentrates on her studies and gets into a good college she won't have to think about this anymore and no one will tease her. Lucy is a talented musician and composer but her academic life is poor and she has little interest in school. Her songs are about life without stress, and what dying is like. She feels that she has disappointed her parents and can't possibly live up to their expectations. Her journal revealed that she was thinking of suicide.

NOTE: Gay and lesbian youth have a higher incidence of suicide than heterosexual youths. This is true even if the young person has not outwardly defined him/herself as gay, but is still struggling with sexual identity issues. This is often attributed to a school climate that is perceived by gay or lesbian students to be psychologically (*and sometimes physically*) unsafe and unaccepting.

PROTECTIVE FACTORS FOR SUICIDE

Protective factors are characteristics that have been proven to be associated with a decrease in the risk of suicide. Assessing a person's risk of suicide involves evaluating and comparing protective factors, risk factors and warning signs. As a gatekeeper, once you notice a difference in a student's behavior or emotional state in any of these areas, your role is to communicate your concerns or observations to your school psychologist or social worker immediately. Protective factors or measures that enhance resilience are as essential for preventing suicide, as reducing the risk factors.

PERSONAL PROTECTIVE FACTORS

- Attitudes, values and norms prohibiting suicide
- Good social skills
- Good coping skills (*i.e. decision making, problem solving & anger management*)
- Good health and access to health care
- Friends, supportive significant other
- Cultural, religious or spiritual beliefs
- Healthy fear of risky behaviors and pain
- Hope for the future
- Sobriety (*negative attitudes toward drug use*)
- Medical compliance
- Good impulse control
- Strong sense of self-worth
- Positive academic performance

EXTERNAL & ENVIRONMENTAL PROTECTIVE FACTORS

- Strong interpersonal bonds (*especially with family and adults*)
- Clarity of norms/rules about behavior (*i.e. drugs, violence*)
- Low residential mobility
- Limited exposure to violence in the media
- Not living in poverty
- Opportunities to contribute/participate in school and/or the community
- Reasonably safe, stable environment
- Restricted access to lethal means
- Responsibilities and duties to others
- Connection with pets
- Availability of a trusted adult or counselor
- Parental presence
- Having goals

THE ROLE OF TEACHERS, STAFF & ADMINISTRATORS

- Prevention programs and education are both critical in reducing the number of students who attempt or complete suicide.
- School is the environment where students have the most exposure and contact with multiple helpers (*i.e. teachers, counselors, coaches, staff and classmates*).
- Staff training increases confidence in their ability to recognize a potentially at risk student.
- Educated staff members are four times more likely to be able to pinpoint troubled students.
- Research shows that roughly nine out of ten adolescents who commit suicide, give clues to others before their suicide attempt.

CARING & THE SCHOOL ENVIRONMENT

The Center for Mental Health Services states “Learning and teaching are experienced most positively when the learner cares about learning, the teacher cares about teaching, and schools function better when all involved parties care about each other.” This is a key reason why caring should be a major focus of what is taught and learned. A report from the President’s New Freedom Commission on Mental Health argues that “school-based mental health interventions can improve educational outcomes by decreasing absences, decreasing discipline referrals and improving test scores.” It recommends that schools take more proactive steps to identify students who are grappling with mental health problems.

THE IMPORTANCE OF A HEALTHY SCHOOL CLIMATE

One of the biggest proactive steps a school can take is to create a warm and welcoming school climate for all students. Emotional and psychological aspects of a positive school climate refer to the attitudes, beliefs and feelings of the faculty, staff and students. This directly affects the health, safety, performance and the feelings of connectedness between staff, students and the school.

Research has shown that students who feel connected to their school (*i.e. felt teachers treated them fairly, felt close to people at school and felt like a part of their school*) are less likely to experience suicidal thoughts and experience emotional distress. After surveying over 90,000 students in grades 7-12, it was found that students’ feeling of CONNECTEDNESS was the number one protective factor against suicidal behavior. When students feel connected to the school they are also less likely to drink alcohol, carry weapons or engage in other delinquent behavior. Research has shown that when students participate in decisions regarding their school and their community, they tend to be healthier and more productive. Assigning students roles in the school is an essential element for ensuring a healthy school climate.

WHY ALL SCHOOL PERSONNEL HAVE AN IMPORTANT ROLE IN SUICIDE PREVENTION

- Your professional responsibilities go beyond teaching a specific subject area, but rather include an awareness of the general welfare of all students.
- Students view school personnel (*teachers, staff and administrators*) with trust. Often they look up to them as caring adults and may approach them or make them aware of suicidal intentions.
- Teachers and staff get to know students over an extended period of time. This provides valuable knowledge of normal behavior in young people, allowing staff to identify students at risk of suicide.
- Depression is a major predictor of suicidal behavior and is associated with reduced academic performance and learning problems.
- Schools often include coping skills, problem solving and stress management as part of a curriculum to address mental health issues.
- According to results from the 2005 CT School Health Survey given to high school students, it was found that 25% of the students surveyed felt sad or hopeless for more than two weeks, 15% seriously considered attempting suicide and 12% actually attempted suicide.

WHAT IS MY ROLE AS A TEACHER OR STAFF MEMBER

Checking In & the Importance of Listening

Every time you stop and ask a student *“How are you doing”* or make comments such as *“I like that sweater,” “How was your weekend,” “Nice game Friday night”* or *“You were great in the play last night”* you are helping to prevent suicide. Every time you coach a team or lead a club, you are helping to prevent suicide. Every time you reach out to a student in any way, you are helping to create a school environment where a caring climate will serve as a huge protective factor for all students. Every adult in the building plays a role in preventing students from committing suicide.

The most important thing any adult in a school can do is to **CONNECT** with students and keep the lines of communication open. This also involves paying attention to indirect communication. Many times a student may not necessarily directly state that they want to kill themselves, but typically students show some sign of being troubled or at risk. The key component of communication is to **LISTEN!** Many times adults feel they don't know what to say, but most students in emotional distress just want someone to listen to them. It is okay to listen and be honest when you don't know what to say. You can reflect back what you hear the student telling you. You can explain that you will always be there to listen to the student, but you are not sure what to say and invite the student to go with you to see a counselor in the building.

Observing Students

Another vital responsibility that adults carry is to observe the students in the building. This can include all students and not simply the ones in your current classes. This is where knowing and understanding the warning signs becomes important. Have you noticed any changes in the student? Does the student say they are feeling fine, but appear differently to you (*i.e. sad, angry, tense*)?

DETERMINING IF A STUDENT IS AT RISK

1. Try to remain calm, supportive and respectful. If you suspect that the student is at risk and you'd like to get more information, you can ask some prompting questions such as *"Is this the worst you have ever felt?"*, *"I'm worried about you, should I be?"*, *"Are you worried about yourself?"*
2. When a child is at risk, do not promise to keep their secret. Students who are suicidal are typically very relieved when someone steps in to help. If a student is begging and pleading with you to not tell anyone, you can sympathetically validate their feelings, but tell them that their safety and life are most important to you. Sometimes it can help to let the child know that you are a mandated reporter, which means you are not allowed to keep such information private and you could lose your job.
3. Teachers and staff are often afraid to talk openly with a student about suicide because they believe it would increase his/her level of risk. This is not accurate! Ignoring or minimizing a student's feelings of desperation is far more damaging. Any talk at all about suicide should be taken seriously, even if you think the student is just joking around.
4. Never minimize the student's feelings (i.e. *"How could you possibly think of killing yourself, you have so much going for you"*) or offer false reassurances (i.e. *"You'll feel better tomorrow."*) Instead, look to validate how he/she is feeling (i.e. *"I know your boy/girlfriend is a really important person in your life; you must be really upset about breaking up."*)
5. Offer a student a message of hope. This should be done in a way that does not minimize or invalidate their feelings of pain and despair. *"I'm glad that you told me how bad you're feeling. This is the first step in getting some support that can help you to feel better."*
6. Sometimes a student may say something that would indicate they are suicidal. Never agree to let a student simply promise you that they would never act on it or they didn't really mean it. A promise is not a substitute for a mental health assessment. Listen to your intuition. Often we can talk ourselves out of our gut feeling, yet more times than not, it's that initial feeling that is most accurate. **It is important that when you have a concern, you immediately connect the student with the psychologist or social worker, even if it is the end of the school day (don't let the student leave to go home).**

*"Too often we underestimate the power of a touch,
a smile, a kind word, a listening ear, an honest compliment
or the smallest act of caring, all of which have
the potential to turn a life around."*

Leo Buscaglia

STEPS TO GATHER INFORMATION & HOW TO RESPOND

If you think a student may be suicidal it is important to gather some information immediately. This is an important piece of screening that can help to determine how at risk the child or teenager is. If you are comfortable with doing so, you might ask the student these questions:

If you are not sure how at risk the student is, you need to walk him/her to the psychologist or social worker to be assessed right at that point.

1. *“You look very upset, are you okay?”*
2. *“Are you thinking about hurting yourself?”*
3. If yes, ask directly, *“Do you have a plan?”*
4. *“Does anyone else know about your plan?”* (Teens will often tell a peer about their intentions and sometimes will engage in a pact with each other. Getting contact information for the other student is very important.)
5. You can ask if the student is or has been talking with a mental health provider and if yes, get the name and number. *“Have you talked with anyone else about your feelings?”*
6. If the student has answered no to these questions, you need to determine if you believe that he/she is telling the truth. The fact that you even had to screen the student though, is enough of a reason to immediately refer the student to the psychologist or social worker in your building who will meet with the student. *“I am sorry that you are feeling upset, but I am really glad that you shared this with me. I believe you that you are not planning on hurting yourself, but I am concerned about you and want the two of us to go see if any of the counselors are available.”*
7. If the student has answered yes to these questions (or no and you don't believe them), **DO NOT LEAVE THE STUDENT ALONE**, but escort them to a counselor in the building right away. Stay calm, but recognize the importance of obtaining help immediately.

Asking the student a few more questions helps gather information that will be vital when you connect the child with the social worker or psychologist. This is not intended to treat the child, but rather to collect background information that the student may share with you because of your rapport. Passing this information onto mental health personnel is very important and may elicit information about another teen at risk via a suicide pact.

Such questions might be:

- *“Do you want to share what is happening in your life that is making you feel this way?”*
- *“Have you ever told your parent(s) how badly you are feeling?”*
- *“Is there anyone else who you feel you can trust to talk with about how you are feeling?”*

Again, please remember that if you are not comfortable talking with your student or you are not sure how at risk he or she is, you should immediately walk them to the psychologist or social worker to be assessed.

WHAT IS YOUR ROLE IN FOLLOWING UP WITH THE STUDENT

- It is really important that **YOU** (*in addition to the social worker or psychologist*), follow-up with the student you referred. The student sought you out to share his/her feelings because he/she is comfortable and connected with you. They want to know that you still care.
- While it is important to ensure the student is receiving the appropriate level of help with a counselor in the building, it is equally important that the student feels they are still invited to check in with you.
- If you don't ever address it again with the student, it sends the student several messages:
 1. It leaves the student questioning if you really care about him/her or were just doing your job by passing it on to the social worker or psychologist.
 2. It perpetuates the social stigma surrounding mental health issues and that they are only for talking about with clinicians and are something to hide.
 3. It can cause the student to feel that you don't truly understand how badly they are hurting inside and the student may make a more serious gesture indicating that they need more help. Helping can be as simple as listening, which fosters the ongoing connection you have with your student.
 4. When a student confides in you, it can feel like a big responsibility, especially if the student is not receiving help from a mental health professional. At times, it is appropriate to tell your student that you really want to be there for him/her, but that they need to work with the social worker or psychologist as well.
 5. It is important to share any new vital information with the clinician working with the student. It is okay to explain to the student that you are not listening for the sole purpose of extracting information from them, but that if he/she shares something with you that causes you to be concerned about his/her safety, you cannot keep that confidential.

ROLE OF ADMINISTRATORS

- Suicide Prevention in CT Law: Public Act 89 – 168 Requires Boards of Education to do the following:
 - a. "Adopt a written policy and procedure for dealing with youth suicide prevention and youth suicide attempts." (*C.G.S. Section 10 220 (e)*)
 - b. "Each local or regional board of education shall provide a yearly in-service training program for its teachers, administrators and pupil personnel who hold the initial, provisional or professional educator certificate." (*C.G.S. Section 10 – 220a (a)*)
- Ensure a thorough crisis intervention and response plan exists in your school.
- Create, lead and meet as needed with the Crisis Intervention Team (*C.I.T.*).
- During a crisis: Head the CIT, serve as liaison to the media, contact parents, oversee the overall school response, delegate responsibilities of the CIT, inform faculty, etc.
- Advocate for a wide range of extra-curricular activities and programs.
- Ensure a safe and healthy school climate: physically, aesthetically, emotionally and psychologically.
- Seek out, create and value opportunities for students to be involved in true decision-making.
- Support and ensure the curriculum incorporates direct and indirect education designed to prevent suicide.

SCHOOL RESPONSE TO AN ATTEMPTED OR COMPLETED SUICIDE

Each school in Simsbury has its own Crisis Intervention Team (C.I.T.) that determines a specific plan to respond to a crisis according to the supports available in that building. The building principal heads the Crisis Intervention Team and directs the staff. Here are some general guidelines for responding to an attempted or completed suicide.

OUT OF SCHOOL ATTEMPT

Staff Actions – Staff member who learns of the attempt contacts the building administrator.

Administrative Actions

- The administrator verifies the information and communicates with the family.
- The administrator notifies the Superintendent of Schools.
- The administrator implements the procedures developed by the C.I.T.
- Parents will be asked to attend a meeting with the school support staff prior to their child returning to school. If the child is hospitalized, the parents will also be asked to sign a release for the social worker or psychologist to communicate with the hospital clinicians. Upon the student's return, he/she will be connected with the social worker or psychologist.
- As a general rule, if the attempt is public knowledge, the staff will be informed of the situation. If information and rumors are widespread and students are aware of the attempt, teachers may be asked by the CIT to talk with students following guidelines that are written by the C.I.T.

IN SCHOOL ATTEMPT

Staff Actions – Staff member who learns of the attempt contacts the building administrator.

Administrative Actions

- The administrator verifies the information and communicates with the family. The administrator and nurse will follow school emergency procedures to get immediate medical help.
- The administrator notifies the Superintendent of Schools.
- The administrator implements the procedures developed by the C.I.T.
- Continue with the school day as normally as possible.
- Special procedures will be put into effect to provide immediate assistance for students or staff who are significantly impacted by the event.
- Crisis intervention supports will be ongoing for a duration of time as determined by the C.I.T.
- If knowledge of the attempt is widespread, the staff will be informed of the situation. Teachers may be asked by the C.I.T. to talk with students following the guidelines provided by the team. C.I.T. members will assist any teacher who is uncomfortable talking with the students about the attempt.
- At the after school staff meeting, staff will have an opportunity to review the day's event, to help identify students who may need extra support and to learn of any plan to monitor those students whose own risk may increase as a result of the attempt.

- Due to issues of confidentiality, when disclosing information regarding the attempt, the C.I.T. will use its judgment in balancing the need for certain school staff to know about the attempt, while simultaneously honoring the family's desire and right to keep the attempt private.

COMPLETED SUICIDE *(In or Out of School)*

Staff Actions: Staff member who learns of the death will immediately contact the building administrator.

Administrative Actions

- Upon verification, the principal will notify the Superintendent and the System-Wide Crisis Resource Team (SWCRT).
- The administrator will immediately convene with the C.I.T. to develop a plan and delegate responsibilities.

Some of these responsibilities include:

- ~ Prepare a written statement of the facts.
 - ~ Plan for contact with friends of the student.
 - ~ Plan who will be available for small group support.
 - ~ Identify and plan to support teachers who are uncomfortable telling students.
 - ~ Plan how to deal with the media (*coordinate with the family which details will be released in the statement*).
 - ~ Determine whether there is a need to involve outside consultants.
 - ~ Delegate who will collect the student's belongings.
 - ~ Delegate who will contact the family.
 - ~ Develop a plan to monitor and support other at risk students.
 - ~ Plan an emergency staff meeting.
- Teachers can expect that they will receive information that identifies basic facts and advises them on how to follow the specified procedures.
 - Staff should expect that the days following a suicide should return to normal as soon as possible. There will continue to be highly visible support provided for students and staff. Intermittent supports will be provided throughout the school year as necessitated by individual circumstances.

As we grow up...

As we grow up, we learn that even the one person that wasn't supposed to ever let you down probably will.

You will have your heart broken, probably more than once and it's harder every time.

You'll break hearts too, so remember how it felt when yours was broken.

You'll fight with your best friend.

You'll blame a new love for things an old one did.

You'll cry because time is passing too fast, and you'll eventually lose someone you love.

So take too many pictures, laugh too much, and love like you've never been hurt.

Because every sixty seconds you spend upset, is a minute of happiness you'll never get back.

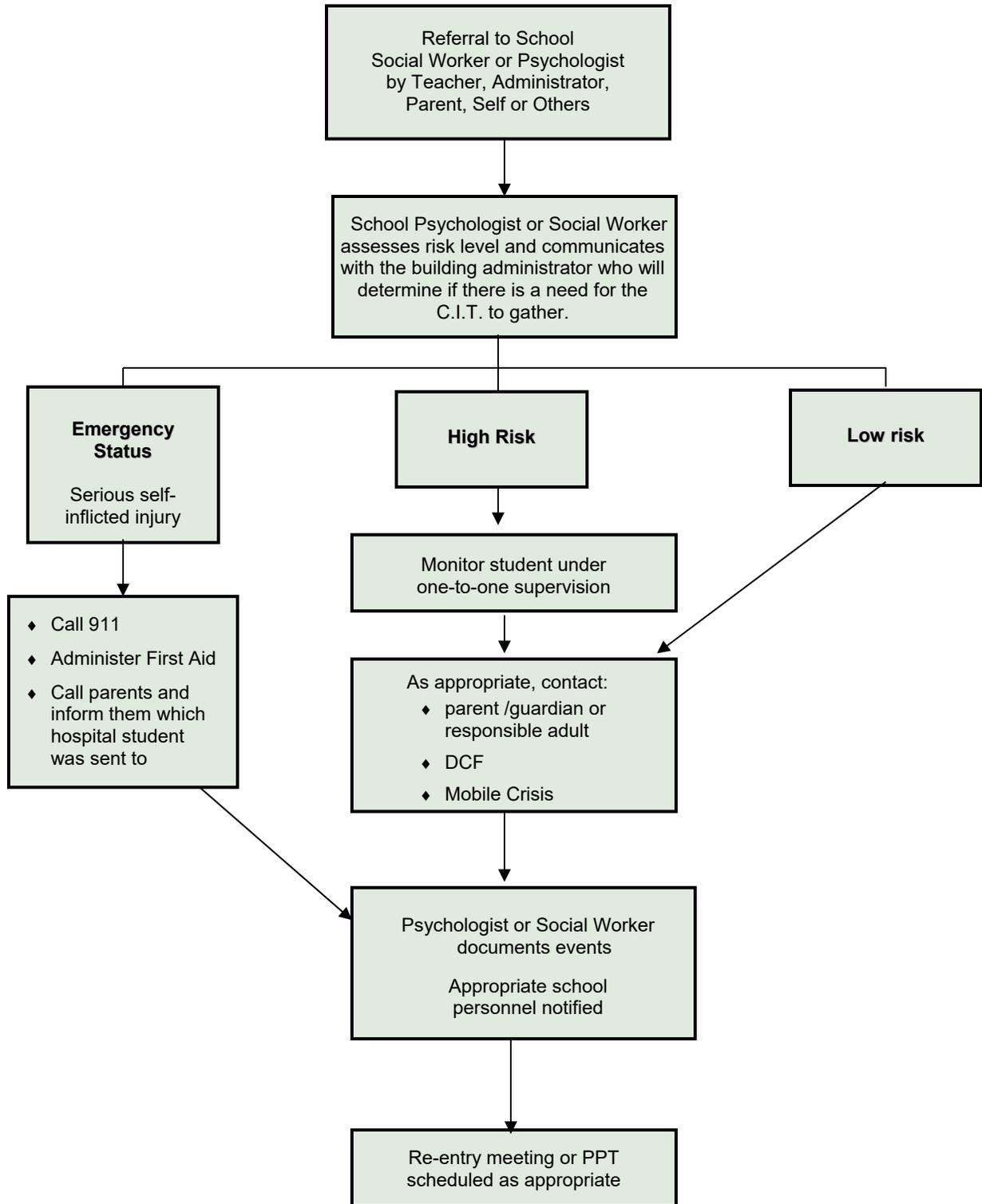
Don't be afraid that your life will end, be afraid that it will never begin.

GUIDELINES FOR TALKING WITH STUDENTS ABOUT A SUICIDE

1. **Prepare students** for the serious and tragic nature of the information you are about to share. Say that it is understandable that the news may upset many of them and that you and the other staff are there to help them get through this.
2. **Announce the facts** of the situation and what actions are being taken as a result (*i.e. all classes will be informal, counseling areas will be set up, etc.*)
3. **Allow students to react**, yet pay special attention to the following:
 - a. **Dispel any rumors** or unconfirmed information.
 - b. Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions.
 - c. Stress that individuals react differently to tragedies and we need to respect one another's feelings.
4. Note that **some students' reactions will be stronger than others** and that individual help is available.
5. If a student's reaction seems particularly intense, walk them over to one of the designated counseling centers. Refer the student to the C.I.T.
6. If a student has a question that you cannot answer, seek out the C.I.T. team or refer the student to the C.I.T.
7. **Encourage students to help one another and to also seek help from an adult.**
8. **Reassure students** that they are not responsible for what happened – discouraging guilt and unrealistic hindsight. Focus on how they might use what they now know to avoid similar tragedies in the future.
9. Stress that the feelings they have now are temporary and will diminish in time.
10. **Avoid glamorizing the death.** Stress that this was a tragic and unnecessary event.
11. **Avoid focusing in on the details** that led up to the person's death. Stress that suicide is a permanent solution to a temporary problem and focus on how the student might have gotten help to avoid this tragic ending.
12. Stress that **suicide is not a normal reaction to life's setbacks.**
13. Allow students who do not want to participate in the discussion to study quietly or to go to one of the counseling centers. **DON'T ASSUME THE LACK OF A VISIBLE REACTION MEANS THAT THE STUDENT IS HAVING NO REACTION AND IS NOT STRUGGLING.**
14. Allow as much time as needed for the students to talk. Try to move the discussion towards how students can help one another express sympathy for the family and help to prevent similar tragedies.
15. Students who wish to memorialize the student should be referred to the C.I.T.
16. **End by reminding the students of the counseling and supportive services available.**

*Rain and sun are to the flower
as praise and encouragement are to the human spirit.*

SUICIDE RESPONSE AND INTERVENTION



(Used by permission from the West Hartford Public Schools Suicide Crisis Response Manual)

PROACTIVE PARENT RECOMMENDATIONS

As a parent, contemplating or experiencing the death of a child by suicide is akin to living a nightmare. We all hope that it will never happen to us. Yet it does, and all too often as is noted earlier in this document.

Parents and siblings, because of their continuous personal contact are the first line of defense in determining a child's emotional state. Often, youth will speak of their concerns to siblings and friends while concealing them from parents and other adults. So, parents need to be more assertive in approaching teens to talk about depression and thoughts of suicide. Siblings and friends need to be reminded that when a life is on the line, confidentiality does not apply.

The National Association for Mental Health is a great resource for parents. Their website www.naminh.org contains valuable resources for parents and school and community personnel.

WHEN IN DOUBT, CHECK IT OUT!!!

WHAT TO DO:

- Please [review the information about myths, warnings, risks and protective factors](#) in this document.
- As a parent you need to [check in with your child regularly](#)...family dinners and car trips are good times to touch base. Turn off the music and television and talk.
- [Ask about how things are going](#). ..what makes you feel successful, happy, upset. Try to ask specific questions where it is impossible to answer yes/no. Don't discount or belittle your child's concerns. Be careful to set attainable goals and expectations for your youth.
- [Ask about what their friends are doing](#)...smoking, drinking, drugs, raves, driving too recklessly, date rape, pessimism. Pick up cues from this: youth will talk about friends but sometimes mean themselves. Be sure to address items such as embarrassment, spoiled romance and bullying because these are often triggers to desperate behavior.
- [Ask how your child feels about the future](#)...hopes and plans are protective, despair is not. A youth's reaction to the loss of a loved one is an important sign. Spend extra time with your teen when a parent, special grandparent or close friend dies or moves away. Remember that grief often lasts for years.
- [Ask your child directly if he/she has ever tried to hurt him/herself](#). Youth may tell you that they have self-injured in a variety of ways: cutting, taking pills, car accident, or risky behaviors.
- [Ask if your child has ever felt depressed](#) enough to want to end his/her life. Youth are often relieved to have someone ask this question.
- Ask your child if he/she has ever thought about how to do this. Ask if anyone else knows about these plans. Get their names. Suicide pacts and piggybacking are common in teens.
- If responses to these topics concern you, please [let your child know that you are concerned](#). Tell him/her that you are worried about them and want to figure out together a way to get him/her some help.
- Let him/her know that there are always ways to weather rough times.
- [Tell them how much you love them and want them to be in your life](#).
- [Be more present with your child](#). Don't promise to keep these concerns a secret.
- And, please [don't try to handle this yourself](#) or within the family alone. Help your child get to a mental health professional at school or in the community. (*Reference the resource page in this document.*)

WHEN YOU THOUGHT I WASN'T LOOKING

When you thought I wasn't looking, I saw you hang my first painting on the refrigerator, and I wanted to paint another one.

When you thought I wasn't looking, I saw you feed a stray cat, and I thought it was good to be kind to animals.

When you thought I wasn't looking, I saw you make my favorite cake just for me, and I knew that little things are special things.

When you thought I wasn't looking, I felt you kiss me goodnight, and I felt loved.

When you thought I wasn't looking, I saw tears come from your eyes, and I learned that sometimes things hurt, but it's alright to cry.

When you thought I wasn't looking, I saw that you cared and I wanted to be everything that I could be.

When you thought I wasn't looking, I looked ...and want to say thanks for all the things I saw when you thought I wasn't looking.

(Author Unknown)

GUIDELINES FOR PARENTS WHEN YOUR CHILD EXPERIENCES A LOSS

1. **Answer questions honestly** without embellishment or speculation. Children need the facts about a situation to the degree that is appropriate for their age.
2. **Encourage your child to feel comfortable by asking questions and engaging you in conversation** about the situation. This allows for voicing fears, misunderstandings, or other emotions around the loss. If you have difficulty managing such a conversation yourself, seek support for your child, don't avoid the topic. Adult expressions of sadness are not likely to harm your child and may allow him/her to feel more comfortable with his/her own feelings, as long as conversation accompanies any expression of grief.
3. Comfort comes from the continuity of routines and everyday activities when a tragic event has occurred. Children need confirmation that life will go on and that together with you, they will get through the difficult time. **Time together doing simple daily activities can serve to provide stability and comfort to children** with the knowledge that their own lives are changed, but still fine.
4. Some children desire time alone to manage their feelings. **If your child is spending more time alone than usual, you may want to encourage him/her to talk or do something active.** Dramatic changes in behavior, such as excessive sleeping, regression or behaviors more common to someone younger in times of crisis or grief, should be viewed as security and comfort seeking. A brief period of such behavior is normal. An extended period of these changes should be noted and checked with a pediatrician or other professional.
5. If your child is not interested in talking, but appears upset, **you may wish to offer him/her some way of coping with feelings** such as through artwork, written expression, cards for the family or simply for the sake of expression.

SURVIVORS OF SUICIDE

A survivor of suicide is a family member or friend of a person who died by suicide. The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex and long-term. Grief work is an extremely individual and unique process; each person will experience it in his/her own way and own pace. Grief does not follow a linear path and doesn't always move in a forward direction.

- With over 32,000 suicides annually in the US, it is estimated that **for every suicide there are at least six survivors.**
- Based on this estimate, approximately five million Americans became survivors of suicide in the last twenty-five years.
- There is no time frame for grief and survivors should not expect that their lives will return to their prior state. Survivors aim to adjust to life without their loved one.
- **Common Emotions Experienced in Grief:** shock, guilt, despair, stress, rejection, confusion, helplessness, denial, anger, disbelief, sadness, loneliness, self-blame, depression, pain, shame, hopelessness, numbness, abandonment and anxiety.

NORMAL REACTIONS FOR SURVIVORS

Survivors often struggle with the reasons for the suicide and question if they could have done something to prevent the tragedy. The stigma associated with suicide makes it difficult for family members or friends to know what to say to the survivor. Such stigma, shame and embarrassment can make it difficult for the survivor to reach out for help. A survivor may feel blamed for the suicide. Survivors need your support and understanding. They need to know that healing does occur and that you love them without judgments. They need you to initiate a conversation, letting them know you care about them and want to help.

GRIEVING CHILDREN

It is a myth that children don't grieve. Just like adults, children experience a wide range of feelings. However, their grief often looks different because they have fewer tools for communicating their feelings. Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that you are still there to help take care of them. Keeping the suicide a secret can cause complications in the grieving process. It is best to explain the situation and answer children's questions honestly and with age-appropriate responses. Allowing children to attend memorial and funeral services can be a very healing experience. Often adults tend to believe that it would be "too much" for children to attend a funeral, but children of any age can be included in such ceremonies of remembrance. When children are not included, they tend to "fill in the blanks" with images that can be very troubling, inaccurate and scary, rather than with the memories of a peaceful service or gathering with loved ones.

Survivors of Suicide in need of support may find the following website helpful:

www.SurvivorsOfSuicide.com

RESOURCES

- **Suicide Prevention Resource Center** www.sprc.org
- **National Suicide Hotline** 1-800-SUICIDE (800) 784-2433
- **Capitol Region Mental Health Center** (860) 297-0999
- **Wheeler Emergency Mobile Psychiatric Services (EMPS)** 2-1-1
 Situation requires additional immediate assessment.
- **Department of Children and Families (DCF) Care-line** (800) 842-2288
 Situation is complicated due to parents/guardians being unresponsive to the child's needs or abuse is involved.
- **Samaritans, West Hartford/Suicide Prevention** (860) 232-2121
- **Wheeler Clinic** (860) 793-3500
- **Gay & Lesbian Youth Crisis / Suicide Hotline (The Trevor Project)** (866) 488-7386
- **Gay & Lesbian Youth Talk Line (Provides peer support for GLBT youth)** (800) 246-7743
 This hotline is NOT designed for youth who are in crisis (*suicidal*), but rather proactively, for youth who are questioning their sexual orientation and who are looking for someone to talk to about it.
- **Community Health Resources** (877)884-3571
- **Problem Gambling Services Dept. of Mental Health & Addiction Services (DMHAS)** (860) 344-2244
(866)440-4375
- **American Foundation for Suicide Prevention** www.afsp.org

WEBSITES: www.HelpCopeDeal.org
www.SurvivorsofSuicide.com
www.StopaSuicide.org
www.ct.gov/dmhas/problemgambling (*Problem Gambling Services CT DMHAS*)
www.YouthPoker.org

HOSPITALS: **Connecticut Children's Medical Center** Hotline:(860) 545-8660
Hartford Hospital (Institute of Living Assessment Center) (860) 545-7200
St. Francis Hospital (860) 714-4001
University of Connecticut-John Dempsey (860) 679-2588

MICKEY LECOURS-BECK (*Town of Simsbury Social Worker*) (860) 658-3283
 Mickey administers a mental health referral service for youth and their families. Mickey will help connect you with a provider in the community and will fund up to five visits at no charge.

REFERENCES

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We would also like to thank Mickey LeCours-Beck for the allocation of funds to produce this manual and her endless encouragement and support of our efforts to keep all children in Simsbury safe.

CAN YOU SEE ME YET?

*I enter through your doors.
I walk through your halls.
I sit in your desks.
I eat in your cafeteria.
Can you see me yet?*

*I write down your notes.
I take your quizzes.
I raise my hand in your class.
I turn in my projects.
Can you see me yet?*

*I missed an assignment.
I only raised my hand once today.
I got a C on my quiz.
I still try to smile in the halls.
Can you see me yet?*

*I am tired.
I missed two assignments.
I failed a quiz.
I didn't raise my hand today.
Can you see me yet?*

*I had no partner today.
I missed more assignments.
I didn't come yesterday.
I failed another test.
Can you see me yet?*

*I don't have my book.
I don't know the answer.
I look down at my desk.
I never smile anymore.
Can you see me yet?*

*I can't please them.
I don't have the brain.
I don't have hope anymore.
I don't have the strength.
Can you see me yet?*

*I secretly pray to be seen.
I hide behind the mask I wear.
I show you what you want to see.
I pretend that I am happy.
Can you see me yet?*

*I don't want to feel so low.
I don't want to give up.
I don't want to hurt anyone.
I don't want to go.
Can you see me yet?*

**THIS MANUAL WAS DEVELOPED BY SIMSBURY
PUBLIC SCHOOL CERTIFIED PERSONNEL**

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