Suicide Prevention Manual

A Guide for Prevention, Intervention, and Postvention

Laurens Central School District

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Hard copies of this document are available in the following locations:
Guidance Office, District Office, Building Principal Office, CSE Office, Nurse's Office, Bus Garage

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PREVENTION

I. RATIONALE FOR DEVELOPING AND IMPLEMENTING SCHOOLSUICIDE PREVENTION AND INTERVENTION PROTOCOLS:

1. Suicidal Behavior is one of the most traumatic occurrences with which school personnel may be faced. Advanced planning to prevent youth suicide and to intervene quickly and effectively with the least disruption is paramount.

2. While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.

3. All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."

4. School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how they will respond or think they can't help.

5. Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize, as much as possible in a crisis, the learning environment for everyone.

6. Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.

II. COMPONENTS OF SCHOOL-BASED SUICIDE PREVENTION

The following suicide prevention components are recommended for implementation in school systems to aid school personnel in identifying and assisting students at-risk of suicide:

1. **Protocols** to guide school personnel in responding effectively to suicidal behavior in troubled students, in those who threaten or attempt suicide, and in others potentially at risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees.

2. **Relationships** with local crisis service providers and other providers are in place for the provision of prevention and crisis intervention services to the school system including:
   - Accepting student referrals and conducting student risk assessments.
   - Assisting school staff with response in a crisis.

3. Debriefing with school based crisis team members and other staff.

A **school community** knowledgeable about suicide prevention:

ALL school personnel including administrators, teachers, custodians, cafeteria workers, coaches, bus drivers, secretaries, aides, educational technicians and other support staff to receive a basic suicide prevention information awareness training: **(i.e. Lifelines)**

- Accurate and current information about school, community and state resources for help;
- Attitudes and behaviors that can interfere with individuals seeking help.
- An understanding of the school suicide prevention protocols.

4. **Suicide prevention information and resource materials** for parents including:
   - Suicide warning signs and risk factors.
   - Available school and community resources to assist troubled youth.
   - How to support grieving youth after the suicide of a friend or family member.

5. **Suicide prevention education for students,** within comprehensive school health education **(i.e. Lifelines)**. Suicide prevention education for students should include:
   - Information on suicide risk factors and warning signs.
   - A strong focus on developing help seeking skills, addressing attitudes and behaviors that can interfere with help seeking, and reducing the barriers of turning to an adult for help. The focus should be on the difference in help seeking vs. tattling – help seeking is to ensure safety for a peer, tattling is to get someone in trouble.
   - An accurate and current list of resources where students can find help both within and outside of the school community.
   - Encourage the use of a suicide prevention helpline.

6. **A range of responsive support services** for at-risk students including:
   - Mobile Crisis Assessment Team (MCAT)
   - Bassett School Based Health Center
   - School Social Worker
   - School Counselors
   - School Nurse
   - School Psychologist
   - School Administrators

7. **A school climate** that promotes safety and respect for all students and school personnel including:
   - Consistently enforced disciplinary, harassment and civil rights policies.
   - Specific safety procedures to support the personal safety of students and staff.
   - Knowledgeable, informed and caring staff.
   - Staff development training and student education in protecting and respecting others.
   - Clean and safe school buildings and grounds.
   - Opportunities to share decision making in relevant matters.
   - An environment that encourages parent involvement in ways that benefit students and school personnel.
   - Respect for diversity.
   - Recognition of all students' achievements and contributions.

III. READINESS CHECKLIST

ADMINISTRATIVE READINESS

- ❑ The school has an up-to-date Suicide Prevention Plan.
- ❑ A goal is in place to have entire staff trained in suicide prevention techniques (Lifelines).
- ❑ The staff program focuses on identification, help seeking skills, attitudes and behaviors that increase help seeking, and how to refer a student at risk of suicide
- ❑ Procedures are in place regarding how to contact the parent/guardian when suicide risk is suspected.
- ❑ The school has community resources prepared to assist the student at risk of suicide.
- ❑ The school has a relationship with local service supports to provide risk assessments and/or debriefing school staff and students in the aftermath of crisis.
- ❑ A policy for maintaining the confidentiality of sensitive student information has been created and disseminated to all school personnel.
- ❑ A best practice or evidence-based suicide prevention program (Lifelines) has been incorporated into the health classes.
- ❑ The student program focuses on identification of help-seeking skills, attitudes and behaviors that increases help seeking and how to refer a student at risk of suicide.
- ❑ There are protocols concerning how to help a student re-enter school after an absence of hospitalization or mental illness including suicidal behavior.
- ❑ Steps have been developed to encourage parents to get help for their children, including removal of lethal means.
- ❑ Behavioral health services are readily available to youth.

POSTVENTION

- ❑ The school has an up-to-date Postvention Plan. Please refer to the Laurens Central School District Crisis Plan.
- ❑ The Crisis Plan has written protocols on how to manage a completed suicide or other critical incident.
- ❑ The Crisis Team members are identified both in the District Crisis Plan. CRT members will maintain contact with community resources, as outlined in the Crisis Plan.
- ❑ The Crisis Team meets on a regular basis. The Crisis Plan is updated and reviewed by all team members and staff annually. Crisis Team members meet as needed.
- ❑ Procedures established include direction about working with the media, parents of the deceased, student body, staff and other parents in the event a student at school completes suicide.
- ❑ There is a designated spokesperson.
- ❑ There are procedures for identifying close friends, vulnerable students, siblings of the deceased and plans to support them.
- ❑ The plan has been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors (contagion).
- ❑ There are clear parameters around the school's role following any suicide that take into consideration that whole-school and/or permanent memorials are NOT recommended.

PROTOCOLS

- ❑ All staff has been provided with school protocols for suicide prevention, intervention, and postvention.
- ❑ The confidentiality guidelines have been provided and discussed with all staff.
- ❑ School personnel understand that all suicidal ideation/behavior must be taken seriously and reported.

PARENT-RELATED QUESTIONS

- ❑ Opportunities are provided for parents to learn about suicide prevention specifically risk factors, warning signs and the importance of restricting lethal means. Please see Appendix C.
- ❑ Parents have been told what the school is doing to prevent and address the issue of suicide, what will be done if their child is thought to be at risk, and what will be expected of them.

IV. RISK FACTORS, PROTECTIVE FACTORS AND WARNING SIGNS OF SUICIDE

A. Risk Factors for Youth Suicide

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die). Please see Page 47 for more information.
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including safety and security issues
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
    - Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
    - Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking
    - Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

B. Protective Factors for Youth Suicide

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure. There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms (guns locked or unloaded, ammunition stored or locked) and medications
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

C. Warning Signs for Youth Suicide

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

The following list is not meant to be inclusive, but represents the most commonly viewed signs of suicidal behavior as identified by professionals in the medical and mental health professions.

1. A current or previous suicide attempt is the most serious warning. While this might be only a half-hearted bid for attention, if the cry is not heard, the attempt may be repeated until it is successful.

2. Any threat or talk of suicide must be taken seriously, even if ambiguous. Such comments as "I'd be better off dead," "One of these days I'm going to end it all," or "You can get along without me," are danger signals, especially when coupled with other warning signs. Please see Appendix A-1.

   It is mistakenly believed by many that those who threaten suicide do not actually carry through. The truth is that three-fourths of suicide victims have stated their intention in advance. Threats can range from the subtle "It won't matter much longer" to the direct "I'm going to kill myself" All threats should be taken seriously' and professional help should be sought.

A significant change of personality and behavior may be a symptom, especially if it accompanies a serious loss or stressful life circumstance.

- Hopelessness--expresses no reason for living, no sense of purpose in life
- Expressed feelings of worthlessness and/or guilt
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life
- Overeating or hardly eating at all
- Lack of attention to personal appearance

Note: People often notice that after someone has talked of suicide or been despondent and depressed for a period of time, he/she suddenly becomes cheerful and outgoing again. While this may signal that the crisis is over, it also may signal that the person has finally made the decision to commit suicide and is relieved that an end to the pain is in sight.

3. A tendency to become uncommunicative and to isolate oneself from friends and family is a common and particularly ominous warning.

4. Securing the means for suicide. Any attempt to secure the means for suicide-a gun, poison, a rope, should be cause for alarm and action.

5. Suicidal persons sometimes make "final arrangement." For an adolescent this might mean giving away personal possessions to brothers and sisters or friends.

D. Self-Injury and Suicide Risk

Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself **without the intent to die**. Self-injury includes a wide variety of behaviors, such as cutting, burning, head banging, picking or interfering with healing of wounds, and hair pulling.

The relationship between self-injury and suicide is complicated. Researchers believe self-injury is a behavior separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioral, environmental, biological, and psychological factors. However, in some people the self-destructive nature of self-injury may lead to suicide.

Students who injure themselves intentionally should be taken seriously and treated with compassion. Teachers or other staff who become aware of a student who is intentionally injuring himself or herself should refer the student to the school counselor, psychologist, social worker, or nurse. Staff should offer to accompany the student to the proper office and help broach the issue with the relevant mental health professional. For more information, please refer to Appendix C-6.

V. GUIDELINES FOR WHEN THE RISK OF SUICIDE HAS BEEN IDENTIFIED

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because he/she has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs.

In the event a student has been identified as possibly suicidal, please immediately refer the student to one of the following staff members:

School Counselor
School Social Worker
School Nurse
School Psychologist
School Administrator

Please refer to Appendix B for a copy of the risk assessment to be used by the above listed professionals.

VI. GUIDELINES FOR RESPONDING TO A STUDENT SUICIDE ATTEMPT ON SCHOOL PREMISES

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures for Assisting the Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.

2. Notify the school administrator or designee who will immediately communicate with designated individuals such as the District Superintendent, Crisis Response Team members, emergency medical professionals and law enforcement.

3. School administrator (or designee) will contact the parents/guardians and arrange to meet them wherever is deemed appropriate.

4. In the event of a student suicide attempt on school premises, the student will be transported to a local medical facility for evaluation. The school may contact law enforcement as deemed necessary and appropriate.

5. Explain that a designated school professional will:

- follow-up with parents and student regarding arrangements for medical and/or mental health services;
- establish a plan for periodic contact with the student and/or parent/guardian while away from school;
- make arrangements, if necessary, for class work assignments to be completed at home or in treatment. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.

6. Other school policies that apply to a student's extended absence should be followed.

Procedures for Assisting Other Students during a Crisis:

1. During a crisis, the school will follow the appropriate response as dictated by its crisis plan. Experienced or trained staff may be able to help students in the following ways after the crisis has been resolved:

    a. Engage them in discussion of how to support each other.

    b. Encourage them to express their feelings.

    c. Discuss feelings of responsibility or guilt.

    d. Talk about fears for personal safety for self and others.

    e. Together, list resources for students to get help and support if needed.

2. The Superintendent or designee activates the District Crisis Team.

3. Activate the Laurens Central School District Crisis Plan and mobilize the school-based Crisis Response Team, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students.

*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who they themselves are troubled.

VII. GUIDELINES FOR A STUDENT SUICIDE ATTEMPT OFF SCHOOL PREMISES

A suicide attempt off school premises can have a significant impact on the student body. To prevent a crisis from escalating among students, it is important that school personnel follow these steps:

1. Notify the District Superintendent. If the Superintendent cannot be reached, follow the Crisis Team hierarchy to activate the Emergency Response Team and follow all procedures as outlined in the Laurens Central School District Crisis Plan, as appropriate.

2. Other school policies and/or procedures that support a student's extended absence should be followed.

VIII. GUIDELINES FOR WHEN A STUDENT RETURNS TO SCHOOL FOLLOWING AN ABSENCE FOR SUICIDAL BEHAVIOR

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to get information on the student's condition. If possible, obtain a signed release from parents/guardians to communicate with the discharging facility and the student's therapist. Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

Some suggestions to ease a student's return to school are as follows:

1. Prior to or upon the students return, a meeting between a designated liaison person such as the school counselor, social worker, administrator who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for services and to create an individualized re-entry plan. **Please see Appendix B-5 for information regarding issues to consider when creating a re-entry plan.**

2. Classroom teachers need to know whether the student is on a full or partial study load and need to be updated on the student's progress in general. They do not need clinical information or a detailed history.

Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process.

APPENDIX A:
Teacher Resources for Recognizing Warning Signs
and Supporting Students and Parents

A-1

VERBAL WARNINGS
(for parents, teachers, peers)

If someone you know makes statements like these, he or she could be thinking about suicide.

- "I've decided to kill myself."
- "I've had it; I'm through."
- "I wish I were dead."
- "I've lived long enough."
- "I hate my life."
- "I hate everyone and everything."
- "The only way out is death."
- "I just can't go on any longer."
- "You won't be seeing me around."
- "Do you believe in reincarnation? I'd like to come back someday."
- "If I don't see you again, thanks for everything."
- "I'm getting out; I'm tired of life."
- "I'm going to blow my brains out with my dad's gun."
- "The world would be better off without me."
- "Sometimes I just want it to be over with."

Most suicidal teens either directly or indirectly tell others that they plan to kill themselves.
Direct threats should be taken seriously, even if they sound overly dramatic. Few people make serious statements about killing themselves just to be funny. Indirect threats can be difficult to spot because they slip into casual conversation and sound a lot like something you might say when you're feeling embarrassed, tired, and angry or stressed out.

A-2

RECOGNIZING POSSIBLE SUICIDAL BEHAVIOR IN THE CLASSROOM

The signs and symptoms of depression and suicidal behavior in adolescents are often observable behaviors first noticed by school personnel. The following lists common changes in classroom behavior, which may reflect serious depression and/or suicidal behavior.

✓ **Abrupt Changes in Attendance**
Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.

✓ **Dwindling Academic Performance**
Question any unexpected and sudden decreases in school performance. Inability to concentrate is frequently found in depressed adolescents, leading to poor school performance.

✓ **Sudden Failure to Complete Assignments**
This may be due to a variety of factors. However, this is often seen in depressed and suicidal youngsters.

✓ **Lack of Interest in Activities and Surroundings**
It is difficult to maintain surveillance over so many adolescents. However, one of the first signs of a potentially suicidal adolescent is general withdrawal, disengagement and apathy.

✓ **Changed Relationships with Friends and Classmates**
Additional evidence of personal despair may be abrupt changes in friendships and social relationships.

✓ **Increased Irritability, Moodiness, or Aggressiveness**
Depressed, stressed and potentially suicidal individuals demonstrate wide mood swings and unexpected displays of emotion. Try to stay alert to times when a student's reactions seem excessive.

✓ **Withdrawal and Displays of Sadness**
Teachers sometimes give up on chronic, non-participating students who do not cause problems in the classroom. Be sure that these students are, in fact, non-participants and not potentially suicidal.

✓ **Death and Suicidal Themes Evident in Reading Selections and Written Essays**
The selection of material centering on ideas about death or dying, the uselessness or worthlessness of life, or matters relating to persons who have committed suicide should be viewed as warning signs for teachers - particularly if this occurs on more than one occasion.

RECOGNIZING POSSIBLE SUICIDAL BEHAVIOR OUT OF THE CLASSROOM

These signs are likely to be observed in a student's general behavior and do not necessarily mean that someone is considering suicide. They are warning signs and should generate attention.

✓ **Neglect/Apathy about Personal Hygiene and Appearance**

✓ **Unusual Changes in Eating or Sleeping Patterns**
There may be a noticeable decrease or increase in appetite with significant weight change, insomnia or a desire to sleep all of the time.

✓ **Overt Sadness and Depression**
The young person may often appear sad and depressed and show signs of tension and extreme anxiety.

✓ **Acting Out Behavior**
Behavior may include substance abuse, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, purposely hurting one's body, delinquency, preoccupation with revenge.

✓ **Marked Emotional Instability**
Distraught students are likely to have wide and unpredictable mood swings. Particular attention should be given to a sudden change in mood from depression to cheerfulness, as if the answer to the problem is now clear.

✓ **Remarks Indicating Profound Unhappiness or Despair**
Statements might include references to feeling constantly hassled, under stress or unable to concentrate or rest properly.

✓ **Loss of Interest in Extracurricular Activities**

✓ **Prized Possessions Being Given Away**
Students who do not care about the future or have decided that they will not be around are likely to give away possessions that they value.

✓ **Direct Suicide Threats or Attempts**
All suicide threats and attempts should be taken seriously. At added risk are students who have threatened or attempted suicide before. In the latter case, the usual inhibitions against hurting themselves have been removed.

ESPECIALLY IF THERE HAS BEEN:

A Recent Loss in Close Relationships
Losses of significant others are misfortunes that adults learn to handle. For developing adolescents, these events can be devastating and can overtax their current coping skills. Examples are death or divorce of parents, losing a close friend, breaking up with a steady, and being cut from an athletic team.

Heavy Use of Alcohol or Other Drugs
Students who are substance abusers tend to be at higher risk for suicide. Heavy drug and alcohol users are likely to be depressed youngsters who are seeking relief. Eventually, these substances stop working and, in fact, contribute to a greater depression. These substances also contribute to impulsive behavior, which often leads to accidents and suicide.

A Recent Suicide in the Family or of a Friend
A recent suicide in the family significantly increases the suicide risk of survivors for the following reasons: a) a pervading sense that they, too, are doomed to commit suicide; b) an unbearable grief, depression and/or guilt over the loss of a loved one; c) a fear of mental illness; and d) a realization that suicide presents an optional way out of an unwelcome and painfully unhappy life.

HELPING SUICIDAL YOUTH
APPROACHING POTENTIALLY SUICIDAL STUDENTS:

The idea of suicide is frightening to all of us, particularly when it concerns young people who have their lives ahead of them. We are reluctant to admit that they can think of suicide, much less attempt or commit it. We often hesitate to bring up the subject of suicide for fear of "putting the idea into their heads."

It is helpful to remember that suicidal young people are also afraid. They are afraid no one cares. They are afraid to confess their suicidal feelings because they may be harshly judged or considered weak, immature, cowardly, or "sick in the head." They value confidentiality and fear that adults will "tell everyone," or make their confession a part of their school record. They deeply fear that their suicidal thoughts are evidence of "craziness" and that only "crazy" people go for counseling.

One result of their fears is that they will seldom confide in adults. If they tell anyone of their suicidal impulses, it is likely to be a friend of their own age who will often be sworn to secrecy. The student suicide prevention curriculum (includes Lifelines and More than Sad) teaches students to seek appropriate help when they are concerned about a classmate. A student who wants help for a friend may approach any teacher or staff member.

A teacher who becomes uneasy about a student may want to talk to the student to determine whether or not these fears are well founded. In order to be prepared for such a situation, all staff will annually review the suicide prevention/intervention protocols provided to them.

What is NOT Helpful When Working with Someone Who Might Be Suicidal:

- **Ignoring or dismissing the issue**. This sends the message that you don't hear their message, don't believe them, or you don't care about their pain.
- **Acting shocked or embarrassed**.
- **Panicking, preaching, or patronizing**.
- **Challenging, debating, or bargaining.** Never challenge a suicidal person. You can't win in a power struggle with someone who is thinking irrationally.
- **Giving harmful advice**…such as suggesting the use of drugs or alcohol to "feel better." There is a very strong association between alcohol use and suicide.
- **Promising to keep a secret**. The suicidal person is sharing his/her feelings hoping that someone will recognize the pain and help, even though they may verbally contradict this.

What IS Helpful:

1. **Show you care** - Listen carefully - Be genuine
   "I'm concerned about you…about how you feel."
   "I thought you promised to help me after school yesterday. I was concerned about you when you didn't show up."
   "You and I both know your work hasn't been up to standard lately. Is there some problem that I don't know about?"
   "You don't seem yourself lately, and I've been concerned about you. What's going on?"
   "We miss you in the drama club. I'm sure you have a reason for dropping out. Could you tell me what it is?"

2. **Ask the question** - Be direct, caring and non-confrontational
   "Are you thinking about suicide?"

3. **Get Help** - Do not leave him/her alone

"You are not alone. I will help you get the help you need."

Contact a school counselor, social worker, nurse, psychologist, or administrator in person immediately.

DO NOT LEAVE THIS TYPE OF INFORMATION ON A PHONE OR E-MAIL MESSAGE OR VIA ANY OTHER FORM OF COMMUNICATION OTHER THAN IN PERSON.

A staff member should not attempt to deal with a suicidal student's problems alone – rather, follow the school suicide prevention policies and procedures and find immediate counseling help for the student. In order to act quickly with students expressing suicidal thoughts and behaviors, staff members need to know the school suicide prevention guidelines. Developing a liaison with the school crisis person for consultation and quick referrals also facilitates rapid action in a crisis.

A student in a high-risk situation (has a plan, method and access to lethal means) should not be left alone, even briefly. The student should be assured that his feelings are not "weird", crazy, or even unusual and that he or she can get through this bad period. First-aid from teachers and staff members includes helping the student regain a semblance of hope, a trust in helping persons, and a belief that the pain will subside. You can reassure the student that the pain will pass – and will pass more rapidly once he or she gets professional help.

Resources for Help

It is necessary to maintain lists of resources available for use by school personnel so that they know exactly who to contact when they are working with a student who might be suicidal. Some resources are listed below and a more extensive list can be found in **Appendix D**.

School Resources for Help

- School Administrators
- School Social Worker, School Counselors, and School Psychologist
- School Nurses
- Psychological Services Providers

Community Resources

▪ National Suicide Hotline:	**1-800-273-TALK (8255)**
▪ National Text Line:	Text "GO" to 741-741
▪ Mobile Crisis Assessment Team:	(844) 732-6228
▪ Otsego County Mental Health Clinic:	(607) 433-2343
▪ Bassett Medical Center ER:	(607) 547-3355
▪ Local "911" Call Center:	**911**
▪ Local Religious Leaders	

Take Care of Yourself. Working with Suicidal People is Challenging

- Acknowledge the intensity of your feelings
- Seek support
- Avoid over-involvement. It takes a team of people to help a suicidal individual.
- Never do this work on your own. Always inform your supervisor or other designated person as outlined in school protocol.
- Recognize that you are not responsible for another person's choice to end their life.

SUPPORTING PARENTS OF SUICIDAL YOUTH

Being confronted with suicidal behavior often produces strong emotions of fear, anger, and disbelief. Hearing someone talk about suicide may cause you to overreact or not be able to act at all. It is very important to be clear about your own feelings and limits concerning suicide before you try to help someone. You may not be the best person to help because of your personal relationship to the individual, your own beliefs or other reasons. If action is needed and you are not in a position to respond, referring to someone else who can help is an important step.

Encouraging parents or guardians of troubled or suicidal youth to seek help and providing resource information about where to turn for assistance can help save a life. Many children and teens feel sad and alone; depression is the most common emotional problem in adolescence. Depression and suicidal behaviors can be diagnosed and treated.

Parents can help a depressed teen by directly communicating their concerns and feelings about the possibility of suicide and by letting the teen know that they are not alone; there is hope and help is available.

When a family is in distress, it is often very difficult for them to take action. They may be feeling that their world has turned upside down and they are paralyzed by their fear, anger, denial, shame, or disbelief.

Parents or guardians might need support to recognize the importance of obtaining professional help. They may also need help to identify support systems and resources available to them in their family, among their friends, or other community resources.

Family members also benefit from having someone who can *listen* as they work through their issues. Make a practice of listening and showing caring and concern when working with the parent or guardian of a suicidal youth.

One of the most effective ways to help a parent or guardian prevent a youth suicide is to convince them to remove lethal means, especially firearms, from the environment of the suicidal youth. A lethal weapon in the hands of a youth in despair can end a life in an instant. The risk of suicide by firearms is 5 times greater if a firearm is in the house, even if the firearm is locked up. Local Police Officers, Sheriffs, and State Police are available to assist in the temporary or permanent disposal of a firearm. Locking up both over-the-counter and prescription medications and alcohol are also important steps to prevent an impulsive act from ending a life.

The following steps can be used by trained professionals to help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone—appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible. Explore how/where youth get this idea without minimizing it.

APPENDIX B:
Other Resources for Staff Members
Trained in Suicide Risk Assessment

B-1

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

- The C-SSRS is a questionnaire used for suicide assessment and is intended to be used by individuals who have received training in its administration. It is intended to assess occurrences, types and severity of suicidal ideation and behavior in children, adolescents, adults and older adults. Copies of the C-SSRS and a thirty minute online training are available through links at www.cssrs.columbia.edu.

- Information regarding the use, development, validity and reliability of the C-SSRS is available at www.cssrs.columbia.edu.

- The C-SSRS Screener/Recent- Self-Report form is provided on page 24.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screener/Recent – Self-Report

	In The Past Month	
Answer Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts about killing yourself?***		
If **YES** to 2, answer questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6		
3) ***Have you thought about how you might do this?***		
4) ***Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?***		
5) ***Have you started to work out or worked out the details of how to kill yourself?*** ***Do you intend to carry out this plan?***		

	In the Past 3 Months	
6) ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
In your entire lifetime, how many times have you done any of these things?		

B-2

REMINDERS FOR HELPING A SUICIDAL STUDENT
(For School Professionals trained in Suicide Risk Assessment)

1. **Refer to Lifelines training materials.**

2. **Deal with your own feelings first.** The idea of young people wanting to kill themselves is difficult for adults to grasp. The first reaction is often shock or denial. TRUST YOUR FEELINGS WHEN YOU THINK SOMEONE MAY BE SUICIDAL. A second reaction might be efforts to argue, to minimize, and to discount the young person's feelings of despair. Remember that most young people who contemplate or attempt suicide are not intent on dying. Rather, at the moment, the pain of living is more unbearable than the fear of dying.

3. **Listen, don't lecture.** What the young person really needs in this crisis period is someone who will listen to what is being said. Try to understand from the student's viewpoint.

4. **Accept what is said and treat it seriously.** Do not judge. Do not offer platitudes.

5. **Ask directly if the individual is thinking of suicide.** If the student has not been thinking of suicide, he or she will tell you. If the young person has been thinking of it, your asking allows the opportunity to bring it out in the open. Isolation and the feeling that there is no one to talk to compounds suicidal ideation. YOU WILL NOT CAUSE SOMEONE TO COMMIT SUICIDE BY ASKING THEM IF THEY ARE SUICIDAL.

6. **Talk openly and freely and try to determine whether the student has a plan for suicide.** The more detailed the plan, the greater the risk.

7. **Try to focus the problem.** Point out that depression causes people to see only the negatives in their lives and to be temporarily unable to see the positives. Elicit from the person's past and present positive aspects that are being ignored.

8. **Help the student to increase his/her perception of alternatives to suicide.** Look at what the young person hopes to accomplish by suicide and generate alternative ways of reaching the same goals. Help determine what needs to be done or changed.

9. **Help the person recall how they used to cope.** Get the person to talk about a past problem and how it was resolved. What coping skills did he or she use?

10. **Evaluate the resources available and help identify the resources needed to improve things.** The individual may have both inner psychological resources and outer resources in the community which can be strengthened. If these are absent, the problem is much more serious. Your continuing observation and support are vital.

11. **Do not be misled by the student's comments that he/she is past the emotional crisis.** The person might feel initial relief after talking of suicide, but the same thinking could reoccur later.

12. **Act specifically.** Offer yourself as a caring and concerned listener until outside professional assistance has been obtained. Consult district guidelines and/or protocols. This should include contact with the parent or guardian of the student. This is a crucial part of acting specifically.

13. **Do not avoid asking for assistance and consultation.** Call upon whoever is needed, depending upon the severity of the case. DO NOT TRY TO HANDLE EVERYTHING ALONE. Convey an attitude of firmness and composure so that the person feels that something appropriate and realistic is being done.

B-3

SUICIDE RISK ASSESSMENT GUIDELINE
(For School Counselors, Social Workers, Psychologists, Nurses, and Administrators)

1. Has the person recently withdrawn from therapeutic help?

2. Has the person been abusing alcohol or other drugs 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 school?

7. Has the person become unusually depressed or anxious recently?

8. Has a friend committed suicide recently?

9. Has a relative committed suicide recently?

10. Has the person threatened suicide or spoken about it with friends or teachers?

11. Is the person preoccupied with themes of death or dying?

12. Has the person made previous suicide attempts?

13. Does the person have trouble holding onto friends?

14. Does the person have a "plan" for suicide, and has the person made preliminary arrangements?

15. Has the person made "final arrangements" (given away possessions, said good-bye)?

If you believe someone may be thinking of suicide, get help for that person.
DO NOT WAIT.

B-4

ISSUES AND OPTIONS SURROUNDING A STUDENT'S RETURN TO SCHOOL FOLLOWING AN ABSENCE

1. **Issue:** Social and Peer Relations

   Options:
   - Refer to outside resources, such as group counseling
   - Be sensitive to the need for confidentiality and how to restrict gossip
   - Place the student in a school-based support group, peer program, or buddy system
   - Arrange for a transfer to another school if indicated
   - Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate and when to be concerned.

2. **Issue:** Transition from the hospital setting

   Options:
   - Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
   - Request permission to attend or obtain information from the treatment planning meetings and the hospital discharge conference.
   - Arrange for the student to work on some school assignments while in the hospital.
   - Include the therapist in the school re-entry planning meeting.

3. **Issue:** Academic concerns upon return to school

   Options:
   - Arrange tutoring from peers or teachers.
   - Modify the schedule and adjust the course load and to relieve stress.
   - Allow make-up work to be adjusted and extended without penalty.
   - Monitor the student's progress.

4. **Issue:** Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

   Options:
   - Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
   - Include parents in the re-entry planning meeting.
   - Refer the family to an outside community agency for family counseling services.

5. **Issue:** Behavior and attendance problems

   Options:
   - Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
   - Consult with discipline administrator.
   - Request daily attendance report from attendance office.
   - Make home visits or regularly scheduled parent conferences to review attendance and discipline record.

- Arrange for counseling for student.
- Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

6. **Issue:** Medication

Options:

- Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- Notify teachers if significant side effects are anticipated.
- Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

7. **Issue:** On-going support

Options:

- Assign a school liaison to meet regularly at established times.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/ weekly.
- Utilize established support systems, Student Assistance Teams, support groups, friends, clubs and organizations.
- Schedule follow-up sessions with the school psychologist or home school coordinator.
- Provide information to families on available community resources when school is not in session.

B-5

Laurens Central School
Plan for School Follow-Up

This plan is developed with the participation of the student identified as at risk and the parent(s) and/or guardian(s). **This plan identifies the follow-up that may be provided by Laurens Central School District, but does not replace therapeutic intervention, which parents should make every effort to have provided outside of the school district.**

Student Name: _____

School Staff: _____

☐ **School Staff** will check in with the student:

☐ **Daily:** for the time period of _____
☐ **Weekly:** for the time period of _____
☐ **Other adults** at school that the student can talk to for support:

_____
_____

☐ **Triggers at School**: what are some precipitating/aggravating circumstances and interventions to alleviate the resulting stress?

_____
_____
_____
_____
_____

☐ **Other Action to be taken**:

_____
_____

_____
Signature of Counselor *Date*

_____
Signature of Student *Date*

_____ *or* Verbal Consent From
Parent:_____
Signature of Parent *Date*

B-6

Laurens Central School
Guidance Documentation for Suicide Assessment

A screening for suicide risk should be initiated **immediately** whenever a *student talks about harming himself/herself, or if there is concern that a student has thought about hurting himself/herself.* Maintain adult supervision of the student at all times. Do not allow the student to leave the building until a lethality screening has been completed and a plan for ensuring the student's safety is being implemented. The building Principal must be informed. This screening for suicide risk will guide your evaluation, document your concerns, and help you develop a student safety plan.

Student:_____ School:_____ Date:_____

DOB:_____ Age:_____ Grade:_____

Parent/Guardian Name:_____ Phone: _____

Medications, if any_____

Counseling services received (Y or N) By Whom?_____

I: Keep the Student Safe

- ☐ Maintain adult supervision at all times
- ☐ If there is imminent danger call 911

II: Notify the Student's Parent(s) or Guardian(s)

- ☐ Parents/Guardians have been notified of the situation and are aware that you talked to and screened their child
- ☐ Parents/Guardians have been asked to come to the school to discuss their child's needs
- ☐ Parents/Guardians have been informed that their child must be picked up by an adult or transported by emergency personnel
- ☐ Parents/Guardians have NOT been notified because:_____

III. Other Relevant Information, Comments, Concerns:

_____
_____
_____
_____
_____
_____
_____

IV: Intervention and Support

☐ In **all** cases you must provide referrals for supportive services to parents. A list of providers is included on the Emergency Conference Notice.

☐ **Emergency** Conference Notice reviewed with parent/guardian in person or by phone

Possible Interventions in Response to Risk

☐ Counselor to address concerns with parent by phone

☐ Parent will pick up child from school to provide an intervention with a health care and/or mental health provider

☐ Referral to outpatient mental health services

☐ Student is transported by Law Enforcement: NYS Police: 607-432-3211

☐ Mobile Crisis Assessment Team (MCAT) 1-(844)-732-6228

☐ Parent to come to school and take their child for immediate intervention at an area hospital.

☐ Crisis Services:
Bassett Hospital ER Laurens: (607) 547-3355
Four Winds Hospital Saratoga: (518) 584-3600
Greater Binghamton Health Center: (607) 724-1391

☐ Otsego County Mental Health (607)433-2334

V: Principal Notified

Date and Time:

- Verbal_____
- Email_____
- In Person_____

VI: Suicide Prevention Plan for the Student

☐ Develop in partnership with the student and parent(s)/guardian(s).

☐ Encourage parent(s)/guardian(s) to sign release of information, if appropriate

☐ Teachers and staff are notified on a need-to-know basis only.

☐ Plan may have to be developed upon student return if transported for immediate intervention

VII: Follow-Up (to the best of our knowledge or ability)

☐ Complete one week & one month follow up

☐ Did the parent(s)/guardian(s) have child evaluated by a medical or mental health provider?
☐ If not, was CPS contacted? _____

☐ Is the child receiving outpatient counseling or mental health services?
☐ If so, with whom? _____ Frequency: _____

☐ After one month, is the child continuing to receive outpatient services? _____

Laurens Central School
PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

I have been informed that my child has expressed suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe and must take the following steps:

- **Provide supervision for my child at all times until he/she has been evaluated by a mental health professional.**
- **Have my child evaluated by a mental health provider or hospital immediately.**
- **Remove access to lethal means (firearms, knives, medications, etc.).**

I acknowledge that Laurens Central School is obligated by law to contact Child Protective Services if I do not follow through with the aforementioned recommendations.

I am encouraged to:

- **Share with the school the names of other professionals helping my child.**
- **Sign a Release of Information form so that school staff and other professionals may share information to best help my child.**
- **Contact professionals that can assist me and my child outside of school** (some possible resources are identified on the following page).

In case of an emergency, I will complete one of the following:

1. ***Call 911.***
2. ***Take my child to a hospital emergency room.***
3. ***Call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255)***
4. ***Call Mobile Crisis Unit (MCAT) 1-844-732-6228***

_____ _____

Parent Signature *Date* *School Staff Signature* *Date*

or

Verbal consent given to : _____ on _____.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent(s)/Guardian(s) Names: _____

Provide copy to parent, retail original

Laurens Central School
COMMUNITY BASED MENTAL HEALTH PROVIDERS

☐ **Otsego County Mental Health Clinic**
242 Main Street
Oneonta, NY 13820
(607)-432-2334

☐ **Binghamton General Hospital**
33 Mitchell Avenue
Binghamton, NY
(607) 762-2340

☐ **Four Winds Hospital**
30 Crescent Avenue
Saratoga, NY 12866
(518) 584-3600 / (800) 888-5448

☐ **Bassett School Based Health Zone**
Laurens Central School
55 Main Street
Laurens, NY 13796
(607) 432-2050 ext. 1300

☐ **Bassett Healthcare, E.R.**
One Atwell Road,
Laurens, NY
(607) 547-3355

☐ **Binghamton Health Center**
425 Robinson Street
Binghamton, NY
(607) 724-1391

☐ **Lourdes Hospital – Center for Mental Health**
184 Court Street
Binghamton, NY 13901
(607) 584-4465

Laurens Central School
AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for
(Name of Parent/Guardian)

information regarding _____, _____,
(Name of Student) *(Date of Birth)*

to be shared between Laurens Central Schools and _____
(Name of Provider)

for the purpose of assessment, treatment, discharge, and aftercare planning.

The information to be shared includes:

- Academic records
- Attendance records
- Discipline records
- Health records
- Suicide risk assessments
- Discharge Summary/planning
- Aftercare services

_____
Signature of Parent/Guardian *Date*

_____
Signature of student (If 18 or older) *Date*

APPENDIX C:
Facts and Resources for
Parents and Community Members

C-1

SUICIDE PREVENTION: FACTS FOR PARENTS

High School Students Experience Unique Challenges

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Suicide Facts (CDC, 2013)

Among students in grades 9-12 in the U.S. during 2013:

- 17% of students seriously considered attempting suicide in the previous 12 months (22.4% of females and 11.6% of males).
- 13.6% of students made a plan about how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).
- 8.0% of students attempting suicide one or more times in the previous 12 months (10.6% of females and 5.4% of males).
- 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (3.6% of females and 1.8% of males).
- Suicide is the third leading cause of death among persons aged 10-14, the second among persons aged 15-34 years.

Suicide Methods (CDC, 2009)

These data are from 2009, the latest year for which data are available.

The leading methods (means) by which young people **ages 13–19** took their own lives were:

- ••Suffocation, including hanging (45.2 percent of suicide deaths)
- ••Firearms (42.7 percent)
- ••Poisoning, including carbon monoxide (5.8 percent)
- ••All other means (6.3 percent)

The leading methods among **males of this age** were:

- ••Firearms (48.5 percent of suicide deaths)
- ••Suffocation, including hanging (40.9 percent)
- ••Poisoning, including carbon monoxide (4.3 percent)
- ••All other means (6.2 percent)

The leading methods among **females of this age** were:

- Suffocation, including hanging (60.3 percent of suicide deaths)
- Firearms (22.1 percent)
- Poisoning, including carbon monoxide (11.3 percent)
- All other means (6.4 percent)

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

REFERENCES

Centers for Disease Control and Prevention (CDC). (2013, 2011, 2009). Web-based injury statistics query and reporting system (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/injury/wisqars/index.html

Centers for Disease Control and Prevention (CDC). (2010). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. MMWR, 59(SS-5). Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf

Kann L, Kinchen S, Shanklin SL, et al. Youth Risk Behavior Surveillance — United States, 2013. MMWR 2014; 63(ss04): 1-168. Available from http://www.cdc.gov/mmwr/preview/mmwrhtml/ ss6304a1.htm.

C-2

VERBAL WARNINGS
(for parents, teachers, peers)

If someone you know makes statements like these, he or she could be thinking about suicide.

- "I've decided to kill myself."
- "I've had it; I'm through."
- "I wish I were dead."
- "I've lived long enough."
- "I hate my life."
- "I hate everyone and everything."
- "The only way out is death."
- "I just can't go on any longer."
- "You won't be seeing me around."
- "Do you believe in reincarnation? I'd like to come back someday."
- "If I don't see you again, thanks for everything."
- "I'm getting out; I'm tired of life."
- "I'm going to blow my brains out with my dad's gun."
- "The world would be better off without me."
- "Sometimes I just want it to be over with."

Most suicidal teens either directly or indirectly tell others that they plan to kill themselves. Direct threats should be taken seriously, even if they sound overly dramatic. Few people make serious statements about killing themselves just to be funny. Indirect threats can be difficult to spot because they slip into casual conversation and sound a lot like something you might say when you're feeling embarrassed, tired, and angry or stressed out.

C-3

General Guidelines for Parents (Elementary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10---24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100---200 attempt suicide.
- Males are four times has likely to die by suicide as females -- although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads."

Asking for help is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.

- **Know** the risk factors and warning signs of suicide.
- **Remain calm**. Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.

    o Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.

    o Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

General Guidelines for Parents (Elementary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" which predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self---destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child's school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents/caregivers

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Thinking, talking, drawing about suicide
- Risk taking, such as intentional running in front of cars or jumping from high places
- Scratching, cutting or marking the body
- Previous suicide attempts
- Intense/excessive preoccupation with death

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada---Vera. (2009, April). National Vital Statistics Reports, 57(14).

C-4

General Guidelines for Parents (Secondary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10---24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100---200 attempt suicide.
- Males are four times has likely to die by suicide as females -- although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads."

Asking for help is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.

- **Know** the risk factors and warning signs of suicide.
- **Remain calm**. Establish a safe environment to talk about suicide.
- **Listen** without judging. Allow for the discussion of experiences, thoughts and feelings. Be prepared for the expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- **Supervise** constantly. Do not leave your child alone.
- **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.

    o Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.

    o Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

General Guidelines for Parents (Secondary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crisis
- Family history of suicide or suicide in the community
- Hopelessness
- Impulsivity

Suicide Warning Signs

Warning signs are observable behaviors that *may* signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene". These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required. Warning signs include the following:

- **Suicide Threats.** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct ("I want to kill myself") and indirect ("I wish I could fall asleep and never wake up") threats need to be taken seriously.
- **Suicide notes and plans.** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- **Prior suicidal behavior.** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- **Making final arrangements.** Giving away prized possessions, writing a will and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- **Preoccupation with death.** Excessive talking, drawing, reading and/or writing about death may suggest suicidal thinking.
- **Changes in behavior, appearance, thoughts, and/or feelings.** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions and reduced interest in previously important activities are among the changes considered to be suicide warning signs.

C-5

Suicide and Bullying Information Sheet

- Bullying is the ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use new communication technologies, such as social media and texting, to harass and cause emotional harm to their victims.

- Thirty-two percent of the Nation's students (ages 12–18) reported being bullied during the 2007–2008 school year (Dinkes, Kemp, & Baum, 2009). Anti-bullying websites (olweus.org & mbnbd.org) report that in 2010, over half (56%) of students reported witnessing a bullying incident while at school, 71% report feeling that bullying in an ongoing problem and 15% of kids who don't show up for school attribute this to being in fear of being bullied at school. Lesbian, gay, bisexual, and transgender (LGBT) youth report experiencing more bullying (including physical violence and injury) at school than their heterosexual peers. (Berlan, Corliss, Field, Goodman, & Austin, 2010).

- Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Children who are *both* victims and perpetrators of bullying are at highest risk.

- Young people who are the victims of bullying are at increased risk for suicide as well as increased risk for depression and other problems associated with suicide.

- Many children who are bullied have personal characteristics that increase their risk of victimization (Arseneault, Bowes, & Shakoor, 2010). These characteristics include:

  - Internalizing problems (including withdrawal, anxiety, and depression)
  - Low self-esteem
  - Low assertiveness
  - Aggressiveness in early childhood (which can lead to rejection by peers and social isolation)

- Many of these characteristics are also risk factors for suicidal behavior and ideation. The authors of the study cited above suggest that the same personal risk factors that can contribute to a child's risk of suicidal behavior can also increase the child's risk of being bullied. Being bullied further heightens the child's risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior). These personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:

  - The family, including child maltreatment, domestic violence, and parental depression (Arseneault, Bowes, & Shakoor, 2010)
  - The school environment, including a lack of adequate adult supervision (which can be a result of the physical layout of a school), a school climate characterized by conflict, a lack of consistent and effective discipline

  (Swearer, Espelage, Vaillancourt, & Hymel, 2010), and school size

  (Bowes, Arseneault, Maughan, Taylor, Caspi, & Moffitt, 2009).

- The effects of bullying (especially chronic bullying) on suicidal behavior and mental health are long term and may persist into adulthood (Arseneault, Bowes, and Shakoor, 2010).

Implications for Prevention

Although there is little research on this issue, it would seem that the three areas in which prevention strategies could affect both bullying and suicide are 1) the school environment, 2) family outreach, and 3) identifying and providing appropriate services to students with personal characteristics that increase their risk of being bullied, bullying others, or suicidal behavior. At the same time, attempts to find and use overarching prevention strategies should not ignore the need for interventions that specifically target each problem.

For additional information and resources, see the following:

- StopBullying.gov at http://www.stopbullying.gov/
- Stop Bullying Now at http://www.ask.hrsa.gov/results_materials.cfm?type=stopbully
- A Parent's Guide to Facebook at http://www.fbparents.org
- Laurens Central School District Policies regarding Bullying, Hazing and the Dignity for All Students Act at www.Laurenscs.org

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C-6

Self-Injury and Youth:
General Guidelines for Parents

• Self-injury (SI) is a complex behavior, separate and distinct from suicide.

• Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).

• SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair and burning.

• The majority of students who engage in SI are adolescent females, though research indicates that there are minimal gender differences. Students of all ages and socio economic backgrounds engage in SI behavior, as it is commonly mentioned in media, social networks and other means of communication.

• Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.

• Tattoos and body piercing are not usually considered self-injurious behaviors, unless they are done with the intention to hurt the body.

Signs of Self-Injury

• Frequent or unexplained bruises, scars, cuts, or burns.

• Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen).

• Unwillingness to participate in activities that require less body coverage (swimming, physical education class).

• Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas.

• Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the "choking game").

• General signs of depression, social-emotional isolation and disconnectedness.

• Possession of sharp implements (razor blades, shards of glass, thumb tacks).

• Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites.

• Risk taking behaviors such as gun play, sexual acting out, jumping from high places or running into traffic.

SUGGESTIONS FOR PARENTS

Listen

• Address the behavior as soon as possible by asking open questions and listening to what they say and how they act.

• Talk to your son/daughter with compassion, calm and caring.

• Understand that this is his/her way of coping with pain.

Protect

• Foster a protective home environment by maintaining structure, stability, and consistency.

• Maintain high expectations for behavior and achievement.

• Set limits and provide supervision and consistency to encourage successful outcomes.

• Provide firm guidelines and set limits around technology usage.

• Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

Connect

• Check in with your child on a regular basis.

• Become familiar with the support services at your child's school. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

Model

• Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.

• Be aware of your thoughts, feelings and reactions about this behavior. Lecturing, expressing anger or shock can cause your child to feel guilt or shame.

Teach

• Teach about normal changes that can occur when experiencing stressful events.

• Teach your child about common reactions to stress and help them identify alternative ways to cope.

• Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

C-7

Suicide and Substance Abuse Information Sheet

Substance abuse is a major risk factor for suicidal behavior among young people. The National Household Survey of Drug Abuse found that young people ages 12–17 who used alcohol or illegal drugs were more likely to be at risk for suicide than young people who did not use alcohol or drugs (SAMHSA, 2010).

Substance abuse, suicidality, and depression can share symptoms and risk factors, and often co-occur. The use of alcohol and other drugs by adolescents can be an attempt to self-medicate, that is, to ease the pain and suffering associated with depression, family dysfunction, and other problems, many of which are also associated with suicide risk. However, a review of data on suicides by people of all ages led researchers to conclude that "the use of alcohol or other drugs might contribute substantially to suicides overall" (CDC, 2010).

Others have come to similar conclusions, speculating that alcohol and drugs promote suicide by diminishing critical thinking skills and inhibitions. The effect on inhibition may also play a role in the choice of the lethality of the means of suicide. Young people who die by suicide are more likely to have used alcohol or drugs prior to their suicidal act than are young people who attempted suicide but did not die (DeJong et al., 2010). It is also important to understand that almost 96 percent of drug-related suicide attempts by adolescents ages 12–17 who are seen in emergency departments involved prescription drugs (SAMSHA, 2010).

Implications for Prevention

Substance abuse and suicidality can be addressed with common strategies including;

(1) identifying students suffering from suicidality, substance abuse, or depression and ensuring that they receive help and

(2) enhancing overarching protective factors, such as connectedness, which can also improve the school environment and enhance academic achievement.

It is also important to educate school staff, students, and parents about the role of alcohol and drugs—including prescription drugs—in adolescent suicide, as well as the relationship among substance abuse, suicide, and depression.

APPENDIX D:
Local, Regional, National, and Other
Suicide Prevention Resources

Suicide Prevention and Intervention Training Programs Available in Otsego County

Lifelines

Lifelines is an evidence based, whole-school program made up of three unique components: Prevention, Intervention and Postvention. The Lifelines trilogy is based on over 20 years of suicide-in-youth research that indicates an informed community can help to prevent vulnerable teens from ending their lives. These trainings are designed for implementation in middle schools and high schools; it targets the whole school community by providing suicide awareness resources for administrators, faculty and staff, parents, and students. It fits easily into health class programming and lesson plans. Lifelines trainings may be made available by the school as needed and appropriate.

safeTALK: Suicide Alertness For Everyone

safeTALK is a two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety. As a safeTALK-trained suicide alert helper, you will be better able to:

- Move beyond common tendencies to miss, dismiss or avoid suicide:
- Identify people who have thoughts of suicide;
- Apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

QPR: Question, Persuade, Refer

The QPR mission is to save lives and reduce suicidal behavior by providing innovative, practical and proven suicide prevention training.

QPR stands for Question, Persuade and Refer – 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year, thousands of Americans, like you, are saying "yes" to saving the life of a friend, colleague, sibling or neighbor. QPR is the most widely taught gatekeeper training program in the United States.

QPR can be learned in a Gatekeeper course in as little as one hour. The four cornerstones of the theory upon which the approach is derived are as follows:

1. Those who most need help in a suicidal crisis are the least likely to ask for it.
2. The person most likely to prevent you from dying by suicide is someone you already know.
3. Prior to making a suicide attempt, those in a suicidal crisis are likely to send warning signs of their distress and suicidal intent to those around them.
4. When we solve the problems people kill themselves to solve, the reasons for suicide disappear.

To find or arrange any of these trainings in Otsego County, please visit www.preventsuicideny.org

Local and Regional Youth Suicide Prevention Resources

Mobile Crisis Assessment Team:	**(844) 732-6228**
Local "911" Call Center:	**911**
Bassett Medical Center:	**(607) 547-3355**
Otsego County Mental Health Clinic:	**(607) 433-2343**
National Suicide Hotline:	**1-800-273-TALK (8255)**
National Suicide Text Line:	**Text "GO" to 741-741**

National Youth Suicide Prevention Resources

In an emergency, call 1(800) SUICIDE (1-800-784-2433), the National Suicide Hotline or 1-800-273-TALK (8255).

For the Crisis TEXT line, text GO to 741-741

The following is a list of resources intended to assist school districts with the concerns about youth suicide prevention, intervention and postvention. Some sites provide factual data and others contain model programs. For more information, contact counseling and student support specialists (school counselors, school social workers, school psychologists, and school nurses). Local mental health specialists should be consulted for individual student referrals.

American Association of Suicidology (AAS) - Prevention Division
Guidelines for School-Based Suicide Prevention Programs
This site contains general guidelines for a school based suicide prevention program. It outlines the necessary components of a comprehensive school-based program and includes a sample curriculum. Their web site, http://www.suicidology.org provides information on current research, prevention, ways to help a suicidal person, and surviving suicide. A list of crisis centers is also included. Their phone number is (202) 237-2280

America's Continuing Education Network—www.acenetwork.com/pasprogmat.htm
America's Continuing Education Network website serves as an aid to those interested in developing or augmenting youth suicide prevention/intervention programs in their own schools and/or communities. Types of youth suicide prevention programs that are in operation or that have been proposed are described and several exemplary youth suicide prevention programs are provided.

American Foundation of Suicide Prevention (AFSP)
About Suicide: Youth
This is the youth section of the AFSP Web site. It reviews causes of suicide in children and adolescents and approaches to suicide prevention. The Web site emphasizes how to determine the degree of suicidal risk and how to respond. Their web site, http://www.afsp.org, provides research, education, and current statistics regarding suicide; links to other suicide and mental health sites are offered. Information and help is also available by calling 1(888) 333-AFSP (2377).

American Psychiatric Association (APA)
Let's Talk Facts About Teen Suicide
The APA has created a fact sheet with pertinent information about teen suicide, suicide signals, suicide statistics, and prevention strategies. (Click on the link titled "Families and Children."). Call 1(888) 357-7924 for information and referrals to psychiatrists in your area. Or visit their web site at http://www.psych.org.

American Psychological Association (APA)
APA's web site, http://www.apa.org, provides information about who is at risk suicide warning signs, and steps toward suicide prevention. Call AP A at 1(800) 864-2000 if you have questions about their web site or any other mental health issues.

Center for Disease Control (CDC)
Youth Suicide Prevention Programs: A Resource Guide
This resource guide includes eight different suicide prevention strategies that can be downloaded using Adobe Acrobat. Strategies include school gatekeeper training, community gatekeeper training, general suicide education, screening programs, peer support programs, crisis centers and hotlines, suicide restriction methods, and postvention. Although it was created in 1992, the site remains relevant.
National Center for Injury Prevention and Control, Division of Violence Prevention Visit their web site, http://www.cdc.gov/ncipc/ncipchm.htm for links to suicide statistics, the SafeUSA web site, and safety information. Or call (770) 488-4362.

Dougy Center
This site is sponsored by the nonprofit Dougy Center, National Center for Grieving Children & Families. The Center provides support and training locally, nationally, and internationally to individuals and organizations seeking to assist children and teens in grief from loss, including suicide. The website is www.dougy.org

Jason Foundation, Inc.
This site is sponsored by the nonprofit Jason Foundation, Inc., a nationally recognized leader in youth suicide awareness and prevention. It contains a wide range of informative, educational materials and programs available to parents, teachers, youth workers, and others who are concerned about youth suicide. The website is www.jasonfoundation.com

National Alliance for the Mentally Ill (NAMI)
NAMI's toll-free number, 1(800) 950-NAMI (6264), provides information about family support and self-help groups. Their web site, http://www.nami.org, includes links to information about teen suicide, child suicide, brain biology and suicide, as well as general suicide information links. Local chapter: (607) 372-2710, namiofotsego@

National Association for School Psychologists—http://www.nasponline.org
The National Association for School Psychologists' website has extensive resources on school-focused suicide intervention, information for teens, tips for school personnel and crisis team members, and more through the NASP Crisis Resources link.

The New York Association of School Psychologists—http://nyasp.org
The New York Association of School Psychologists serves children, their families, and the school community by promoting psychological well-being, excellence in education, and sensitivity to diversity through best practices in school psychology. This site provides excellent resources for dealing with troubled students, violence prevention, coping with trauma, creating safe schools, and more.

National Center for Injury Prevention and Control (NCIPC)
Suicide Prevention Fact Sheet
This Injury Fact Sheet outlines the agency's efforts in suicide prevention and provides links to key reports (e.g., Surgeon General's Call to Action [1999] and the National Strategy for Suicide
Prevention: Goals and Objectives for Action [2001], research centers, and evaluation techniques.

National Center for Suicide Prevention and Training (NCSPT)
Selected Bibliography on Suicide Research
NCSPT is a collaborative project of the Education Development Center, Harvard Injury Control Research Center, and the National Institute of Mental Health. The bibliography, compiled in 1999, contains information on childhood and adolescent suicide issues, assessment, risk factors, protective factors, violence and suicide, prevention, biological research, treatment, and service systems.

National Institute of Mental Health (NIMH)
Call NIMH Public Inquiries at 1(800) 421-4211 for information on depression and other mental illnesses. Or visit http://www.nimh.nih.gov.

National Mental Health Association (NHMA)
Call NMHA at 1(800) 969-NMHA (6642) for information on depression and its treatment and for referrals to local screening sites. Their web address is http://nmha.org
For TTY, call 1(800) 433-5959.

National Youth Violence Prevention Resource Center (NYVPRCL)
The resource center is a collaboration between the Centers for Disease Control and Prevention and other federal agencies. NYVPRC established this Web site as a central source of information on prevention and intervention programs, publications, research, and statistics on violence committed by and against children and teens.

Suicide Awareness – Voices of Education (SA/VE)
SA/VE's web site, http://www.save.org, provides suicide education, facts, and statistics on suicide and depression. It links to information on warning signs of suicide and the role a friend or family member can play in helping a suicidal person. SA/VE's phone number is (952) 946-7998.

Suicide Prevention Action Network US—http://www.spanusa.org
The Suicide Prevention Action Network USA is the nation's only suicide prevention organization dedicated to generate grassroots support among suicide survivors and others to advance public policies that help prevent suicide. SPAN USA's members are people in communities across the country: survivors; people who have attempted suicide or struggled with suicidal thoughts, and their families; professionals serving families and communities; community leaders; and concerned citizens.

Yellow Ribbon—http://www.yellowribbon.org
Yellow Ribbon is a comprehensive community-based suicide prevention program that promotes awareness and education, intervention, postvention, collaboration and community building. The desired outcomes for the program are: increased protective factors and help seeking behaviors, and decreased risk factors and suicidal ideation. Curriculums are designed for lay people, professional, EMS/fire and law enforcement and include the elementary-age module and physician's module.

Youth Suicide Prevention Education Program (YSPEP)
This site is sponsored by YSPEP and focuses on preventing suicide among adolescents and young adults by providing information and resources to youth, parents, and the community.
Questions: Counseling, Student Support and Service-Learning Office (916) 323-2183

WRITTEN RESOURCES FOR PARENTS

- **Helping Your Depressed Teenager: A Guide for Parents and Caregivers**
  Oster, Gerald D. & Montgomery, Sarah S. (1995). New York: John Wiley & Sons, Inc.

  The authors, who are experts in this field, have created a highly readable practical guide to dealing with teen depression and suicide. They help you distinguish the subtle and sometimes not so subtle signs that something is seriously wrong. Some of the useful information provided includes: what families can do to prevent teen depression, how to tell the difference between moodiness and depression, how to read the warning signs of a troubled teenager, how to know when professional help is needed and where to find it, and how to choose the right treatment options for your teen.

- **The Optimistic Child: Proven Program to Safeguard Children from Depression & Build Lifelong Resilience**
  Seligman, Martin E. (1995). New York: Houghton Mifflin Company

  Seligman's mission is to teach parents and other concerned adults how to instill in children a sense of optimism and personal mastery. He proposes that self-esteem comes from mastering challenges, overcoming frustration and experiencing individual achievement. Seligman uses anecdotes, dialogues, cartoons and exercises, and offers a concrete plan of action based on techniques of self-evaluation and social interaction.

- **Helping Your Child Cope with Depression and Suicidal Thoughts**
  (The Jossey-Bass Psychology Series). Shamoo, Tonia K. & Patros, Philip G. (1996)

  In this book, the authors show parents: how to learn to talk, listen, and communicate effectively with a depressed child; what situations can cause a child or adolescent to wish to commit suicide; what signs to watch for; myths and misinformation about suicide; how to determine the risk of suicide; and how to intervene.

- **"Help Me, I'm Sad": Recognizing, Treating, and Preventing Childhood and Adolescent Depression.**
  Fassler, David G. & Dumas, Lynne S. (1998). Penguin Books

  This book discusses how to tell if your child is at risk; how to spot symptoms; depression's link with other problems and its impact on the family; teen suicide; finding the right diagnosis, therapist, and treatment; and what you can do to help. For parents who have--or suspect they may have--depressed children, this is practical, easy-to-understand information.

- **But I Didn't Say Goodbye: For parents and professionals helping child suicide survivors**
  Rubel, Barbara. (1999). New Jersey: Griefwork Center, Inc.

  This book is a highly recommended resource to help children deal with the difficult and often hidden and stigmatizing after effects of suicide. It takes a straightforward approach to helping child suicide survivors. At the end of each chapter the author has included easy to read worksheets and exercises for parents to engage in with their children. Barbara Rubel is also available for workshops, presentations, and training.

- **A Broken Heart Still Beats**
  McCracken, Anne & Semel, Mary. (1999). Minnesota: Hazeldon Publications.

  This is an anthology of poetry, fiction, and essays compiled from the literature of loss and grief. The authors have included pieces from everyone from William Shakespeare to Dwight D. Eisenhower whose works explore the shock, the grief, and the search for meaning that come with the death of a child. Each piece is clearly introduced explaining the details surrounding the person's loss.

WRITTEN RESOURCES FOR TEACHERS AND ADMINISTRATORS

Teachers may use literature as a way to understand and help students with problems they may be experiencing. Through the exploration of stories, discussion, and reflections on their own experiences, students can begin to recognize and understand the complexities of their world.

- **Developing Resiliency Through Children's Literature: A Guide for Teachers and Librarians, K-8**
  Cecil, Nancy L. & Roberts, Patricia L. (1992). MacFarland & Company.

  This book details about 200 selections from children's literature featuring characters who demonstrate positive coping behaviors. The selections are divided into four parts: folk literature, historical fiction, biographies and contemporary fiction. Professionals who work with children may utilize this book in teaching and building resiliency.

- **Helping Students Overcome Depression and Anxiety: A Practical Guide**
  Merrel, Kenneth, W. (2001). New York: The Guilford Press.

  This guide contains thorough, specific discussions of techniques that teachers can use with students to alleviate common emotional stresses, without being either overly technical or too general. It lists guidelines for teacher assessment, target behaviors for students, steps in social skills training, and more. The book provides useful, practical methods for teachers and counselors to help students resolve a variety of problems that they experience, particularly in adolescence.

WRITTEN RESOURCES FOR CHILDREN AND TEENS

- **Glad Monster, Sad Monster**
  Miranda, Anne & Emberley, Ed (Illustrator). (1997).

  Children who lack the vocabulary to distinguish the emotions they're feeling may find some comfort in this book, which makes use of masks to unmask feelings. Monsters of different colors explain what makes them feel glad, sad, loving, worried, silly, and angry. Fold-out masks encourage readers to talk about their feelings. Children and adults can discuss feelings in an easy and non-threatening way.

- **When Nothing Matters Anymore: A Survival Guide for Depressed Teens**
  Cobain, Bev. (1998). Minnesota: Free Spirit Publishing, Inc.

  A guide to understanding and coping with depression, discussing the different types, how and why the condition begins, how it may be linked to substance abuse or suicide, and how to get help. The author, a cousin of singer Curt Cobain, wrote this book to help make sense of her cousin's suicide. It helps adolescents understand what they might be feeling when they are depressed. It discusses how to interrupt the downward spiral and find a way out. The book covers both social and biological aspects of depression.

- **The Adolescent Depression Workbook**
  Copeland, Maryellen & Copans, Stuart. (1998). Peach Press.

  This book was written to help adolescents who are depressed, sad, thinking about hurting themselves, dropping out of their old activities that used to make them feel good about themselves, and irritable and/or angry with their parents. Used successfully by other young adults, this book will help you through the process of finding help for yourself and getting on the road to feeling happy and healthy.

- **The Power to Prevent Suicide: A Guide for Teens Helping Teens**
  Nelson, Ph.D., Richard E. & Galas, Judith C. (1994). Free Spirit Publishing.

  For grade 6 and up, this book is an excellent, practical manual that is easy to read and understand. The authors' premise is that, as trusted and caring friends, young adults have a special role in the prevention of suicide among their peers, and discuss what to do if they observe the danger signals. Suggestions are given for assessing the degrees of concern and tips on "active listening."

SUICIDE HOTLINES

1-800-273-TALK (8255)
1-800-SUICIDE (784-2433): National Suicide Hotline
1-888-290-7233: Safe Place
Text "GO" to 741-741