INTER-LAKES SCHOOL DISTRICT

2026-2027
Suicide Prevention Plan

Student safety and well-being is a top priority of the Inter-Lakes School District.
We are here to partner with parents/guardians to provide suicide prevention recommendations and requirements for student health, safety and well-being.

Emergency - Dial 911
Suicide Helpline - Call or text 988

POLICY

Suicide Intervention Policy - 5147

Any faculty/staff member who suspects a student is suicidal or has heard the same from other students or anyone, must report that information to a guidance counselor, school nurse, or an administrator. Concern(s) regarding a potential suicide will be reported to a student's parent/guardian.

FACULTY/STAFF TRAINING

- Each year all faculty and staff will receive a two hour training. This training will be facilitated by a trained and recognized suicide prevention trainer/organization.

- The annual training will include statistics, risk factors, protective factors, warning signs, proper terminology and how to talk to students when concerned. **See Attachment 1** "Preventing Youth Suicide Tips for Parents and Educators" (2021 National Association of School Psychologists, www.nasponline.org) to review a portion of the information reviewed at the training.

- All faculty/staff are expected to immediately report a concern in person or by calling the guidance office, nurse's office or an administrator. Email is not an effective or private method to report this information. It is the responsibility of the faculty/staff member who originally became aware of a concern to connect in person with guidance/nurse/administrator to ensure action has been taken.

- The district has developed a flow chart to assist Faculty/Staff members in understanding how to handle various situations. **See Attachment 2.**

COUNSELORS/NURSES/ADMINISTRATORS

Tool - "Information Gathering Tool and Conversation Guide" (American School Counselor Association Information Gathering Tool: Suicide Concern, www.schoolcounselor.org) - **See Attachment 3.**

- For students in Grades 7-12, school personnel will meet with the student immediately to screen for safety using the above listed tool and to assign appropriate resources.

- For students in Grades PK-6 and ages 11 and under, school personnel will have a developmentally appropriate guided conversation. Annually, appropriate school personnel will be trained on the developmentally appropriate methods to use in such circumstances. The developmentally appropriate conversation methods coupled with the tool above will be used.

- Parents/Guardians will be called as school personnel will err on the side of caution to always notify and review the situation with a parent/guardian.

- Using the Information Gathering Tool and flow chart the counselor/nurse/administrator will review the next course of action, including but not limited to; calling the parent/guardian, keeping an eye on the student until the parent arrives, assisting the family to secure an emergency mental health appointment, calling **988/NH Rapid Response 1-833-710-6477** for assistance, calling the emergency room to prepare for student arrival, contacting the student's mental health provider, calling **911** or calling **DCYF 1-603-271-6562** if parent/guardian refuses to seek medical care.

- Parental/guardian permission and involvement will be sought for the school to call and involve the resources/counselors from 988/NH Rapid Response. The 988 counselors can meet with the student virtually or at the school. If school personnel need the services of 988 and are unable to connect with the parent/guardian or if parent/guardian refuses services, the school is considered in loco parentis and may still involve the services of 988 and the local mobile mental health crisis unit if the immediate health and safety of the student is of concern.

- If a student discloses suicidal thoughts along with a plan to act on these thoughts, it is the district procedure that the student be evaluated by a clinical mental health professional to determine the level of risk to their safety. This assessment needs to be completed before the student returns to school.

- Recommendations and resources will be shared with the parent such as, but not limited to; seeking immediate hospitalization, seeking immediate mental health care, removing items from the home (guns, knives, ropes).

- Professional mental health evaluation, assessment and care will be recommended. School personnel are not trained to provide psychiatric care or a treatment plan.

- Personnel will follow up with parent/guardian regarding the care provided to the student out of school and a school re-entry plan recommended by the mental health provider.

PARENTS/GUARDIANS

- Parents/Guardians will always be notified via telephone when a concern regarding suicide ideation has been discussed at school with their student.

- Parents/Guardians may be asked to pick up their child to seek immediate medical attention.

- Parents/Guardians will be asked to have a medical professional provide written information/summary/suggestions to assist with the student's school re-entry plan.

RESOURCES

Resources will be provided to parents/guardians and all community members. **See Attachment 4.**

Works Cited

CDC: Center for Disease Control (2022): Suicide and Crisis Lifeline/National Suicide Prevention Hotline

NAMI: National Alliance on Mental Health (2019): Suicide: Know The Warning Signs

NASP: National Association of School Psychologists (2015): Preventing Youth Suicide: Tips for Parents and Educators

ASCA: American School Counselor Association (2020): Informational Gathering Tool: Suicide Concern

SCHOOL SAFETY AND CRISIS

PREVENTING YOUTH SUICIDE: TIPS FOR CAREGIVERS AND EDUCATORS

Suicide is preventable. Youth who are contemplating suicide frequently give warning signs. Do not be afraid to ask about suicidal thoughts. Never take warning signs lightly or promise to keep them secret.

RISK FACTORS

- Hopelessness
- Nonsuicidal self-injury (e.g., cutting)
- Mental illness and substance abuse
- History of suicidal thinking and behavior
- Prior suicide among peers or family members
- Interpersonal conflict, family stress/dysfunction
- Presence of a firearm in the home

WARNING SIGNS

- Suicidal threats in the form of direct (e.g., "I want to die") and indirect (e.g., "I wish I could go to sleep and not wake up") statements
- Suicide notes, plans, online postings
- Making final arrangements
- Preoccupation with death
- Giving away prized possessions
- Talking about death
- Sudden unexplained happiness
- Increased risk taking
- Heavy drug/alcohol use

Contact the 988 Suicide and Crisis Lifeline if you or someone you know may need mental health crisis support. Call or text 988 or chat at 988lifeline.org. To speak with someone in Spanish call: 1-888-628-9454

WHAT TO DO

- Remain calm and nonjudgmental; listen.
- Ask directly about suicide (e.g., "Are you thinking about suicide?").
- Avoid being accusatory (e.g., don't say, "You aren't going to do anything stupid are you?").
- Reassure them that there is help; they will not feel like this forever.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm, especially firearms.
- Get help! Never agree to keep suicidal thoughts a secret. Tell an appropriate caregiving adult.
- School staff should take the student to a school-employed mental health professional.

REMINDERS FOR CAREGIVERS

- Continue to take threats seriously. Follow-through is important even after the child calms down or informs family or caregivers they "didn't mean it."
- Access school supports. Caregivers can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- Maintain communication with school. After an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place possible for your child.

NASP
NATIONAL ASSOCIATION OF School Psychologists

For additional guidance, visit www.nasponline.org/safety-and-crisis.

© 2024 National Association of School Psychologists, www.nasponline.org

Attachment 1

Inter-Lakes Suicide Threat/Attempt Flow Chart

Student/peer shares suicide ideation ***e.g. I want to die, he/she…***

Parent reports concern about ideation ***e.g. My son says he is going to kill himself.***

Staff reports concern about ideation ***e.g. My student says he wants to die.***

Other warning signs: writings, unexplained unhappiness, giving away possessions, online postings, preoccupation with death.

Staff member promptly reports concern of ideation to school counselor, nurse, school psychologist, or building administrator **IN PERSON**.

Screening Risk
Two staff members (school counselor, nurse, school psychologist, or building administrator) consult ASCA Information Gathering Tool to determine level of threat

Serious/Immediate Threat

Staff member stays with the student and calls for another staff member (school counselor, nurse, school psychologist, or building administrator)

Contact parent/guardian while other staff member stays with student

Parent/Guardian agrees to pick up student or participates in 988 referral at school

1. Resource packet provided to parent/guardian
2. Communicate plan to necessary building staff and family
3. Provide ongoing follow up per intervention/re-entry plan
4. School contacts outside therapist

Parent/Guardian **does NOT** agree to 988 referral or to pick up student for immediate help

If Principal reasonably believes that the student is a threat to him/herself or others, they will contact the Superintendent to discuss emergency services for the student from school. 988 and/or 911 is contacted as necessary

School personnel contacts hospital to let emergency room know that student is on his/her way if 911 is contacted

Upon completion, school follows steps 1-4 to let the left and calls the Superintendent. DCYF report considered

No apparent signs or immediate threat

School counselor, nurse, school psychologist, or building administrator) fills out Student Safety form and provides education regarding appropriate language

Contact parent/guardian to provide resources National Suicide Prevention Lifeline 1-800-273-8255

****ATTEMPT IN SCHOOL****
- Call Nurse/911
- Call Administrator
- Activate Clear & Close
- Call Superintendent

****NON SCHOOL HOURS****
- Call local Police Department **or** 911
- Contact building administrator

National Suicide Prevention Lifeline:
Call 1-800-273-8255 **or** text 741741

NH Rapid Response:
Call 1-833-710-6477 **or** 988

Attachment 2

Information-Gathering Tool: Suicide Concern

Rationale:

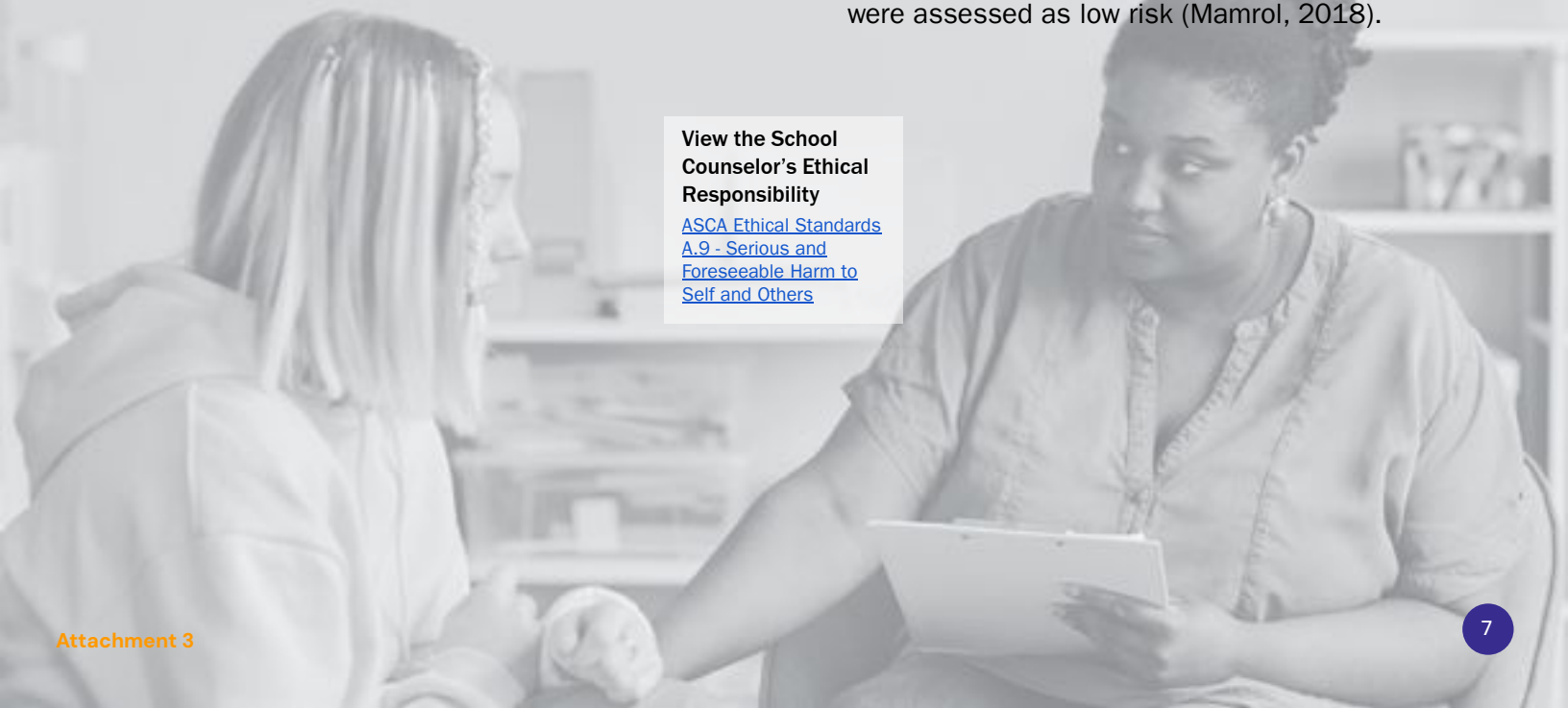
School counselors report multiple challenges when implementing district-required suicide risk assessments or screenings, including:

- Requirements are paperwork-centered vs. student-centered.
- Extensive protocols are nearly impossible to implement with fidelity in a school setting.
- Students may have:
  - Denial
  - Rationalization
  - intellectualization
- Students may employ conscious defenses that lead to inaccurate information, including:
  - the student not wanting to be stopped
  - the student not wanting to go to a hospital
  - personal beliefs that suicide is wrong, immoral or a sign of weakness
  - the student not wanting to be perceived as "crazy"
  - the student not believing anyone can help
- Additionally, because suicide attempts can be impulsive, suicidal ideation may not be present (Shea, 2009).

Research:

Research shows risk assessment screening and protocol cannot accurately predict suicide outcomes.

- In a press release for 2016 meta-analysis of 365 studies spanning 50 years, lead researcher Joseph Franklin, Ph.D., of Harvard University stated that "science could only predict future suicidal thoughts and behaviors about as well as random guessing. In other words, a suicide expert who conducted an in-depth assessment of risk factors would predict a patient's future suicidal thoughts and behaviors with the same degree of accuracy as someone with no knowledge of the patient who predicted based on a coin flip" (American Psychological Association, 2016).
- In a 2017 study examining 40 years of suicide risk-assessment research, 95% of patients assessed as high risk did not die by suicide; however, 50% of patients assessed in lower-risk categories did die by suicide (Large, M., et al., 2017).
- In a study of 157 patients who died by suicide, 67%of the deceased had denied suicidal ideation during an assessment given within two days of their death (Berman, 2018).
- A 2018 study found that 13 individuals, nearly 20% of those studied, who attempted or died by suicide were assessed as low risk (Mamrol, 2018).



View the School Counselor's Ethical Responsibility

ASCA Ethical Standards A.9 - Serious and Foreseeable Harm to Self and Others

Suicide Information Conversation Guide

(Adapted from Salem-Keizer Public Schools)

Suicide Questionnaire

The suicide informational questionnaire is a guide for having a conversation with a student, not an interview. The priority is to connect with the student and the student's immediate concerns and needs. Always consult with a knowledgeable colleague when making decisions about how best to support a student; if at all possible, avoid working in isolation. Involve supportive family members who are available in the household to help ensure safety.

MOST IMPORTANT IS TO DIRECTLY ASK THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING BETWEEN THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start.

Information to be Collected:

School and district staff should use an existing information system or school platform that complies with school district confidentiality standards, if possible, to collect information, including:

- Student name and ID number, grade level, gender and race/ethnicity
- Why the student was referred
- Risk and protective factors

Student Suicide Conversation:

- Ask questions through open-ended inquiry to any student who may be a threat to self.
- Do not ask the student to read and complete the questions alone. Have a conversation with the student about any incident of self-harm or perceived threat of suicidal ideation. The intent is to connect with the student, as opposed to merely having the student answer questions.
- Connect with the student, assure them they did not do anything wrong and describe the identified concern. Consider this example: "Ms. Smith shared your English paper with me where you wrote that you think about dying every day. I really appreciate how you shared what you are feeling. These are hard things to talk about. Thank you for telling us. I just need to ask you a few more questions."
- Explain your obligation and responsibility to learn about the student's concerns and situations that may be dangerous for students and/or staff.
- Explain confidentiality and the limits of confidentiality in developmentally appropriate terms with the student.
- If the student expresses concerns, reassure them they are NOT in trouble nor are they burdening you.
- Although students can provide crucial information regarding intent, if they are unwilling or deny intent, consider gathering information from other sources, including parents/guardians.

Concepts to Emphasize:

1. All people have emotional highs and lows. Problem-solving is possible, one issue at a time. (Do not minimize student feelings.)

2. People care about you, and you are not a burden.

3. There is hope for the future.

4. You are not alone.

Student Conversation

Document the student's description of the problem (i.e., school, home, friends, recent withdrawal, depression, etc.)	**Notes**
• Are there people or things stressing you, harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, schoolwork) or that are threats to you? • Have you experienced any recent changes, such as difficulty sleeping, changes in your appetite, withdrawing from your friends or family, or a lack of interest in your preferred activities?	
Have you been thinking about dying by suicide?	**Notes**
• Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? • Do you wish you weren't alive anymore? • Have you had thoughts about killing yourself in the past few weeks?	
If yes, how do you envision dying? Do you have any intention to carry out your plan?	**Notes**
• Have you decided how or when you would kill yourself? Have you planned out how you would do it? <u>If yes, when? What is your plan?</u> • Do you have access to any of the things in your plan?	
What makes you happy? What are you looking forward to in the future?	**Notes**
• What is going well? • Are there supportive people at home? • How about your teachers? • Are you in touch with your friends? • What do you like to do in your free time? • What activities, organizations, community, religion, etc., are you involved in?	
Who are people you feel comfortable reaching out to if you are having a hard time? [Collect names and phone numbers, if possible.]	**Notes**
• Which adults do you know who you can trust and talk to and are available? What are their names and phone numbers? • Are there other people in your life, such as friends, siblings or relatives who are supportive and/or helpful distractions? How do you contact them? (Do not collect minors' names and phone numbers.)	

Parent/Guardian Conversation

Nonnegotiable:
Call parents/guardians and/or child protective services if applicable. Do not minimize the situation.

When there is concern about suicide risk, informing a parent/guardian is an integral part of the process. Parents/guardians are key partners in supporting students who are experiencing suicidal ideation, providing crucial information and connecting the student to outside resources. Every effort should be made to partner with the parents/guardians regarding their student.

AVOID ASSESSING OR QUANTIFYING LEVEL OF RISK WITH PARENTS/GUARDIANS, PARTICULARLY THE URGE TO COMFORT OR ASSURE PARENTS/GUARDIANS THE STUDENT IS LOW-RISK. Focus on the facts and behavior unique to the situation, avoiding assumptions. Ensure the conversation is in the parents'/guardians' primary language if possible.

Other considerations:

- Students may be concerned about their parents/guardians hearing of this ideation for a variety of reasons. (Parents/guardians may have a negative experience with formalized mental health interventions. Parents/ guardians may treat the student differently after hearing of this information. Parents/guardians may not know the student's gender identity, etc.)

- For older students concerned about their parents/guardians being notified, it is essential to give students as much control as possible in how that conversation is to happen.
  Example: *"What would be helpful for me to know about your parents/guardians before I talk with them? Do you want to be on the call when I talk with them so you can hear what I say? Do you want to lead the conversation? Who do you consider the most supportive adult in your household?"*

- The parents/guardians may feel overwhelmed by this information and/or may not be interested in talking about formalized services at this time. If they do not appear to be taking the concern seriously, make a note to reach out to them again soon. It is important the family understands your school district's protocol (if applicable) if a student expresses suicidality and if/when the district is required to notify child protective services.

- To be culturally responsive, it is essential to understand and incorporate relevant cultural factors while avoiding stereotypes. Be open-minded and engaging.

- Establish rapport before launching into questions, including mentioning a couple of facts about the student that indicate you know the student beyond this incident.

- Depending on the conversation, it might be more effective to have an initial and/or follow-up conversation in person.

- Emphasize to parents/guardians that peer reports should be considered reputable sources. Discuss with parents/ guardians that peer reports may contain information that a student is unlikely to report to an adult because students often confide in peers rather than adults regarding personal or sensitive information.

Summarize the student conversation with the parents/ guardians.	**Notes**
• Is this surprising to you, or have you had some similar concerns? Please explain.	
Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm or suicide?	**Notes**
• Have you noticed any experiences, expressions of feelings or behaviors that occur specifically when the student starts thinking/talking about suicide? • How do you feel your child is doing? Have you had concerns about your child's mental health?	
Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?	**Notes**
• Some people experience sleeplessness or irritation when they are feeling emotional distress or suicidality. Some people feel disconnected or hopeless. Some have trouble getting out of bed or getting dressed. Have you noticed any warning signs in this regard? • How has the past year been for your family and your student? Sometimes even small life changes can affect one's ability to cope	
Talk through access to lethal means and safety proofing the home.	**Notes**

Suicide Informational Questionnaire Sample

This tool can be adapted to your school or district. Include local resources and available school services. It is recommended that all school staff receive training on suicide prevention, and it is recommended that staff designated to use this tool receive training and practice using the tool.

This form can be imported into an information system your school or district uses or other platform that may be district-approved.

Step 1: Student Conversation

THE MOST IMPORTANT INFORMATION TO GATHER IS DIRECTLY ASKING THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING WITH THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start. Focus on building a positive relationship that promotes hope and encouragement.

Full name _____ Student ID number_____

Grade level _____ Race/ethnicity _____ Gender_____

Is there prior suicide conversation on file? ▢ **Yes** ▢ **No**

Please describe the problem (e.g., school, home, friends, depression, changes to daily functioning)

_____

Have you been thinking about by dying by suicide? ▢ **Yes** ▢ **No** ▢ **Unsure**

Have you had thoughts about suicide in the past 24 hours, few weeks and/or month? (discuss)

_____

If yes, how do you envision dying? Do you have any intention to carry out your plan? (discuss)

_____

Do you have access to firearms? Other lethal means? (discuss)_____

What risk factors are evident as a result of the conversation? (check all that apply)

- ▢ Bullying
- ▢ Harassment
- ▢ Family issues
- ▢ Relationship issues
- ▢ Recent loss or failure
- ▢ Previous suicide attempt
- ▢ Family history of suicide
- ▢ Drug or alcohol use
- ▢ New medication or medication change
- ▢ Other_____

What makes you happy? What are you looking forward to in the future? (discuss)

_____

Who are people you feel comfortable reaching out to if you are having a hard time? (discuss)

_____

For Interviewer (not part of interview):

- Based on this initial conversation, do you need to take immediate action to keep this student safe (i.e., imminent risk, major risk factors, access to lethal means, etc.)?

  _____

- Ensure there is a plan to seek secondary screening (i.e., clinical mental health support, youth counseling services, hospitalization, etc.).

  _____

- Additional information to be noted:

  _____

Step 2: Parent/Guardian Conversation

When there is a concern about suicidality, informing a parent/guardian is an essential part of the process. (If a student expresses that the suicidal ideation is a result of abuse or neglect, consult with your team, including your administrator, to make a decision about how to proceed.)

Parent/guardian (Full name of individual contacted)_____

Phone number _____ Email _____

Summarize the student conversation with parent/guardian. Note their responses. Share other sources of information including peer reports, teacher reports/observations, etc.

_____

Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? (discuss)

_____

Is there any history of death by suicide of a family member or friend? If so, explain.

_____

What concerns about drugs and alcohol do you have, if any?

_____

Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?

_____

Discuss safety proofing the home and access to lethal means (firearms, medications, etc.). Some schools/districts will have a required statement to read regarding access to firearms (insert required statements regarding firearms, if applicable).

_____

What are the student's positive activities, interests, relationships, reasons for living (sports, faith, clubs, recreation, pets, family, friends)? (discuss)

_____

What other concerns do you have that we have not yet addressed?

_____

Step 3: Student Support Plan

This is an opportunity to synthesize the information collected thus far. Creating a plan for how to respond when notified of suicidal ideation is a way for school counselors, in collaboration with other school-based mental health staff and school administrators, to support students experiencing suicidal ideation.

Student-identified strengths and protective factors (hobbies, skills, passions, trusted peers and adults in school/community) (note)

_____

- Student-identified risk factors and warning signs ▫ **Yes** ▫ **No** ▫ **Other**
- Contacted parent/guardian with date/time
- Add Appendix: Possible Support Checklist (if applicable to your school/district). (check all that apply)
  - ▫ Give the student and parent/guardian crisis resources to add in the student's phone
  - ▫ Encourage the student to talk to trusted adult
  - ▫ Provide the student with a pass to see school counselor, school psychologist, school social worker as needed and/or visit breakroom/wellness room as needed
  - ▫ Provide student and family with hard copy and email of community resources
  - ▫ Review crisis and community resources
  - ▫ Encourage student to work with trusted adult to develop a sleep, nutrition and/or exercise routine
  - ▫ Identify designated safe places for potential break times
  - ▫ Alert school staff on a need-to-know basis regarding safety and supervision
  - ▫ Assist student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors
  - ▫ Discuss safety proofing home and all environments that student frequents to secure/remove all lethal means of suicide
  - ▫ Contact emergency or crisis services as needed
  - ▫ Other_____

Step 4: Final Checklist

- Considerations: (check all that apply)
  - ▫ Notified and involved administration
  - ▫ Contacted parents/guardians (nonnegotiable) unless the suicidal ideation appears to be a direct result of
  - ▫ abuse/neglect (e.g., incest), at which time you call child protective services
  - ▫ Provided resources to family
  - ▫ Time-stamped and dated communication with parents/guardians

- Administrator notified (name/time/date)_____
- Applicable supporting documents (suicide note, concerned emails, peer or teacher referrals, etc.)

The person completing this document cannot guarantee any outcome, and the purpose is to provide information for parents/guardians to act on behalf of their child.

Inter-Lakes Family Resources

Suicide + Crisis Lifelife: 1-833-710-6477

Emergency: 911 or 988 (NH)

National Suicide Prevention Hotline: 1-800-273-8255 **OR** **TEXT** 741741

NH Rapid Response & Suicide Prevention: 1-833-710-6477 **OR** **CALL/TEXT** 988

Lakes Region Mental Health (Belknap County): 1-603-524-1100x445

Concord Hospital at Laconia: 1-603-524-3211

Northern Human Services (Carroll County): 1-603-569-1884

NH Alliance on Mental Illness: www.naminh.org

NH Rapid Response & Suicide Prevention: www.NH988.com

Sandwich Central School
603-284-7712

Jeremy Hillger, Principal
jeremy.hillger@interlakes.org

Stephanie Gleeson,
School Counselor
stephanie.gleeson@interlakes.org

Teresa McCormack, School Nurse
teresa.mccormack@interlakes.org

SEE SOMETHING, SAY SOMETHING

Inter-Lakes Elementary School
603-279-7968

Rick Biche, Principal
rick.biche@interlakes.org

Kate Clark, School Counselor
kate.clark@interlakes.org

Karen Cotreau, School Psychologist
karen.cotreau@interlakes.org

Jordyn Lyle-Plancon, School Nurse
jordyn.lyle-plancon@interlakes.org

Laurie Raymond,
Outreach Counselor
laurie.raymond@interlakes.org

Ashley Shuffleton, School Counselor
ashley.shuffleton@interlakes.org

Inter-Lakes Middle/High School
603-279-6162

Guy Donnelly, Principal
guy.donnelly@interlakes.org

Cindy Bronson, School Nurse
cindy.bronson@interlakes.org

Nick Connell,
Director of School Counseling
nick.connell@interlakes.org

Brandi Drinkwine,
School Psychologist
brandi.drinkwine@interlakes.org

Stacey Gagnon, School Counselor
stacey.gagnon@interlakes.org

Melissa LaPan, School Counselor
melissa.lapan@interlakes.org

Laurie Raymond, Outreach Counselor
laurie.raymond@interlakes.org

New Hampshire
Rapid Response Access Point



The support you want in your time of need.

If you or someone you care about is having a mental health or substance use crisis, you can call and speak to our trained and caring staff.

Contact the Rapid Response Access Point at

833-710-6477 or visit **NH988.com**

SCAN ME

A wealth of resources at your fingertips.

Over the phone support and problem solving to help resolve a behavioral health crisis.

Over the phone support with referrals to outpatient services, or to have a Mobile Crisis Response Team (MCRT) come to you at a place of your choice.

In-person Mobile Crisis Response Team (MCRT) if the crisis cannot be resolved over the phone.

carelon Behavioral Health

AMERICAN ASSOCIATION OF SUICIDOLOGY

State of New Hampshire Department of Health and Human Services

NH Community Behavioral Health Association

A02444NHMENCBH

National Alliance on Mental Illness

Suicide

If you or someone you know is in an emergency, call The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or call 911 immediately.

Each year more than 34,000 individuals take their own life, leaving behind thousands of friends and family members to navigate the tragedy of their loss. Suicide is the 10th leading cause of death among adults in the U.S. and the 3rd leading cause of death among adolescents.

Suicidal thoughts or behaviors are both damaging and dangerous and are therefore considered a psychiatric emergency. Someone experiencing these thoughts should seek immediate assistance from a health or mental health care provider.

Know the Warning Signs

Identifying the suicide warning signs is the first step towards protecting your loved one.

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like "I wish I wasn't here" but can become more overt and dangerous
- Increased alcohol and drug use
- Aggressive behavior. A person who's feeling suicidal may experience higher levels of aggression and rage than they are used to.
- Social withdrawal from friends, family and the community.
- Dramatic mood swings indicate that your loved one is not feeling stable and may feel suicidal.
- Preoccupation with talking, writing or thinking about death.
- Impulsive or reckless behavior.

Is There Imminent Danger?

Any person exhibiting these behaviors should get care immediately:

- They are putting their affairs in order and giving away their possessions
- They are saying goodbye to friends and family
- Their mood shifts from despair to calm
- They start planning, possibly by looking around to buy, steal or borrow the tools they need to commit suicide such as a firearm or prescription medication

A licensed mental health professional can help assess risk.

Who is at Risk for Suicide?

Research has found that about 90% of individuals who die by suicide experience mental illness. Oftentimes it is undiagnosed or untreated. Experiencing a mental illness is the number one risk factor for suicide.

A number of things may put a person at risk of suicide:

- **Substance abuse,** which can cause mental highs and lows that exacerbate suicidal thoughts
- **Intoxication** (more than one in three people who die from suicide are found to be intoxicated)
- **Access to firearms** (the majority of completed suicides involve the use of a firearm)
- **Chronic medical illness**
- **Gender** (though more women than men attempt suicide, men are 4 times more likely to die by suicide)
- **History of trauma**
- **Isolation**
- **Age** (people under age 24 or above age 65 are at a higher risk for suicide)
- **Recent tragedy or loss**
- **Agitation and sleep deprivation**

Can Thoughts of Suicide Be Prevented?

Psychotherapy such as cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize unhealthy patterns of thinking and behavior, validate troubling feelings, and learn coping skills.

Medication can be used if necessary to treat underlying depression and anxiety and can lower a person's risk of hurting themselves. Depending on the person's mental health diagnosis, other medications can be used to alleviate symptoms.

See more at:
https://www.nami.org/Learn-More/Mental-Health-Conditions/RelatedConditions/Risk-of-Suicide

Updated March 2015