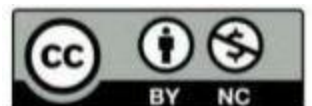




# SUICIDE AWARENESS AND INTERVENTION PROCEDURES

Revised 2/22/2017



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Awareness Procedures for Students

	Elementary	Middle	High
How often will the screener be administered to students?	All K-12 students will be screened once each school year.		
When will schools screen students?	Elementary schools will screen students through their counseling lessons during October.	Middle level schools will screen students during first semester.	High schools will screen students during first semester.
When will make-up sessions occur?	Make up sessions will be held for any students who may be absent on the day the screener/lesson is presented in their classroom. Any student who moves into the district after the screener/lesson has been presented will be given the screener/lesson at an appropriate time based on their counselor's discretion. All absent students and move-ins will be provided a hotline card with a letter explaining it's purpose.		
ACP Students	Alternative Curriculum Program students may require the use of a more developmentally appropriate curriculum. The appropriate school psychologist will collaborate with counselors to determine best practices for these students.		
What video resources will be used?	None	<p>“Kevin Brael: Confessions of a depressed comic”  <a href="https://www.ted.com/talks/kevin_brael_confessions_of_a_depressed_comic#t-23995">https://www.ted.com/talks/kevin_brael_confessions_of_a_depressed_comic#t-23995</a></p> <p>“Look, Listen, Link”  <a href="http://www.youtube.com/watch?v=9yrwt5gG9zg">http://www.youtube.com/watch?v=9yrwt5gG9zg</a></p> <p>Kyler Erickson  <a href="https://www.youtube.com/watch?v=BAGnDNeYflg&amp;list=UUM4B_T4YV1vU8HrkeznQrHQ">https://www.youtube.com/watch?v=BAGnDNeYflg&amp;list=UUM4B_T4YV1vU8HrkeznQrHQ</a></p> <p>TobyMac Speak Life  <a href="http://www.youtube.com/watch?v=7rK6O0YtBRY">http://www.youtube.com/watch?v=7rK6O0YtBRY</a></p> <p>Always Tell Someone  <a href="https://youtu.be/cOCMsgoM6To">https://youtu.be/cOCMsgoM6To</a></p>	<p>“Empty Seat PSA”  <a href="https://youtu.be/OT8lw1RL-WM">https://youtu.be/OT8lw1RL-WM</a></p> <p>Mayo Clinic “Teen Suicide Prevention”  <a href="https://youtu.be/3BByqa7bhto">https://youtu.be/3BByqa7bhto</a></p> <p>Blink 182 “Adam’s Song”  <a href="http://www.youtube.com/watch?v=LkvdAjwAao4">http://www.youtube.com/watch?v=LkvdAjwAao4</a></p> <p>Kyler Erickson  <a href="https://www.youtube.com/watch?v=BAGnDNeYflg&amp;list=UUM4B_T4YV1vU8HrkeznQrHQ">https://www.youtube.com/watch?v=BAGnDNeYflg&amp;list=UUM4B_T4YV1vU8HrkeznQrHQ</a></p>

### Awareness Procedures for Staff and Parents

	Elementary	Middle	High
<p>Beginning in school year, 2015-2016, all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and any other appropriate personnel shall receive at least one hour of suicide awareness and prevention training each year. This training shall be provided within the framework of existing inservice training programs offered by the State Department of Education or as part of required professional development activities. (LB923)</p>			
All Certified Staff	<p>Each year, every certified staff member will receive <i>Suicide Prevention: Discussion Points for Teachers</i>. If teachers request additional information, <i>Preventing Suicide: Information for Caregivers and Educators</i> will be provided. In addition, the school counselor, social worker and school psychologist will be available as a resource.</p>		
All Parents	<p>Each year, every parent will receive a letter explaining the hotline card and <i>Tips for Keeping Your Child Safe</i>. If parents request additional information, <i>Preventing Suicide: Information for Caregivers and Educators</i> will be provided. In addition, the school counselor, social worker and school psychologist will be available as a resource.</p>		

## **Elementary Procedures**

Preventative counseling lessons for grades PreK-5 focus on resiliency, coping skills and how to get help for oneself and/or a friend. Based on research and current best practices, the terms “suicide” and “depression” are not taught directly at the elementary level. Lessons are based on feelings of stress, worry, sadness and how to cope with feelings and how to ask for help if needed.

Elementary counselors do not administer a suicide screener. Instead, students identify coping strategies and adults at school and outside of school to whom they can go for help by filling out a graphic organizer (see pages 7-10). Any student who has difficulty identifying coping strategies and/or adults who can help, will receive a follow up visit with the counselor and/or school psychologist to gather further information and see if any additional steps are necessary.

All students will receive a hotline card at a time determined by the building administrator and counselor. In addition, students will also receive a parent letter explaining the purpose of the hotline card. If an adult witnesses a student exhibiting suicidal tendencies, they will immediately contact the building administrator, school counselor, social worker or school psychologist. If necessary, a risk assessment and/or suicide intervention will be completed. Intervention procedures will be appropriately followed and parents/guardians as well as administrators will be informed according to intervention procedures or at the discretion of the counselor, social worker or school psychologist.

## October Prevention Checklist for Elementary Counselors

Make copies of the letter to attach to the Hotline Card to go home with students in the building. Attach cards and send home as determined by your building.

Inform parent/guardian via newsletter or email about the MPS screener 2 weeks prior. Use the enclosed newsletter inserts that include the counselor's contact information (pages 13 and 14).

- Deliver Kindergarten Lessons

- \_\_\_ Make copies of “Changing How I Feel” page for each student
- \_\_\_ Dates of “Feelings” lesson \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets\*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link <https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

- Deliver 1<sup>st</sup> Grade Lessons

- \_\_\_ Make copies of “Changing How I Feel” page for each student
- \_\_\_ Dates of “Feelings” lessons \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets \*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link <https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

- Deliver 2<sup>nd</sup> Grade Lessons

- \_\_\_ Make copies of “Rainbow of Strategies” page for each student
- \_\_\_ Dates of “Feelings” lessons \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets \*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link <https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

- Deliver 3<sup>rd</sup> Grade Lessons

- \_\_\_ Make copies of “3rd Grade Coping Skills and Helpers” page for each student
- \_\_\_ Dates of “Feelings” lessons \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets \*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link <https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

- Deliver 4<sup>th</sup> Grade Lessons

- \_\_\_ Make copies of “4th Grade Coping Skills” page for each student
- \_\_\_ Dates of “Feelings” lessons \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets \*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link <https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

- Deliver 5<sup>th</sup> Grade Lessons

- \_\_\_ Make copies of “5th Grade Coping Skills” and “Tips For Being Supportive” page for each student
- \_\_\_ Dates of “Feelings” lessons \_\_\_\_\_
- \_\_\_ Follow up with any students absent on the day of lesson.
- \_\_\_ Follow up with “at risk” students/keep a copy of their sheets \*
- \_\_\_ Complete data sheet for Student Services Secretary, Student Services and enter data using this link  
<https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

When collecting data for the Depression/Suicide screeners, use the following guidelines:

Class Size: Total number of students registered in each grade level.

Number of Students Assessed: Total number of students that completed the lesson.

Number of Students Retought: A student who could not identify coping skills or caring adults that meets with the school counselor for additional reteaching and support.

Suicide Interventions: Students who the school counselor, social worker or psychologist met with because they were exhibiting signs of depression or suicide ideation.

**Prevention/Feelings Talk**  
**Discussion points for Kindergarten – 2nd Grade**

1. Brainstorm different types of feelings
2. Share that today we will focus on Sadness: What things make you feel sad?
3. Discuss what happens to your body when you feel sad (i.e., stomach ache, eyes water, mind gets confused, etc.)
4. Discuss ways to cope and feel better.
  - a. What can you do when you are sad to make yourself feel better?
    - i. Draw pictures, play a game they enjoy, hug their favorite stuffed animal, talk to an adult
    - b. Talk to an adult
5. Have them identify 3 trusted adults – who are people at home and school?



**Prevention/Feelings Talk**  
**Discussion points for 3rd – 5th grade**

1. Brainstorm different types of feelings
2. Today we will talk about feelings of Sadness or Worry
  - a. What things make you feel sad? (Give examples of things that make you feel sad).
  - b. Discuss how feelings of sadness might affect you (i.e., stomach ache, eyes water, mind gets confused, can't concentrate, want to be alone, don't find joy in things that used to be fun, etc.).
3. Discuss ways to cope with feelings of sadness or worry. What can you do to make yourself feel better?
  - a. Journal, Exercise, Talk to a trusted person, etc.
  - b. Talk to an adult if you notice that you cry a lot, can't concentrate, don't want to be around your friends, don't want to do things you once enjoyed (i.e., soccer, reading books, etc.)
    - i. Have them identify 3 trusted adults – who are people at home (i.e., family members, neighbors) and school?
4. Talk about what they could do if they are ever worried about a friend.

## Coping Skills and Helpers

Name \_\_\_\_\_

I know some coping skills that help me. Choose at least 3 from any of the Coping Skills pages (Feeling, Thinking, Talking and Doing) that you can use if you are having a difficult time.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List adults at school who can help

- 1.
- 2.
- 3.

List adults outside of school who can help

- 1.
- 2.
- 3.
- 4.

**Tips for Being Supportive**  
**Discussion points for 3rd – 5th grade**

Supporting a Friend:

- Be a good listener
- Laugh with them
- Show you care
- Spend time with them
- Tell them, “I’m worried about you and I want to help.” Or “I’m here if you need someone to talk to.”

**When a friend needs more support and help than you can give, get support and help from a trusted adult.**

**You can tell your friend:**

- “I know where we can get some help.”
- “Let’s talk with someone who can help.”
- “ I will go with you to get some help.”

**Being a Friend to Yourself:**

- Ask for help and support when you need it
- Spend time with friends
- Watch a funny movie, read a book, take a bubble bath, etc...
- Exercise-ride a bike, go for a walk
- 
- 
- 

**Keep your friends, not secrets. Be a support and get help.**

**Elementary Signs of Suicide/Depression Questionnaire Data**

Please click [HERE](#) to enter the information from this form into the Student Services Form.

	Suicide Interventions	Number of Students Retaught	Number of Students Assessed	% total intervention by class
<b>Kindergarten</b> Class Size: Date:				
<b>First Grade</b> Class Size: Date:				
<b>Second Grade</b> Class Size: Date:				
<b>Third Grade</b> Class Size: Date:				
<b>Fourth Grade</b> Class Size: Date:				
<b>Fifth Grade</b> Class Size: Date:				
<b>School:</b> # of Students (% intervention by student population)				

## Elementary Parent Letter

### Building Letterhead

This document can also be found on MPS Global (Suicide Prevention and Intervention Folder)

Dear Parent/Guardian,

This month our classroom counseling lessons in grades K-5 will focus on skills of resiliency, coping and how to get help for oneself and/or a friend if needed. These lessons are intended to educate students on feelings of stress, worry, sadness, how to cope with such feelings and how to ask for help if needed.

Students will identify coping strategies and trusted adults at school and outside of school to whom they can go for help. Any student who has difficulty identifying coping strategies and/or adults who can help will receive a follow up visit with the school counselor (AND/OR SCHOOL PSYCHOLOGIST AND/OR SCHOOL SOCIAL WORKER if appropriate for your building) to determine if any additional steps are necessary.

Please talk with your child about these feelings, and reinforce appropriate coping strategies such as talking with a trusted adult, exercising, positive self-talk or doing an activity they enjoy. Modeling appropriate reactions to stress and feelings of sadness in your own life and then talking with your child about you handle it in a healthy way can also help to empower your child to make healthy choices.

Please contact YOUR NAME at YOUR EMAIL with any questions! Thank you for your continued partnership in helping to ensure your child has a successful school year!

Sincerely,

YOUR NAME  
YOUR POSITION  
EMAIL  
PHONE NUMBER

## **Elementary Newsletter Insert**

This month our classroom counseling lessons in grades K-5 will focus on skills of resiliency, coping skills and how to get help for oneself and/or a friend. These lessons are intended to educate students on feelings of stress, worry, sadness, how to cope with such feelings, and how to ask for help if needed. Please talk with your child about these feelings, and reinforce appropriate coping strategies such as talking with a trusted adult, exercising, or doing an activity they enjoy. Please contact **YOUR NAME at YOUR EMAIL** with any questions!

## **Middle School Procedures**

Counseling lessons for grades 6-8 will focus on the signs of depression and suicide, and what to do if a student sees these signs in a friend or believe students may feel this way personally. Counselors will strongly emphasize the need to identify adults that students can turn to and ask for help, and by promoting the acronyms “LLL – Look, Listen, Link” and “ACT – Acknowledge, Care, Tell”.

This information will be presented by counselors, social workers and/or school psychologists through the use of a Power Point, SMART Presentation, Prezi and/or class discussion. On a yearly basis, middle level counselors will review the available video resources and determine the appropriate resource for each grade level. The screener will be administered at the same time as the presentation. Counselors, social workers and/or school psychologists will thoroughly explain the questions and the reasons for giving the screener, also stressing the importance of answering the questions honestly. They will also discuss confidentiality. Middle level counselors, social workers and psychologists will follow up immediately with any student who “flags out” on the screener (answers “yes” to either question #1 and/or #2; or answers “no” to question #3 or #4). If necessary, a risk assessment and/or suicide intervention will be completed.

Each student will receive a hotline card after the screener is administered. In addition, students will receive a parent letter explaining the purpose of the hotline card. Hotline cards may also be made available throughout the year through the Counseling Office and again to 8<sup>th</sup> graders in Know Yourself when this information is covered in that curriculum.

If an adult witnesses a student exhibiting suicidal tendencies, they will immediately contact the building administrator, school counselor, social worker or school psychologist. If necessary, a risk assessment and/or suicide intervention will be completed. Intervention procedures will be appropriately followed and parents/guardians as well as administrators will be informed according to intervention procedures or at the discretion of the counselor, social worker or school psychologist.

## Middle Level Depression/Suicide Screener Checklist

September is National Suicide Prevention month. October is National Depression Awareness month.

### Items to do BEFORE:

- Inform parent/guardian via newsletter or email about the MPS screener 2 weeks prior. Use the enclosed newsletter inserts that include the counselor's contact information (see appendix).
- Make copies of the screener questionnaire. One copy per student.
- Set up the schedule for each grade level's presentation.
- Communicate dates/time with the staff.
- Distribute "Teacher Handout."
- Review/update presentation.
- Determine which video will be shown to each group/level.

### Items to do DURING:

- Administer Depression/Suicide Screener presentation to students.
- Collect the screener questionnaires.
- Distribute "Break the Code of Silence" hotline cards and parent letter.
- Gather names of absent students from teachers.

### Items to do AFTER:

- Based on screener results follow-up with students.
- After determining the level of risk, you may...
  - Contact parent/guardian.
  - Complete Suicide Intervention Report and/or CARE Plan on IC following procedures, as outlined by the District.
- Document all student &/or parent contact in Infinite Campus.
- Schedule make-up days for students who were absent.
- Complete data sheet for Student Services and enter data using this link  
<https://goo.gl/forms/FaYOZKPEVpEizDDq2> \*\*

When collecting data for the Depression/Suicide screeners, use the following guidelines:

Class Size: Total number of students registered in each grade level.

Number Screened: Total number of students screened after make-up sessions for those absent.

Number at No Risk: A student who was not interviewed OR a student who was interviewed and no further follow-up was needed; had a concern for a friend or misread a question.

Number at Medium Risk: A student who answered yes on question 2. A student who is interviewed and exhibiting signs of depression but may or may not be thinking of suicide or hurting him/herself, has not tried to commit suicide in the past and does not have a plan. Parent contact is required.

Number at High Risk: A student who answered yes on question 1 OR question 1 and 2. A student who is interviewed and having thoughts of suicide or self-harm. A Suicide Intervention Report and/or CARE Plan is completed on IC using procedures, as outlined by the District.



## Middle Level Suicide Awareness Questionnaire

MPS CARES SURVEY		
Name _____		
The MPS CARES (Counselors Always Reaching Every Student) Survey will help counselors provide assistance to students who have been impacted by suicide and/or depression. This survey should be completed by Millard Public Schools students after they have completed the Awareness Lessons by school counselors.		
1	Yes No	In the past 4 weeks, I have had thoughts of suicide.
2	Yes No	In the past 4 weeks, I have felt depressed; a feeling of prolonged sadness that won't go away.
3.	Yes No	In the past 4 weeks, I have had concerns about another student having suicidal thoughts or behaviors.
If yes, Who? _____ School _____		
4	Yes No	In the past 4 weeks, I have been concerned about another student who is feeling depressed; a feeling of prolonged sadness that won't go away.
If yes, Who? _____ School _____		
5	Yes No	I would like to talk to a school counselor about suicide or depression.

\_\_\_\_\_ Middle School

### Middle School Signs of Suicide/Depression Questionnaire Data

Please click [HERE](#) to enter the information from this form into the Student Services Form.

	High Risk Intervention	Medium Risk Intervention	No Risk Intervention	% total intervention by class
<b>Sixth Grade</b> Class Size: Date:				
<b>Seventh Grade</b> Class Size: Date:				
<b>Eighth Grade</b> Class Size: Date:				
<b>School:</b> # of Students (% intervention by student population)				

## **High School Procedures**

Counseling lessons for grades 9-12 will focus on the signs of depression and suicide, and what to do if a student sees these signs in a friend or believes students may feel this way personally. Counselors will strongly emphasize the need to identify adults that students can turn to and ask for help.

This information will be presented by the counselors and/or school psychologists through the use of a Power Point, SMART Presentation, Prezi, or department-developed video. While the essential pieces and message will be uniform across high schools, each high school will design how these pieces will be delivered, given their unique resources and constraints. On a yearly basis, high school counselors will review the available video resource and determine the appropriate resource for each grade level. The screener will be administered at the same time as the presentation. Counselors, social workers and/or school psychologists will thoroughly explain the questions and the reasons for giving the screener, also stressing the importance of answering the questions honestly. They will also discuss confidentiality. Each student will receive a hotline card after the screener is administered. In addition, students will receive a parent letter explaining the purpose of the hotline card.

High school counselors, social workers and psychologists will follow up immediately (same day) with any student who “flags out” on the questionnaire (answers “yes” to either question #1 and/or #2). If an adult witnesses a student exhibiting suicidal tendencies, they will immediately contact the building administrator, school counselor, social worker or school psychologist. If necessary, a risk assessment and/or suicide intervention will be completed. Intervention procedures will be appropriately followed and parents/guardians as well as administrators will be informed according to intervention procedures or at the discretion of the counselor, social worker or school psychologist.

## High School Depression/Suicide Screener Checklist

September is National Suicide Prevention month & October is National Depression Awareness month

### Items to do BEFORE:

- Inform parent/guardian via newsletter or email about the MPS screener 2 weeks prior. Use the enclosed newsletter inserts that include the counselor's contact information.
- Make copies of the screener questionnaire. One copy per student.
- Set up the schedule for each grade level's presentation.
- Communicate dates/time with the staff.
- Distribute teacher handout.
- Review/update presentation.

### Items to do DURING:

- Administer Depression/Suicide Screener presentation to students.
- Collect the screener questionnaires.
- Distribute "Break the Code of Silence" hotline cards and parent letter.
- Gather names of absent students from teachers.

### Items to do AFTER:

- Based on screener results follow-up with students as necessary.
- After determining the level of risk you may...
  - Contact parent/guardian.
  - Complete Suicide Intervention Report and/or No Harm Agreement on IC following procedures as outlined by the District.
- Document all student &/or parent contact in Infinite Campus.
- Schedule make-up days for students who were absent.
- Complete data sheet for Student Services and enter data using this link  
<https://goo.gl/forms/15fnFuYxvDkbl6up2> \*\*

When collecting data for the Depression/Suicide screeners, use the following guidelines:

Class Size: Total number of students registered in each grade level.

Number Screened: Total number of students screened after make-up sessions for those absent.

Number at No Risk: A student who was not interviewed OR a student who was interviewed and no further follow-up was needed; had a concern for a friend or misread a question.

Number at Medium Risk: A student who answered yes on question 2. A student who is interviewed and exhibiting signs of depression but may or may not be thinking of suicide or hurting him/herself, has not tried to commit suicide in the past and does not have a plan. Parent contact is required.

Number at High Risk: A student who answered yes on question 1 OR question 1 and 2. A student who is interviewed and having thoughts of suicide or self-harm. A Suicide Intervention Report and/or CARE Plan is completed on IC using procedures, as outlined by the District.

## High School Suicide Awareness Questionnaire

MPS CARES SURVEY		
Name _____		
The MPS CARES (Counselors Always Reaching Every Student) Survey will help counselors provide assistance to students who have been impacted by suicide and/or depression. This survey should be completed by Millard Public Schools students after they have completed the Awareness Lessons by school counselors.		
1	Yes No	In the past 4 weeks, I have had thoughts of suicide.
2	Yes No	In the past 4 weeks, I have felt depressed; a feeling of prolonged sadness that won't go away.
3.	Yes No	In the past 4 weeks, I have had concerns about another student having suicidal thoughts or behaviors.
If yes, Who? _____ School _____		
4	Yes No	In the past 4 weeks, I have been concerned about another student who is feeling depressed; a feeling of prolonged sadness that won't go away.
If yes, Who? _____ School _____		
5	Yes No	I would like to talk to a school counselor about suicide or depression.

\_\_\_\_\_ High School

### High School Signs of Suicide/Depression Questionnaire Data

Please click [HERE](#) to enter the information from this form into the Student Services Form.

	High Risk Intervention	Medium Risk Intervention	No Risk Intervention	% total intervention by class
<b>Freshman</b> Class Size: Date:				
<b>Sophomores</b> Class Size: Date:				
<b>Juniors</b> Class Size: Date:				
<b>Seniors</b> Class Size: Date:				
<b>School:</b> # of Students (% intervention by student population)				

# High School Parent Letter

Building Letterhead

This document can also be found on MPS Global (Suicide Prevention and Intervention Folder)

Dear Parents,

This month our school will focus on suicide awareness and prevention. Suicide is the third leading cause of death among youth between 10 and 19 years of age. We know that suicide is preventable.

Youth who are contemplating suicide often give warning signs of their distress. Parents, teachers, and friends are in key positions to notice these signs and to help. It is imperative for all to understand that suicide is a permanent solution to a temporary problem. Our school district feels it is imperative to educate our staff, students and community about the warning signs. One should never take these warning signs lightly or promise to keep them secret. We understand this topic can be difficult and overwhelming, but keeping this an ongoing conversation can make a difference.

We give each student and staff member one of our hotline cards with a number to call when a student, parent, or staff member sees these warning signs in another individual, or need help themselves. Share these hotline cards with families at home. The hotline allows individuals to remain anonymous, while supporting their fellow peers and empowers individuals, our youth, and families within Millard Public Schools. With all adults and students in our school community standing together, and committed to making suicide prevention a priority, we can help youth before they engage in behavior with final consequences.

Sincerely,

## **Information for Secondary School Newsletters**

These are resources that can be used for school newsletters. Schools may choose to use one or several to educate their community about depression and suicidal ideation.

### **Article 1**

Over the next several weeks school counselors and staff will educate students on suicide awareness and prevention. Together we can work to prevent suicide. Research shows that students who think about suicide give warning signs. Our community of parents, school staff, and public agencies must come together to identify students who are at risk to get them the help they need. The National Association of School Psychologists (NASP) highlights the following as some warning signs of suicide:

- Suicidal threats in the forms of direct and indirect statements
- Suicide notes and plans
- Prior suicidal behavior
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions.)
- Preoccupation with death
- Changes in behavior, appearance, thoughts and/or feelings

If you observe these signs in your child, please call the hotline number (1-800-SUICIDE) or seek assistance from your school's counselor, social worker or psychologist.

If you prefer your child not receive this information please contact your school counselor by phone or e-mail.

### **Article 2**

Children and adolescents spend a significant portion of their day in school where they learn skills to help them be successful in life, including recognizing signs of depression and suicide. Effective suicide awareness and prevention supports a positive school climate and fosters trusting student/adult relationships. It is crucial for all students to be familiar with and watchful for risk factors and warning signs of suicidal behavior. Millard Public Schools wants our students to feel safe and supported. In the coming weeks students will be educated on the warning signs of depression and suicidal thoughts. These lessons and discussions will empower students to support one another and teach students to recognize the warning signs. Our goal is for our school community to advocate for themselves and others.

If you prefer your child not receive this information please contact your school counselor by phone or e-mail.



### Article 3

Over the next several weeks counselors, social workers and school psychologists will be working with students to review the warning signs of depression and suicidal thinking. Youth who feel suicidal are not likely to seek help directly; however, peers can recognize the warning signs and take immediate action to keep each other safe. The goal is to encourage our students to take action. We will what steps to take when one starts to see these signs in themselves or a peer. According to the National Association of School Psychologists (NASP), when a student gives signs that they may be considering suicide, the following actions should be taken:

- Remain calm.
- Ask the youth directly if he or she is thinking about suicide.
- Focus on your concern for their wellbeing and avoid being accusatory.
- Listen.
- Reassure them that there is help and they will not feel like this forever.
- Do not judge.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm.
- **Get help:** Peers should not agree to keep the suicidal thoughts a secret but instead should tell an adult such as a parent, teacher, counselor, school psychologist or social worker. Parents should seek help from their school or community mental health resources as soon as possible.

If you prefer your child not receive this information please contact your school counselor by phone or e-mail.

### Article 4

Over the next several weeks counselors, social workers and school psychologists will educate students on depression and suicidal thinking. Millard Public Schools has taken the initiative to help prevent student suicides and promote mental wellbeing through our District Suicide Prevention Program. Students be educated on the warning signs of depression and suicidal thinking while discussing resiliency factors that can lessen the potential risks that lead to suicidal ideation and behaviors. Once a child or adolescent is considered at risk, schools, families, and friends can and should work to build protective factors in and around the youth.

If you prefer your child not receive this information please contact your school counselor by phone or e-mail.

## **District Intervention Procedures**

### **I. Introduction**

- A. During the 2003-2004 school year, the Millard community experienced an abrupt increase in student deaths by suicide. Four of the students were current enrollees in the Millard Public Schools, two additional students were recent graduates and a seventh student was enrolled in a private school. In tandem with these events, the Millard School District saw an increase in the number of suicide interventions at the elementary, middle and high school levels. Due to the concern raised by these events, Student Services created a committee to investigate current suicide prevention and intervention procedures and rewrite those procedures, if necessary, according to the best prevailing practices.
- B. Members of that committee met frequently throughout the months of October through March, and included:
  - 1. Jenny Anderson, Counselor at Beadle Middle School
  - 2. Scott Butler, Counselor at Millard West High School
  - 3. Liz Carey, School Psychologist
  - 4. Eva Denton, UNO School Psychology Practicum Student
  - 5. Diane Howard, School Psychologist; and
  - 6. Lisa Kallman, Counselor at Cody Elementary and Rockwell Elementary
- C. The committee saw a need for expertise beyond that available in the district and enlisted the consultation of two nationally recognized school psychologists in the area of suicide prevention and intervention: Dr. Scott Poland, Director of Psychological Services, Cypress Fairbanks Independent School District in Houston, Texas and Mr. Rich Lieberman, Director of the Suicide Prevention Unit, Los Angeles Unified Public School District, Los Angeles, California.
  - 1. In addition to telephone consultation, Dr. Poland and Mr. Lieberman visited the District on January 19<sup>th</sup> and 20<sup>th</sup>, 2004, and presented suicide awareness workshops for all staff members, met with the suicide intervention committee and consulted on procedures, presented to administrators, school psychologists, and counselors on what procedures needed to be implemented.
  - 2. Dr. Poland and Mr. Lieberman also returned on March 12, 2004. They conducted an all-day workshop with area mental health agencies, private school administrators, and Millard Public Schools Counselors and School Psychologists. The aim of the workshop was to come up with ideas for streamlining the communication and referral between the schools and private agencies. With the addition of Dr. Poland and Mr. Lieberman's advice, the following procedures were outlined and finalized by the committee.
- D. In 2016-17 a committee was formed to review and update the MPS Suicide Prevention and Intervention Manual. This committee met from March through May and included:
  - 1. Shelley Boyd - Social Worker
  - 2. Stacy Horsham - Social Worker
  - 3. Kelly O'Toole - Psychologist
  - 4. Shannon Fischer - Psychologist
  - 5. Kaleigh Huska - Reagan School Counselor
  - 6. Yolie Martin - Andersen School Counselor
  - 7. Lindsey Zentic - Millard North School Counselor
  - 8. Dellyn Feighner - Millard West School Counselor
  - 9. Susan Hancock - Millard West School Counselor

10. Laura Powers - Millard South School Counselor
11. Randy Schultz - Millard South School Counselor
12. John Becker - Curriculum and Instruction MEP Facilitator, Counseling
13. Chad Hayes - Student Services Facilitator

## II. Suicide Intervention Procedures

(See flowchart on page 29)

- A. A referral of possible suicidal ideation is received by school personnel. The referral may come from parents, staff, students, or other credible sources. The referral must be taken seriously if there is any indication of overt or covert suicidal thinking or behaviors.
- B. Such referrals will be given immediately to the school counselor, social worker or school psychologist in the building where the student attends. The principal shall be informed of the referral. If the school counselor, social worker or school psychologist are not present in the elementary building at the time the referral is received, one of them needs to be contacted by phone immediately so they can respond.
- C. The school counselor, social worker or school psychologist needs to review the referral and to take seriously any overt or covert references to suicidal thinking or behaviors. This may include:
  1. Acting on statements directly attributable to a student,
  2. Reports from other school personnel or peers, and/or
  3. Written materials or drawings.

**Do not leave a student with potentially self-harming ideation alone for any reason until a risk assessment has been determined and appropriate measures have been taken.**

- D. The school counselor, social worker or school psychologist will identify a three-member intervention team (See "Suicide Intervention Report Form" on pages 30-31).
  1. Each team should consist of three members:
    - a) The school counselor, social worker or school psychologist who serves the building where the student attends.
    - b) A school administrator in the building where the student attends.
    - c) The school nurse in the building where the student attends. A substitute can be appointed in place of the school nurse if the school nurse is not available.
  2. The team will perform the following functions:
    - a) The school counselor, social worker or school psychologist will interview the student.
    - b) A second team member may accompany the interviewer when talking with the student.
    - c) The school counselor, social worker or school psychologist will meet with the student.
    - d) The school counselor, school psychologist, or school social worker will fill out the "Risk Assessment" portion of the Suicide Intervention Report, making note of any important facts or circumstances related to the student's responses on the back of the form.
    - e) If the student expresses overt or covert feelings of wanting to hurt him or herself, fill out, review, and sign the "CARE Plan" with the student.
    - f) The Team will determine the level of risk. The determination of the level of risk is fairly straightforward:
      - (1) "Yes" to question #1= High Risk.
      - (2) "Yes" to question #2= Medium Risk.

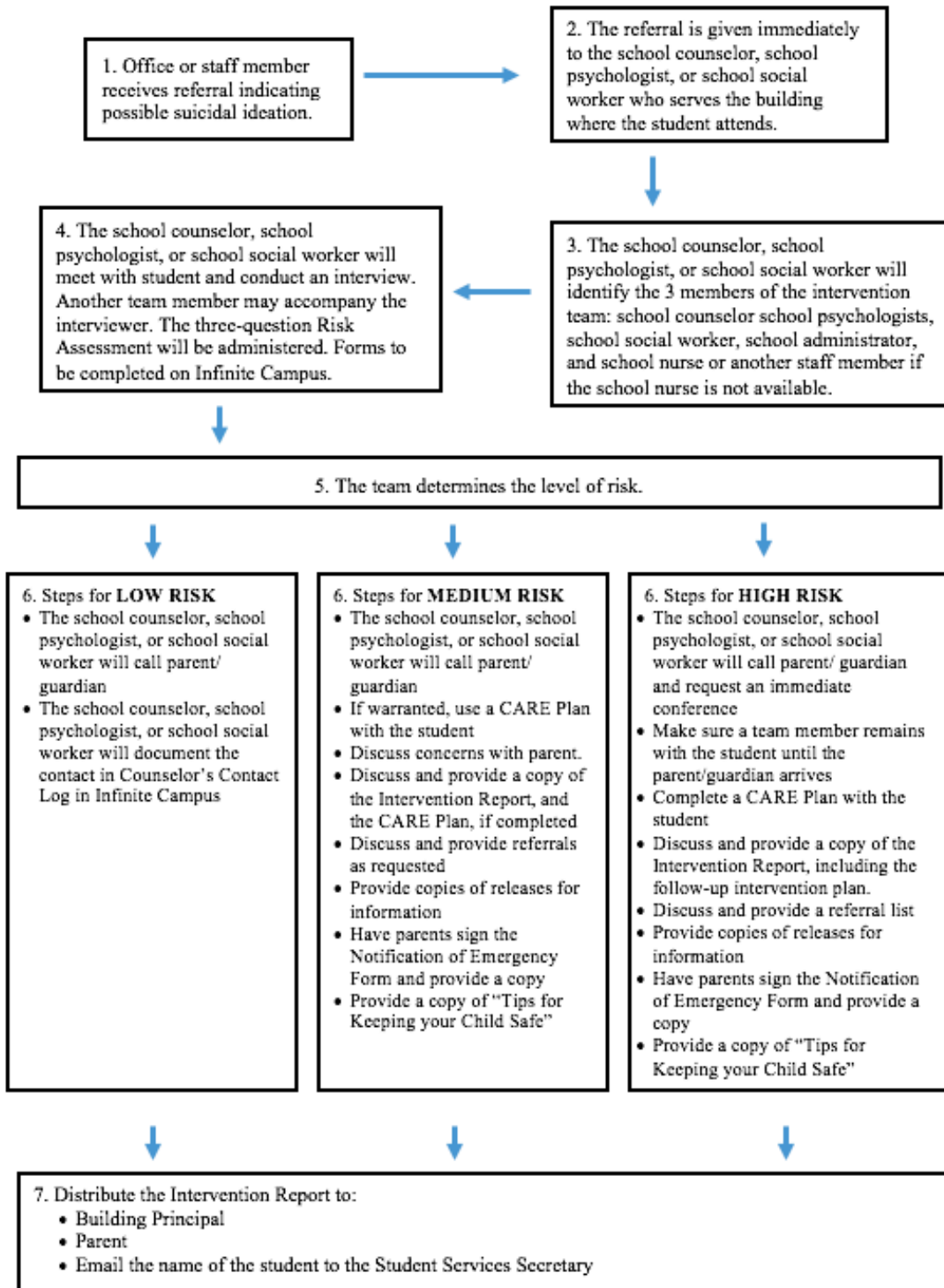
- (3) “Yes” to #1 and #2, or if the student refuses to sign the No Harm Agreement= High Risk.
  - (4) However, accurate ratings may not always be easily determined. A student may try to minimize their feelings, superficially lowering the risk. Likewise, the team may have information from a source other than the student that increases the level of concern. Professional judgment will need to be used in determining the level of risk.
- E. Steps to be taken by the school counselor, school psychologist, or school social worker according to the level of risk:
1. Medium Risk
    - a) Call the parent/guardian.
    - b) Discuss concerns and recommend counseling referrals to the parent/guardian, if warranted.
    - c) Have the student sign the CARE PLAN, if warranted.
    - d) Allow the student to return to class, if appropriate.
    - e) Mail home a copy of the completed Intervention Report, referral list, and as needed, the “Release of Information” form, and a copy of “Tips for Keeping Your Child Safe.”
  2. High Risk
    - a) Call the parent/guardian and request an immediate conference.
    - b) Make sure a team member always remains with the student until a parent/guardian (or other approved transportation) arrives.
    - c) Use a CARE Plan with the student, if warranted.
    - d) Discuss concerns with the parent/guardian.
    - e) Discuss and provide a copy of the intervention report, including the follow-up intervention plan.
    - f) Discuss and provide a referral list.
    - g) Provide copies of releases for information from the chosen counselor/therapist.
    - h) Have parents/guardian sign the Notification of Emergency form and provide them with a copy.
    - i) Provide a copy of “Keeping Your Child Safe.”
  3. Distribute the intervention report form to:
    - a) Building Principal
    - b) Parent
  4. Email student name to the Student Services secretary.

### III. Suicide Intervention Reporting and Notification

- A. Suicide Intervention Report. This report should be filled out on Infinite Campus by the school counselor, school psychologist, or school social worker immediately upon assessing the student for suicidal risk.
  1. Demographics: This will automatically fill in. Check for accurate information.
  2. School Intervention Team: Note the names and professional positions of the three-member team, deciding who will take what roles and how the interview with the student will be handled.
  3. Risk Assessment: The interviewer (with the support member present, if appropriate) conducts the three-question assessment with the student, making careful note of responses and all relevant information (details, plans, circumstances, etc.). The back of the report includes room for additional information. If the Assessment indicates risk, complete and sign a No Harm Agreement with the student.

4. Level of Risk: The team convenes privately to designate a level of risk, taking into consideration both what the student has said, as well as reliable information gleaned from other sources (i.e., report of parents/guardians or close friends, known history, etc).
- B. Parent/Guardian Notification:
1. Steps for Low Risk: The school counselor, school psychologist, or school social worker will always notify the parents or guardians when a student overtly or covertly expresses self-harming ideation. If the risk level is at a “medium level”, notification by phone may be appropriate and, in the professional judgment of the team in consultation with the parent, the student may be deemed capable of returning to his or her school day. In such a case, the following materials should be sent home by mail: a copy of the intervention report, referrals as needed, a Release of Information form to be signed by a treating professional, and a copy of “Tips for Keeping Your Child Safe.”
  2. Steps for High Risk: The school counselor, school psychologist, or school social worker will notify the parent/guardian of the concern and request an immediate conference. Make sure a staff member always remains with the student until a parent/guardian arrives. The counselor or school psychologist will discuss the Suicide Risk Assessment and the CARE Plan with the parent/guardian; have the parent/guardian sign a Notification of Emergency form; and provide them with counseling referrals (as appropriate), release of information forms, and copies of the Suicide Risk Assessment, No Harm Agreement, and “Tips for Keeping Your Child Safe”.
  3. Transportation: Indicate with whom the student left school on the Risk Assessment form.
- C. Follow-Up Plan: Indicate a school contact and details of the school follow-up plan on the Risk Assessment form, before giving a copy to parents.
- D. CARE Plan
1. The interviewer should fill out the “CARE Plan” with the student, discussing those strategies the student can use if feeling the urge to self-harm.
  2. Make sure that all aspects of the agreement are filled out, and are understood and agreed to by the student. Have the student sign the agreement.
  3. Parents/guardians are to receive a copy when notified of the their child’s risk.
- E. Acknowledgement of Notification of Emergency
1. During the meeting with the parents/guardians, discuss the contents of the Notification of Emergency form and have them sign the form.
  2. Provide parent/guardians with a copy.
- F. Tips for Keeping Your Child Safe
1. Provide a copy of the “Tips for Keeping Your Child Safe” to the parents, whether by mail or when you meet with them in person.
  2. Review and reiterate the contents of the handout with parents, if appropriate.
- IV. Implementation of the Follow-Up Plan
- A. The school counselor, social worker or school psychologist will contact the parents and the student within one week to make sure that the follow-up plan is being implemented, to make sure that appropriate assistance is being provided by the school and/or private mental health agencies, and to find if the follow- up plan needs to be modified.
  - B. The school counselor, school psychologist, or school social worker will counsel with the student periodically to make sure that the student is on the road to recovery.

## Suicide Intervention Procedure



## Millard Public Schools Suicide Intervention Report

Date of Intervention: \_\_\_\_\_  
 Student \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent/Guardian Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

	Name	Position	Role
<b>School Intervention Team</b>			Interview
			Support
			Consult

<b>Risk Assessment</b>	Indicate the student's responses to the following questions		Yes	No
	Are you thinking of suicide/hurting yourself?			
	Have you tried to commit suicide/hurt yourself in the past?			
	Do you have a plan as to how you would hurt yourself?			
If yes, please describe the plan:				

<b>Level of Risk</b>	"X"	Level	Explanation
		Medium	Student answers yes to question 2 only
		High	Student answer yes to question 1 OR answers yes to question 1 and 2

<b>Parent/Guardian Notification</b>	Indicate the results of notification by marking any that apply		
	<input type="checkbox"/>	Parent notified by phone (medium risk only)	Team provided copy of this intervention report
	<input type="checkbox"/>	Student returned to class (medium risk only)	Team provided releases of information
	<input type="checkbox"/>	Parent signed notification of emergency form	Team provided copy of "Tips for Keeping your Child Safe"
<input type="checkbox"/>	Team provide counseling referrals		

<b>Student Left With</b>	Please mark whom the student was left with	
	<input type="checkbox"/>	Parent/Guardian
	<input type="checkbox"/>	Emergency Card Contact
	<input type="checkbox"/>	Law Enforcement
	<input type="checkbox"/>	Other:



<b>Follow-Up Plan</b>	School based follow-up services are uniquely designed for each student. Indicate the school personnel who provide follow up to this intervention, provide contact information and briefly describe what types of follow-up services will be provided.	
	School Contact	
	Phone	
	Email	
	Details of follow-up plan	

<b>District Notification</b>	Provide a copy of completed report form to:	
		Building Principal
		Parent
		E-Mail Student Services Secretary

<b>Additional Information</b>	Please summarize any additional information below	



## CARE Agreement

I, \_\_\_\_\_, agree not to harm myself. If I am having thoughts of harming myself or committing suicide, I agree to do the following things first.

### Get assistance from an adult:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

### Call a crisis hotline:

- Safe School Hotline: 1-888-809-4754
- National Hopeline Network: 1-800-784-2433
- Boystown National Hotline: 1-800-448-3000

### During the school day, contact a school counselor or school psychologist:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

### Three things I will do if I am feeling suicidal are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### I understand the agreement and I am signing that I will abide by it.

Student Signature: \_\_\_\_\_

School Counselor/Psychologist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Acknowledgment of Notification of Emergency

The undersigned, the parent/guardian of \_\_\_\_\_ was involved in a conference with school personal indicated on date: \_\_\_\_\_.

I have been advised that my child appears to be in a state of psychological emergency (danger of hurting self/suicidal ideation). I have been further advised that I should seek some psychological/psychiatric consultation immediately. I have been provided with a list of agencies, emergency numbers, and private practitioners. I understand that the Millard School District is not responsible for the provision of or payments for these services, but is alerting me to this emergency just as they would inform us of any health problem. Any further action that I undertake in regard to this matter is of my own decision and my own financial responsibility.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Staff Members Present at the Conference:

\_\_\_\_\_  
\_\_\_\_\_

## **Appendix: Additional Documents**

**Suicide Prevention  
Discussion Points for Teachers**

- Know the signs of depression and suicidal thinking
  - a. Warning Signs of Depression in Teens
    - i. Feelings of sadness or hopelessness, crying a lot, often accompanied by anxiety
    - ii. Declining school performance
    - iii. Loss of pleasure/interest in social and sports activities
    - iv. Sleeping too little or too much
    - v. Changes in weight or appetite
  - b. Warning signs of suicidal thinking
    - i. Suicide threats
    - ii. Statements revealing a desire to die
    - iii. Previous suicide attempts
    - iv. Sudden changes in behavior (withdrawal, moodiness)
    - v. Depression (crying, sleeplessness, loss of appetite)
    - vi. Final arrangements (giving away personal possessions)
- What to do if you or someone you know is feeling suicidal
  - a. You cannot take responsibility for making yourself, your friend or a family member well. You are not a therapist and shouldn't be alone in helping yourself or your friend. **DON'T KEEP IT A SECRET AND DON'T PROMISE TO KEEP IT A SECRET FOR SOMEONE ELSE.**
  - b. **TAKE IMMEDIATE ACTION: SEEK ADULT HELP**
  - c. Encourage your friend to seek adult help. Tell a trusted adult...it can be ANYONE (parent, counselor, coach, minister, teacher, a hotline). Offer to accompany your friend if necessary.

In addition to your school counselor, social worker, or school psychologist here are some community resources

- |                                |   |
|--------------------------------|---|
| a. Omaha Police (911)          | 402-444-5600                                |
| b. Boys Town National Hotline  | 1-800-448-3000                              |
| c. National Hotline Network    | 1-800-SUICIDE                               |
| d. Alegent Behavioral Services | 402-572-2993                                |
| e. National Suicide Lifeline   | 1-800-273-8255                              |
| f. Trevor Hotline (GLBT youth) | 1-866-488-7386                              |
| g. Also suggested,             | 402-717-HOPE, Assessment within 24-48 hours |

## **Tips for Keeping Your Child Safe**

Learning that your child is having suicidal thoughts can be a frightening experience for parents. Several questions typically run through a parent's mind following an intervention;

1. What do I need to know about youth suicide?
2. How do I keep my child safe?

Hopefully, the following information can help you answer some of your questions. As you read through this information it is important to remember that each child's situation is unique. The information provided here is in general terms. It may not all apply to your child's situation. If you are receiving this information, we encourage you to access community agency professionals who can help you evaluate your child's unique situation. School personnel can provide you with a listing of some of the resources in the community that you can access at your own expense, as well as discuss how the school can support your child.

### **What do I need to know about youth suicide?**

Suicide is consistently one of the leading causes of death for teenagers. Since 1950 the rate of adolescent suicide has increased 300%. Research shows that a small percentage of students who contemplate suicide actually die by suicide. Parents can help monitor their children by being aware of risk factors of suicide and identifying signs and symptoms of suicidal thinking.

The following factors put a young person more at risk for exhibiting suicidal behavior:

- Loss of a significant other
- Previous suicide of a peer or family member
- Family and personal stress
- Substance Abuse
- Depression and other mental health issues
- Problems at school
- Access to weapons or other means of harming oneself
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

- Significant changes in behavior such as change in appearance, changes in grades, withdrawing from friends, changes in eating or sleeping habits.
- Making suicidal threats – either direct “I want to die” or indirect “Things would be better if I weren't here.”
- Appears sad or hopeless.
- Reckless behavior
- Self-inflicted injuries
- Giving away prized possessions
- Saying goodbye to friends and family
- Making out a will

Again it is important to remember the signs and risk factors listed are generalities. Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

## What can I do to keep my child safe?

There are many things parents can do to help a suicidal child.

1. **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him or her permission to talk about it. Asking sends the message that you are concerned and want to help.
2. **DO TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.
3. **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school counselors and psychologists for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, do tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.
4. **LIMIT ACCESS TO WEAPONS AND OTHER MEANS.**
5. If a student is acutely suicidal **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can step in and help as needed.
6. **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are the problems can be worked out. Offer your help.
7. **LISTEN.** Avoid making statements such as “I know what it’s like” or “I understand.” Instead make statements such as “Help me understand what life is like for you right now.”
8. **BE READY TO USE EMERGENCY RESOURCES** such as:

Safe Schools Hotline	(800) 809 - 4754
Girls & Boys Town National Hotline	(800) 448 - 3000
National Hopeline Network	(800) SUICIDE (784 – 2433)
Police	911

You can get more information about depression and suicide by contact:

American Foundation for Suicide Prevention	<a href="http://www.afsp.org">www.afsp.org</a>
American Association of Suicidology	<a href="http://www.suicidology.org">www.suicidology.org</a>
National Mental Health Association	<a href="http://www.nmha.org">www.nmha.org</a>
American Academy of Pediatrics	<a href="http://www.aap.org">www.aap.org</a>

**or** by contacting your student’s school counselor, social worker or school psychologist.



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# PREVENTING SUICIDE: INFORMATION FOR CAREGIVERS AND EDUCATORS



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Suicide is the third leading cause of death among youth age 10–19. More than a quarter of high school teachers report that they have been confronted with a student's suicidal behavior. This handout is designed to provide caregivers with information important to the prevention of these behaviors, including a review of basic suicide facts, risk factors, warning signs, and possible interventions.

## Suicide Facts

Suicidal behaviors are self-inflicted injuries undertaken with conscious thoughts of ending one's own life. These behaviors may be either fatal (completed suicide) or non-fatal (attempted suicide). Although there are no official statistics, it is estimated that in 2000 there were more than 700,000 attempted suicides in the United States. More than 29,000 people completed suicides, making suicide the eleventh leading cause of death.

**Attempts versus completions.** Whereas the ratio of suicide attempts to suicide completions was 4:1 for the elderly population, it was estimated to be as high as 200:1 for youth. The Youth Risk Behavior Surveillance (YRBS) 2001 data indicated for every three youths who attempted suicide, only one reported actually receiving medical attention for injury. Gay and lesbian youths are 200–300% more likely to attempt suicide than other young people and may account for up to 30% of completed youth suicides.

**Youth suicide.** There were 1,921 suicides among youth between the ages of 10 and 19 in 2000. Only accidents and homicides took more young lives. Suicide is very rare among children under the age of 14: In 2000 there were 300 suicides in the 10–14 age group. Suicide did not rank as a leading cause of death under the age of 10.

**Ethnicity.** While Native American males had the highest rate of youth suicide reported in 2000, overall African American male adolescents (15–24) have shown the greatest increase in suicide completion rates in the last decade relative to other races and ethnicities.

**Gender.** Males are four times more likely to complete suicide than females. However, females are more likely to attempt suicide. It is estimated that in 2000 there were three female suicide attempts for every male suicide attempt.

## Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex (there are probably as many causes of suicide as there are suicide victims), and there is no profile that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present these factors indicate the need to be vigilant:

- **Mental illness:** Approximately 90% of suicides are associated with mental or addictive disorders. Among youth, affective disorders (especially depression), conduct disorders, and substance abuse are common among those who display suicidal behaviors.
- **Family stress/dysfunction:** A family history of suicide and/or mental illness is associated with increased suicide risk. In addition, youth from homes that are perceived as lacking cohesion and having more conflict and violence (for instance, chaotic home environments) are at increased risk for suicidal behavior.
- **Environmental risks:** The presence of a firearm in the home is a risk factor for suicide.
- **Situational crises:** Approximately 40% of all youth suicides are associated with an identifiable



precipitating event. The types of crises associated with suicidal behavior are those that result in a subjective sense of loss (for instance, traumatic death of a significant other, the suicide of a significant other, parental divorce, physical and sexual abuse, incarceration, family violence). For most people these situational crises alone are not sufficient to result in suicidal behavior. It is only when these situational crises are combined with other risk factors that suicidal behavior occurs.

### Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They may be considered cries for help or invitations to intervene:

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

### Intervening to Prevent Suicide

When you see suicide warning signs, immediately ask whether the individual has suicidal thoughts. Be direct. For example: “Sometimes when people have your experiences and feelings, they have thoughts of suicide. Is this something you have thought about?” Failure to ask directly (saying, “You are not thinking of hurting yourself are you?”) may not give the needed permission

to acknowledge suicidal thinking. When an individual acknowledges having thoughts of suicide, the following interventions should be undertaken:

- *Remain calm:* Becoming too excited or distressed will communicate that the potential caregiver is not able to talk about suicide.
- *Listen:* Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings.
- *Do not judge:* Try to understand the reasons for considering suicide without taking a position about whether or not the behavior is justified.
- *Provide constant supervision:* Especially when working with youth, do not leave the individual alone until a caregiver (often a parent) has been contacted and agrees to provide appropriate supervision.
- *Remove means:* As long as it does not put the caregiver in danger, attempt to remove the suicide means.
- *Get help:* For students this means not agreeing to keep the suicidal thinking of a friend a secret. Tell an adult or involve school mental health professionals, such as a school psychologist, as soon as possible. For parents and other adult caregivers getting help means taking action immediately. Seek guidance and support from school or community mental health resources.

### School Suicide Prevention

The following key points summarize the school’s role in preventing suicide:

**Detection/awareness.** The entire school community (including students, parents, teachers, paraprofessionals, administrators, support staff, bus drivers, cafeteria workers) who interact with students on a regular basis must know the risk factors and warning signs of suicide described above and the importance of not keeping a secret about suicidal behavior. Some schools establish contracts among students and staff whereby everyone agrees to appropriately report indications that a student is suicidal. Suicide prevention curricula are available and should be considered as additions to the regular school curriculum.

**Parent notification.** It is essential that school personnel who are aware that a student is suicidal immediately contact the student’s parents. Ideally, this contact should be made in a face-to-face meeting and should include recommendations to parents about increasing supervision, removing lethal means, and referral to community services. The school must maintain a documented record of parent notifications.

**Support for suicidal students.** Support must be provided by school personnel such as psychologists and counselors in the form of regular counseling, monitoring, and follow-up and referral services to assist those students known to be suicidal. One recommended form of support is a *no suicide contract* between the student and mental health professional, which helps suicidal students gain control over their impulses as well as serving as a means of assessing the degree of suicidal threat.

### Concluding Comments

Most youth who think about suicide do not go on to kill themselves. While it is possible that a suicidal youth will die by suicide, if suicidal intentions can be recognized and appropriate interventions offered it is probable that youth who are thinking about suicide will not kill themselves.

However, there are no easy solutions to the problems that lead to suicidal thinking and behavior. While it is typically not possible nor appropriate to stop an individual from thinking about suicide, it is possible to prevent the immediate risk of self-injurious behavior, and in doing so to obtain the time needed for the suicidal individual to get the professional help needed.

### Resources

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### Websites

- American Association of Suicidology—[www.suicidology.org](http://www.suicidology.org)
- National Hopeline Network—[www.hopeline.com](http://www.hopeline.com) (1-800-SUICIDE; 24-7 access to trained telephone counselors)
- National Institute of Mental Health—[www.nimh.nih.gov/publicat/depsuicideemenu.cfm](http://www.nimh.nih.gov/publicat/depsuicideemenu.cfm)
- Suicide Awareness Voices of Education (SAVE)—[www.save.org](http://www.save.org)
- Suicide Information and Education Center—[www.siec.ca](http://www.siec.ca)
- Yellow Ribbon Suicide Prevention Program—[www.yellowribbon.org](http://www.yellowribbon.org)
- SOS High School Suicide Intervention Program—[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

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## Parent Letter for Elementary Hotline Card

Dear Parents/Guardians:

Millard Public Schools is continuing to partner with the Boys Town National Hotline to provide you with a 24 hour safe schools reporting hotline. The hotline is a crisis, resource, and referral number for students and parents. You may call anytime you have information about unsafe behavior in our school community or if you need support and assistance for you and your family. Attached is the “Break the Code of Silence” card. Please keep the card in a special place so that you will have it in a time of need. On the back of this card, you will notice several different local organizations that offer discounts. As always thank you for supporting our children!

Sincerely,

Dear Parents/Guardians:

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