

SUICIDE RESPONSE MANUAL

Procedures and Guidelines

Grades K-12

Board of Education

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Introduction

Suicide is the third leading cause of death among children and adolescents nationally (National Institute of Mental Health, 2003) and among 15 to 24 year olds in Connecticut (Mueller, Hynes, Li and Amadeo, 2003). Suicide rates among teenagers have tripled from 1960 to 1990 (Holinger, Offer, Barter and Bell), and remain high. Yet, research is demonstrating that suicide can often be prevented.

School, a structure in which children have frequent contact with caring adults, has a unique role to play in suicide prevention (U.S. Department of Health and Human Services, 2001). The school setting offers a significant opportunity to keep children safe from self-harm, not just by identifying warning signs and intervening when attempts occur, but by establishing positive school environments and providing programs and resources that are responsive to students' personal and social-emotional needs (Connecticut State Department of Education, 1990).

The updating of this document features some new material and a shift in emphasis. First, it is proposed that suicide prevention should be coordinated with, rather than compete with, other prevention initiatives. Various guidelines and initiatives advise schools to form teams and develop plans for each of a number of mental health issues (e.g., attendance, child abuse, school climate, violence prevention). The proposed approach here is that these interrelated efforts should be coordinated by an inclusive team that has the overall mission of attending to students' personal, social and emotional well-being.

The West Hartford Public Schools have an ongoing commitment to the well-being of their students. In accordance with CT Public Act 89-168, West Hartford Public Schools have developed this manual that documents the procedure to follow in the event of an emergency.

West Hartford Public Schools Suicide Prevention and Intervention Policy

The West Hartford Board of Education recognizes the need for a comprehensive suicide prevention and intervention policy because suicide is among the three leading causes of death among young people. It is the policy of the Board that school staff will actively respond to any situation where a student verbally or through behavior indicates an intention to attempt suicide or to do physical harm to himself/herself.

The Board recognizes the need for youth suicide prevention procedures and will establish such procedures and educational programs to identify risk factors for youth suicide, to intervene with such youth, to guide staff in making appropriate referrals to outside agencies, and to insure proper training for teachers, other school professionals and students in the recognition and management of youth at risk for suicide.

It is also recognized by the Board that suicide is a complex issue, and that while school staff members collect information to determine the seriousness of the threat, they cannot make clinical assessment of risk nor can they provide in depth counseling. Staff is required, therefore, to refer at risk youths to an appropriate agency for such assessment and counseling.

Therefore, any school employee who may have knowledge of a suicide threat or intention will report this information to the school principal or designee, who will in turn mobilize the appropriate support staff. The student's family will be notified, and an appropriate referral will be made. If deemed high risk, he/she will not be left alone at any time during this evaluation process.

Legal Reference: Connecticut General Statutes
10-221 (e) Boards of education to prescribe rules.

Policy No. 5690

Suicide and Crisis Intervention Procedures and Practices

1. Crisis Team – should meet no later than the 1st week of school.
2. SST (or another established committee) should include a subcommittee that addresses Suicide Prevention & Wellness; it should be established and active in each school.
 - Suicide Prevention & Wellness Committee should be interdisciplinary.
Goals of committee include:
 - Addressing Suicide Awareness and PreventionRecommendations
 - Promoting integration of “wellness” across the curriculum.Chairs of Wellness Committees across the district meet twice a year.
3. The Director of Pupil Services is the District Level Coordinator.
The Director of School Counseling is the Site Level Incident Coordinator.
4. Continue to review the health curriculum to determine the points at which suicide should be directly addressed, given national trends indicating suicide is impacting younger students. Review any changes with Suicide Response Committee.
5. Suicide Response Committee: Chris Bivona, Anne Higgins, and Jen Hudner. They will serve as a resource to buildings to provide guidance in time of crisis in addition to district and site coordinators. The Suicide Response Committee will also:
 - in-service executive team, principals, assistant principals, curriculum specialists, and department heads annually.
 - in-service social workers, psychologists, school counselors, and nurses annually.
6. Time should be designated annually for suicide prevention and staff training no later than October 31st.
 - Guidelines for suicide prevention are provided to all staff prior to school starting.
 - Time and opportunity should be provided within each building to meet with new staff in regards to crisis intervention and “wellness.”
 - Director of Pupil Services will insure that all staff in special programs (e.g. WAAVE, STRIVE, REACH, AEP) receive training.
7. Parent forums to promote positive mental health should be part of an ongoing proactive prevention program.

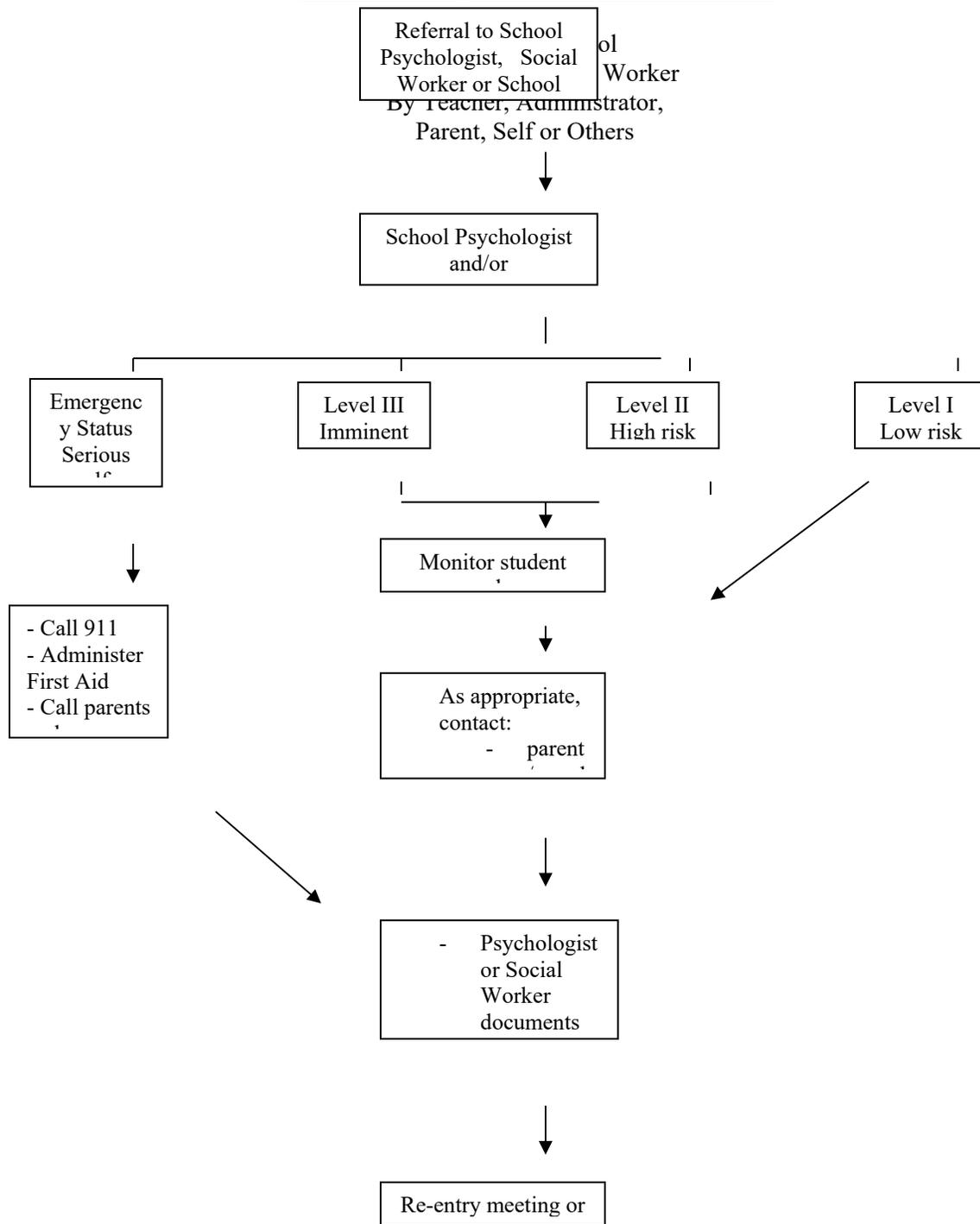
Assessment

Following the referral of a student for determination of suicide potential, the student will be interviewed by the school psychologist or school social worker to assess risk level in accordance with our town-wide criteria. The principal, nurse, and school counselor will also be notified in a timely manner.

Focused interventions, described in subsequent sections, are related to the following levels of assessed risk:

- Emergency- Life threatening actions
- Risk Level III- Student is in imminent danger for suicide
- Risk Level II- Student is at risk for self-destructive behavior
- Risk Level I- Student is vulnerable, but not presently in danger

Suicide Response and Intervention



Local and Community Resources

Emergency _____ **911**

Situation requires immediate medical attention OR the assessment indicates that the student is at imminent risk.

Emergency Mobile Psychiatric Services (EMPS) _____ **211**

Situation requires additional assessment. If unable to access 211 from school, call: 1-800-203-1234

Department of Children and Families (DCF) Careline _____ **(800) 842-2288**

Situation is complicated due to parents/guardians being unresponsive to the child's needs or abuse is involved.

Emergency Room Phone Numbers:

School support staff should call the Emergency Room staff to communicate concerns prior to the student's arrival at the hospital.

Connecticut Children's Medical Center (CCMC) _____ **(860) 545-9200**

Hartford Hospital _____ **(860) 545-0000**

St. Francis Hospital _____ **(860) 714-4001**

University of Connecticut-John Dempsey _____ **(860) 679-2588**

Serious Emergency

If there is a serious, self-inflicted injury or life-threatening circumstance, the nurse is to be contacted immediately, 911 will be called, and the emergency team will be activated.

Procedures:

1. Psychologist, social worker, or nurse ensures that **the student is not left alone at any time.**
2. The psychologist or social worker verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
3. The appropriate staff member contacts parent* with another staff member present, and notifies parent of the situation. Parent will be given the name of the hospital to which the student is being taken. A staff member may meet the student at the emergency room when appropriate.
4. A staff member will notify the hospital's emergency room that student is on the way.
5. The psychologist or social worker notifies/consults with the student's private therapist, if appropriate.
6. Psychologist or social worker plans follow-up procedures for the student with parent.
7. Psychologist or social worker will contact DCF for all students under 18 years of age, if parent does not follow the recommendations of the professional assigned to the student.
8. Psychologist or social worker notifies the principal and/or designee of the situation and informs him/her of the recommendations to be made to the parents.
9. Psychologist or social worker documents the course of events and completes and disseminates the Suicide Intervention Form.
10. A re-entry meeting should be held and a PPT may be held prior to the student returning to school.

11. Psychologist or social worker notifies the Director of Pupil Services.
12. Check box on cumulative file indicating that Pupil Services has additional information.

*Note: In all cases "Parent" refers to the parent who has legal custody or is the legal guardian of the student.

Imminent Danger: Risk Level III

Assessment Guidelines

The psychologist or social worker assesses the student to be in imminent danger for suicide. The following may be among the indicators taken into consideration:

1. The student has recently expressed a wish to die and it appears that an attempt at suicide is possible.
2. The student has recently discussed a plan or previously attempted suicide. A previous suicide attempt and/or hospitalization are indicators of significant risk. Detailed and specific plans indicate more serious intent and, therefore, a higher level of risk.
3. The student has purchased pills, a weapon, rope, or given away possessions, written a will, or prepared for death in another way.
4. The student presents a dramatic change from depressed to cheerful affect.
5. A vulnerable student is confronted with the rejection/loss of a friend or loved one (especially, if by suicide).
6. A student gives verbal hints, such as, "I won't be a problem for you much longer," "Nothing matters," "It's no use," "I won't see you again."
7. The student expresses the wish to join a beloved dead parent, friend or loved one and believes that, by dying, they will be reunited.
8. The student cannot verbalize a plan for safety.

Imminent Danger: Risk Level III

Procedures

1. The psychologist or social worker ensures that the **student is not left alone at any time.**
2. Psychologist or social worker verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
3. Parent will be asked to come to the school immediately. The situation will be treated as an emergency.
4. When the parent comes to school, the psychologist or social worker meets with parent, principal or designee:
 - a. Apprises parent of situation and its seriousness.
 - b. Provides parent with a list of resources and offers recommendations for future assessment interventions.
 - c. Plans follow-up procedures.
5. If parent is **unable** to come to school:
 - a. Psychologist or social worker provides parent with recommendations over the phone with another staff member present.
 - b. Psychologist or social worker or nurse will contact 911 or Wheeler Emergency Mobile Psychiatric Crisis Unit for assistance. If not hospitalized, the student is not to be released from school without adult supervision.
 - c. Psychologist or social worker plans follow-up procedures for the student with the parent.
6. If the parent **cannot be reached** immediately:
 - a. The student is **not** dismissed from school until a parent is contacted and comes to school to pick up the student, or other, appropriate arrangements are made.

- b. The psychologist or social worker contacts the person listed by the parent for emergency purposes in an attempt to locate the parent.
Confidentiality as to the specifics of the situation must be maintained
 - c. If the parent remains unreachable, the psychologist or social worker contacts 911 or Wheeler Emergency Mobile Psychiatric Services.
7. If the student is seen by the school professional staff as in imminent danger and the parent **does not agree or refuses** to take action:
- a. The psychologist or social worker calls the parent to discuss the school's position and recommendations. The parent is informed that DCF will be contacted if the parent does not cooperate.
 - i. If the parent continues to refuse and the student is over 18, call 911.
 - ii. DCF must be contacted if the parent remains uncooperative, and the student is under 18 years of age (Medical Neglect).
8. The psychologist or social worker notifies/consults with the student's private therapist, if appropriate.
9. The psychologist or social worker documents the course of events and completes and disseminates the suicide intervention form.
10. A re-entry meeting should be held and a PPT may be held prior to the student returning school.
11. The psychologist or social worker notifies the Director of Pupil Services.
12. Check box on cumulative file indicating that Pupil Services has additional information.

High Risk: Level II Assessment Guidelines

The social worker or psychologist assesses the student to be at high risk for suicide. The following may be indicators taken into consideration:

1. Recently discovered previous suicide attempts.
2. Expressed thoughts of suicide or pre-occupation with death verbally, pictorially, or in writing. Even persistent joking about death or suicide may be a serious indicator.
3. Exhibits patterns or incidence of self-destructive behavior: e.g., substance abuse, increase in accidents or risk taking.
4. Expresses feelings of personal worthlessness, discouragement, and guilt.
5. Personality changes: e.g., increased nervousness, carelessness, apathy, moodiness, fatigue, and impulsive or aggressive behavior.
6. Social activities change: e.g., increased time spent alone, interest in friends' declines, reduced motivation.
7. Student reports or demonstrates dramatic changes in eating or sleeping habits.
8. Student begins to neglect appearance.
9. Increased visits to the school nurse/recurrent or persistent somatic complaints, such as abdominal pain, chest pain, headache, lethargy, dizziness, or other nonspecific symptoms

10. Serious depression in adolescents may manifest in several ways. For some adolescents, symptoms may be similar to those in adults, many of which are listed above. However, it is **more** common for an adolescent with serious depression to exhibit psychosomatic symptoms or behavioral problems. Behavioral problems that may be manifestations of masked depression include truancy, deterioration in academic performance, running away from home, defiance of authorities, sexual acting out, substance abuse, and delinquency.
11. Episodic despondency leading to self-destructive acts can occur in any adolescent, including high achievers, who may believe that they have failed or disappointed their parents.
12. Prolonged conflicts with friends or family members. Rejection by loved one, death or loss of important support systems.

High Risk: Level II Procedures

1. The psychologist and/or social worker immediately notify and discuss the situation with the parent by phone and request a meeting. If the parent is not reachable, the same steps outlined under IMMEDIATE DANGER are followed.
2. The psychologist or social worker verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
3. The psychologist and/or social worker discuss available professional resources with the parent.
4. The psychologist or social worker notifies/consults with the student's private therapist, if appropriate.
5. The psychologist or social worker will follow-up with the student and parent the next school day, and then as needed.
6. The psychologist or social worker documents with written notes all contacts/discussions with student, parent, and staff. The Suicide Intervention Form is completed.
7. A re-entry meeting should be held and a PPT may be held prior to the student returning to school.
8. The psychologist or social worker notifies the Director of Pupil Services.
9. Check box on cumulative file indicating that Pupil Services has additional information.

Low Risk - Level I Assessment Guidelines

The psychologist or social worker assesses the student as presently not in danger of suicide, but as one whose behavior reflects situational stressors.

Low Risk - Level I Procedures

1. The psychologist or social worker notifies and discusses the situation with the parent by phone and may request a meeting.
2. The psychologist or social worker verbally notifies/consults with other staff as necessary (e.g., administration, school counselor, teachers, and nurse).
3. The psychologist or social worker discusses available professional resources with the parent.
4. The psychologist or social worker notifies/consults with the student's private therapist, if appropriate.
5. The psychologist or social worker will monitor the student and contact the parent/guardian as needed.
6. Psychologist or social worker will contact DCF for all students under 18 years of age, if parent does not follow the recommendations of the professional assigned to the student.
7. The psychologist or social worker documents with written notes all contacts/discussions with student, parent, and staff, and completes the Suicide Intervention Form.
8. A re-entry meeting or PPT may be held prior to the student returning to school.
9. Psychologist or social worker notifies the Director of Pupil Services.
10. Check box on cumulative file indicating that Pupil Services has additional information.

Serious Self-Inflicted Injury: School-Sponsored Activity

Procedures

1. When a staff member discovers a student who has attempted suicide, he/she should immediately call 911, notify the principal and the parent/guardian.
Remain with the student at all times.
2. The psychologist, social worker and school nurse will be notified as soon as possible. Other staff members will be notified as appropriate (e.g., administration, school counselor, and teachers).
3. It may be appropriate for a professional staff member to accompany the student to the hospital in order to comfort the student or provide information to hospital staff and parents. **Under no circumstances should a staff member transport a student in their own vehicle.**
4. The psychologist or social worker notifies/consults with the student's private therapist, if appropriate.
5. Psychologist or social worker will contact DCF for all students under 18 years of age, if parent does not follow the recommendations of the professional assigned to the student.
6. If a student is 18 years of age and determined to be at imminent risk, but refuses services offered, such student might be assessed as a danger to him/herself and emergency medical procedures would be followed.
7. A Suicide Intervention Form will be completed by the psychologist, social worker or school nurse.
8. A re-entry meeting should be held and a PPT may be held prior to the student returning to school.
9. Psychologist or social worker notifies the Director of Pupil Services.
10. Check box on cumulative file indicating that Pupil Services has additional information.

Student Suicide School Aftermath: Procedures

1. Before the opening of the next school day, Crisis Team meets to:
 - a. Verify the facts of the suicide
 - b. Obtain permission from the family to release a statement.
 - c. Notify all appropriate personnel (i.e., school administrators, pupil services staff, and other school staff having contact with family members).
Contact principal of schools where siblings attend.
 - d. Develop a crisis management plan for informing staff and student body and managing student stress and risk of suicide contagion.
 - e. Refer to REDI Alert Manual.

2. In developing the crisis management plan, the following should be considered:
 - a. Development of a list of impacted students and staff to be notified prior to larger student body.
 - b. Assignment of support staff to each of deceased student's classrooms.
 - c. Assignment of highly visible, accessible support staff available throughout the day.
 - d. Collection of the deceased student's personal possessions.
 - e. Contacting the family to:
 - Offer support
 - Obtain information regarding funeral arrangements, family wishes, and information to be released
 - Offer help as needed
 - f. Media contact is made through the administrator, as appropriate.
 - g. An end-of-day team/staff meeting should be held to review the day's events and identify unmet needs and further procedures.
 - h. Assignment of one staff member to follow-up with each at-risk student as well as each staff member impacted by a student's death.
 - i. Consider a letter or another form of communication to the school community regarding the incident.

3. Subsequent interventions for consideration:
 - a. Crisis Team meetings are held as needed.
 - b. Continue support for students/staff.
 - c. Follow normal school procedures.
 - d. Allow students with written parental permission to attend funeral.
 - e. Delete student's name from school lists, and routine parent mailing lists.
 - f. Return personal items.
 - g. If a senior, inform the college(s) to which the student had applied.
 - h. Contact families of students who continue to be at risk
 - i. Careful discussion of memorials and tributes given the potential for glamorization of the death.

Suicide Aftermath Procedures Preliminary Actions

Administrator verifies fact of student suicide through police and/or family. District Incident Coordinator is notified.

District Incident/Site Incident Coordinators	Building Administrator of impacted school(s)	Administrators of Other Buildings	Crisis Team
Notifies district executive team and Suicide Response Team, and ensures that all district principals are informed (DI)	Contact family to offer condolences and secure permission to share information (refer to Parent Phone Call Protocol)	Conference with clinical staff to determine needs of building	Chaired by building administrator, District and/or Site Incident Coordinator, and/or Suicide Response Team member
Confers with impacted building administrator to determine time additional staff are needed (SI or DI)	Set crisis team meeting	Set crisis team meeting to determine next steps	Obtain facts and relevant information prior to crisis team meeting (i.e. student photo, schedule, Suicide Response Manual pages)
Notifies allocated clinical staff (4-6 WHPS clinical staff from unaffected buildings; 4-6 from community) (DI)	Notify all building staff, including department supervisors	Notify all building staff	Chairperson shares all relevant information
Attends crisis team meeting and coordinates with building administrator and Suicide Response Team member(s) through out the day (SI)			Determine best way to notify staff, students and parents. Use of intercom discouraged (refer to sample notification, teacher guidelines, parent letter, and handout).
Determine whether staff, student, school, or district activities need to be cancelled. (DI and SI)	Determine whether staff, student, school, or district activities need to be cancelled		Plan deployment of support staff. Determine where support centers will be located. Determine who will brief arriving support staff.
Use technology to notify families of a completed suicide and refer them to Whps.org			Scripted notification should be read in individual classes by teacher with, support, if requested.
			Begin identification of friends and at-risk students.
			Assign person to monitor the internet.
			Plan mid-day briefings and after school faculty meeting

Site-Based Suicide Aftermath Procedures

Initial Meeting of Crisis Team:

- ⇒ Chaired by building administrator, District and/or Site Incident Coordinator, and/or Suicide Response Team member.
- ⇒ Obtain facts and relevant information prior to crisis team meeting (i.e. student photo, schedule, Suicide Response Manual).
- ⇒ Chairperson shares all relevant information.
- ⇒ Determine best way to notify staff, students and parents. Use of intercom discouraged (refer to sample notification, teacher guidelines, parent letter, and handout).
- ⇒ Plan deployment of support staff. Determine where support centers will be located. Determine who will brief arriving support staff.
- ⇒ Scripted notification should be read in individual classes by teacher, with support, if requested.
- ⇒ Begin identification of friends and at-risk students.
- ⇒ Assign person to monitor the internet.
- ⇒ Plan mid-day briefings and after school faculty meeting.

Mid-day Briefing/Lunch (lunch provided by school):

- ⇒ Meet in two waves to assure continued student coverage.
- ⇒ Identify and discuss at-risk students; assign staff to follow up and call home (refer to At-Risk Grid).
- ⇒ Share any additional facts and rumors.
- ⇒ Re-evaluate continued need for support centers and support staff.

Faculty Meeting:

- ⇒ Share any new information.
- ⇒ Give overview of the day.
- ⇒ Share parent letter.
- ⇒ Encourage staff to continue to assess and refer students.
- ⇒ Remind staff about possible contagion.
- ⇒ Share plan for following day.
- ⇒ Questions/concerns
- ⇒ Thank staff and encourage them to take care of their needs.
- ⇒ Share employee assistance program pamphlets.

End of day Crisis Team:

- ⇒ Share any additional facts and rumors.
- ⇒ Plan follow-up regarding each at-risk student, including parent contact.
- ⇒ Determine follow-up support for following day.
- ⇒ Discuss planned community events.

Follow-up:

- ⇒ Administrator should prepare contents of desk and locker for delivery to family.
- ⇒ Delete student's name from SASI and mailing list.
- ⇒ Condolence letters and art by students should be carefully reviewed and prepared for delivery to family.
- ⇒ Continue support for students, staff and parents for remainder of the school year.

Additional Considerations:

- ⇒ All administrators and support staff should remain in their respective buildings during the school day. District level meetings should not be held during the school day.
- ⇒ Recognize the impact of the event on staff and provide meaningful accommodations for all staff.
- ⇒ Cancel activities, paperwork, duties and meetings when possible.
- ⇒ Allow time for support staff to meet in their respective departments.
- ⇒ All school psychology, counselor and social work interns should be assigned to a veteran staff person to shadow and assist in all direct service activities.

Guidelines for Administrator's Phone Call to Family

- Express sympathy and offer support:

- Verify facts:

Status of child (life support, deceased, cause of death, etc.)

Are there siblings or relatives within other West Hartford schools?

Who are some of his/her close friends within the schools?

- Permission to share information within the West Hartford Schools:

Possible phrasing: "We know this is a sensitive issue, but we find students quickly inform each other, so the best way to assure the safety of the students is to talk openly about this. Certainly the details will not be discussed."

Parent gives permission to share the following:

Talking with Students about Suicide Guidelines for Teachers

1. Repeat the announcement and facts as needed.
2. Start discussion with a comment, such as, “This will be a very sad time for _____’s family and friends. Suicide is a tragedy in every way.”
3. Inquire whether anyone in the group is a friend of the suicide victim.
4. Encourage students to express their thoughts, feelings, and questions.
5. Know that it’s okay to say that you don’t have all the answers.
6. Discourage speculation or rumors.
7. Know that adult expressions of emotions at a sad time are not harmful to students.
8. Convey that there is no single, correct way to feel or react.
9. Encourage students to accept the reactions and thoughts of others.
10. Refer students who appear very upset to the counseling area.

Suicide is a unique type of loss. We need to support students in their sadness and show respect for the suicide victim, but refrain from glorifying or sensationalizing suicide.

Concepts such as the following can help today and in coming weeks:

- Suicide is a tragedy in every way.
- Suicide is a tragic choice.
- Suicide is a permanent and tragic solution to problems that could be solved in other ways.

Student Announcement

TO: All Faculty and Staff
FROM: The Crisis Team
DATE:

PLEASE READ SILENTLY NOW:

This announcement contains two parts. The first part consists of information and instructions for all faculty and staff, and the second contains a statement that should be read to your students at _____(time).

Information and Instructions to Faculty and Staff:

We regret to inform you that (student and grade) at (school) took his life last night. We are deeply saddened by this news.

The Crisis Team met today to begin the process of offering support to students, faculty and families.

We ask that you read the statement below to your class at/during (period or time). Please do not hesitate to request assistance or support if needed.

Students should be given a brief period of time to process the information. (See the attached guidelines.) Any student who appears emotionally distressed may be referred to one of the support centers located in (room).

PLEASE READ TO STUDENTS:

May I please have your complete attention? I have some sad and serious news to share.

We regret to inform you that (student), a member of the (school) community took his own life last night. He/she was a good friend to many and will be missed by students and staff. Our thoughts go out to his/her family at this difficult time.

This is a sad and challenging time for our school community. Thank you for supporting each other during this difficult time.

At-Risk Student Follow-Up Grid

Incident:

Date:

Student Name	Grade	Assigned Staff	Risk Level 1-3*	Home Contact

* Imminent Danger – Risk Level III, High Risk – Level II, Low Risk – Level I
(For more information refer to the *Suicide Response Manual* Assessment Guidelines and Procedures)

Sample Crisis Letter to Parent

Dear Parents/Guardians:

I am writing to inform you about a tragic loss within our school community. Students were informed today that (Name)_____, a student in _____grade at (School)_____, took his/her own life (day)_____. We would like to express our sympathy and support for the (Name)_____family.

All students were provided with the essential facts about the loss. We feel that it is important at times like these that students be given as many of the pertinent facts as possible from a single, reliable source in order to limit false information. Today we had teaching staff read a brief statement about the loss. Teachers processed the news with students to gauge their reactions and to explain that counseling staff was available to assist them should they wish to seek further support. Misinformation can be devastating to students and to the family members affected by the loss.

Please be aware that in today's world children send and receive information via the internet and cell phones without any way of checking its authenticity and without any support should the information be distressing. We ask that you be vigilant in observing your child's response to this unfortunate news, especially any information they receive on the internet.

Students were encouraged to return to their school routines as much as possible. These efforts were made as a means of providing the comfort of structure as well as of modeling that each of us can work through adversity. School psychologists, social workers and counselors were available to students throughout the school day. Students in need of support were seen by counseling staff who will continue to be available for the immediate future.

Some students, particularly those close to (Name)_____, or those who have had their own losses, may be particularly affected by the news. Should your child appear to be struggling to cope, we encourage you to contact the school to speak with one of our support staff. We all need to reach out to one another in times like these.

Sincerely,

Principal

Sample Crisis Letter to Parent at Sibling's School(s)

Dear Parents/Guardians:

I am writing to inform you about the tragic loss/sudden death of _____. He/she is the sibling of _____ who is a _____ student in _____'s class. We would like to express our sympathy and support for the (Name) _____ family.

The children of Kindergarten, 1st and 2nd grades have not been given any of this information (if student is in 3rd, 4th, or 5th). We thought it would be best to come from parents should they deem it appropriate. **Children in grades 3, 4, and 5 have been informed of this news.** (Support staff) _____ were present in the classrooms to discuss this with the children, along with their teachers. In an effort to make _____'s transition back to school as easy as possible, teachers and support staff also talked to the children about ways that our community can assist _____ and the family during this difficult time.

When a tragedy of this depth occurs, we need to recognize, respect, and be sensitive to the fact that everyone handles grief in different ways. Please know that we are committed to supporting each child in dealing with this and fully understand that children may respond in an unanticipated manner. Should you feel your child is struggling to cope with this, we encourage you to speak with your child's teacher or (support staff)_____.

News of this nature is never easy to comprehend. It reminds us that life is precious, fragile, and too often inexplicable. It also reminds us that during these moments, it is important to reach out to each other and to help those around us cope with this loss. Please feel free to contact me if you have questions or concerns.

Sincerely,

Principal

Suicide Prevention and Staff Awareness

Purpose:

Staff development programs involve all school personnel in efforts to create and maintain a healthy school climate and prepare school personnel for their roles in youth suicide prevention. Under Connecticut law (C.G.S. 10-22a), school districts must provide an annual in-service training on youth suicide prevention for its certified teachers, administrators, and pupil services personnel. Its availability should be made known to all certified personnel as well as other interested school employees.

At the conclusion of the in-service, staff will be able to identify:

- Factors that may increase a student's risk for suicide.
- Symptoms of stress, coping difficulties, depression and self-destructive behaviors.
- Protective factors.
- Students who are at-risk and the appropriate referral procedures.

Procedures:

1. Annual building in-service programs will be developed and presented by the Student Assistance Team or Pupil Services Staff.
2. All faculty members will attend the in-service. Pupil Service staff and principal will determine which ancillary staff (custodians, paraprofessionals, etc.) attend and which staff might receive information in another format, depending upon the needs of the school.

Most important, in-service training should delineate the roles and functions of specific school personnel, and the procedural guidelines and timelines to follow whenever a student is identified as vulnerable, at risk or in crisis.

Prevention of Youth Suicide Staff In-Service Outline

I. Introduction and Overview:

- The nature and depth of the problem of youth suicide.
- Factors that may make our community vulnerable to youth suicide.
- The state law relating to youth suicide prevention.
- Primary prevention in the schools.
 1. Positive school climate
 2. Relationships and communication with students
 3. Understanding and dealing with student stress
 4. Early referral of students at risk

II. Basic information regarding youth suicide:

- Risk factors
- Warning signs.
- Myths.

III. Referral of students suspected of being suicidal:

- Which students to refer.
- The issue of breaking confidentiality.
- How to refer students to support staff.
- The importance of maintaining student safety.

IV. District procedures regarding prevention and intervention:

- Assessment of risk level.
- Parent Involvement.
- Referral to appropriate resources.
- Documentation (Suicide Intervention Form).
- Follow-up Activities.
- Evaluation of procedures followed.
- Roles and responsibilities of staff.
- Role of the Student Assistance Team and Crisis Team.

Expectations of All Staff

A crisis response is addressed more effectively if all staff does the following:

1. If you are contacted by a family regarding a crisis, you should facilitate contact between the family and an administrator. Acquire contact phone number(s)/information.
2. During a crisis, make your needs known to the Crisis Team. Seek support for any situation you feel unable to handle in a reasonably calm and controlled manner.
3. During a crisis, disseminate information to students only as directed by the Crisis Team.
4. Avoid participating in the spreading of rumors and discourage this among students.
5. Process information with students in the manner suggested by the Crisis Team, seeking help if needed.
6. Assess students and secure support for them as needed.
7. Direct all media inquiries to the Principal or designee.
8. Volunteer to assist when you are not responsible for students.
9. In situations regarding suicide:

“A delicate balance must be struck that creates opportunities for students to grieve but that does not increase risk for other students by glorifying, romanticizing or sensationalizing suicide.” (Center for Suicide Prevention 2004.)

Youth Suicide Prevention Faculty and Staff

If you suspect that a student might attempt suicide or has recently attempted suicide, you must immediately contact a support staff member in your school and share your concern.

Call the following people until you reach someone:

- The school psychologist or the school social worker
- School counselor
- Nurse
- The principal
- The principal's designee

KNOW THESE PHONE EXTENSIONS AND WRITE THEM ON THIS SHEET

Your concern may be based upon:

- Something the student or parent shared with you.
- Something another student told you.
- The student's artistic or writing themes, or class discussions.
- Negative changes in the student's behavior, appearance or academic performance.
- The student appears very depressed or "down."

When you have reached a support staff member, share your concerns and the person will immediately follow up with the student and assess the risk level.

REMEMBER: WHEN A STUDENT'S LIFE MAY BE IN JEOPARDY,

YOU MUST BREAK A CONFIDENCE.

DO NOT ATTEMPT TO HANDLE THIS SITUATION ALONE.

Youth Suicide Prevention Coaches

If you suspect that a student might attempt suicide or has recently attempted suicide, you must immediately contact the Parents and/or Principal, Assistant Principal or Athletic Director and share your concern. **DO NOT LEAVE THE STUDENT ALONE.**

Your concern may be based upon:

- Something the student shared with you.
- Something another student told you.
- The student's informal discussions.
- Negative changes in the student's behavior or appearance.
- The student appears very depressed or "down."

REMEMBER: WHEN A STUDENT'S LIFE MAY BE IN JEOPARDY,

YOU MUST BREAK A CONFIDENCE.

DO NOT ATTEMPT TO HANDLE THIS SITUATION ALONE.

Youth Suicide Prevention Students

If you suspect that a student might attempt suicide or has recently attempted suicide, you must get the student to tell someone. If the student will not tell anyone, **YOU MUST**. Do not ignore the problem. It may not go away. Do not pretend that this kind of thing just cannot happen to someone you know. **TELL SOMEONE WHO CAN HELP.**

DANGER SIGNALS:

- A previous suicide attempt
- Threats of harming oneself
- Serious negative changes in behavior
- Substance abuse
- Problems in school
- Themes of death
- Purchase of a potential weapon/stockpiling prescription or other drugs
- Giving away possessions
- Signs of extreme depression
- Sudden, unexpected happiness following prolonged depression

WHEN A STUDENT'S LIFE MAY BE AT RISK, YOU MUST BREAK A CONFIDENCE.

At home, tell:

- Your parent.

At school, tell:

- The school psychologist
- The school social worker
- Your school counselor
- The school nurse
- The principal
- Any teacher

They will know what to do to help you and the student in need. **ASK YOURSELF WHICH IS MORE IMPORTANT: A STUDENT'S CONFIDENCE OR A STUDENT'S LIFE?**

DO NOT ATTEMPT TO HANDLE THIS SITUATION ALONE.

Appendices

Myths and Facts About Suicide

There are many misconceptions about suicide, which can stand in the way of helping people at risk. By dispelling myths, those responsible for the care and education of young people will be better able to identify and assist students who are at risk.

Myth: Young people who talk about killing themselves 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: Young children are less likely than adolescents to commit suicide.

Fact: Young children are just as likely as older adolescents to commit suicide when exposed to similar risk factors. According to recent research, the lower incidence of suicide among younger children may be because younger children are less exposed to known risk factors than adolescents.

Myth: People who attempt suicide really 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: Talking about suicide may prompt the person to act.

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.

Myth: People who attempt suicide are just trying to get attention.

Fact: Often, a suicide attempt is a way to get attention—it is the person reaching out for help. Dismissing the incident only makes matters worse. If the person does not get proper help, he or she may make a more serious suicide attempt next time.

Myth: Once a person decides to commit suicide, nothing can stop that person.

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: Suicidal people are mentally ill.

Fact: Although many suicidal people are depressed, most cannot be diagnosed as seriously mentally ill.

Myth: Once a person signs a behavioral contract not to commit suicide, he or she is no longer at risk of committing suicide.

Fact: Contracts do not ensure that a person will still not attempt suicide. Contracts should **not** be used, if a person is considered to be at risk for attempting suicide.

Suicide Prevention/Intervention

Risk Assessment Checklist:

1. Has the person recently withdrawn from therapeutic help?
2. Has the person been abusing drugs or alcohol recently?
3. Is there a history of suicide in the person's family?
4. Is the person exhibiting marked hostility to those around him or her?
5. Has the person's life become disorganized recently?
6. Does the person drop in and out of schools?
7. Has the person become unusually depressed or anxious recently?
8. Has a friend committed suicide recently?
9. Has the person threatened suicide, or spoken about it with friends or teachers?
10. Is the person preoccupied with themes of death or dying?
11. Has the person made previous suicide attempts?
12. Does the person have trouble holding onto friends?
13. Does the person have a "plan" for suicide, and has the person made preliminary arrangements?
14. Has the person made "final arrangements" (given away possessions, said "goodbye")?

If you believe someone may be thinking of suicide, get help for that person by immediately contacting people designated in the district plan on crisis intervention. Do not wait!

Suicide Risk Factors

The following life crises, behaviors and circumstances have been identified by experts as potential risk factors for suicide. No one can say with certainty which specific life conditions and personality traits may combine to result in suicide. Nor can we say why one person commits suicide and another with similar circumstances does not.

Staff should become familiar with these risk factors and make referrals to the principal or his/her designee when they are observed.

Family Factors

- Suicide of a family member (especially a parent or sibling).
- Loss of a parent through death or divorce.
- Family alcoholism and other drug dependency.
- Absence of meaningful relationships and attachments within the family.
- Destructive, violent parent-child interactions.
- Physical, emotional or sexual abuse.
- Chronically depressed, mentally ill or suicidal parent.
- Highly rigid and perfectionist standards set for child.
- Frequent (though not necessarily intended) communications that the child is unwanted or expendable.
- Period of unusual family stress due to factors such as illness, unemployment, disabilities, etc.

Environmental Factors

- Suicide of someone the youth has known or identified with.
- Frequent mobility, especially during early to late adolescence.
- Incarceration for a criminal offense, especially if youth was intoxicated when placed in jail.
- Loss of any significant relationship.
- Chronic high levels of stress in life.
- Loss of identity or status or repeated failures to achieve desired status.
- Social isolation and failure to develop peer attachments.
- Accumulating failures or rejections.
- Chronic victim of harassment or bullying.

Behavioral Factors

- Past history of suicide gestures or attempts.
- Running away, especially if running from abusive or alcoholic family.
- Alcohol and other drug abuse.

- Eating disorders.
- School failure or chronic underachievement.
- Chronic or unexpected disciplinary crises at home or school.
- Aggression and rage that shows up in violent outburst or behavior (often how boys show depression).
- Fascination with death, violence, Satanism.
- Legal problems.
- Self-risk behaviors such as reckless driving, overt sexual promiscuity, or potentially harmful risk-taking.

Personal Factors

- Frequent periods of feeling down.
- Frequent feelings of powerlessness.
- Learning disabilities.
- Giftedness.
- Poor impulse control, especially involving aggression or risk taking.
- Unwillingness to seek or accept help for problems.
- Desire for revenge or to punish another.
- Confusion/conflict over sexual identity.
- Seems to lack inner resources and skills to solve problems, deal with frustration.
- Poor social skills; low sense of self-esteem.
- Desires to be reunited with someone who is dead.
- Highly defensive and avoidance reactions to problems.
- Strong feelings of shame or guilt that persist over time.
- Unresolved feelings of grief.
- Tendency to develop “tunnel vision” about problems.
- Perceives that he/she can only get attention in negative ways.

Psychiatric Factors

- Affective disorder diagnoses (depression, bipolar disorder).
- Conduct disorder diagnoses.
- Substance abuse diagnoses.

Supplemental Information

The following supplement is designed to provide more in-depth information concerning some of the more important **risk factors** for suicide.

1. Previous Suicide Attempts: Even if these attempts were not deemed to be very serious, and even if they occurred in the past and were not followed by therapy or counseling, they indicate increased risk for further attempts.
2. Sexuality Conflicts: Gay and lesbian youths have a higher incidence of suicide than heterosexual youths; this is true even if the young person has not outwardly defined him/herself as homosexual but is still struggling with sexual identity issues.
3. Low Self-Esteem and Social Skills: Students who are continually being rejected by others (or have that perception) may become self-rejecting, self-hating and self-harming.
4. Serious Risk Taking: A disregard for one's personal safety whether expressed through unnecessary risks taken in athletics or recreational activities, or through daredevil driving while drunk may indicate an ambiguity about wanting to live.
5. Alcohol/Drug Abuse: Many troubled students initially use alcohol/drugs to "medicate" their pain, only to discover that over time this use increases their depression and problems. 50-80% of suicidal teens are alcohol/drug involved.
6. Sexual, Physical, Emotional Abuse: The quiet self-blame, shame and self-hatred experienced as a result of abuse, as well as the "loss" of the parent as a trusted adult increases risk for suicide even if the abuse occurred years earlier.
7. Suicide of a Family Member: Especially of a parent, increases risk for the child even if the suicide has been kept a "secret," and especially if no counseling was ever provided to survivors.
8. Teens with Chronic Serious Problems: Based on difficulties with their families, schoolwork, peer relations, or within their communities, teens may respond by acting negatively, getting them into even more difficulty with their parents, the law or school officials and leading to the perception that there is "no way out."
9. Learning Disabled or Gifted: Experiencing feelings of alienation and being different from their peers may become increasingly discouraged and hopeless about things ever getting better.

10. Family Alcoholism: May result in feelings of guilt, isolation, and inability to control one's life or meet parental expectations. This is especially aggravated by the "code of silence" children learn leading to feelings of hopelessness, helplessness, and alienation.
11. Compulsive Achievers or Perfectionists: Those who are chronically unable to meet their own or parental standards, or who interpret lower achievement levels as failure may become so self-rejecting and self-loathing as to become self-harming.
12. Running Away: Suicide screenings of runaway young people have shown that over 50% of them have thought about suicide as an answer to their problems. There is also a high correlation between running away and family abuse and alcoholism.
13. School Problems- Academic or Behavioral: Many young people experience school as a place where they feel like a failure. A negative cycle may develop in which the young person does poorly at school because of low self-esteem, lower ability levels or preoccupation with personal and family problems. The school problems put more pressure on the young person adding to already present feelings of worthlessness and hopelessness, which in turn result in further school problems.
14. Loss: Any kind of loss whether due to death, divorce, failure to achieve a goal, breaking up with a girlfriend or boyfriend, moving, going off to college, etc., often results in feelings of grief, embarrassment, isolation, alienation, insecurity and aloneness. Without an adequate support system these feelings may become overwhelming for the young person.
15. Fascination with Death, Violence, and Satanism: A person often expresses this through music, clothing, posters in their rooms, and behavior. This fascination may indicate that the young person is preoccupied with thoughts of death and self-harm. If such a fascination becomes a preoccupation, that is, the young person's life begins to change significantly as a result, the potential for suicide must be seriously considered.
16. Psychiatric Disorders: Certain psychiatric diagnoses, specifically Clinical Depression, Bipolar Disorder, and Conduct Disorder, have been identified as significant risk factors for suicide.
17. Social Isolates: Troubled students who are cut off from other students and adults due to their specific circumstances (such as a move to a new community) They may lack social skills and alternatives to suicide.

Warning Signs

It is important to note that adolescence is often a time of change and mood swings. When considering possible warning signs of suicide, you should look for a pattern (several related signs), the duration (two or more weeks of a given pattern), the intensity, and the presence of a particular crisis event. You should measure these against what is perceived to be normal for a given adolescent.

Perhaps most importantly, you should trust your instincts. When in doubt, seek help. Any young person exhibiting some combination of these signs is probably in need of some type of help.

Many of the risk factors listed in Appendix A3 are, in hindsight, seen as early warning signs for suicide following a suicide death. Observation of the following signals of severe emotional distress or overt suicide warning signs, especially when combined with two or more risk factors from the Appendix must be reported to the principal or a Crisis Intervention Team member as soon as possible.

Early Warning Signs:

- Difficulty coping with any of the risk factors in Appendix A3
- Sudden or unexpected changes in school behavior such as:
 1. Attendance
 2. Declining academic performance
 3. Changed peer relationships
 4. Sudden failure to complete work
 5. Loss of interest; inability to concentrate
 6. Disciplinary crisis, especially involving violence or aggression
 7. Communicating about death/suicide through writing, artwork, class discussion
- Increased frequency and/or quantity of alcohol and other drug use
- Sudden changes in appearance, especially neglect of appearance
- Gradual withdrawal from friends, school, family, loss of interest in activities
- Sudden or increasingly negative changes in personality and attitude
- Depression (may be expressed as sadness or angry acting out)
- Sleep disturbances (inability to sleep or sleeping to “escape”)
- Eating disturbances (loss of appetite, sudden weight gain or loss, eating disorders)
- Restlessness and agitation (especially if perceived as uncontrollable)
- Over-reacting to criticism, overly self-critical
- Overwhelming feelings of failure, worthlessness
- Failure or inability to derive pleasure from one’s life, friends, activities
- Exaggerated or long term apathy and disinterest
- Inability to recover from a loss, ongoing and overwhelming feelings of grief
- Excessive frequency and intensity of mood swings (especially if perceived as uncontrollable)
- Persistent nightmares

- Frequent expressions of hostility, anger, rage (especially if perceived as uncontrollable)
- Pessimism about life, about one's future
- Persistent physical complaints (especially if no physiological basis can be found) such as headaches, stomachaches, nausea, anxiety reactions
- Difficulty concentrating, completing tasks, making decisions (especially if perceived as uncontrollable)
- Delusions or hallucinations, loss of touch with reality

Late Warning Signs:

- Threatening to commit suicide, openly talking about death, not being around, not being wanted or needed
- Dropping out of activities, increasing isolation and withdrawal
- Feelings of helplessness, inability to change or control one's life
- Feelings of extreme humiliation, loss of status
- Radical personality or behavioral change
- Sudden or increasingly dangerous risk taking behavior
- Increasing feelings of aloneness, despair, perception that no one can help
- Increasing loss of control over behavior
- Making final arrangements, giving things away, putting one's life in order
- Sudden and inexplicable improvement in behavior, appearance

Precipitating Events:

Often one event will seem to trigger a suicide or suicide attempt. The most common of these seem to be:

- Loss of a close relationship through death or divorce
- Breaking up with boyfriend/girlfriend
- Suicide of a friend, family member or someone the youth has known or identified with
- Unexpected loss of status with peers, or failure to achieve such status
- Serious fight with parents or close peer
- Being arrested for a crime (especially if incarcerated)
- Sudden or unexpected failure or setback
- Recent traumatic event such as moving, a car accident, a major loss, or disciplinary crisis that makes facing the future seem impossible
- Anniversary of someone else's suicide or death
- Fear of a major change in life status such as graduation or moving
- Actual major life change such as going to college, staying behind while friends go to college

How To Help A Suicidal Person

1. Take the threat seriously.
2. Ask directly if he/she is thinking about suicide.
3. Let him/her know you care and want to help, but be realistic about how you can help.
4. Ask how he/she is feeling.
5. Be willing to listen.
6. Be non-judgmental.
7. Do not offer simple solutions to serious problems.
8. Do not tell him/her everything will be okay.
9. Do not try to minimize his/her feelings or situation or try to tell him/her how to feel.
10. Do not try to make him/her feel guilty for his/her feelings.
11. Stay focused on the problem the suicide is designed to solve. Offer hope that it can be solved by other means.
12. Stress that suicide is irreversible.
13. Use his/her ambivalence to your own advantage.
14. Encourage him/her to talk to a trusted adult.
15. Do not be sworn to secrecy. Report to principal, school counselor, psychologist, social worker, teacher, nurse or anyone you may be comfortable speaking with.
16. Do not leave the person alone.
17. If you know the person has a gun or means available to commit suicide, and a plan, alert authorities immediately. Call 911, building administrator or a support staff.
18. If there is an immediate risk: Call 911.

Sample Crisis Letter to Parent

Dear Parents/Guardians:

I am writing to inform you about a tragic loss within our school community. We received the sad news that (Name), a student in the (Grade) at (School) passed away on (Date/Time). We would like to express our sympathy and support for the (Name) family.

All students were provided with the essential facts about the loss. We feel that it is important at times like these that students be given as many of the pertinent facts as possible from a single, reliable source in order to limit false information. Misinformation can be devastating to students and to the family members affected by the loss. We also believe that it is important that we acknowledge our losses as we would our causes for celebration. Toward reaching those ends, we had teaching staff read a brief statement about the loss during class time today. Teachers processed the news with students to gauge their reactions and to explain that counseling staff was available to assist them should they wish to seek further support.

Students were encouraged to return to their school routines as much as possible. These efforts were made as a means of providing the comfort of structure as well as of modeling that each of us can work through adversity. School psychologists, social workers, and counselors were available to students throughout the school day. Any students seeking support were encouraged to seek out support staff who will continue to be available for the immediate future should students require ongoing support.

Some students, particularly those close to (Name) or those who have had their own losses may be particularly affected by the news. Should your child appear to be struggling to cope we encourage you to contact the school to speak with one of our support staff. We all need to support one another in times like these.

Sincerely,

Principal

Suicide Prevention Information for Parents

Youth suicide is a tragedy in every way. Parents, teachers, and all adults in a child's life can play a role in preventing such a devastating outcome.

Parents Can Support Positive Mental Health

At home parents should do all that they can to support strong mental health for their children, including the following:

- Provide love, acceptance, and reasonable limits. Celebrate your child's uniqueness, talents and efforts. Let your child know that he or she is cherished.
- Provide supervision and stay involved in your child's life. Know your child's friends, and monitor TV, movie, and music interests. Share your values. Carefully monitor their use of the internet – it's a wonderful tool, but has many hidden dangers for impressionable young people.
- Communicate with your child. Make sure family life includes time for relaxed communication. Convey that you hope they will share their worries, concerns, and observations. Avoid lecturing. It is often more important to listen to their concerns and to listen for the feelings behind their words.

Talk About Important Issues

Talking with teens about issues such as suicide, drug use, or sexuality does not cause these behaviors. If there has been a suicide that impacts your child's life, talk with him or her.

- Encourage your child to express his or her thoughts, feelings and questions.
- Answer questions as honestly as you can and accept your child's feelings and concerns.
- Know that it's okay to say that you do not have all the answers.
- Know that reasonable adult expressions of sadness, including tears, are not harmful to children.
- Convey that there is no single, correct way to react or feel.
- Encourage your child to accept and respect the reactions and thoughts of others.

It is critical that you help your child reject suicide as an appropriate solution or response to a life crisis.

- Discourage your child from glorifying, romanticizing, or identifying with the victim.
- Help your child see the suicide as a terrible choice (a permanent solution to problems that could be solved in other ways).
- Help your child see differences between himself or herself and the victim.

Risk Factors for Youth Suicide

As a parent, it is important that you be aware of risk factors for youth suicide. They are:

- A diagnosis of depression
- An experience leading to feelings of extreme humiliation or loss of status (e.g. getting arrested, being in trouble).
- History of impulsivity or risk-taking behavior.
- Drug or alcohol use or abuse.
- Major life changes or losses (e.g. death of a relative, divorce, impending moves).
- Family history of mental illness (particularly suicidal behavior) or substance abuse.
- Struggles with sexual identity issues.
- Fights or disruptions within critical relationships with others.
- Access to fire arms or other lethal means in the home.

Signs and Symptoms of Suicidal Thinking

Many individuals who engage in suicidal behavior exhibit signs or symptoms before they act. Adults should watch for the following:

- Signs of depression, such as expressions of hopelessness or despair, loss of interest in previously enjoyed activities, and sleep or appetite changes.
- Sudden or unexpected changes in behavior, relationships, or personality.
- Talking, writing, or creating art that hints at or celebrates suicide, death, or a preoccupation with death.
- Restlessness, agitation or physical complaints.
- Securing access to the means of doing themselves harm (weapons, drugs).
- Giving away possessions.
- Threats of suicide.

Take Action If You Are Concerned About Your Child

If you feel that your child is at risk, contact your child's school or your health care provider to discuss resources and appropriate actions.

Emergency resources:

- Emergency Mobile Psychiatric Service- 211
- 911
- Any hospital emergency department

Counseling Resources:

- The Bridge Family Center- 521-8035
- HopeWorks- 561-1175
- The Village for Children and Families- 297-0555

Guidelines for Parents in a Time of Loss

1. Answer questions honestly without embellishment or speculation. Children need the facts about a situation to the degree that their age allows them to be told those facts.
2. Encourage your child to feel comfortable in asking questions and in engaging you in conversation about the situation. By doing so you allow him/her to voice fears, misunderstanding, or other emotions around the loss. You also prevent your child from feeling as if the subject is taboo. If you have difficulty managing such a conversation yourself you may wish to seek support for your child rather than avoiding 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 feeling as long as conversation accompanies any expression of grief.
3. A great deal of comfort comes from routines and everyday activities when a tragic event has occurred. Children need to know 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 still fine.
4. Some children desire time alone to manage their feelings. If your child is seeking more time alone than usual you may want to encourage him/her to talk or do something active. The key to knowing whether they are spending too much time in isolation is to observe whether this represents a dramatic change in behavior. The same is true for other behaviors, such as sleeping. Some children may regress or exhibit behaviors more common to someone younger in times of crisis or grief. Such behavior should be viewed as security and comfort seeking. A brief period of such behavior is not abnormal. 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.

**WEST HARTFORD PUBLIC SCHOOLS
STUDENT AT-RISK FORM**

Student Name: _____ DOB: _____ Grade: _____

Address: _____ Phone: _____ (H) _____ (C) _____

Referral made by: _____ to _____ Date/Time: _____
(Crisis Team Member)

Reason for referral: _____

Student assessed by: _____ Date/Time _____

Parents notified by: _____ Date/Time _____

Recommendations made to parent _____

Parent response: _____

Others notified:
 Building Administrator Nurse Guidance(secondary) Community Resource Officer

LEVEL OF RISK: Emergency Status III Imminent Danger II High Risk I Low Risk

Immediate Actions Taken: _____

Follow Up Actions

Action	Person Responsible	Date
Student's teachers notified		

Re-entry Plan: _____

Clinician Completing This Form: _____ **School:** _____ **Date:** _____

NOTE: This form should **not** be placed in the student's Pupil Services or cumulative file.

Copies to: Designated Clinician Building Administrator Director of Pupil Services