

**Suicide
Prevention, Intervention
and Postvention**

Table of Contents

County Superintendent's Letter

Section 1: Youth Suicide Information

	Page
• Overview.....	2
• Definitions.....	4
• Myths, Facts, Warning Signs and Statistics	7
• Youth Risk Behavior Survey	19

Section 2: Prevention and Intervention

	Page
• Rationale	2
• Methodology	3
• Prevention	7
• Intervention.....	11

Section 3: Postvention

	Page
• Overview and Rationale	2
• Guidelines for Schools.....	5
• Understanding Grief Reactions.....	18
• Guidelines and Plans After a Suicide	26

Section 4: Resources

	Page
• San Diego County Office of Education	2
(SDCOE)	
• San Diego County	12
• State of California / National	21
• Documentation/Maintenance of Files;	30
Sample Forms and Letters	
• Sample Handouts.....	39

SECTION 2

Prevention and Intervention

- **Rationale**
- **Methodology**
- **Prevention**
- **Intervention**

RATIONALE FOR DEVELOPING AND IMPLEMENTING SCHOOL SUICIDE PREVENTION AND INTERVENTION PROTOCOLS

- A. In San Diego County, among the age group of 15 to 24, suicide was the third leading cause of non-natural death.
- B. In five years, youth suicide attempts in San Diego County increased from 6.3% to 10.5%.
- C. San Diego County has a suicide rate above the national average of 8.5% of students who acknowledged in a survey that they had attempted suicide.
- D. Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may also help provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all of the recent high-profile school shootings in the U.S., including those in San Diego County, were also suicidal.
- E. 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.
- F. 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.
- G. Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.
- H. 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."
- I. 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.

METHODOLOGY

for Suicide Prevention and Intervention

Suicide prevention programs were identified by contacting suicide prevention experts in the United States and Canada and asking them to name and describe suicide prevention programs for adolescents and young adults that, based on their experiences and assessment, were likely to be effective in preventing suicide. After compiling an initial list, program representatives were contacted and asked to describe the number of persons exposed to the intervention, the number of years the program had been operating, the nature and intensity of the intervention, and the availability of data to facilitate evaluation. Program representatives were also asked to identify other programs that they considered exemplary. Representatives from these programs were contacted and asked to describe their programs. The list of programs was further supplemented by contacting program representatives who participated in the 1990 national meeting of the American Association of Suicidology and by soliciting program contacts through *Newslink*, the association's newsletter.

Suicide prevention program on the list were then categorized according to the nature of the prevention strategy using a framework of eight suicide prevention strategies:

- **School Gatekeeper Training.** This type of program is designed to help school staff (e.g., teachers, counselors, and coaches) identify and refer students at risk for suicide. These programs also teach staff how to respond to suicide or other crises in the school.
- **Community Gatekeeper Training.** These programs train community members (e.g., clergy, police, merchants, and recreation staff) and clinical health-care providers who see adolescent and young adult patients (e.g., physicians and nurses) to identify and refer persons in this age group who are at risk for suicide.
- **General Suicide Education.** Students learn about suicide, its warning signs, and how to seek help for themselves or for others. These programs often incorporate a variety of activities that develop self-esteem and social competency.
- **Screening Programs.** A questionnaire or other screening instrument is used to identify high-risk adolescents and young adults and provide further assessment and treatment. Repeated assessments can be used to measure changes in attitudes or behaviors over time, to test the effectiveness of a prevention strategy, and to detect potential suicidal behavior.
- **Peer Support Programs.** These programs, which can be conducted in or outside of school, are designed to foster peer relationships and competency in social skills among high-risk adolescents and young adults.
- **Crisis Centers and Hotlines.** Trained volunteers and paid staff provide telephone counseling and other services for suicidal persons. Such programs also may offer a "drop-in" crisis center and referral to mental health services.
- **Restriction of Access to Lethal Means.** Activities are designed to restrict access to firearms, drugs, and other common means of committing suicide.
- **Intervention After a Suicide.** These programs focus on friends and relatives of persons who have committed suicide. They are partially designed to help prevent or contain suicide clusters and to help adolescents and young adults cope effectively with the feelings of loss that follow the sudden death or suicide of a peer.

After categorizing suicide prevention efforts according to this framework, an expert group at CDC reviewed the list to identify recurrent themes across the different categories and to suggest directions for future research and intervention.

FINDINGS

The following conclusions were derived from information published in the Resource Guide:

- **Strategies in suicide prevention programs for adolescents and young adults focus on two general themes.** Although the eight strategies for suicide prevention programs for adolescents and young adults differ, they can be classified into two conceptual categories:
 - *Strategies to identify and refer suicidal adolescents and young adults for mental health care.* This category includes active strategies (e.g., general screening programs and targeted screening in the event of a suicide) and passive strategies (e.g., training school and community gatekeepers, providing general education about suicide, and establishing crisis centers and hotlines). Some passive strategies are designed to lower barriers to self-referral, and others seek to increase referrals by persons who recognize suicidal tendencies in someone they know.
 - *Strategies to address known or suspected risk factors for suicide among adolescents and young adults.* These interventions include promoting self-esteem and teaching stress management (e.g., general suicide education and peer support programs); developing support networks for high-risk adolescents and young adults (peer support programs); and providing crisis counseling (crisis centers, hotlines, and interventions to minimize contagion in the context of suicide clusters). Although restricting access to the means of committing suicide may be critically important in reducing risk, none of the programs reviewed placed major emphasis on this strategy.
- **Suicide prevention efforts targeted for young adults are rare.** With a few important exceptions, most programs have been targeted toward adolescents in high school, and these programs generally do not extend to include young adults. Although the reasons for this phenomenon are not clear, the focus of prevention efforts on adolescents may be because they are relatively easy to access in comparison with young adults, who may be working or in college. In addition, persons who design and implement such efforts may not realize that the suicide rate for young adults is substantially higher than the rate for adolescents.
- **Links between suicide prevention programs and existing community mental health resources are frequently inadequate.** In many instances, suicide prevention programs directed toward adolescents and young adults have not established close working ties with traditional community mental health resources. Inadequate communication with local mental health service agencies obviously reduces the potential effectiveness of programs that seek to identify and refer suicidal adolescents and young adults for mental health care.

- **Some potentially successful strategies are applied infrequently, yet other strategies are applied commonly.** Despite evidence that restricting access to lethal means of suicide (e.g., firearms and lethal dosages of drugs) can help to prevent suicide among adolescents and young adults, this strategy was not a major focus of any of the programs identified. Other promising strategies, such as peer support programs for those who have attempted suicide or others at high risk, are rarely incorporated into current programs.

In contrast, school-based education on suicide is a common strategy. This approach is relatively simple to implement, and it is a cost-effective way to reach a large proportion of adolescents. However, evidence to indicate the effectiveness of school-based suicide education is sparse. Educational interventions often consist of a brief, one-time lecture on the warning signs of suicide – a method that is unlikely to have substantial or sustained impact and that may not reach high-risk students (e.g., those who have considered or attempted suicide). Further, students who have attempted suicide previously may react more negatively to such curricula than students who have not. The relative balance of the positive and the potentially negative effects of these general educational approaches are unclear.

- Many programs with potential for reducing suicide among adolescents and young adults are not considered or evaluated as suicide prevention programs. Programs designed to improve other psychological problem areas among adolescents and young adults (e.g., alcohol- and drug-abuse treatment programs for programs that provide help and services to runaways, pregnant teenagers, and/or high school dropouts) often address risk factors for suicide. However, such programs are rarely considered suicide prevention programs, and evaluations of such programs rarely consider their effect on suicidal behavior. A review of the suicide prevention programs discussed in the *Resource Guide* indicated that only a small number maintained working relationships with these other programs.
- **The effectiveness of suicide prevention programs has not been demonstrated.** *The lack of evaluation research is the single greatest obstacle to improving current efforts to prevent suicide among adolescents and young adults.* Without evidence to support the potential of a program for reducing suicidal behavior, recommending one approach over another for any given population is difficult.

RECOMMENDATIONS

Because current scientific information about the efficacy of suicide prevention strategies is insufficient, the *Resource Guide* does not recommend one strategy over another. However, the following general recommendations should be considered:

- **Ensure that suicide prevention programs are linked as closely as possible with professional mental health resources in the community.** Strategies designed to increase referrals of at-risk adolescents and young adults can be successful only to the

extent that trained counselors are available and mechanisms for linking at-risk persons with resources are operational.

- **Avoid reliance on one prevention strategy.** Most of the programs reviewed already incorporate several of the eight strategies described. However, as noted, certain strategies tend to predominate despite insufficient evidence of their effectiveness. Given the limited knowledge regarding the effectiveness of any one program, a multi-faceted approach to suicide prevention is recommended.
- **Incorporate promising, but underused, strategies into current programs where possible.** Restricting access to lethal means of committing suicide may be the most promising underused strategy. Parents should be taught to recognize the warning signs for suicide and encouraged to restrict their teenagers' access to lethal means. Peer support groups for adolescents and young adults who have exhibited suicidal behaviors or who have contemplated and/or attempted suicide also appear promising but should be implemented carefully. Establishment of working relationships with other prevention programs, such as alcohol- and drug-abuse treatment programs, may enhance suicide prevention efforts. Furthermore, when school-based education is used, program planners should consider broad curricula that address suicide prevention in conjunction with other adolescent health issues before considering curricula that address only suicide.
- **Incorporate evaluation efforts into suicide prevention programs.** Planning, process, and outcome evaluation are important components of any public health effort. Efforts to conduct outcome evaluation are imperative given the lack of knowledge regarding the effectiveness of suicide prevention programs. Outcome evaluation should include measures such as incidence of suicidal behavior or measures closely associated with such incidence (e.g., measures of suicidal ideation, clinical depression, and alcohol abuse). Program directors should be aware that suicide prevention efforts, like most health interventions, may have unforeseen negative consequences. Evaluation measures should be designed to detect such consequences.

For a copy of the full report, Youth Suicide Prevention Programs: A Resource Guide, write to Lloyd Potter, Ph.D., M.P.H., at the Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, 4770 Buford Highway, Mail stop K-60, Atlanta, GA 30341-3724. Single copies are available free of charge.

Local Prevention / Intervention Efforts

Suicide is largely preventable. Research shows that up to 90% of the suicides studied are people who were depressed or had another psychiatric disorder. Some suicides occur without warning, but 75% present one or more warning signs.⁴

What is being done to prevent youth suicide in San Diego County?

Several strategies have been identified throughout San Diego County that are in keeping with the eight prevention strategies identified on page 3 of this section. (Also, see Resources – Section 4 pages 2 through 9 for complete information on resources within San Diego County.)

Activity / Services	Prevention Strategies
<ul style="list-style-type: none"> • Yellow Ribbon Suicide Prevention Program, a program of the Light for Life Foundation 	School and Community Gatekeeper Training General Suicide Education
<ul style="list-style-type: none"> • Youth Risk Behavior Survey – San Diego Unified School District 	Data Collection & Analysis
<ul style="list-style-type: none"> • California Healthy Kids Survey 	Data Collection & Analysis
<ul style="list-style-type: none"> • San Diego County Office of Education suicide intervention services <ul style="list-style-type: none"> – Pupil Services Department – Safe Schools Unit 	School and Community Gatekeeper Training General Suicide Education Screening Programs Peer Support Programs Means Restriction
<ul style="list-style-type: none"> • Critical Hours after-school program 	Peer Support Programs
<ul style="list-style-type: none"> • Youth 2 Youth Help Line 	Crisis Centers/Hotlines
<ul style="list-style-type: none"> • Community Assessment Teams (CATs) 	Screening Programs
<ul style="list-style-type: none"> • Columbia Teen Screen (piloted by Probation for youth entering Juvenile Hall) 	Screening Programs
<ul style="list-style-type: none"> • College Suicide Education/Prevention Program at Cal State San Marcos (pilot program) 	General Suicide Education

What more can be done to prevent youth suicide in San Diego?

- **Suicide Prevention Advocacy Network (SPAN)-USA** – this nationwide organization works successfully with Congress, the US Surgeon General and the Department of Health and Human Services to promote suicide prevention on a national level. **SPAN-California** was founded in 1999 as a statewide arena for collaboration among agencies and a voice in our state capitol. Our community might launch **SPAN-San Diego**.
- **Community Planning to Prevent Clusters** – The CDC recommends a “Community Plan for the Prevention and Containment of Suicide Clusters.” First, concerned agencies designate individuals to serve on a coordinating committee. Second, a specific plan is developed, and third, an agency is designated as the “host” to operate the plan.
- The **SOS High School Suicide Prevention Program** was reported to reduce suicide attempts by 40% in high school students in the program. Based on experience in two states, this is a promising practice.

What would it take to achieve better RESULTS FOR CHILDREN AND YOUTH?

- The Children’s Initiative and its San Diego partners inside and outside of government are aiming to “turn the curve” and reverse the negative trend in youth suicide rates.
- The **Achieve Results for Kids** project of the San Diego Children’s Initiative, funded by the California Endowment, aims to improve selected health indicators for children and families by engaging community stakeholders and policy leaders in advancing and sustaining a results-based accountability (RBA) model. Reducing youth suicide rates is one of our targets.

The bottom line is: We know what kids need to be healthy, where the indicators stand, and what works. Now, we must promote community-wide focus and action to achieve optimal results in the well-being of children in San Diego County.

¹Kachur SP, Potter LB, James SP, Powell KE. Suicide in the United States, 1980-1992. Atlanta: US Department of Health and Human Services, CDC, 1995. (Violence surveillance summary series, no. 1)

²Suicide Facts. National Institute for Mental Health

³Suicide in San Diego: 1996-2001. San Diego: Community Health Improvement Partners (CHIP).

⁴Healthy People 2010, Volume II (second edition), Objective 18: Mental Health and Mental Disorder.

⁵CDC. Youth suicide prevention programs: a resource guide. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1992

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.

For Teachers:

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.

COMPONENTS OF SCHOOL-BASED SUICIDE INTERVENTION

A. Suicide Intervention Protocols within The School Crisis Response Plan

Maine schools are required to develop “crisis response plans to deal with crises and potential crisis situations involving violent acts by or against students in each school in the school administrative unit” (Public Law 20-A MRSA § 1001, sub - §§16). Protocols to effectively assist students in a crisis involving suicidal behavior are a critical component of school crisis response plans.

These protocols aid school personnel in intervening effectively with suicidal students. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicide crisis intervention protocols. All school personnel must cooperate fully in implementing intervention protocols in order to help prevent a youth suicide. *Crisis response plans work best when administrators involve faculty and staff in their development.*

Goals of a Suicide Intervention Plan

1. Outline specific actions to be implemented in response to suicidal behavior.
2. Clearly designate specific individuals and alternates in each building to respond to a variety of crisis situations. It is especially important that school personnel and students know whom to contact if a student demonstrates any signs of suicidal behavior.
3. Identify pre-arranged contacts, referral resources and procedures with local crisis service personnel, police and emergency medical service providers so that these necessary services are readily accessible in a crisis.
4. Establish documentation procedures and forms.
5. Outline follow-up steps for school personnel to take after an intervention with students.

B. Guidelines for When the Risk of Suicide Has Been Raised

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

1. Take the threat of self-harm seriously.
2. Take immediate action. Contact the building administrator or designee to inform him/her of the situation.
3. A teacher or other school personnel close to the student talks with him/her in a quiet, private setting to clarify the situation and provide appropriate support.
4. The designated staff person trained in suicide prevention is contacted to meet with the student. The trained staff person talks with the student and does a basic screening that includes specific inquiry as to the suicide plan.

5. Parents must always be notified when there appears to be any risk of self harm, unless it is apparent that such notification will exacerbate the situation (see #6 below). The individual who notifies the parent should be an administrator or other person who has the experience/expertise and/or a special relationship with the student and parents. Resource information should be provided if needed. The same person should follow-up with the parents within a few days to determine what has been done and the next steps.
6. When the school administrator knows, or has reasonable cause to suspect, that a student has been or is likely to be abused or neglected, he must make a report of suspected abuse or neglect to the Department of Human Services by calling (toll-free) 1-800-452-1999. Teachers and other school personnel are to inform the school administrator of suspected abuse so that the administrator can make the report. Teachers, guidance counselors, social workers and other “school officials” are all mandated reporters for suspected child abuse and neglect under Maine Revised Statutes Annotated, Title 22, Section §4011-A. In the event that a school staff member determines that a student under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to DHS for neglect - failure to seek necessary mental health treatment, which may place the child at risk of serious harm. The DHS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and the DHS believes that this places the child at risk of serious harm, a Court Order will be sought ordering the required treatment services.
7. If deemed necessary, or if the student refuses to give any information, contact the prearranged crisis service agency or call the statewide crisis hotline (1-888-568-1112) to access the appropriate crisis intervention agency in your area. This call should result in obtaining consultation with a professional with the skills, authority and responsibility to formally assess the student for suicidality and the necessary level of care.
8. Document actions taken as required by school protocol.

C. Guidelines for Medium to High Risk Situations

Medium to high risk exists when a staff person observes or is told that a student is making explicit statements indicating the wish or threat to die, has access to or is in possession of lethal means, or appears significantly depressed, moody, irritable, unable to concentrate or withdrawn.

1. All staff members understand that they are to take suicidal behavior seriously every time.
2. The staff person “on the scene” takes immediate action to inform the building administrator who will locate the trained staff person designated to respond to such situations.

3. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.
4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:
 - a. Determining if the student has a plan.
 - b. Asking if the student has access to lethal means on their person or if the lethal means are accessible elsewhere.
 - c. Consulting with a crisis service provider if necessary to obtain an assessment of the student's mental state and a recommendation for treatment.
5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. It is best to call in a trained law enforcement officer to remove lethal means. Law enforcement officers have special training to de-escalate a situation that can very quickly become dangerous (i.e. possession of a gun or knife).
6. The administrator (or designee) contacts the parents or guardians to:
 - a. Notify them of the situation and request that they come to school.
 - b. Provide them with a full report upon arrival at school.
 - c. Discuss and advise them on steps to be taken.
 - d. Release the student to the parents/guardians with referrals and resources (names and phone numbers).
 - e. Inform the parents/guardians that you will follow-up with them on actions taken.
 - f. If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to DHS for neglect – failure to seek necessary mental health treatment which may place the child at risk of serious harm. DHS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still refuse to seek treatment and DHS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought mandating the treatment services.
7. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE.
8. In the event that the situation requires transportation to a hospital emergency department, crisis services and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
9. Document actions taken as required by school protocol.
10. Debrief with all staff members who assisted with the intervention.
11. Follow up with parent/guardian as arranged.

D. 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 crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and the superintendent of schools.
3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
4. Consult with crisis service agency staff as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling.
6. In the event that the situation requires transportation to a hospital emergency department, crisis services, EMS and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
7. Explain that a designated school professional will follow-up with parents and student regarding arrangements for medical and/or mental health services.
8. Establish a plan for periodic contact with the student while away from school.
9. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.
10. Other school policies that apply to a student's extended absence should be followed.

Procedures for Assisting Other Students During a Crisis:

11. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:

- 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.
12. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
13. Mobilize the school based crisis team, with support from community crisis service providers, 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 themselves are troubled.)

Suggested Steps:

- a. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.
- b. Describe and promote resources for where students can get help.
- c. Monitor close friends and other students known to be vulnerable and offer support as needed.
- d. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.
- e. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.
- f. Document actions taken as required by school protocol.

E. 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 school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and the superintendent of schools.
2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
3. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat 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 themselves are troubled.)

4. Establish communication with the parent/guardian to determine intervention steps and how the school might be helpful and supportive to the student and family.
5. Establish a plan for periodic contact with the student while away from school.
6. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.
7. Other school policies that support a student's extended absence should be followed.

F. Guidelines for When A Student Returns To School Following 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 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 the student's return, a meeting between a designated liaison person such as the school nurse, social worker, administrator, or designee 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.
2. The designated liaison person is responsible to:
 - a. Review and file written documents as part of the student's confidential health record.
 - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with the practical aspects of the case, i.e. medications, full vs. partial study load recommendations.
 - c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to reoccurring warning signs.
 - d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health services providers supporting to the student.

3. Classroom teachers need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They do not need clinical information or a detailed history.
4. Discussion of the case among school personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be strictly on a "need to know" basis. That is, information directly related to what staff has to know in order to work with the student.
5. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her peers.
6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help seeking skills and resources for others who might be depressed or suicidal.

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.

*Adapted from:
Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES
A Resource for School Personnel
Developed by the Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr. And the Maine Children's Cabinet
May 2002*

HELPING SUICIDAL YOUTH

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."
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."

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. Generate your own list with local and state contact information.

School Resources for Help

- School Administrators
- School Nurses
- School Gatekeepers (individuals trained to recognize & respond to suicidal behavior)
- Social Workers & Guidance Counselors
- School Resource Officers
- Psychological Services Providers

Community Resources

- Statewide Crisis Line **1-888-568-1112**
- Mental Health Agencies, especially crisis service units
- Private Clinics/facilities
- Hospital emergency rooms
- Police
- Local Religious Leaders
- Emergency Medical Services

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.

Adapted from:

Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel

Developed by the Maine Youth Suicide Prevention Program

A Program of Governor Angus S. King, Jr. And the Maine Children's Cabinet

May 2002

For Teachers:

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 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. Use the APPROACH steps:

Ask questions,
Pursue intentions,
Provide support,
Reach out,
Offer resources,
Act quickly,
Communicate your concern, and
Hold out hope.

• ASK QUESTIONS

Questions and comments centering on schoolwork and observed behaviors can be used as lead-ins as long as you don't sound judgmental or punishing. Examples are:

"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?"

If you are aware that the student is heavily involved in drug and/or alcohol use, it is important not to focus on the illegality or rebellious aspect of alcohol or drug use, but on the fact that through this process of abuse, the student is increasing the likelihood of further self-destructive behavior. The emphasis should be on "I'm concerned about what you are doing to yourself, and how you're harming yourself."

- **PURSUE INTENTIONS**

Some students may respond to your comments or questions with nothing more than a shrug. Others may open up and pour out their problems. Students who show a willingness to talk should be guided by sympathetic listening and questions to reveal how they feel about their problems. If the student seems to feel that the situation is hopeless and he or she is helpless to deal with it, then you need to determine whether or not suicidal intentions are present and how great the risk is. This is best done by direct questions such as:

“Are you thinking of giving up on life?”

“Have you thought about how you'd do it?”

“When do you plan to do this?”

When the method has been determined, the means are available, and the time is short (a day to a week) it is clearly a high-risk situation; and immediate action must be taken. On the other hand, if the student has no method in mind, no time in mind, and no method available, the risk is lowered considerably.

A staff member should not attempt to deal with a suicidal student's problems alone – rather, follow the school suicide prevention policies and procedures or, if none exist, find immediate counseling help for the student. Exercise judgment about who should be informed at this stage. If the student is in such a volatile state that the mere suggestion of informing his or her parents might precipitate a suicide, then this decision should be left to the discretion of the counselor or administrator.

A student in a high-risk situation should not be left alone, even briefly. Often, once the explosive feelings have been expressed, it is possible to obtain the student's consent to involve a school counselor or other trusted person. 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. It is often helpful for you to honestly say how you've been through difficult times and how you've survived to be happy again.

- **PROVIDE SUPPORT**

In low-risk situations, the student needs support. Staff members need not feel obligated to help the student solve his or her problems. You can be most helpful by listening and by acknowledging the emotional pain, depression, and unhappiness. *It is important not to be enticed into a secrecy pledge;* not taking action to resolve the situation will only perpetuate the pain.

- **REACH OUT**

Although it isn't easy, staff members should seek out students who appear excessively depressed and unhappy and become involved with them. You may be the only means for getting students the help they need.

- **OFFER RESOURCES**

Staff members need to be aware of resources within the school for dealing with a suicidal crisis (e.g., the school psychologist, counselor, or nurse) and know how to contact appropriate community agencies for help.

- **ACT QUICKLY**

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. Be sure your district has the student's parent or guardian is notified and signed the sample Suicide Risk Notification form. (See page 20)

- **COMMUNICATE YOUR CONCERN**

Statements such as "I'm concerned about you: are you having some difficulties?", "What's going on?", or "I would like to help" easily communicate concern and support. Make sure parent or guardian contact is made. Do not allow the student to leave your presence if you believe the student to be suicidal.

- **HOLD OUT HOPE**

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.

In summary, to **APPROACH** and help a potentially suicidal student, take the following steps:

- Ask questions,
- Pursue intentions,
- Provide support,
- Reach out,
- Offer resources,
- Act quickly,
- Communicate your concern, and
- Hold out hope.

For Other Professionals, Paraprofessionals:

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.

HOW YOU CAN HELP A SUICIDAL TEENAGER (For School Professionals and Paraprofessionals)

- STEP 1 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.
- STEP 2 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 teenager's viewpoint.
- STEP 3 ACCEPT WHAT IS SAID AND TREAT IT SERIOUSLY.** Do not judge. Do not offer platitudes.
- STEP 4 ASK DIRECTLY IF THE INDIVIDUAL IS THINKING OF SUICIDE.** If the teenager 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 compound suicidal ideation. **YOU WILL NOT CAUSE SOMEONE TO COMMIT SUICIDE BY ASKING THEM IF THEY ARE SUICIDAL.**
- STEP 5 TALK OPENLY AND FREELY AND TRY TO DETERMINE WHETHER THE PERSON HAS A PLAN FOR SUICIDE.** The more detailed the plan, the greater the risk.
- STEP 6 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.
- STEP 7 HELP THE YOUNG PERSON 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.
- STEP 8 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?

- STEP 9 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.
- STEP 10 DO NOT BE MISLED BY THE TEENAGER'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.
- STEP 11 ACT SPECIFICALLY.** Offer yourself as a caring and concerned listener until professional assistance has been obtained. If in a school district, 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. Have the person with legal responsibility of the student to sign the sample Suicide Risk Notification form located on page 20 of this document.
- STEP 12 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.** Go to the child's guidance counselor, principal, parents, minister, etc. Contact Crisis Line's **TEEN HOTLINE** for referrals. Convey an attitude of firmness and composure so that the person feels that something appropriate and realistic is being done.

FACTORS FOR EVALUATION OF SUICIDAL RISK* **(For School Counselors and Psychologists)**

- _____ Motivation
- _____ Verbal warnings – overly stated or indirectly shown
- _____ History of previous attempts
- _____ Level of hostility, hopelessness, helplessness
- _____ Level of awareness of alternatives and of consequences of act of suicide
- _____ Assessment of effect – how characterized? Flat, labile?
- _____ Relationship – family; friends; quality
- _____ Capacity for reality testing
- _____ Judgment – enact or absent
- _____ Plan – method, how available are tools
- _____ Level of distress, agitation
- _____ Pessimism
- _____ Situation – what are elements of person’s situation at the time of risk
- _____ Self-image
- _____ Stress level – available or not, what kinds – for protection and concern
- _____ Support – available or not, what kinds – for protection and concern
- _____ Impulsivity
- _____ Lethality – a suicidal gesture or successful completion likely?

*Based on material provided by Robert C. Braeger, Psy., D., San Diego
to be used by trained professional only.

SUICIDE RISK ASSESSMENT CHECKLIST (For Counselors and School Psychologists)

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!

Suicide Preassessment/Prevention Checklist (For School Counselors, School Psychologists and Trained Peer Listeners)

Have you ever thought about killing yourself?

Have you ever tried to kill yourself?

How did you try? What happened?

Are you thinking about killing yourself right now?

Have you planned how? Do you have the means at hand?

Have you set aside a specific date or time for the suicide?

Have you ever felt this way before? How was it resolved?

What is the most recent thing that has happened that makes you want to kill yourself?

Do you know another person who has tried or who has killed him/herself?

How long ago? How do you feel about this person right now?

I don't want you to kill yourself.

I care about you.

Because I care about you, I can't keep this confidential. Will you come with me so that we can talk to an adult who can help?

Be real, supportive and warm, but in control. Do not allow the individual to talk you into making promises to keep this confidential under any circumstances!!!

Allow the individual the time and opportunity to vent his/her feelings.

Sample

**PARENT/GUARDIAN
Suicide Risk Notification
Form**

School/Site Name

I have been notified that my child (relative) _____ has
(Student/Staff Name)
verbalized and/or manifested the dangers of possible suicide. It has been strongly recommended that I
should seek immediate psychological assistance for my child (relative) and that
_____ will not assume responsibility for this serious problem.
(School District)

*Parent's/Guardian's/Relative's Signature: _____

Date: _____

Witness: _____ Title: _____

Witness: _____ Title: _____

Witness: _____ Title: _____

Law Enforcement Witness: _____
(if parent refuses to sign)

Title: _____

*If the parent/guardian/relative refuses to sign, contact law enforcement immediately and have them witness the parent's refusal.

Sample

SUICIDE RISK Reporting FORM
(Confidential)

Person Completing Form: _____ Title: _____

Name of Student: _____ DOB: _____ Sex: _____

Address: _____ Home Phone: _____

School: _____ School Phone: _____

Grade: _____ Ethnicity: _____

Presenting Problem: What prompted the concern? What did the student say about suicide? What did the student do? Describe the student's behavior. What are the current stressors? Did the student indicate a suicide plan? _____

Action Taken: _____

Parent Contacted: Date: _____ Time: _____

Parent Response: _____

Prior Suicidal Behavior:

Has student talked about committing suicide before? Yes: _____ No: _____ Unknown: _____

If yes, when? _____ Describe situation and action taken: _____

Mental Health or Alcohol and Other Drug History (depression, mood swings, etc.): _____

Recommendations for Follow-up:

Completion Date:

Information for Crisis Team

One of the offshoots of an in-service program on suicide prevention ought to be the formation of a crisis team whose members would be available to deal with any student thought to be at risk. This team ought to be composed primarily of on-site personnel: teachers, administrators, school nurse, counselors – but might well be supplemented with outside professionals who could readily be called upon to assist. Once formed, this group should establish a set of intervention procedures to follow once a student is referred and might also assume the role of clearinghouse for information on this issue. The presence of such a team will provide support to those staff members who might feel apprehensive about their ability to cope with so serious a problem. It should be noted, however, that a student deemed to be at risk should not be left to seek out a crisis team member on his/her own. Someone should accompany and remain with that student until some resolution of the crisis has begun.

Additional preventive techniques for dealing with persons in a suicide crisis may require the following:

- Arrange for a receptive individual to stay with the youth during the acute crisis.
- Do not treat the youngster with horror or deny his thinking.
- Make the environment as safe and provocation-free as possible.
- Never challenge the individual in an attempt to shock him out of his ideas.
- Do not try to win arguments about suicide. They cannot be won.
- Offer and supply emotional support.
- Give reassurance that depressed feelings are temporary and will pass.
- Mention that if the choice is to die, the decision can never be reversed.
- Point out that, while life exists, there is always a chance for help and resolution of the problems, but that death is final.
- Focus upon survivors by reminding the youngster about the rights of others. He will leave a stigma on his siblings and other family members. He will predispose his friends and family to emotional problems or suicide.
- Call in family and friends to help establish a lifeline.
- Allow the youngster to ventilate his feelings.
- Do not leave the individual isolated or unobserved for any appreciable time if he is acutely distressed.

These procedures can help restore feelings of personal worth and dignity, which are equally as important to the young person as to the adult. In so doing, the adult helping agent can make the difference between life and death. A future potentially productive young citizen will survive.

How a Crisis Team Can Help With Suicidal Children and Youth

The following are preventive steps for the mature adult dealing with the suicidal youngster:

Step 1 – Listen.

The first thing a person in a mental crisis needs is someone who will listen and really hear what he is saying. Every effort should be made to understand feelings behind the words.

Step 2 – Evaluate the seriousness of the youngster's thoughts and feelings.

If the person has made clear self-destructive plans, the problem is apt to be more acute than when his thinking is less definite.

Step 3 – Evaluate the intensity of severity of the emotional disturbance.

It is possible that the youngster may be extremely upset but not suicidal. If a person has been depressed and then becomes agitated and moves about restlessly, it is usually cause for alarm.

Step 4 – Take every complaint and feeling the patient expresses seriously.

Do not dismiss or undervalue what the person is saying. In some instances, the person may express his difficulty in a low key manner, but beneath his seeming calm may be profoundly distressed feelings. All suicidal talk should be taken seriously.

Step 5 – Do not be afraid to ask directly if the individual has entertained thoughts of suicide.

Suicide may be suggested but not openly mentioned in the crisis period. Experience shows that harm is rarely done by inquiring directly into such thoughts at an appropriate time. As a matter of fact, the individual frequently welcomes the query and is glad to have the opportunity to open up and bring it out.

Step 6 – Do not be misled by the youngster's comments that he is past his emotional crisis.

Often the youth will feel initial relief after talking of suicide, but the same thinking will recur later. Follow-up is crucial to insure a good treatment effort.

Step 7 – Be affirmative but supportive.

Strong, stable guideposts are essential in the life of a distressed individual. Provide emotional strength by giving the impression that you know what you are doing, and that everything possible will be done to prevent the young person from taking his life.

Step 8 – Evaluate the resources available.

The individual may have both inner psychological resources, including various mechanisms for rationalization and intellectualization which can be strengthened and supported, and outer resources in the environment, such as ministers, relatives, and friends whom one can contact. If these are absent, the problem is much more serious. Continuing observation and support are vital.

Step 9 – Act specifically.

Do something tangible; that is, give the youngster something definite to hang onto, such as arranging to see him later or subsequently contacting another person. Nothing is more frustrating to the person than to feel as though he has received nothing from the meeting.

Step 10 – Do not avoid asking for assistance and consultation.

Call upon whomever is needed, depending upon the severity of the case. Do not try to handle everything alone. Convey an attitude of firmness and composure to the person so that he will feel something realistic and appropriate is being done to help him/her.

TIPS FOR PARENTS

To Help Your Child Deal with a Violent Incident or Death On a School Campus

Our attitude sets the atmosphere to deal with the crisis. Be calm and reassuring. You and/or your child may:

- Be fearful to return to school
- Feel school is unsafe
- Have a different or less trustful view of students
- Experience symptoms of Post Traumatic Stress Syndrome (i.e. Nightmares, confusion, flashback, unprovoked anger, outbursts, sleeplessness, irritability)

In order to help your child:

- Emphasize that in spite of this occurrence schools are generally very safe places
- Awareness levels are high in San Diego; therefore, the level of safety is increased
- Prevention efforts have also been increased

At home provide a safe, supportive environment for our children.

- Allow and encourage your children to express how they feel
- Be a good listener (allow the child to do most of the talking)
- Be attentive
- Acknowledge feelings
- Remind them that we all will heal with time
- Provide supportive feedback and reassurance
- Reinforce that schools are safe

How to help your child deal with the extensive media coverage:

For Elementary Age Children

- Exclude exposure to violence and drama (i.e. dead corpses, bloody bodies, police with guns)
- Watch, along with your child, students involved in problem-solving efforts that are on T.V. (i.e. kids supporting each other, telling an adult when something is wrong)
- Emphasize students working together toward solutions
- Discuss solutions with your child

For Middle School and High School Age Youth

- Watch media coverage with them
- Ask questions such as:
 1. What are your thoughts and feelings about what you have seen?
 2. Why do you think a youth did that?
 3. Have you ever heard or seen another student say they were going to do something like that?

4. If you do see it, what should you do?
- Would this work at your school? Why?
 - What other things would you suggest?
 - What would you be willing to do?

If your child talks about harassment, bullying, or being picked on, ask the following questions:

- How do you think Bullying/Harassment played a part in this?
- Have you been bullied/harassed/picked on?
- How did you feel when that happened?
- How did you handle it?
- What are ways to handle or cope with bullying?
- How can you help others who are bullied and harassed?

Parents: Coping with Children's Reactions to Death

A. Fear and Anxiety

1. Fear is a normal reaction to any danger that threatens one's life or well being.
2. What are children afraid of after a death?
 - a. They are afraid of recurrence, or injury, or death.
 - b. They are afraid of being separated from their family.
 - c. They are afraid of being left alone.
3. One must recognize that children who are afraid are very frightened human beings!
4. A first step for parents is to understand the kinds of fears and anxieties children experience.

B. Advice to Parents

1. It is of great importance for the family to remain together.
2. Children need reassurance by their parents' words as well as by their actions.
3. Listen to what children tell you about their fears.
4. Listen when they tell you about how they feel and what they think of what has happened, and validate them.
5. Explain the situation and the known facts to the children; listen to them.
6. Encourage them to talk.
7. Children's fears do not need to completely disrupt their own and the family's activities.
8. Communicate and work cooperatively with the crisis team or student assistance team at your children's school.

C. Settling Down

1. Parents should indicate to the children that they are maintaining control; they should be understanding but firm, be supportive, and make decisions for the children.
2. Bedtime problems
 - a. Children may refuse to go to their room to sleep by themselves.
 - b. When they do go to bed, they may have difficulty falling asleep.
 - c. They may wake up during the night; they may have nightmares.
3. It is natural for children to want to be close to their parents, and for parents to want to have their children near them.
4. Parents should also be aware of their own fears, their own uncertainty, and of the effect these may have upon children.
5. Children may demonstrate regressive behavior such as:
 - a. bedwetting
 - b. clinging to parents
 - c. thumb sucking
6. Children respond to praise, and parents should make a deliberate effort not to focus upon the child's immature behavior.
7. Specific fears:
 - a. refusal to go to school
 - b. fear of the dark
 - c. fear of going to bed
 - d. fear of "monsters"

D. How Can Parents Recognize When To Seek Professional Help?

1. If a sleeping problem continues for more than a few weeks, if the clinging behavior does not diminish, or if the fears become worse, it is time to ask for professional advice.
2. Mental health professionals are specially trained to help people in distress. They can help parents cope with and understand the unusual reactions of the child. By talking to the parents and child, either individually or in a group, a therapist can help a child overcome his fears more easily.
3. By working with the student assistance team at their child's school, parents can gain access to resources and obtain recommendations.

Mental Health Professionals Crisis Counseling and Suicide Intervention

Philosophy - To be human... to be warm and caring... to validate their fears and frustrations, reflect concern for them and take the time to help them explore alternatives. Give the callers tools for helping themselves. Help clients clarify their needs and find alternatives. They need to make their own decisions.

Your Attitude - Put client at ease and reassure him, by attitude and manner (but not in so many words), that you are a responsible, trustworthy, competent person who is going to treat him with respect and with confidentiality. You should be able to project an attitude of concern and acceptance, a willingness to listen. Be a creative listener. People ask for what they know about. Your job may be to know more possibilities and solutions and to inform the client about them.

Be sensitive - Read between the lines. A client may ask for help for only a small part of his total problem. Develop leading questions to encourage him, such as, "Is there any other way I can help you?" or "Are you sure there's nothing else I can do to help you?" It's no disgrace to tell a client, "I don't know, but I'll find out and call you back", (and do so). Having to look up something is not a reflection on your competence; massive amounts of detailed information, which changes rapidly, are being dealt with. It is better to take time to verify information than to risk giving incorrect, incomplete information.

Basic Tools - Two of the best tools we have in interviewing are questions and silence. There will be some basic information you will need from the client. Explain why you need this information and that it is confidential, and then don't ask for it all at once. Your questions should not sound like a cross-examination. If you are gentle and unhurried, much of the information will come out naturally as the problem is discussed. Then you can go back and get necessary details. Be aware that people tend to hold or give inaccurate information when they consider an interviewer's questions to be flat-footed or unnecessarily personal.

Types of Questions - Closed-ended; can be answered "yes" or "no." These types of questions may not get you anywhere...

Example: "Do you have any relatives who can help you?"
"Have you ever been to a counselor?"
"Have you tried anything so far?"

Open-ended: must be answered in sentences and paragraphs. These questions help to gather a lot of information. Generally, they start with "Who," "What," "When," and "How."

Example: "Whom do you have that can help you?"
"Where have you gone for help?"
"What have you tried so far?"

"Why?" are usually inappropriate because they tend to sound judgmental. Such questions can usually be turned into "What?" questions,

Emergency Techniques - When a caller is hysterical and out of control, it is important to take immediate charge of the call. This means that your tone of voice and the words you choose need to be aimed at calming the person. Just for these few minutes you need to convey that you are in control.

Some techniques are:

1. Tell the person to take a couple of deep breaths. "Okay, now stop. Let's take a couple of deep breaths together. Okay, now..."
2. Start asking for specific information with words that require an action on the part of the caller. "Tell me the name of your doctor." "Stop! Who is harassing you?" "Think! Where is your child now?" "Wait a minute! Are you safe now?" These questions can hook the caller back into rationality because they demand a certain behavior and require specific information. As the caller begins to concentrate on answering your questions, he will calm down. You can then continue the call.

In Making a Referral - Ask the Client to call back if he runs into problems obtaining help from the agency you referred him to. Remember also that people have a right not to act on the information you give them. Sometimes a caller will want to know what is available, but he is not yet ready for action. For example, a young woman who feels trapped in a difficult marriage may call about employment referrals in order to know what her options are. If you call her back and she says she hasn't called any of the numbers you gave her, you do not push her; you merely leave the door open for her to act when she is ready or to re-contact you if there are any added problems. The more familiar you are with the available resources in the community, the more efficient you will be in exploring with the clients what you need to know in order to find the services most relevant to the problem. The service you provide literally depends on your knowledge of community resources and your ability to use these resources efficiently. Another possibility is the client's own resources. Financial ability, friends and relatives who can help, churches, temples and other affiliations to which the client can turn to are alternatives that you can encourage clients to seek help from. Sometimes a client hasn't even thought of these possibilities; often she is hesitant to turn to them out of embarrassment, fear of rejection or disapproval.

Handling a crisis call is helping the person work through his feelings.

YELLOW RIBBON WEEK

Yellow Ribbon Week is the third week of September each year. This is an opportunity for communities to focus on awareness and prevention of youth suicide. The Light for Life Foundation of Southern California is available to help coordinate activities and provide materials to schools, parent groups, community organizations, government agencies and the faith community to create a culture of caring and communication for our youth. This is a proactive way to reach out year after year with the message: *"You are not alone."*

Activities and Suggestions for Yellow Ribbon Week:

- Start with a memory event such as: a candlelight vigil, bubble release for loved ones, display *"Faces of Suicide"* quilt(s).
- Wear yellow.
- Make, wear and distribute yellow ribbons or purchase "It's Okay to Ask4Help" stickers.
- Make large Yellow Ribbons for classroom doors, counselor's door and school entrance doors.
- Have a poster party or contest, make posters telling about Yellow Ribbon Week, Warning Signs, Hopeful, Helpful messages, etc.
- Make a banner out of yellow "butcher" paper and have people write messages of hope and inspiration... create a "Ribbon of Life."
- Hold an in-service training for school staff about the Yellow Ribbon Program; ask all staff to wear yellow ribbons during the week.
- Distribute Yellow Ribbon cards in classrooms and/or through the counseling and health offices and the library.
- Show the video: Depression: On the Edge, from the PBS TV series *In the Mix*, and/or perform the Yellow Ribbon Skit.
- Sponsor a week of life-skills topics such as: awareness and prevention of suicide, depression, eating disorders, relationship violence, abusive situations, etc.
- Visit local middle schools to distribute Yellow Ribbon cards and to share the story *"I'll Always Be With You,"* from Chicken Soup for the Soul – perform the skit too!
- Visit nursing homes and distribute Yellow Ribbon cards, talking with staff and residents – the elderly are the second leading group to die from suicide.
- Circulate Yellow Ribbon information at Back-to-School night and/or sponsor a parent/community information meeting.
- Ask local merchants to give discounts to patrons wearing yellow ribbons, pins or stickers during Yellow Ribbon Week.

Yellow Ribbon Skit

The Cast:

5-7 actors portraying risk factors/warning signs of teen suicide printed on them such as:

Alcohol and Other Drug Use

Loneliness

Hostility

Lack of Self Esteem

Depression

*more risk factors/warning signs can be found in Yellow Ribbon

Packet

two parents

teacher

main character

main character's girlfriend/boyfriend

best friend

Props:

You will need 5-7 black T-shirts with risk factors/warning signs of teen suicide printed on the back of them.

*Report card or paper with a "D" on it, fake bottle of pills, Yellow Ribbon Card, tape player and song **Total Eclipse of the Heart** by Bonnie Tyler*

Direction:

There are no speaking parts. Each actor shall use facial expressions and small body movements to "speak" to the audience.

Story:

The actors portraying the risk factors/warning signs wearing the black shirts with stand in a line at the back of the stage/platform with their backs to the audience.

In front of the 5-7 risk factors/warning signs of teen suicide will be a couple who approach each other and start dancing. They look happy. Then one of the risk factors/warning signs begins to pull or entice the main character away. The girlfriend/boyfriend leaves. The main character looks alone and sad.

The main character's parents come to talk with him/her and he/she looks happy again. Nods and appears to look OK. The parents leave and 2 of the risk factors/warning signs begin to pull or persuade the main character away. He/she looks sad and troubled.

Story (cont.):

The main character's teacher approaches and presents him/her with a report card or a test with a large "D" grade. The teacher appears to try to help the main character and, when the teacher believes everything has been worked out, leaves. Three of the risk factors/warning signs begin to pull the main character toward them.

The main character's best friend approaches them and they laugh and joke around. Everyone looks like they are enjoying themselves. The friend exits and 4 of the risk factors/warning signs try to pull the main character toward them.

The main character's girlfriend/boyfriend approaches and they appear to argue and eventually break up. The girlfriend/boyfriend leaves and the main character appears to be defeated, slouches down and crumbles to the floor. The main character takes a fake bottle of pills from his/her pocket and looks at it. All of the risk factors/warning signs circle around the main character holding hands. (This represents the strong bond of negative feelings and hopelessness that teens experience that cause them to contemplate suicide.)

The parents arrive and find their child in a heap on the floor and try to break apart the hands but cannot and give up.

The teacher arrives and finds the student in a heap on the floor and tries to break apart the hands but cannot and gives up.

The best friend arrives and tries to break apart the hands but cannot and gives up.

The girlfriend/boyfriend returns and tries to break apart the hands but cannot. While turning to leave, he/she spots the Yellow Ribbon Card. He/she goes to get help!

The parents, teacher, best friend, and girlfriend/boyfriend all come back and, together, they are able to break apart the hands of the risk factors/warning signs. They surround the main character showering him/her with all their love.

In the final scene, the risk factors/warning signs are all defeated and they crumble to the floor.

Intervention Managing Stress and Depression (handout)

- Try to be open with your feelings.
- Spend time with family and friends and share this information with them.
- Consider the importance of spirituality in your life.
- Get involved with after-school activities.
- Accept other's thanks, compliments and praise.
- Plan your future and set realistic goals.
- Volunteer – you have a lot to offer.
- Exercise! (It releases uplifting endorphins).
- Get enough sleep and eat right – never underestimate the power of chocolate!
- Laugh and keep your sense of humor!
- Read subjects that interest you.
- Remember: alcohol and other drug use inhibit judgment and increase depression.
- Do not tolerate physical, emotional, or sexual abuse from ANYONE. Get help!
- Seek help if you feel overwhelmed or troubled. Use your Yellow Ribbon card.
- *Needing help is not failing, it is simply being human.*

SECTION 3

Postvention

- **Overview and Rationale**
- **Guidelines for Schools**
- **Understanding Grief Reactions**
- **Guidelines and Plans After a Suicide**

Postvention: Crisis Response/Intervention

Overview and Rationale

Postvention refers to *proactive* services offered to a school, program, or individuals following a traumatic event or death. Suicide postvention usually occurs following the suicide of a student or the suicide attempts of students. In some cases, postvention occurs after a series of suicides or clusters.

In the event of a youth suicide, one of the aims of crisis intervention involves mobilizing the staff and other resources in order to reduce the risk of a suicide cluster developing. Suicide clusters are groups of suicides occurring closer in space and time than would normally be expected. Such clusters occur predominately among adolescents and young adults. The mechanism generating suicide clusters has not been well established but seems to involve a sort of "contagious" phenomenon, by which exposure to the suicides of friends or others increases one's own risk of suicide. For this reason, schools and other community agencies should be prepared to respond quickly to minimize the likelihood of suicide contagion following one or more teen suicides. In this section, we focus primarily on the potential of crisis response in the prevention of suicide contagion. Crisis response has many other important functions and benefits as well; several are noted in the program descriptions that are listed at the end of this chapter.

The crisis intervention response is guided by a contingency plan developed in advance of the event as a part of suicide prevention efforts. According to the *CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters* (CDC, 1988), the crisis intervention plan should identify a coordinating committee to manage day-to-day response to the situation, and a host agency to "house" the plan, monitor youth suicide, and call the coordinating committee into action. The plan should be activated in the event of a suicide cluster or one or more traumatic deaths that might lead to the development of a suicide cluster, especially if these deaths occur among adolescents or young people.

The CDC goes on to recommend the following in managing a crisis situation:

- The first step taken by the coordinating committee should be to contact and prepare key groups, especially teachers, school counselors, support staff in schools, and others who will deal directly with friends and classmates of the suicide victim. These people should be briefed on the proper means of announcing the death, supporting the reactions of teenagers, and identifying and counseling close friends of the victim and other high-risk persons.
- The crisis response should be conducted in a way that avoids glorifying the victim and sensationalizing the suicide.
- High-risk persons, such as relatives, boyfriends or girlfriends, close friends, and past suicide attempters, should be identified, screened, and, if needed, referred for further counseling.
- Accurate data, in a timely flow, should be provided to the media.

- Elements in the environment that might increase the likelihood of further suicide should be identified and changed. Immediate access to the means of suicide, especially those used by the victim, should be restricted.
- Long-term issues suggested by the suicide cluster should be addressed and used to modify the suicide prevention program in the community.

Tragically, it is true that even the most well-devised and carefully implemented prevention program will not necessarily insure that a school will escape the trauma of a suicide death in its midst. In this, as in other areas, our best efforts may not suffice in turning a child from a self-destructive course. Thus, it is equally important that faculty and staff receive adequate in-service training in proper postvention procedures.

Effectively managing the aftermath of a death by suicide of a student presents a complex set of challenges because school personnel will be called on to respond to different groups of people who are reacting to the tragedy in many different ways all at once. Obviously, the closer one's relationship to the student, the deeper and more multi-faceted will be the reaction. However, it cannot be assumed that students who did not know the deceased student will escape this tragedy unscathed. Everyone connected to the student, no matter how remote the connection, will find her/himself shaken in some very deep ways as certain assumptions about reality and the proper order of things are now called into question. Coping with the varied needs of the school community will be complicated by the fact that the faculty and staff attempting to do so will have their own many and varied feelings to deal with.

A school finding itself in a postvention situation can expect to move through, essentially, three periods in the coping process:

1. immediate aftermath - the day following the suicide death
2. short-term - from day 2 to 7 to 10 days after
3. long-term - a period of resolution of indeterminate length

Each phase presents its own particular concerns and requires its own particular strategies. The following is a description, based on our own experiences, of what a school might expect to face and some suggestions of strategies to be prepared to pursue in response. This discussion is by no means exhaustive of the possibilities inherent in this situation nor does it pretend to be authoritative. It is, however, true to what we experienced and to the ways we attempted to minister to all those involved.

While particular attention for the groups discussed above is warranted, the school needs to provide continued support for the student body in general in its healing process. Though by the second day following the death the schedule ought to return to normal, teachers should be open to extending students the time in class to discuss their feelings. In addition to lending further support to students, this will allow teachers to identify those who may need more individual support. A return to the normal schedule is advisable because, shaken as they are by the tragedy, students will welcome the security of the familiar routine. However, it should be noted that a dogged determination to return completely to business as usual will surely create more problems in the long run. Teachers who might be uncomfortable participating in this kind of exchange with students should be able to call on the guidance staff for assistance.

One very important step a school ought to take is that of holding a memorial service for the deceased student. Such a service will provide a focus and a "legitimate" outlet for pent-up feelings while providing the atmosphere of closeness and sharing, which these young people need in this time of uncertainty. Students should be encouraged to bring mementos of the deceased student: school books, team or club insignia, anything associated with the life and interests of the student. During the service, an address should be given which centers on the goodness of life, means of solving or coping with setbacks in life, and the reality that time and growth continue to bring new life and new perspectives. Since adolescents tend to romanticize, there does exist the possibility that they may glamorize the death and make a hero of the suicide victim. A memorial service could discourage such a tendency because it underscores that this student is now indeed dead, no longer able to experience or contribute to life.

During these days, the attention of school personnel will, naturally and rightly, be focused on the student body. It is important, however, that the school not neglect caring for the caregivers. Particularly vulnerable at this time will be any teachers or counselors who may have been working with the deceased student. They may find themselves feeling guilty over what may strike them as their inability to have prevented the tragedy. In attending to the needs of students, they may put aside their own feelings, a process which, if extended, could lead to depression. Here too, a mental health professional from outside the school community would be helpful in forestalling this problem. Furthermore, other staff members can assist them by simply extending understanding and support in an obvious way.

POSTVENTION GUIDELINES FOR SCHOOLS

Goals of Postvention Services:

- Identify and refer high-risk youth
- Accomplish normal grieving
- Return school to neutral environment

What School Administrators should do:

- Have a school postvention policy:
 - Immediate implementation plan
 - Designated school-based coordinator
 - Designated media spokesperson
 - Protocol of informing first staff, then students
 - Establish guidelines for identifying students at risk
 - Procedure for contacting community resources
 - Procedure for removal of personal effects/class chair
 - Security precautions - in the event public memorials go up
 - Procedure for responding to contagion
 - Follow up/de-briefing procedure (remembering anniversary)
- Allow staff time for accurate information about the death and time to PROCESS feelings before they must confront students
- Allow time for classroom information and discussion about the death
- Gather a list of necessary phone numbers and mental health resources to use as needed and for referral

What the teacher should do:

- Get accurate information on the death and provide this to students (depending upon school policy and procedure)
- Allow age appropriate discussion or questions.
- *Offer alternatives* other than suicide for students who are hurting.
- Identify students who are:
 - Close to the victim
 - Identify with the victim
 - Have high-risk history
 - Seem especially affected by the death

COMPONENTS OF SUICIDE POSTVENTION PLANNING

A. Special Issues

The death of a student is a tragic event. When that death is a suicide there are exacerbating considerations. Effective postvention planning for the aftermath of a death by suicide is a very important strategy, which may help prevent another suicide. Managing the school environment after a suicide presents significant challenges to school personnel. These components of postvention following a death by suicide are recommended to help school personnel maintain control of the school environment and assist at risk students.

1. **Advanced planning** of postvention activities following a suicide is best designed with input from school personnel and community crisis services staff to meet the following goals:
 - a. To support students, faculty, staff and parents as they grieve.
 - b. To provide a safe environment for students to express their feelings of grief, loss, anger, guilt, betrayal etc.
 - c. To prevent a copy-cat response from other vulnerable students.
 - d. To return the school environment to its normal routine as quickly as possible following crisis intervention and grief work. This is as important for after school activities as it is during class time.

2. **Clear Messages** offer stability in a difficult situation. Death by suicide has a profound impact on both the school staff and the student body. In order to help reduce the likelihood of sensationalizing or glorifying the person who died by suicide, key personnel need to step forward in a straightforward manner to let the school community know that this situation will be handled. It is critical to give these messages:
 - a. Expressing grief reactions is important and appropriate.
 - b. Feelings such as guilt, anger, and responsibility are normal.
 - c. There must be no secrets when suicide is a possibility and if any student is worried about him/herself or anyone else, TELL an adult.
 - d. Explain available crisis and grief services.
 - e. Announce funeral arrangements as information becomes available.
 - f. Thank school community for being supportive of each other.
 - g. Explain your wish to protect the family and the school from media attention and outline the school procedure for working with the media.

3. **Suicide Prevention Education** for staff and students is generally not appropriate in the immediate aftermath of a suicide. It is necessary for staff and students to have time to grieve before being asked to focus on prevention.

4. **Self-care** is especially important for staff that deals with a suicide crisis. Typically, school personnel concentrate on doing what is necessary for the student population, leaving little energy for self-care. Colleagues from neighboring districts, community crisis service agencies, and grief support agencies are often very helpful. Enlist trained, qualified outside help for debriefing and provide grief support to staff as well as students.

5. **Staff debriefing** in the aftermath of a student suicide is essential. Every crisis presents unique circumstances and the school must adapt as necessary. It is likely to involve three to five days of intense work before there is any semblance of “normalcy.” Each crisis also presents an opportunity to be better prepared for the next crisis. It is important for the crisis response team to:

- Debrief around the management of the event.
- To take the time to recognize what went well.
- Recognize what challenged the team.
- Plan any modifications that need to be made to improve future crisis response.

B. Guidelines For Postvention Procedures

1. Responsibilities of the School Principal or Designee:

- a. Convene the school based crisis response team.
- b. Contact the family of the deceased to express condolences.
- c. Inform the school superintendent and administrators of schools where siblings are enrolled.
- d. Schedule the time and place for after school de-briefing sessions for school personnel to provide for emotional support and to review next steps.
- e. Provide information about the death and funeral arrangements to parents of other students. They should also be provided with information about warning signs of suicide, supportive services available to students at school, other community resources, crisis line telephone numbers and helpful responses to students’ questions about suicide.
- f. For safety purposes, permit students to leave school premises only with parental permission and documentation. Implement an enhanced system to carefully track student attendance.
- g. Act as spokesperson to the media. Direct the entire staff to refer all media requests to this individual. When speaking to the media focus on the positive steps of the school’s postvention plan to help students through the immediate crisis period. Offer the warning signs of suicide and several resources where parents and students can turn for help. Provide a written copy of all statements made to the media.

2. Responsibilities of the School Based Suicide Crisis Response Team:

Once activated by the school administrator or designee, the crisis team begins to manage the emotional fallout within the school community to decrease the potential for copycat behavior. Tasks include:

- a. Contact law enforcement to verify the facts of the case.
- b. Meet with school staff as soon as possible to communicate next steps.
 1. Mobilize the plan for communicating the news to students and parents.
 2. Prepare school personnel for student body reactions.
 3. Allow time for staff to ask questions and express feelings.
 4. Clarify the pre-arranged steps that will be taken to support school personnel, students, parents (grief counseling, debriefing etc.)
 5. Review process for students leaving school grounds and tracking student attendance.

6. Consider the possibility of copycat behavior and ask staff to identify concerns they may have about individual students, clarify how to monitor at-risk students.
 7. Announce how the school will interact with media representatives. Remind staff not to talk with press or spread rumors and that all inquiries must be directed to designated media spokesperson.
 8. Consider the feelings that may be brought on by a death by suicide such as guilt, anger, responsibility, fears for personal safety and wellbeing. Remind staff of available resources for help in dealing with these feelings.
- c. Call regional/local mental health agency, other school counselors, and clergy to arrange for crisis intervention and debriefing assistance if arranged in prior planning.
 - d. Announce the death to students through a prearranged system. The announcement should be as honest and direct as possible, and include the facts as they have been officially communicated to the school. Do not overstate or assume facts for which there is not yet evidence. Death by suicide should NOT be announced in a large assembly or over a loud speaker. It is best if there is a system of Advisor/Advisees or Home Room announcements in which all students are given the same information at the same time by teachers they know and trust, allowing time for initial reactions and discussion.
 - e. Parents/guardians should also be notified as soon as possible so that they will be prepared and available to provide support to each student. Resources and information on youth suicide prevention should be provided at the same time.
 - f. Relay information about visiting hours and funeral to students, faculty, staff, and community members in a sensitive manner. Announce arrangements for support resources at the same time.
 - g. Mobilize pre-planned strategy to monitor and assist other students who are considered at-risk for suicide. Follow-up should be conducted with individual students, especially those who were close to the deceased person, and also those who may not have known the deceased person, but who maybe described as vulnerable. Follow-up with these individuals and their families should be maintained for as long as necessary, remembering that special events, transitions and anniversaries are particularly difficult times. School staff should be especially sensitive to students who are particularly affected by the death. Peer groups, teams, clubs etc., of which the deceased student was a part, will likely need to talk about their issues. Attention to these students during the postvention period may help prevent future suicidal behavior.
 - h. Conduct daily debriefing with faculty and staff during the crisis and postvention periods.
 - i. Document activities as dictated by school protocols. Each crisis presents an opportunity to improve the process for handling the next crisis, so documentation is important.

3. How Suicide Postvention Activities Help Prevent Copycat Suicide

- a. **Grief counseling.** This may be the first experience with death for some students. Students and staff need opportunities to express their grief within safe, comfortable settings individually or in small groups, in classroom discussions with their teacher, counselor, crisis facilitator, and/or grief worker. Strong feelings will be expressed and will need to be validated. Grieving is an important part of healing and provides an opportunity to learn how to cope with loss. However, when suicide is the cause of death, there is a fine line between encouraging students to express their feelings and giving the death so much attention that it may make the idea of suicide attractive to other vulnerable students. It is a delicate balance that requires a thoughtful approach.
- b. **Grief process after suicide.** Individuals who lose a family member or close friend to suicide face some unique challenges that may complicate their grief process. An intense search for the reasons “why” is normal, but may lead to scapegoating or blaming another for the death. This may put the person being blamed at risk for suicide. Feelings of personal guilt, rejection, and desertion are also common in the aftermath of a traumatic death. Effective handling of the grief process is directly related to the ability of the school community to return to normalcy. Special events and anniversaries of the death may be especially significant and difficult for those close to the person who died by suicide.
- c. **Funeral Arrangements.** Schools that have had experience with suicide report that often the day of the funeral is critical in terms of crisis management. Ask the family, when possible, to hold the funeral service after school hours to allow those attending in the evening to be supported by their families and each other. If that is not possible, students should be allowed to attend the funeral during school hours, with parental permission. Announce arrangements regarding the school absence for funeral attendance. *Avoid use of the school as the funeral site because some youth will associate the room in which the service is held with the death forever.*
- d. **Keep the School Open.** Follow regular school routines to the extent it is possible. While the school must be sensitive to the students affected by the death, they must also consider the needs of those not closely affected. The way to avoid undue anxiety is to undertake all activity as a straightforward manner, letting students, parents, and faculty know that this situation is being handled.
- e. **Inappropriate Memorial Activities.** Avoid memorial services being held within the school building, flying the flag at half-mast, large student assemblies, dedications of sports events or other special events, special plaques, permanent markers or anything that glamorizes or glorifies the suicide. Such activities provide an invitation to other vulnerable youth to consider suicide. Grieving families and students may insist that their deceased loved one be honored. These energies are best channeled into constructive projects that help the living. Advance planning for responding to any student death will help school personnel stay with school procedure, rather than being driven by intense emotion in a time of crisis. Also, only the President or Governor has the legal authority to mandate flying a flag at half-mast.

Adapted from:

Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel - May 2002

Developed by the Maine Youth Suicide Prevention Program - A Program of Governor Angus S. King, Jr. And the Maine Children's Cabinet

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

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

Options:

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

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 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.

*Adapted from:
Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES
A Resource for School Personnel
Developed by the Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr. And the Maine Children's Cabinet
May 2002*

Survivors of Suicide Fact Sheet

A survivor of suicide is a family member or friend of a person who died by suicide.

Some Facts...

Survivors of suicide represent "the largest mental health casualties related to suicide" (Edwin Shneidman, Ph.D., AAS Founding President).

There are currently almost 32,000 suicides annually in the USA. It is estimated that for every suicide there are at least 6 survivors. Some suicidologists believe this to be a very conservative estimate.

Based on this estimate, approximately 5 million American became survivors of suicide in the last 25 years.

About Suicidal Grief

The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely individual and unique process; each person will experience it in his/her own way and at his/her own pace.

Grief does not follow a linear path. Furthermore, grief doesn't always move in a forward direction.

There is no time frame for grief. Survivors should not expect that their lives will return to their prior state. Survivors aim to adjust to life without their loved one.

Common emotions experienced in grief are:

Shock	Denial
Pain	Guilt
Anger	Shame
Despair	Disbelief
Hopelessness	Stress
Sadness	Numbness
Rejection	Loneliness
Abandonment	Confusion
Self-blame	Anxiety
Helplessness	Depression

These feelings are normal reactions and the expression of them is a natural part of grieving. At first, and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time.

Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one.

Survivors often struggle with the reasons why the suicide occurred and whether they could have done something to prevent the suicide or help their loved one. Feelings of guilt typically ensue if the survivor believes their loved one's suicide could have been prevented.

At times, especially if the loved one had a mental disorder, the survivor may experience relief.

There is a stigma attached to suicide, partly due to the misunderstanding surrounding it. As such, family members and friends of the survivor may not know what to say or how and when to provide assistance. They may rely on the survivor's initiative to talk about the loved one or to ask for help.

Shame or embarrassment might prevent the survivor from reaching out for help. Stigma, ignorance, and uncertainty might prevent family and friends from giving the necessary support and understanding. Ongoing support remains important to maintain family and friendship relations during the grieving process.

Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely exacerbate and complicate the grieving process.

When the time is right, survivors will begin to enjoy life again. Healing does occur.

Many survivors find that the best help comes from attending a support group for survivors of suicide where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

Children as Survivors

It is a myth that children don't grieve. Children may experience the same range of feelings as do adults; the expression of that grief might be different as children have fewer tools for communicating their feelings.

Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that someone is there to take care of them.

Secrecy about the suicide in the hopes of protecting children may cause further complications. Explain the situation and answer children's questions honestly and with age-appropriate responses.

December 03, 2004

Grief – After the Death Has Occurred

Suggestions for Teachers and School Counselors

Teachers, counselors and classmates make up a child's "second family." They, too, have strong feelings when a "family member" experiences a death. These guidelines have been prepared by bereaved parents, surviving children, school personnel and professional caregivers in an effort to help those who want to help a child.

The Grief of Children

Children tend to express grief in their ways of behaving. They act out their feelings and emotions. We cannot always know what they are thinking or feeling. Take cues from their behavior.

All children react differently. Withdrawal, aggressiveness, panic, anxiety, anger, guilt, fear, regression and symptoms of bodily distress are all signs of grief. Be patient and understanding.

When children are grieving, they have shortened attention spans and may have trouble concentrating. School work may be affected.

A child may attempt to deny feelings of anger, hurt and fear by repressing them. Eventually, grief takes over and their feelings leak out. It may be months or even years before a child displays signs of the full impact of a family death.

Bereaved children must reestablish a self-identity. "Who am I?" becomes a major concern. Help them in their search.

Perceptions of Death

A child's perceptions of death change with age and experience. The preschool and kindergarten age child may see death as temporary. The 6-to-10-year-old becomes aware of the reality and finality of death. He may be curious about death and burial rituals. By 11 a child begins to perceive death on an adult level.

Expressions of Grief

Face your own feelings about death. Share your feelings with the child and with your class. It's okay to cry, to be sad or angry. It is even okay to smile.

If a student seeks you out to talk, be available and REALLY LISTEN. Hear with your ears, your eyes and your heart.

TOUCH. A warm hug says, "I know what happened and I care. I am here if you need me."

Be open and honest with feelings. Create an atmosphere of open acceptance that invites questions and fosters confidence and love.

Encourage children to express their grief in all its forms. Acknowledge the reality that grief hurts. Do not attempt to rescue the child (or the class, or yourself!) from that hurt. Be supportive and available.

Provide a quiet, private place to come to whenever the student needs to be alone. Almost anything can trigger tears. Respect a student's need to grieve. Help students realize that grief is a natural and normal reaction to loss.

Do not isolate or insulate children from death. Expose students to death as a natural part of life. Use such opportunities as a fallen leaf, a wilted flower, the death of an insect, bird or class pet to discuss death as a part of the life cycle. Explore feelings about death, loss and grief through books. Talk together as a classroom family.

Grief in the Classroom

Remember, the class functions as a group, and sharing grief may benefit the entire class. Thus students can be exposed to death in a safe and caring atmosphere, where the grieving child finds people who care and are supportive. By sharing grief, we help eliminate the compounding problem of school and social isolation the bereaved often experience.

Try not to single out the grieving child for special privileges or compensations. He still needs to feel a part of his peer group and should be expected to function accordingly. Temper your expectations with kindness and understanding, but continue to expect him to function.

If possible, meet with a few of the bereaved student's friends to help them cope and explore how to be supportive. Friends may be uncomfortable and awkward in their attempts to make contact.

Help the student find a supportive peer group. Perhaps there are other students in the school who are coping with similar losses. An invitation to share with each other might be welcome.

Have resources available in the library about death and grief. You might offer to read a book with the child.

Become a part of a caring team by establishing lines of communication with the parents. Keep each other informed about the student's progress.

Acknowledgment of the Death

It is important and appropriate for the school community to acknowledge the death of a student. Encourage classroom discussions and expressions of grief, such as a display of poems, pictures, or drawings. Make a scrapbook, hold an assembly, plant a tree. Do something to acknowledge the death, thus giving students permission to do the same.

Children and young people will continue to deal with the death of a family member as they grow and mature. Continue to be available. Continue to reach out and CARE, just as you do now.

The Compassionate Friends

National Office

P. O. Box 3696

Oak Brook, IL 60522-3696

Toll Free: 877-969-0010

Web: www.compassionatefriends.org

Permission granted by TCF National Office to reprint this document for this publication only.

AFTER SUICIDE

An Administrator's Immediate Response

Upon learning of the occurrence of a suicide death, the principal should take steps to inform all other administrators and faculty members and to call them to a meeting before the students return to school. At this meeting, the staff should be given whatever information is available and should be encouraged to air their own feelings. The Crisis Team should be called on to remind the staff of what it might expect to face in meeting the students and to review the postvention strategies discussed during in-service sessions. Adjustments in the day's schedule as well as any other extraordinary arrangements should be announced at this time.

Students should be informed at the beginning of the school day in a setting which allows for effective interaction with their reactions and feelings. It is essential that all available facts, and only the facts, be given. Rumors and speculation, especially those which tend to glamorize or romanticize the death, should be dispelled.

Administrators and teachers should support by putting aside the normal classroom activities in order to allow the students the opportunity to continue to process the feelings they are experiencing. Indeed, though the school ought to return to regular procedures as soon as possible, teachers can expect a delay of some days in length before most students are able to return to business as usual.

Safe rooms should be set up in the school so that students have someone to talk to. In addition to its own school counselors, school psychologists and nurses, the school may find it helpful to call on counseling professionals from the community. It would also be advisable to have a counselor available to speak to any parents who may call or come to school.

UNDERSTANDING SHORT-TERM PERIOD REACTIONS

The immediate reactions of shock, numbness, and, perhaps, disbelief occasioned by a suicide death soon give way to the feelings which characterize this second phase of the journey toward healing. While for most, this period will be marked by a lessening of intensity of feeling and an increasing ability to handle the normal routine, two groups - close friends of the deceased student, and students who might be considered emotionally at risk - may well find these days increasingly fraught with anguish and confusion.

Close friends of the deceased student have intense feelings and needs at this time of beginning to face the loss of a friend. Besides the pain of loss, they will no doubt experience guilt. Some will feel guilty for failing to recognize their friend's despair while others will feel guilty for having sensed the danger and said nothing. They will be angry - with themselves for having failed their friend and with their friend for having failed them. Capable of a variety of responses to such intense feelings, these young people, left to their own devices, become vulnerable to depression and perhaps their own thoughts about suicide. Thus, great care must be taken to afford them on-going access to a mental health professional who will support their journey through their grief.

Another group needing the special attention of school personnel at this time is those students who, for whatever reasons, have been identified as emotionally at risk. For these students too, these are perilous days for, even though they may not have been personally involved with the deceased student, his/her death adds an additional burden of feelings to their already tenuous emotional structure. For some, there is the real possibility that this tragedy will become the proverbial straw. On-going counseling to shore up their emotional resources is especially needed to safeguard these children at this time.

Parents of students who fall into either of the aforementioned groups should be contacted by a school counselor and informed of the situation and its likely effects on their children. In addition, it is important that the counselor advise parents of the steps being taken in school to help their children deal with the tragedy and suggest ways in which the parents might support the school's efforts.

EXPECTING LONG-TERM PERIOD REACTIONS

For the survivors of any death, the end of the period of public rituals of mourning marks the beginning of a period of re-adjustment. This time is marked by a realignment of reality, which will eventually allow the survivors to accommodate their lives to the absence of the deceased. The duration of this period will vary according to a variety of factors: the circumstances surrounding the death, the temperament and emotional make-up of the individual survivor, and his/her closeness to the deceased.

A school community entering this adjustment period needs to be prepared to monitor its students for any signs of difficulty in this process. It is important to keep in mind that while on the surface things may have returned to normal, these young people will be in a fragile state for some time to come. For many, this experience will have marked, the first time so great a tragedy has struck so close to home. Thus, it may also mark an end of innocence, an end of the insularity of childhood. For others, this will mark their first experience of the loss of a loved one, the pain of which may cause them to call into question the wisdom of opening themselves to love in the first place. For still others, this tragedy will serve to reinforce their own feelings about the futility of life.

Perhaps the best thing the adult survivors can do to support the children is to demonstrate the value and the goodness of life. As they struggle to find their bearings again, they will be looking for solid ground to stand on. Teachers, counselors, administrators, parents who are open and responsive to their questions and uncertainties can provide that solid ground while the healing process goes forward.

SUPPORTING THE FAMILY OF THE DECEASED STUDENT

The family of the deceased student are the persons most readily identified as most in need of physical and emotional support. Yet, for a variety of reasons, the school community may find itself reluctant to become involved with the grieving family beyond condolence calls and attendance at funeral services. School officials may feel that more extensive involvement would represent an intrusion since relatives and friends seem the more appropriate sources of the support the family requires.

The nature and extent of the school's involvement with the bereaved family at this time will be determined, in large part, by the wishes of the family. Within that framework, each school must seek out the level and shape of involvement which are most consistent with its own nature and goals. In making that determination, certain factors ought to be considered.

1. The school community no doubt represents the largest concentration of those directly affected by the death. Thus, the school offers the family a place to share and receive understanding of their grief.
2. First-hand contact with the pain of family members can help reinforce the school's efforts to forestall any tendencies among the students to glamorize the circumstances surrounding the death.
3. Extending themselves to grieving family members will afford students another avenue of expression and focus for their own feelings. Furthermore, sharing with their own teachers and school administrators in this ministry to the family may well make it easier for students to turn to these same teachers and administrators for the help the students may need at this time.

NORMAL GRIEF EXPERIENCES

(handout for students experiencing grief)

WHAT YOU MAY EXPERIENCE PHYSICALLY:

- tightness in the throat or in the muscles
- heaviness or pressure in the chest
- inability to sleep
- periods of nervousness, or even panic
- lack of desire to eat (or)
- desire to overeat
- experience of visual or auditory hallucinations of the loved one who has died
- headaches, or stomach/intestinal disorders
- lack of energy
- inability to concentrate

WHAT YOU MAY EXPERIENCE EMOTIONALLY:

- sadness, and/or depression
- forgetfulness
- feel guilty or angry about things that happened or didn't happen in the relationship with the deceased
- unexpected anger toward others, God, or the deceased
- may cry easily and/or unexpectedly
- mood swings
- may feel uncomfortable around other people (or)
- may not want to be alone
- may feel a sense of the death being unreal or that it didn't actually happen
- feelings of emptiness, or having been cheated
- haunted by thoughts "if only" things had happened differently
- fear of what will happen next
- doubts or questions concerning why the death occurred
- desire to run away, or to become very busy in order to avoid the pain of loss
- may feel like you're "going crazy" when overwhelmed with the intensity of feelings

WHAT TO DO FOR PHYSICAL RELIEF AND HEALING

- Take care of yourself physically by having a check-up with your family physician.
- In early stages of grief, don't force yourself to eat more than you want. As your appetite returns eat a healthy, well-balanced diet.
- Get some exercise - even a peaceful, quiet walk. Physical exercise helps to relax you.
- It may be helpful to give up caffeine (coffee, colas, tea, Anacin, etc.) as a way to relieve nervousness. Beware of alcohol, which is a depressant. Some findings indicate that alcohol interrupts normal sleep patterns.

WHAT TO DO FOR EMOTIONAL RELIEF AND HEALING

- Be gentle with yourself. Although you may often feel overwhelmed, remind yourself that what you are going through is normal.
- Reach out to others. It is important to find friends with whom you can talk. Sharing with someone who's "been there" can be especially helpful.
- Tell and re-tell what happened. Remembering things about the loved one and the experience of their death. Good memories are also very important.
- Be aware that people grieve in different ways. Don't measure your progress in handling grief against others.
- You may or may not cry often, but when you do, realize it is therapeutic. As author Jean G. Jones says: "Cry when you have to - and laugh when you can."

- Confront guilt by realizing you did the best you could.
- Become familiar with the normal experiences of grieving and be willing to engage in your own grief work.
- Remember that grieving takes time, and that experiences and emotions can recur. Be patient with yourself, and allow yourself to heal at your own pace.
- Beware of being critical of yourself, either consciously or unconsciously, due to unrealistic expectations.
- Other events in your life may also be grief situations (trouble with spouse, children, work or friends). Realize this happens to many grieving people, and these situations can complicate the grieving process.
- Find support from both inside and outside your family. But don't expect your family to meet all of your needs. Remember that they, too, have their hands full of grief.
- Many of us have been brought up to be independent: "I'm going to handle this on my own." We find it difficult to ask for help. Yet, we all need support. Take the risk of joining a support group. Asking for help from "caring" people can make a big difference in your grief.
- It may be time to struggle with new life patterns. In the past, you may have handled grief by over activity. If your previous style of grieving has not been helpful, be willing to try new approaches, such as: become active in a support group; find telephone friends, read and learn about grief; develop new coping skills; reach out and help others: hold on to HOPE.

S.O.S. San Diego P.O. Box 191116

Printed by permission of Marin Suicide Prevention &: Community Counseling

San Diego Hospice Children's Programs

Ten Myths on Children in Grief

- ❖ **Grief and mourning are the same experience.**
 - Grief:** thoughts and feelings inside in response to a loss.
 - Mourning:** shared social response to loss - grief gone public.

- ❖ **A child's grief and mourning are short in duration.**
 - Intermittent** - across milestones
 - Never set a period of time and then say, "It's done."
 - Grief erupts less frequently when they've done the work and time has passed.

- ❖ **There is a predictable and orderly stage-like progression to the experiences of grief and mourning:**
 - Not stages, but dimensions
 - Feelings not expressed in simple notes, but chords.
 - Persons are the experts of their experience - allow them to teach us.

- ❖ **Infants and toddlers are too young to grieve and mourn.**
 - Any child old enough to love is old enough to mourn.
 - Trust issues are primary.
 - Primary needs have to be met (e.g., food, water, comfort, physical affection, etc.)
 - Never minimize infants and toddlers need to mourn.

- ❖ **Children are not affected by the grief and mourning of the adults who surround them.**
 - If you want to know what is going on in a family, talk to the youngest child.

- ❖ **The trauma of childhood bereavement always leads to a maladjusted life.**
 - Not so! We're changed, but not necessarily maimed.
 - There is a risk, yes, but when their needs are met, they can go on to a healthy life.
 - We, as caregivers, must create the conditions to satisfy these needs.

- ❖ **Children are better off if they do not attend funerals.**
 - Children have the same right and privilege as anyone else. Just because something has a component of sadness... we don't ask if they are old enough to attend Christmas or Thanksgiving.
 - Children have no innate fear of a body.
 - When they ask practical questions, they are often asking for information about death.
 - When words are inadequate, have a ritual. Rituals are for the living.

❖ **Children who express tears are being weak and harming themselves in the long run.**

Tears attempt to bring persons back.

❖ **Adults should be able to instantly teach children about religion and death.**

We can say, "I don't know."

Children are growing. Our understanding about issues matures.

Watch out for clichés.

❖ **Goal in helping bereaved children is to help them get over grief and mourning.**

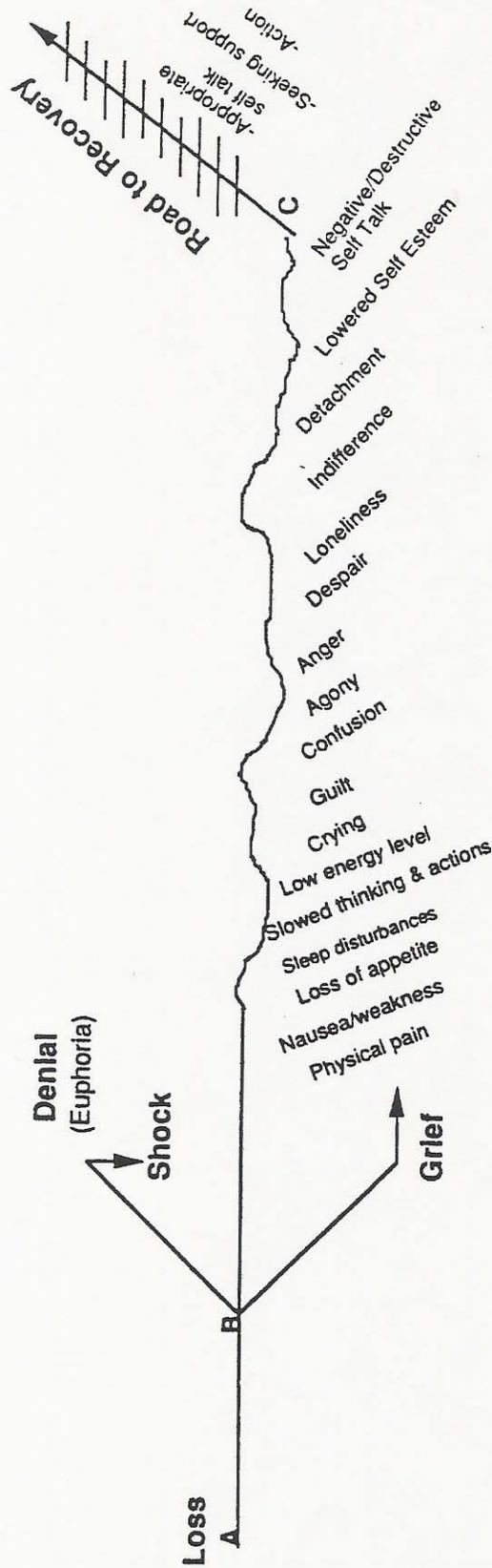
Reconcile to the loss - don't go back. They are new people; the history of the loss will be with them forever. It's not resolution and it's not recovery.

From Alan Wolfelt, author, educator and grief counselor

Process of Grief for Children and Youth

"GOOD GRIEF"

"THE PITS"



Guidelines for Teachers on How To Tell Students about a Death

Which Students Need To Be Told?

- The ones directly affected by the crisis. We can't always predict who these may be: friends, rivals, or acquaintances.

Information is a powerful tool during a crisis. Our fears of "stirring things up" by giving students information are unfounded. Students will discuss critical events among themselves anyway; it is our duty to provide them with the facts. It is the best method of controlling rumors and misinformation.

What Will You Tell Them?

- The truth!

The truth is the foundation of a student's ability to deal with the unknown. You need to provide true information so they can begin to build their own understanding of meaning.

Who Will Tell the Students?

- The classroom, homeroom or first period teacher can give the information at the beginning of the day to help control rumors.
- Alternatively, the staff closest to the students can tell them.
- A script prepared by the school crisis team may be used.

If a teacher is not comfortable making the announcement, he or she can ask for help from a crisis team member. This supports the teachers and models asking for help in a crisis. Stress the importance of asking for help in a crisis.

How to Tell the Students

- An informal setting is best: perhaps in a circle or on the floor depending on the age of the students.
- Take enough time. Allow for silence, questions, and personal sharing.
- A student's need for details is a natural part of the grieving process.
- Answer the questions honestly. Say, "I don't know" when that is the truth.

How Students May React

- There are as many reactions as there are people.
- Students may appear quiet, withdrawn, talkative, crying, laughing, curious, belligerent, rowdy, thoughtful; cooperative, cruel, or any combinations of these or other behaviors.
- Be accepting of a student's response as long as the student is not hurting himself or herself or someone else. Each response is valid and sensible to the student.
- Let students know that feelings are neither good nor bad - they just are. Explain that it is how we act on those feelings that can be positive or negative for ourselves and others.

Students Who May Be At Particularly High Risk

- Students who are friends or siblings of someone who has died may be at highest risk.
- Students who may be unrelated to the present crisis, but who are recovering from a recent tragedy in their own family or community may also be at high risk.
- Students who are under stress because of accumulated losses may also be at high risk.

Regardless of the situation, any student could be at-risk. Observe students, listen to students, and ask others, including peer helpers, to help you find students who might need some extra help.

At-Risk Behavior May Appear in Any of Three Categories:

1. Persistent withdrawal
2. Persistent acting out
3. Excessive obedience or achievement

Whenever a student's behavior places that student or others in a dangerous situation, the staff must seek professional help for the student.

Plans for Following a Death or Suicide

Debriefing

Organizational briefing and debriefing must occur to enable the team to function.

Intervention Education

Students need to be taught that suicide is not the answer to dealing with stress, sadness or depression. Coping skills should be provided to all students.

Support Groups

The school crisis team can coordinate with the student assistance team to organize support groups for students affected by the suicide. Remind or inform teachers of the referral process. Offer support groups for staff, also, if appropriate.

Family Memorial

Share any information regarding the viewing, funeral, or memorial service with the staff. Discuss how students and staff who wish to attend services will be released.

School Memorial

School memorials tend to glorify suicide. It is probably best to leave the memorials to the family.

Parent Communication

Parent communication regarding suicide should come through to the school administration. This is important because the school administration is aware of district policies and regulations regarding these matters.

Resources

Talk about resources for both students and staff. Involve students in comprehensive student assistance services. Refer to community-based mental health agencies when appropriate. Mention Employee Assistance Programs (EAPs), if available, and insurance resources.

SECTION 4

Resources

- San Diego County Office of Education (SDCOE)
- San Diego County
- State of California / National
- Documentation/Maintenance of Files; Sample Forms and Letters (for Administrators and School Mental Health Personnel)
- Sample Handouts (for Student and Parents)

**SAN DIEGO COUNTY OFFICE OF EDUCATION
(SDCOE)
RESOURCES**

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
<p>* School and Community Gatekeeper Training (Gatekeeper: Any person in school and community who can prevent/intervene)</p>	<p>Focus on Good Mental Health Issues (depression information):</p> <ul style="list-style-type: none"> • Sexual Harassment & Victimization Trainings • AB 537 - Safe Place to Learn Trainings <p><u>Description:</u> AB 537 ensures all students to include gay and lesbian students in right to a harassment free school environment. Gay and lesbian students are among the highest suicide attempts and most often harassed.</p>	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
	<p>Awareness Trainings for Parents and Family</p> <p><u>Description:</u> At school sites, parent and youth are informed about warning signs and intervention strategies.</p>	Safe Schools Unit	Parents & Community Members	Ongoing
	<p>Model Program Trainings (Includes Skill Development in Children)</p> <p><u>Description:</u> All prevention training include the resiliency model of caring relationships, social/emotional skills building and the ability to relate to others and feeling valued.</p>	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators, Safe & Drug-Free Schools Coordinators	Ongoing

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
<p>* School and Community Gatekeeper Training (Gatekeeper: Any person in school and community who can prevent/intervene)</p>	<p>Distribution of Countywide Youth Suicide Tool Kit <u>Description:</u> Developed by San Diego Suicide Task Force to raise awareness and provide strategies and resources.</p>	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
	<p>Ready to Learn Comprehensive Student Assistance Training <u>Description:</u> To provide comprehensive identification, intervention, referral/support and system training designed to address behaviors such as violence, alcohol and other drug use, suicide, depression and grief.</p>	Pupil Services	Multidisciplinary teams consisting of: teachers, counselors, school psychologists, nurses, administrators, community agencies and law enforcement	4-day training twice a year (since 1989) revised with new research
<p>* General Suicide Education</p>	<p>Ready to Learn Insight Intervention Curriculum Training <u>Description:</u> This is an intervention curriculum training for students who may be dealing with various issues including social skills, stress, traumatic events, loss, alcohol and other drug use and suicide.</p>	Pupil Services	K-12 teachers, counselors, school psychologists, nurses, administrators, community agencies	3-day training, twice a year since 1989 (revised periodically with new research)

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
* General Suicide Education (Cont'd)	Ready to Learn Insight Intervention Curriculum Training <u>Description:</u> This is an intervention curriculum training for students who may be dealing with various issues including social skills, stress, traumatic events, loss, alcohol and other drug use and suicide.	Pupil Services	K-12 teachers, counselors, school psychologists, nurses, administrators, community agencies	3-day training, twice a year since 1989 (revised periodically with new research)
	Crisis Skills Training <u>Description:</u> Training to address school crisis prevention, intervention and postvention including death, suicide of students or staff and among other major issues.	Pupil Services	Teachers, counselors, school psychologists, nurses, administrators	As determined by assessment after occurrence
	Violence Prevention/Violence against self <u>Description:</u> In violence prevention trainings, suicide awareness and prevention is discussed as a component. Violence against self is addressed as appropriate.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	As needed
	Yellow Ribbon Campaign (Recognition and Prevention) <u>Description:</u> A recognition and awareness project which include the development of activities addressing suicide for student and staff involvement.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
* General Suicide Education (Cont'd)	Alcohol & Other Drugs and the Link to Suicide <u>Description:</u> Raising awareness around the correlation between substance abuse and suicide attempts. They are co-occurring.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
	Alcohol & Other Drugs and the Link to Suicide <u>Description:</u> Raising awareness around the correlation between substance abuse and suicide attempts. They are co-occurring.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
	Youth Development (Asset and Resiliency Training) Good Mental Health Development <u>Description:</u> Direct training to youth in the development of healthy sense of self, self esteem and resourcefulness.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
	School and Community Prevention Trainings <u>Description:</u> Offered to school communities to provide strategies for recognition and prevention.	Safe Schools Unit in partnership with County Suicide Task Force	Teachers, counselors, school psychologists, nurses, administrators	Ongoing

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
* General Suicide Education (Cont'd)	Listening to Student Voices (Healthy Mental Health) <u>Description:</u> Trains adults to engage kids in meaningful problem solving to increase student bonding to school and significant adult.	Safe Schools Unit	Teachers, counselors, school psychologists, nurses, administrators	Ongoing
* Screening Programs (Determining level of risk)	Ready to Learn Facilitator Training for Integrated Student Support Services <u>Description:</u> Training to provide adult professional with the skills to provide individual an group support for all students in the Comprehensive Ready to Learn system.	Pupil Services	Teachers, counselors, school psychologists, nurses	4-day training, twice a year since 1989 (revised with research)
	Teen Screen Training <u>Description:</u> A program which schools may implement that assesses every student for possible risk of suicide. Follow up services are provided.	Safe Schools Unit	Teens	As Requested
* Peer Support Programs	Ready to Learn Peer Resource Leaders Training <u>Description:</u> Designed to train high school students to provide individual and group support for fellow students	Pupil Services	High school 11th and 12th graders and advisors	4-day training per year since 1989 (revised with research)

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
* Peer Support Programs (Cont'd)	Friday Night Live <u>Description:</u> This is a peer support program by which students work together to create and organize health activities. Provides for bonding and connectedness to school.	Safe Schools Unit	Middle and High School	Ongoing
	Youth Development Institute <u>Description:</u> Provides for small groups of youth working with adults to develop youth friendly activities which provide healthy, social interaction and bonding.	Safe Schools Unit	Teens, community, psychologists, nurses	Once a year
	Club Live Spring Jam <u>Description:</u> Provides yearly activity developed by youth, for youth, allowing for adult guided peer to peer support activities and discussions.	Safe Schools Unit	Middle Schools	Once a year
	Friday Night Live Mentoring <u>Description:</u> Provides significant relationships for low performing students to receive several weeks of mentorship supporting activities.	Safe Schools Unit	Middle and High School	Ongoing

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
* Crisis Centers/Hotlines	Youth to Youth Helpline - 866-222-1886	Safe Schools Unit	Middle School/High School	Ongoing training handouts
	San Diego Access & Crisis Line - 800-479-3339	Safe Schools Unit	Middle School/High School	Ongoing training handouts
* Means Restriction (Preventing access to means for committing suicide)	How to Restrict Means <u>Description:</u> Identifies means by which suicides are attempted and strategies for decreasing means.	Safe Schools in partnership with County Suicide Task Force	Schools, Staff, Parents	As needed
Data Collection & Analysis (Information for planning/ program development)	California Healthy Kids Survey (Addition of Suicide Questions) <u>Description:</u> Have added three questions specific to suicide thoughts/attempts. The data informs school leadership and drives the decision for program planning to include prevention strategies as appropriate.	Safe Schools Unit	5,7,9,11 graders & staff survey takers	Every two years

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

**San Diego County Office of Education
Suicide Prevention and Intervention Services to School/Communities
2005 - 2006**

Descriptions should give exact title and how it corresponds/relates to suicide.

Strategies	Workshop/Training/Service	Source of Delivery <i>(lead department)</i>	Audience	Duration
Data Collection & Analysis (Cont'd) (Information for planning/ program development)	Collaboration (Sharing Data) <u>Description:</u> Compares county and state data and trends to train agencies on information schools are getting for kids in San Diego County on California Health Kids Survey which leads to participating in program development.	Safe Schools Unit	County agencies	Ongoing
	County and Statewide Suicide Conference <u>Description:</u> Twice a year in partnership with state and county suicide prevention advocates Suicide Prevention Advocates Network (SPAN)	Safe Schools Unit	Statewide Collaborators	Once a year

8/05

* Strategies identified by the Centers Disease Control as the foundation for exemplary programs

San Diego County Office of Education (SDCOE)

The SDCOE provides direct services to school districts and sites directly affected by suicide. Both the Pupil Services and Safe Schools Unit are available to respond to a school-wide crisis. The Safe Schools Unit addresses prevention strategies and other school safety issues while the Pupil Services Department addresses targeted strategies, mental health and support for students, staff and parents.

Contacts:

For intervention strategies, schools sites experiencing state/student suicide, death or other crises, contact:

Pupil Services Department
Loretta Middleton, Senior Director
Office Phone (858) 292-3819
Emergency School Crisis – 24/7 (619) 300-3083

For prevention strategies and school safety issues, contact:

Safe Schools Unit
Liz Lebrón, Senior Director
Office Phone (858) 292-3570

SAN DIEGO COUNTY RESOURCES

San Diego County Suicide Task Force

San Diego Suicide Prevention Task Force (SDSTF) was formed in February of 2004. Under the leadership of the Children's Initiative, the SDSTF brought together representatives from the following agencies to study the issues and prepare a plan for coordinated community involvement:

The Children's Initiative.....	Sandra McBayer
Johnson Consulting Group	Kay Johnson
Community Health Improvement Project Suicide Prevention Committee	Beth Sise
Scripps Mercy Trauma Services	Beth Sise
UCSD Center of Excellence on Youth Violence Prevention	Kari Herzog
Yellow Ribbon Suicide Prevention Program	Carol Skiljian
San Diego County School Boards Association	Carol Skiljian
San Diego Police Department	Jim Collins
SDCOE Safe Schools Unit.....	Ernestine Smith
San Diego Probation Department.....	Julie Sexauer

Activities of the SDSTF:

The initial recommendation of the SDSTF was that all districts in the county add four suicide questions to the California Healthy Kids Survey. This will provide countywide data and will inform decisions with respect to prevention and intervention services by region/school district.

The Task Force identified awareness and education as a first priority. The target audience is: school staff, parents, community members, and students. To achieve this end, a "Tool Kit" was created and will be distributed to all Safe and Drug Free School Coordinators. It includes:

- The Youth Suicide Homicide Committee (SHAC) 2000 Final Report.
- The Community Health Improvement Project Report on Suicide in S.D. County – Ages 15-24.
- A Power Point Presentation on CD-Rom on Youth Suicide Prevention
- A "Preventing Youth Suicide in San Diego County" Brochure.

SDSTF Upcoming Events/Plans

The Task Force will identify programs that have shown significant results and offer trainings on these programs. Ongoing tracings on youth suicide prevention will continue to be offered. Suicide prevention videos are being previewed by staff and will be disseminated to districts via the Safe and Drug Free Schools Coordinators. Additional videos and resources will be previewed and recommended for school use. As a key member of the Task Force, the role of the San Diego County Office of Education will be the primary vehicle by which trainings are delivered to schools/communities.

Several countywide Suicide Prevention trainings have been offered by the SDSTF. The next countywide training offered by the Task Force is tentatively schedule for October 7, 2005.

For information regarding SDSTF activities contact Liz Lebrón, Senior Director - Safe Schools Unit at (858) 292-3570.

Yellow Ribbon Suicide Prevention Program

An outreach program of the Light for Life Foundation of Southern California

1831 South El Camino Real Encinitas, California 92024

(760) 635-5904 FAX (760) 944-8494 www.yellowribbonsd.org

Community Resources for Suicidal Persons

Access and Crisis Line – 24-Hour County Suicide Hotline 24 hours a day, consultation and suicide intervention by phone

(800) 479-3339

San Diego County Psychiatric Hospital – 24 hours, emergency room, inpatient for adults / older adults

(619) 692-8200

3851 Rosecrans, San Diego

Emergency Screening Unit (for Children and Adolescents) – 24 hours, emergency room, hospital admission for youth only

(619) 421-6900

730 Medical Center Court, Chula Vista

Hospitals with Emergency Psychiatric Facilities:

Bayview Hospital, Chula Vista (619) 426-6310

Alvarado Parkway Institute, La Mesa (800) 766-4274

Aurora Behavioral Health Care, North (858) 487-3200

Grossmont Hospital, La Mesa (619) 465-0711

Mercy Hospital, San Diego (619) 260-7005

Palomar Medical Center, Escondido (760) 739-3240

Paradise Valley Hospital, National City (619) 470-4239

Tri-City Hospital, Oceanside (760) 724-8411 + 0

UCSD Medical Center, Hillcrest (619) 543-6222 (eve) (619) 497-6673 (day)

Veterans Administration Hospital, La Jolla (858) 642-3391

Villa View Hospital (619) 582-3516

Crisis Residential Programs

24 hours, voluntary alternatives to hospitalization

Turning Point, Oceanside (760) 439-2800

Isis Center, San Diego (South County) (619) 575-4687

Vista Balboa, San Diego (Park area) (619) 233-4399

Jary Barreto, San Diego (Logan Heights) (619) 232-4357

Halcyon Center, El Cajon (619) 579-8685

New Vistas, San Diego (Downtown) (619) 239-4663

County Mental Health Clinics

Weekday hours, crisis assessment, consultation and outreach services to homeless and seniors.

North Central San Diego: (619) 692-8750

East County: (619) 401-5500

North Coastal: (760) 967-4475

Comprehensive Mental Health Care Service Phone Guide (San Diego County)

*****Thinking About Suicide? Read This First!!!*****

24-Hour Crisis Response

Access and Crisis Line - 24-Hour County Suicide Hotline

24 hours/7 days - Consultation and suicide intervention by phone
(800) 479-3339

Emergency Screening Unit (for Children and Adolescents)

24 hours/7 days - Emergency psychiatric evaluation, crisis stabilization, telephone crisis intervention and *referral*/hospitalization
(619) 421-6900

Heindorn Lifeline Crisis and Suicide Hotline

24 hours/7 days - Suicide assessment, information and referral, counseling and support; serving all members of the gay men's and lesbian community

Psychiatric Emergency Response Team (PERT)

Hours - Call the local law enforcement agency – Specially trained police and sheriff personnel and licensed mental health counselors
Referrals through local law enforcement agencies or 911

Hospitals with Emergency Psychiatric Facilities:

Bayview Hospital, Chula Vista (619) 426-6310

Grossmont Hospital, La Mesa (619) 465-0711

Mercy Hospital, San Diego (619) 260-7000

Palomar Medical Center, Escondido (760) 739-3300

Pomerado Hospital, Poway (858) 613-4000

Paradise Valley Hospital, National City (619) 470 -4141

Sharp Mesa Vista Hospital, San Diego (800) 82SHARP

Tri-City Hospital, Oceanside (760) 724-8411

UCSD Medical Center, San Diego (619) 543-6400

Pomerado Hospital, Poway (858) 613-4000

Veteran's Administration Hospital, La Jolla (858) 552-8585 ext. 3386

Villa View Hospital, San Diego (619) 582-3516

Additional Resources:

The Help Connection (A Roadmap for Mental Health Services)

<http://www.sdchip.org/helpConnection/intro.html> (in English)

<http://www.sdchip.org/helpConnection/spanish/certificado.html> (In Spanish)

NAMI San Diego (San Diego's Voice on Mental Illness) <http://www.namisaniego.org>

San Diego City Kids (Comprehensive Local Youth Resource Listings)

<http://www.child.net/sdkids.htm>

Online Resources

California Youth Crisis Line <http://www.youthcrisisline.org>

Covenant House <http://www.covenanthouse.org>

Teen Advice Online <http://www.teenadviceonline.org>

Teen Help Online <http://www.teenhelp.org>

After a Loss

Survivors of Suicide (San Diego Chapter)

(619) 482-0297

Jenna Druck Foundation (Surviving the Loss of a Child, Celebrating the Future)

(619) 294-8000

Compassionate Friends (Our Children Loved, Missed, and Remembered)

(619) 583-1555

San Diego County Mental Health Agencies

American Red Cross of San Diego-Imperial Counties Chapter

3650 5th Avenue

San Diego, CA 92103

(619) 542-7400

Class information call (619) 542-7679

Transportation Services call (619) 542-7549

To Donate Blood call 1(800) GIVE-LIFE

To Volunteer call (619) 542-7699

For Community Social Services call (619) 542-7552

For Public Relations call(619)542-7684

Alvarado Parkway Institute

7050 Parkway Drive

La Mesa, CA91942

(619) 465-4411

Child & Adolescent Center

1(800) 242-7837

Comprehensive inpatient and outpatient treatment programs for children and adolescents with emotional and chemical dependency problems. Also self-esteem building groups for children, adolescents, and their parents. Small group sessions for four weeks to help parents and their children work together on communication, authority, decision-making, and substance abuse issues.

Catholic Charities

349 Cedar Street

San Diego, CA 92101

(619) 231-2828

General family, marriage, and teenage counseling. Person does not have to be of Catholic faith. Accepts Medi-Cal and other major insurance. Best time to call is 12:30 - 2:00 p.m.

Tuesday - Friday. Ask for intake coordinator.

Charter Hospital

11878 Avenue of Industry

San Diego, CA 92128

1(800) 242-783 7

(24 hours)

Full service psychiatric and chemical dependency programs for adults, adolescents, and children. Inpatient and outpatient and day treatment programs. Free Speakers' Bureau on wide range of topics including burnout, child abuse, divorce, eating disorders, and women's issues.

Compassionate Friends

1611-A South Melrose, Suite 250

Vista, CA 92083-6597

(619) 583-1555

(24 hours)

Help after death of a child in a family. Meets at the Well Being Clinic, UTC Shopping Center (above Carlos Murphy's) at 7:00 p.m. on the first Wednesday of the month. Also, third Wednesday, 7:00 p.m. at Well Being Clinic, 290 North El Camino Real, Encinitas.

Crisis House

1034 N. Magnolia Avenue
El Cajon, CA 92020

(619) 444-1194

Walk-in emergency service organization. Assistance with crisis intervention and referrals. Additional services are described in the Food/Shelter section. Identification required.

Crisis Line, Access San Diego

P.O. Box 601370
San Diego, CA 92160

1(800) 479-3339

24 hour emergency hotline for suicide and other mental health crisis, including child abuse.

East County Counseling Services

233 East Lexington Avenue (across from library)
El Cajon, CA 92020

Specializes in marriage and teenage issues, substance abuse, domestic violence, and sexual abuse. Takes MediCal and most other insurance. Sliding fee scale.

East County Mental Health Services (County Department of Services, Mental Health)

1000 Broadway, Suite 210
El Cajon, CA 92021
(M-F 8:00 - 5:00)

(619) 441-6550

(619) 401-5500 (Adults)

(619) 401-5440 (Children)

Provides outpatient crisis intervention, assessments, short-term counseling for "at-risk" individuals and families. Sliding fee scale. Medi-Cal provider. Persons with private resources are referred.

Family Service Association

(Central Office)
620 E. Second Avenue
Escondido, CA 92027

(760) 745-3811

Provides individual, family, and group counseling for a wide variety of social/emotional problems. Special focus on family concerns. (English/Spanish)

Heartland Human Relations Association

1068 Broadway, Suite 221
El Cajon, CA 92021

(619) 444-5700

East County outreach program - individual and family counseling. Crisis intervention, information, and referrals.

Jewish Family Service

3715 6th Avenue
San Diego, CA 92103

(619) 291-0473

Individual, marital, child, group and family counseling. Family life education and parenting workshops. Champus and Medicare and some other insurance providers. Sliding fee scale.

Presbyterian Crisis Center

2459 Market Street
San Diego, CA 92101

(619) 232-2753

Referrals to shelters. Emergency food and clothing. No fee.

Professional Community Services Counseling Clinic

900 N. Cuyamaca, Suite 206
El Cajon, CA 92020

(619) 449-8703

Counseling covers most areas of mental health. Fees based on ability to pay.

San Diego County Psychiatric Hospital

(For Adults)

3853 Rosecrans
San Diego, CA 92110

(619) 692-8200

Emergency evaluation and screening for adults (18 and older). Information on mental health programs. Sliding fee scale.

(For Children)

730 Medial Center Court
Chula Vista, CA 91910

(619) 421-6900

Provides evaluation and screening for children through adolescence. Information on mental health programs. Sliding fee scale.

United Way Information Line

(619) 230-0997

Call Monday - Friday 8:00 a.m. to 8:00 p.m.; Saturday & Sunday 11 :00 .m. to 6:00 p.m. for a wide variety of referrals and generic information including mental health, runaways, substance abuse, crisis services. Be patient - information is worth waiting for.

YMCA Counseling Services

5505 Friars Road
San Diego, CA 92110

1(800) 479-3339
(Emergency Hotline)

Affordable counseling services to individuals, couples, and families. Insurance accepted. Sliding fee scale.

YMCA Corporate Office

4715 Viewridge Avenue, Suite 100
San Diego, CA 92123

(619) 292-4034

Provides referrals for specific programs and YMCA locations. Sliding fee scale.

Youth and Family Services (YMCA)

4080 Centre Street, Suite 101
San Diego, CA 92103

(619) 543-9850

Individual and group counseling for adolescents. Referrals for short-term foster placement of youth. Facilitate appropriate support for abused/neglected and runaway youth. Gang prevention program with required parent involvement. Sliding fee scale.

**STATE OF CALIFORNIA / NATIONAL
RESOURCES**

National Youth Suicide Prevention Resources

**In an emergency, call 1(800) SUICIDE (1-800-784-2433),
the National Suicide Hotline.**

A listing of resources to assist school districts with the concerns about youth suicide prevention, intervention, and postvention.

To assist school districts with the concerns about youth suicide, the following resources are available for dealing with suicide prevention, intervention, and postvention (sometimes referred to as "aftermath"). Some sites provide factual data and others contain model programs. For more Web information, contact the coordinator for pupil services in your school district or county office of education. Counseling and student support specialists (school counselors, school psychologists, school social workers, and school nurses) and 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

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.

Australian Health Services Division - Mental Health Branch

National Living Is for Everyone (LIFE) Framework

This Web site presents information about the LIFE Framework, a suicide prevention effort developed by the Australian National Advisory Council on Youth Suicide Prevention. The LIFE Framework consists of three documents that address areas for action, learning about suicide, and building partnerships. The LIFE Framework can be ordered free of charge from <http://www.auseinet.com/suiprev/index.php>

Boys Town

Boys Town is an organization that cares for troubled children - both boys and girls - and for families in crisis. Their hotline staff is trained to handle calls and questions about violence and suicide. Call 1(800) 448-3000 (crisis hotline) or 1(800) 545-5771. Or visit them on the web at <http://www.boystown.org>

California Healthy Kids Resource Center

Suicide Materials

This Web site contains peer-reviewed research-based programs, videos, and books on suicide prevention and intervention. To access these materials, go to borrowing materials section and use the key word "suicide." These materials can be borrowed from the resource center for four weeks with free delivery anywhere in California.

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.

Center for Mental Health in Schools-Mental Health Project, UCLA

School Intervention to Prevent Youth Suicide

This is a thorough resource for school interventions aimed at preventing suicide. It includes training on causes of suicide, data and statistics about suicide, assessing suicide risk, intervention planning and training, suicide aftermath assistance and prevention of copycat suicides, and a list of hotlines, references, Web sites, consultation cadre contacts, and other related resources from the Center.

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.

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.

Light for Life Foundation International

Yellow Ribbon Suicide Prevention Program

This site provides information about the Yellow Ribbon Suicide Prevention Program. The program is part of the Light for Life Foundation, a nonprofit organization dedicated to awareness, education, and collaboration for suicide prevention. There is a cost for Yellow Ribbon Suicide Prevention Training and to form local chapters.

National Adolescent Health Information Center - University of California, San Francisco School of Medicine

Fact Sheet on Suicide: Adolescents and Young Adults

This Web site tool highlights some important research results on suicide. It suggests the age adolescents are most likely to commit suicide, how gender and race impact adolescents in regard to suicide, and examines the suicide rate trends for adolescents. This Suicide Fact Sheet was published in 2000 with data used from the previous one to three years prior.

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.

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 Depressive and Manic-Depressive Association (NDMDA)

Call NDMDA at 1(800) 82-NDMDAS (63632) for information on local patient and support groups. Their web site, <http://www.ndmda.org>, provides information about biological causes for suicidal feelings, what to do if you or someone you know is suicidal, and possible suicide therapies.

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.

The National Mental Illness Screening Project – Suicide Division

Their hotline can help you locate a free, confidential screening near you. Call (781) 239-0071 or visit <http://www.nmisp.org>.

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.

Northeast Injury Prevention NetworkOn-line Training Workshops

This site provides educational resources to assist public officials, service providers, and community-based coalitions develop effective suicide prevention programs and policies. It includes facilitated and self-paced on-line workshops that provide training on suicide prevention, program planning, implementation, and evaluation.

School Mental Health Project, UCLAA Technical Assistance Sampler on School Interventions to Prevent Youth Suicide

This comprehensive site, revised in 2003, provides excellent technical information and assistance related to suicide, its prevention, assessing suicide risk, intervention planning and training, aftermath assistance, and prevention of copycat suicides. It provides key references and major Web site links.

Screening for Mental Health (SMH)Signs of Suicide (SOS) - High School Suicide Prevention Program

This site describes the SOS Suicide Prevention Program, school-based suicide prevention program targeting high school students. SMH, a nonprofit organization from Wellesley, MA, provides program kits for a cost of \$150, which includes material for 500 students. The program educates teen sin recognizing the signs of suicide and outlines action steps for dealing with this mental health emergency. The National Association of Schools Psychologists and many other national associations endorse SOS.

Suicide Awareness – Voices of Education (SAVE)

SAVE'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. SAVE's phone number is (952) 946-7998.

Suicide Information and Education Centre (SIEC)

Youth Suicide Prevention Resources

This site is sponsored by SIEC, a special Canadian library and resource center providing information on suicide and suicidal behavior. Topics covered on this site are youth suicide prevention, intervention, awareness, bereavement, crisis management, and related topics.

SIEC is a special library and resource center providing information on suicide and suicidal behavior. Call (403) 245-3900 or visit <http://www.siec.ca>.

Suicide Prevention Advocacy Network (SPAN)

SPAN is a nonprofit organization dedicated to creating an effective national suicide prevention strategy. SPAN links the energy of those bereaved by suicide with the expertise of leaders in science, business, government, and public service to achieve the goal of significantly reducing the national suicide rate by the year 2010. Call 1(888) 649-1366 or visit <http://spanusa.org>.

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

Source: National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Suicide Prevention Web Resource

The following resources are available to assist school districts with concerns about youth suicide prevention, intervention and postvention.

American Association of Suicidology (AAS)-Prevention Division

www.suicidology.org/

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.

American Foundation of Suicide Prevention (AFSP)

www.afsp.org/education/teen/index.htm

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.

American Psychiatric Association (APA)

www.psvch.org/ - search: *Teen Suicide*

[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.")

California Healthy Kids Resource Center

www.californiahealthvkids.org/ - search: *Suicide*

This Web site contains peer-reviewed research-based programs, videos, and books on suicide prevention and intervention. To access these materials, go to borrowing materials section and use the key word "suicide." These materials can be borrowed from the resource center for four weeks with free delivery anywhere in California.

Centers for Disease Control (CDC)

www.cdc.gov/ncipc/pubs-res/youthsui.htm

[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 center and hotlines, suicide restriction methods, and postvention. Although it was created in 1992, the site remains relevant.

Center for Mental Health in Schools-Mental Health Project, UCLA

<http://smhp.psvch.ucla.edu/> - Search: *School Intervention to Prevent Youth Suicide*

This is a thorough resource for school interventions aimed at preventing suicide. It includes training on causes of suicide, data and statistics about suicide, assessing suicide risk, intervention planning and training, suicide aftermath assistance and prevention of copycat suicides, and a list of hotlines, references, Web sites, consultation cadre contacts, and other related resources from the Center.

Dougy Center

www.dougy.org

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.

Jason Foundation, Inc.

www.jasonfoundation.com/home.html

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.

Light for Life Foundation

www.yellowribbon.org/

[Yellow Ribbon Suicide Prevention Program](#)

This site provides information about the Yellow Ribbon Suicide Prevention Program. The program is part of the Light for Life Foundation, a nonprofit organization dedicated to awareness, education, and collaboration for suicide prevention. There is a cost for Yellow Ribbon Suicide Prevention Training and to form local chapters.

National Youth Violence Prevention Resource Centre (NYVPRC)

www.safeyouth.org/ - Search: Suicide

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 and evaluation.

Screening for Mental Health (SMH)

www.mentalhealthscreening.org/highschool/

[Signs of Suicide \(SOS\)-High School Suicide Prevention Program](#)

This site describes the SOS Suicide Prevention Program, a school-based suicide prevention program targeting high school students. SMH, a nonprofit organization from Wellesley, MA, provides program kits for a cost of \$150, which includes material for 500 students. The program educates teens in recognizing the signs of suicide and outlines action steps for dealing with this mental health emergency. The National Association of Schools Psychologists and many other national associations endorse SOS.

**DOCUMENTATION / MAINTENANCE OF FILES;
ADDITIONAL
SAMPLE FORMS AND LETTERS
FOR
ADMINISTRATORS AND
SCHOOL MENTAL HEALTH PERSONNEL**

DOCUMENTATION / MAINTENANCE OF FILES

Sample Forms and Letters

for Administrators and School Mental Health Personnel

Each School Administrative Unit determines how the documentation of suicidal behavior is to be maintained. Some suggestions and sample forms are included in this section.

1. School administrators and designated others shall maintain secure files containing forms documenting actions taken within an individual student records.
2. Dissemination of information about at-risk students is governed by the provisions of the United States Family Education Rights and Privacy Act of 1974, Public Law 93-380, as amended by Public Law 93-586, the Education for All Handicapped Children Act, Public Law 94-142, and 20 – A M.R.S.A. §§ 6001 – 6001-B.
3. According to Maine Law Section 3 20-A MRSA § 6001-B, all records must follow students who transfer either within the district or to a school in another School Administrative Unit in the State.
4. Destruction of records shall be governed by Schedule L of the Secretary of State's Rules for Disposition of Local Governing Records and Chapter 101, Maine Special Education Regulation 15.10.
5. All written copies of reports shall be sent sealed, confidential to be opened by addressee only.
6. All parent correspondence should be mailed with return receipt requested.

This is a sample form to use as a “report of suicide risk” and to document school personnel’s interactions to prevent a youth suicide.

Report of Suicide Risk

School District		Name of School			Date
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Grade	Parent Notification Time	Date	Response
Staff Members Involved:					
Description of Problem:					
Recommendations to parents/guardian:					
Results of follow up contact:					
Signature:					

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life threatening but of concern enough for parental contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardians(s) sign it and return it within a specified time frame.

School Unit _____

Parent Contact Acknowledgment Form

This is to verify that I have spoken with school staff member,
_____ on _____(date),

concerning my child's suicidal ideations. I have been advised to seek the services
of a mental health agency or therapist immediately.

I understand a follow up check by this staff person _____
will be made with my child, the treating agency, and me within two weeks of this
date.

Parental Signature

_____ **Date** _____

Faculty Member

_____ **Date** _____

This is a sample form, copies of which would accompany any "Report of Suicide Risk" and be mailed, with return receipt requested, to the parent the day after the face-to-face meeting to remind them of the seriousness of the situation.

School Unit _____

Parental Confirmation of Contact

Dear _____:

This is to confirm our conversation of _____ regarding
your child _____.

It is hoped you will seriously consider our recommendation(s).

(list recommendations)

As agreed, I will follow up with you on actions taken within two weeks.

Please feel free to contact me regarding any further concerns.

Signed: _____

Date: _____

This is a sample of a form that could be used as a "risk/referral" form to be filed with the school system. A copy of this form should be shared with the parent as a summary of the steps taken and/or adapted to include a parent's signature to verify contact and discussion.

**Student Record of Actions Taken
Confidential**

Student Name:	Name of School:	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female												
<p>Who Initiated the referral?</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;"><input type="checkbox"/> Friend/Student _____</td> <td style="width:50%;"><input type="checkbox"/> Parent _____</td> </tr> <tr> <td><input type="checkbox"/> Teacher _____</td> <td><input type="checkbox"/> Other School Personnel _____</td> </tr> <tr> <td><input type="checkbox"/> Administrator _____</td> <td><input type="checkbox"/> Self Referral _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>				<input type="checkbox"/> Friend/Student _____	<input type="checkbox"/> Parent _____	<input type="checkbox"/> Teacher _____	<input type="checkbox"/> Other School Personnel _____	<input type="checkbox"/> Administrator _____	<input type="checkbox"/> Self Referral _____	<input type="checkbox"/> Other _____					
<input type="checkbox"/> Friend/Student _____	<input type="checkbox"/> Parent _____														
<input type="checkbox"/> Teacher _____	<input type="checkbox"/> Other School Personnel _____														
<input type="checkbox"/> Administrator _____	<input type="checkbox"/> Self Referral _____														
<input type="checkbox"/> Other _____															
Reason for Referral															
<p>Category of Suicidal Behavior: (check one)</p> <p><input type="checkbox"/> Suicide Attempt – having taken action with intent to die</p> <p><input type="checkbox"/> Suicide Threat – saying or doing something that indicates self-destructive desires</p> <p><input type="checkbox"/> Suicide Ideation – having thoughts about killing oneself</p>															
Action Taken (check those that apply)															
<table style="width:100%; border:none;"> <tr> <td style="width:40%;"></td> <td style="text-align:center; padding-bottom: 5px;">Name / Agency</td> </tr> <tr> <td><input type="checkbox"/> Student seen by school personnel</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Student referred by agency</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Student referred to private professional</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Student transported to a hospital/other</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Student referred to Crisis Services</td> <td>_____</td> </tr> </table>					Name / Agency	<input type="checkbox"/> Student seen by school personnel	_____	<input type="checkbox"/> Student referred by agency	_____	<input type="checkbox"/> Student referred to private professional	_____	<input type="checkbox"/> Student transported to a hospital/other	_____	<input type="checkbox"/> Student referred to Crisis Services	_____
	Name / Agency														
<input type="checkbox"/> Student seen by school personnel	_____														
<input type="checkbox"/> Student referred by agency	_____														
<input type="checkbox"/> Student referred to private professional	_____														
<input type="checkbox"/> Student transported to a hospital/other	_____														
<input type="checkbox"/> Student referred to Crisis Services	_____														
<p>Form completed by _____ Date _____ Position _____</p> <p>Copies to be filed with _____</p>															

SAMPLE ANNOUNCEMENTS FOR USE WITH STUDENTS AFTER A (POSSIBLE) SUICIDE

The following information and sample announcements are taken from the book *MANAGING SUDDEN TRAUMATIC LOSS IN THE SCHOOLS* by Maureen M. Underwood, LCSW and Karen Dunne-Maxim, MS, RN (1997). This is a wonderful resource for school administrators. It is available from the University of Medicine and Dentistry of New Jersey, University Behavioral Health Care, Piscataway N J 08845-1392. Telephone (908) 235-4109. This book is also available on loan from the Information Resource Center of the Maine Office of Substance Abuse by calling **1-800-499-0027**.

1. After the school crisis response team has been mobilized, it is critical for administration to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.
2. An announcement should be presented to faculty at a meeting called by the building administrator as soon as possible following the death. The building administrator and a member of the Crisis Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and to prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their home rooms so that students get the same information at the same time from someone they know.
3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents as appropriate. Directing your announcement to the appropriate grade level of the students is also important, especially in primary or middle schools. A written announcement could be sent home to parents with additional information about common student reactions to suicide and how to respond as well as suicide prevention information.

Day 1

Sample Announcement For When a Suicide has Occurred Morning, Day 1

“This morning we heard the extremely sad news that _____ took his life last night. I know we are all saddened by his death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

**Sample Announcement
For a Suspicious Death Not Declared Suicide
Morning, Day 1**

“This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____’s death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

**Sample Announcement
Primary or Middle School
Morning, Day 1**

“We want to take some time this morning to talk about something very sad. Name) _____, an eighth grader, died unexpectedly last night. At this point, we do not officially know the cause of (his/her) _____ death. Death is a difficult issue for anyone to deal with. Even if you didn’t know _____, you might still have some emotional reactions to hearing about this.

It is very important to be able to express our feelings about _____ death, especially our loss and sadness. We want you to know that there are teachers and counselors available in the library all through the day to talk with you about your reaction to _____’s death. If you want to talk with somebody, you will be given a pass to go to the library where we have people who will help us through this difficult time.”

End of Day 1

4. At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker: “Today has been a sad day for all of us. We encourage you to talk about _____’s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.”

Day 2

5. On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources and provide information to facilitate grief. Here’s a sample of how this announcement might be handled:

“We now know that _____’s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that’s important to remember is that there is never just one reason for a suicide. There are always many reasons or causes and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 pm. There will be a funeral Mass Friday morning at 10 am at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent’s permission to attend. We also encourage you to ask your parents to go with you to the funeral home.”

Adapted from:
Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES
A Resource for School Personnel
Developed by the Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr. And the Maine Children’s Cabinet
May 2002

**SAMPLE HANDOUTS
FOR
STUDENTS AND PARENTS**

STUDENT HANDOUT

AM I NORMAL? REACTIONS TO OVERWHELMING STRESSFUL EVENTS

Most people have some reaction to a traumatic event such as: 1. the death or near death of a friend, classmate, or someone you know; 2. being physically or sexually abused; 3. other overwhelming situations. These experiences may affect your ability to function and take care of yourself. Everyone's reaction is different and based on personal experiences. It may take a while to have a reaction, and sometimes you may not feel a reaction at all. People often don't realize they are reacting. Sometimes feelings are triggered by having something similar happen at a later time.

Reactions to death or near death can be:

- Thoughts
- Physical reactions
- Emotional reactions
- Changes in behavior
- Increased risk taking

Common Reactions to Overwhelming Events are:

Feeling stressed	Fatigue	Feeling Anxious
Nightmares	Sadness	Trouble Concentrating
Apprehension	Anger	Increase in Risk-Taking
Change in Appetite	Sleep Problems	Increase in use of Alcohol or Other Drugs
Withdrawal	Headaches	Feeling Overwhelmed
Irritability	Feeling Numb	Re-enacting the event over and over in your mind

What Can I Do to Feel Better?

- Get involved in activities that you can start and finish in one day
- Eat healthy foods and get physical exercise
- Talk openly with a friend or person you trust about your feelings
- Spend time doing things you enjoy, even if this is hard
- Support a friend – this is remarkably healing
- Listen to music you think is positive

When Do I Need to Get Additional Help?

- If you continue to have trouble functioning normally, weeks or months after the events
- When you have a friend who has these reactions and is not getting better
- When you have thoughts of harming or killing yourself or someone else
- When you feel like the reactions are running your life
- If you are feeling overwhelmed or out of control
- When you are not taking care of yourself

Where Can I get help?

- Parent, Friend (who is not overwhelmed), or Relative: _____
- Others (who would you put in?): _____

- School Guidance Counselor or nurse: _____
- Pastor or another adult you trust: _____
- Counseling Services: _____

*Adapted from:
Maine YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES
A Resource for School Personnel
Developed by The Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr. And the Maine Children's Cabinet
May 2002*

PARENT HANDOUT

HOW TO HELP SUPPORT GRIEVING YOUTH AFTER THE SUICIDE OF A FRIEND OR FAMILY MEMBER

Grieving is a natural reaction to a death or other significant loss. Grief over the loss of a loved one is a process that is incorporated into the lives of survivors, forever changing their lives.

The suicide of a friend or classmate can cause a special form of grief for children and teens. Children and teens will need your help - provide them with information, understanding and comfort.

The grief reaction to suicide typically includes expression of shock, disbelief, denial, anger, guilt and shame.

Different children express their reactions to a crisis differently. Children and teens may show anger, get upset easily, want to talk, or withdraw to make sense of it themselves. Younger children may be more open about their feelings than older children and teens.

It's important to listen to children and teens. Encourage them to talk about their feelings and concerns. Listening helps promote their healing and growth. Reassure them they were not to blame. Encourage them to remember the person who died and be clear that it is OK to talk about them and have special memories. Your attention demonstrates respect.

When talking to children about suicide, be clear that suicide is *never* a solution to any problem.

Follow normal household routines as much as is possible. This can provide a sense of comfort and safety to a grieving child.

Understand that memorials can be very comforting (i.e. writing a poem, song or letter; attending a service; making a scrapbook; buying a bouquet.)

Avoid minimizing the loss, making moralistic statements about the person who died, setting time limits on your child's grieving process and giving lots of advice.

Pay attention to changes in your child's behavior being especially attentive to suicide warning signs.

SUPPORTING PARENTS OF SUICIDAL YOUTH

Suicide Prevention

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.

After a Youth Suicide

If a suicide has occurred in a family, it evokes a special, complicated form of grief that includes shock, denial, disbelief, guilt, and shame. Acknowledgement of the loss and expressions of caring and concern can be very comforting to family members.

Many families who have lost a loved one to suicide say they are comforted by visits and messages from friends of the deceased. There are bereavement support groups in many Maine communities that can provide invaluable support to bereaved families; suicide survivor groups are particularly helpful.