



**Newman-Crows Landing**

**Unified School District**

Students, Parents, Educators, Community Working Together For A Better Tomorrow!

*Suicide Intervention  
&  
Prevention*



## State of California EDUCATION CODE Section 215

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215. (a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

(A) Youth bereaved by suicide.

(B) Youth with disabilities, mental illness, or substance use disorders.

(C) Youth experiencing homelessness or in out-of-home settings, such as foster care.

(D) Lesbian, gay, bisexual, transgender, or questioning youth.

(3) (A) The policy shall also address any training to be provided to teachers of pupils in grades 7 to 12, inclusive, on suicide awareness and prevention.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(5) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(b) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school.

(Added by Stats. 2016, Ch. 642, Sec. 2. (AB 2246) Effective January 1, 2017

### Non-Discrimination Notice

Newman Crows Landing Unified School District as well as all school in the school district do not discriminate in any programs or activities (educational, extracurricular, co-curricular, or employment based) on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, need of service animals or assistive technology or assistive devices.

Education Code (EC) sections 200 and 220 Title 5 California Code of Regulations (5 CCR) Section 4622, 4960(b), 4900 et seq  
Title IX; 34 Code of Federal Regulations (CFR) Section 106.9 504: 34 CFR Section 104.8 Title VI, 34 CFR Section 100.6(d) Title II, 28 CFR Section 35.106

# Overview

Schools have special reasons for taking action to help prevent the tragedy of suicide:

- ❖ A student's mental health can affect their academic performance. Depression and other psychiatric disorders can interfere with the ability to learn.
- ❖ Maintaining a safe environment is part of a school's overall mission.
- ❖ A student suicide can significantly affect other students and the entire school community.
- ❖ Knowing what to do following a suicide is critical to helping students cope with the loss and preventing additional tragedies that could occur.
- ❖ Although this is a school-based toolkit, there is an understanding that children and teens are part of a community and that any comprehensive intervention includes not only members of the school, but also the family and selected members of the child's extended community (such as trusted adults, therapist, primary care, etc.).

Experts recommend that schools use an approach to suicide prevention that includes the following:

1. Provide training and suicide awareness education for key staff, administrators, and site-based partners
2. Educate parents regarding suicide risk and mental health promotion.
3. Educate and involve students in mental health promotion and suicide prevention efforts.
4. Screen students for suicide risk, as appropriate.
5. Identify students at possible risk of suicide and refer them to appropriate services.
6. Respond appropriately to a suicide death.

*(Suicide Prevention: A Toolkit for High Schools, SAMHSA)*

*This NCLUSD Toolkit has been created utilizing information and resources from SAMHSA's Suicide Prevention: A Toolkit for High Schools, Palo Alto Unified's Comprehensive Suicide Prevention Toolkit, NCLUSD Unified Comprehensive Suicide Prevention Tool Kit, and the CDE's Model Suicide Prevention Policy.*

# Promotion of Mental Health and Well-Being

Promotion of mental health includes a comprehensive approach to wellness. Students need to be taught what mental health is and given the skills to achieve it, including the social-emotional skills needed for mental and physical well-being. These are defined in the Health Education Content Standards for California Public Schools.

Educational opportunities that specifically relate to depression and suicidal ideation need to be provided for students, staff and parents. Mental health resources need to be compiled, reviewed, and regularly updated and disseminated to students, staff and parents. Students of concern need to be identified, monitored and supported.

## EDUCATION

### Staff Education

Staff and teaching faculty receive training in recognizing depressive symptoms; the warning signs, risk factors, and protective factors for suicide and the procedures for referring students to the appropriate school personnel (i.e. principal, assistant principal, learning director, counselor psychologists, nurse). Training will be scheduled before the school year begins or during staff development days. New staff will receive suicide prevention training, and information as part of their orientation.

### Student Education

**High School:** Curriculum will be taught in Success 101 (generally a freshman requirement course). H-REP educator will teach this curriculum.

**Middle School:** PPS credentialed Counselor or Learning Director will provide classroom presentation to students.

**Elementary School:** PPS credentialed Counselors will provide education through classroom presentations as well as through individual and group counseling.

### Parent/Community Education

The schools sites/district will work strongly to encourage parents to be involved in parent education programs. These programs could incorporate information about social-emotional and physical wellness, and suicide prevention. The district will make every effort to hold a parent information night and will seek community agency support in presenting relevant information to parents.

# Prevention in NCLUSD

*It is important for school districts to be aware of certain populations of students that are at an elevated risk for suicidal behavior...*

1. Youth living with mental and/or substance use disorders
2. Youth who engage in self-harm or who have attempted suicide in the past
3. Youth in out-of-home settings (juvenile justice or child welfare systems)
4. Youth experiencing homelessness
5. Youth bereaved by suicide
6. Youth living with medical conditions and disabilities
8. LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth

*...and how to increase protective factors that can help decrease a student's risk of suicide.*

1. Receiving effective mental health care
2. Positive connections to family, peers, community, school, and social institutions (sports teams, boy/girl scouts, religion, etc.)
3. Skills and abilities to solve problems

*NCLUSD's Prevention efforts include:*

1. **Staff Professional Development/Annual Training**
2. **Youth Suicide Prevention Programming**
3. **Publication and Distribution** annual requirements for district website and included in student handbooks.
4. **Mental Health Awareness and Stigma Reduction**
5. **Access to Tier 1 support services**
6. **Parent Resources and Education**
7. **Staff-Student Relationships and Rapport Building**

# Risk Factors for Youth Suicide

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

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

## **Behavioral Health Issues/Disorders:**

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

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

## **Personal Characteristics**

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

## **Risky Behaviors**

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

## **Family Characteristics**

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

## **Environmental Factors**

- ❖ Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- ❖ Lack of acceptance of differences
- ❖ Expression and acts of hostility
- ❖ Lack of respect for the cultures of all students
- ❖ Weapons on campus
- ❖ Limited access to mental health care
- ❖ Access to lethal means, particularly in the home
- ❖ Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight

# Protective Factors Against Youth Suicide

**Protective factors** are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called “resilience”. Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

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

## Individual Characteristics and Behaviors

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

## Family and Other Social Support

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

## School

- ❖ Positive school experiences
- ❖ Part of a close school community
- ❖ Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)



- ❖ Adequate or better academic achievement
- ❖ A sense of connectedness to the school
- ❖ Family support for school

### **Mental Health and Healthcare Providers and Caregivers**

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

### **Access to Means**

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

# **Recognizing and Responding to Warning Signs of Suicide**

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

Warning signs for suicide prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs. This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

## **Warning Signs for Suicide and Corresponding Actions**

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text HOME to 741741 when you hear or see any of these behaviors:

- ❖ Someone threatening to hurt or kill themselves
- ❖ Someone looking for ways to kill themselves; seeking access to pills, weapons, or other means
- ❖ Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- ❖ Hopelessness-expresses no reason for living, no sense of purpose in life
- ❖ Rage, anger, seeking revenge
- ❖ Recklessness or risky behavior, seemingly without thinking
- ❖ Expressions of feeling trapped-like there's no way out
- ❖ Increased alcohol or drug use
- ❖ Withdrawal from friends, family, or society
- ❖ Anxiety, agitation, inability to sleep, or constant sleep
- ❖ Dramatic mood changes

**If you or someone you know is in a suicidal crisis,  
Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**

# **Responding to a Suicidal Crisis**

**(for teachers and other non-administrative staff)**

Intervention protocols to assist students in a crisis involving suicidal thoughts or behaviors are a critical component of both district and school responses. These protocols aid school personnel in intervening effectively with potentially suicidal students. School administrators play a crucial role in establishing a school climate that requires key school personnel to be familiar with and responsive to a suicidal crisis in order to help prevent a youth's suicide. Students of concern may be referred to mental health support staff by teachers, parents, peers, or through a self-referral. Intervention protocols vary based on the determined degree of suicide risk.

## **Key Principles to Remember in any Crisis:**

1. **Ensure that the student in crisis is safe:** Remain with the student until a Crisis Response Team Member arrives.
2. **Send someone for help while you remain with the student.**
3. **Listen to the student:** Acknowledge their feelings, allow them to express their feelings, avoid giving advice or opinions, and listen for warning signs.
4. **Be direct:** Ask openly about suicide. Asking about suicide does not put the idea into the student's mind.
5. **Know your limits:** Involve yourself only to the level you feel comfortable. School Psychologists, Mental Health Clinicians, School Counselors or an SRO/Police Officer are the members of the district threat screening team.
6. **Inform student:** At each stage, be sure the student knows what is going on.
7. **Keep other students away:** Remove other students from the area, or escort the at-risk student to a more secure environment. Maintain confidentiality as best as possible.
8. **Communicate immediately:** Inform administration or your school psychologist as soon as possible so that a Risk Screening can be provided to the student and immediate interventions and supports can be addressed.

# Intervention in NCLUSD

*When a student is identified during the school day by a staff member as potentially suicidal:*

1. School staff must respond immediately
2. Secure the safety of the student
3. Assess for suicide risk (Psychologist, Clinician, Counselor, Learning Director SRO/Police)
4. Communicate with parent/guardian
5. Determine appropriate action plan, which may include transport by officer to hospital, referral to outside counseling, continued monitoring and support of student.
6. Document actions taken on new Risk Screening Incident Document Form

*In the case of an in-school suicide attempt:*

1. First Aid will be rendered until professional medical treatment and/or transportation can be received
2. School staff will supervise student to ensure their safety
3. Staff will move all other students out of the immediate area as soon as possible
4. Administrator or designee will notify parents/guardians immediately

*In the case of an out-of-school suicide attempt:*

1. If a staff member becomes aware of a student with suicidal ideation, call 911, inform the Student's parents/guardians, and inform the site and district administration as soon as possible.
2. If a student contacts a staff member and expresses suicidal ideation, the staff member should maintain contact with the student while enlisting the help of someone else to call 911.

## Parental Notification and Involvement

In situations where a student is assessed for suicide risk or has made a suicide attempt, the Principal or designee or law enforcement officer will inform the student's parent/guardian as soon as possible. Staff will also seek parental permission to communicate with outside mental health care providers and/or physicians regarding their child.

Through discussion with the student, the Principal/designee, or mental health staff member will also assess whether there is further risk of harm due to parent or guardian notification. If, in their professional capacity, the Principal or designee believes that contacting the parent or guardian would endanger the health or well-being of the student, they may delay notification as appropriate. If contact is delayed, the reasons for the delay should be documented on the Risk Screening Incident Document form.

# **PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE**

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation.

**The urgency of the situation will dictate the order and applicability in which the subsequent steps are to be followed.**

**A.  RESPOND IMMEDIATELY**

- Report concerns to administrator/designee immediately as soon as possible.
- Do not leave the student unsupervised.

**B.  SECURE THE SAFETY OF THE STUDENT**

- Supervise the student at all times.
- Conduct an administrative search for access to means to hurt themselves.
- If appropriate, contact local law enforcement.

**C.  SCREEN FOR SUICIDE RISK**

- Follow the Suicide Risk Screening Flow chart

**D.  COMMUNICATE WITH PARENT/GUARDIAN**

- Share concerns and provide recommendations for safety
- Communicate a plan for re-entry

**E.  DETERMINE APPROPRIATE ACTION PLAN**

- Determine action plan based on level of risk
- Develop a safety plan
- Follow student re-entry guideline
- Document Re-Entry Meeting
- Provide resources for the family
- Monitor and support

**G.  DOCUMENT ALL ACTIONS ON RISK SCREENING INCIDENT DOCUMENT FORM**

**Suspected Child Abuse or Neglect**

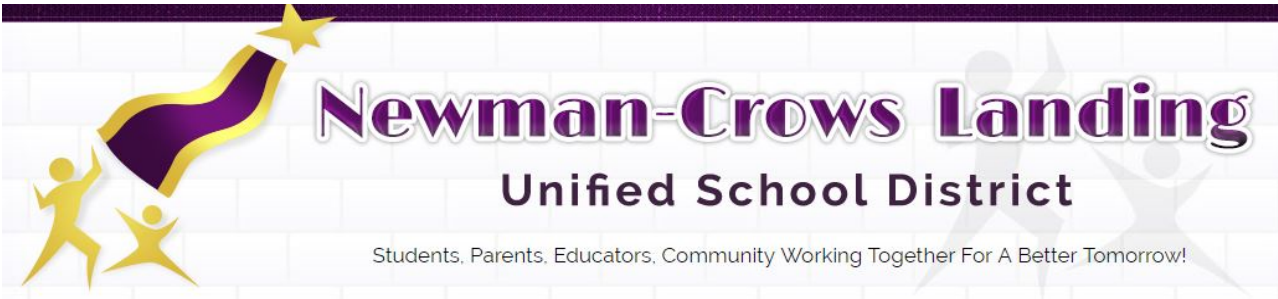
If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

# Suicide Risk Screening Levels, Indicators, and Action Plan Options

The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student’s suicide risk.

<b>RISK LEVEL/DEFINITION</b>	<b>WARNING SIGNS MAY INCLUDE:</b>	<b>ACTION PLAN OPTIONS:</b>
<p><input type="checkbox"/> <b>No Known Current Risk</b></p> <p>No known current evidence of suicidal ideation.</p>	<ul style="list-style-type: none"> <li>● No known history of suicidal ideation/behavior or self-injurious behavior.</li> <li>● No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of a song lyrics or movie script.</li> </ul>	<ul style="list-style-type: none"> <li>● Communicate with parent/guardian, even if it is determined that there is no current risk.</li> <li>● Provide information regarding the incident or statement made.</li> <li>● Explore with the parent/guardian if there are any concerning behaviors at home, school or community. If so, this might change the level of risk originally determined.</li> <li>● Reinforce the importance of student safety and use of appropriate language.</li> </ul>
<p><input type="checkbox"/> <b>Low Risk</b></p> <p>Does not pose imminent danger to self; insufficient evidence for suicide risk.</p>	<ul style="list-style-type: none"> <li>● Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings</li> <li>● No plan</li> <li>● No history of previous attempts</li> <li>● No means or access to weapons</li> <li>● No recent losses</li> <li>● No alcohol/substance abuse</li> <li>● Support system is in place</li> <li>● May have some depressed mood/affect</li> <li>● Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)</li> </ul>	<ul style="list-style-type: none"> <li>● Reassure/provide support to the student.</li> <li>● Communicate concerns with parent/guardians, including recommendations to seek mental health services.</li> <li>● Assist in connecting with school and/or community resources, including suicide prevention crisis lines.</li> <li>● Develop a safety plan that identifies caring adults, appropriate communication and coping skills. Manage and monitor, as needed.</li> <li>● Document all actions on the Risk Screening Incident Document Form.</li> </ul>
<p><input type="checkbox"/> <b>Moderate Risk</b></p> <p>May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</p>	<ul style="list-style-type: none"> <li>● Thoughts of suicide</li> <li>● Some details indicating a plan for suicide</li> <li>● Unsure of intent</li> <li>● History of self-injurious behavior</li> <li>● History of previous attempts and/or hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>● Supervise student at all times (including restrooms).</li> <li>● Reassure and provide support to the student.</li> <li>● Develop a safety plan that identifies caring</li> <li>● Contact parent/guardian</li> </ul>

	<ul style="list-style-type: none"> <li>● Difficulty naming future plans or feeling hopeful</li> <li>● History of substance use or current intoxication</li> <li>● Recent trauma (e.g., loss, victimization)</li> </ul>	<p>adults, appropriate communication and coping skills.</p> <ul style="list-style-type: none"> <li>● Establish a plan for re-entry, manage and monitor, as needed.</li> <li>● Communicate concerns with parent/guardian, including:</li> </ul>
<p><input type="checkbox"/> <b>High Risk</b></p> <p>Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.</p>	<ul style="list-style-type: none"> <li>● Current thoughts of suicide</li> <li>● Plan with specifics – indicating when, where and how</li> <li>● Access to weapons or means in hand</li> <li>● Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites)</li> <li>● History of previous attempts or hospitalization</li> <li>● Isolated and withdrawn</li> <li>● Current sense of hopelessness</li> <li>● No support system</li> <li>● Currently abusing alcohol/substances</li> <li>● Mental health history</li> <li>● Recent trauma (e.g., loss, victimization)</li> </ul>	<ul style="list-style-type: none"> <li>● Re-entry plan and recommendations to seek mental health services.</li> <li>● Document all actions in the Risk Screening Incident Document Form.</li> </ul>



# Parent/Guardian Contact Acknowledgement Form

(Must be used anytime a child is released to parent)

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

This is to verify that I have spoken with school staff member

\_\_\_\_\_ on \_\_\_\_\_,  
(Name, Title) (Date)

I have been notified by school staff regarding my student as pertaining to Ca. Education Code 49602(c): Reporting information to the principal or parents of the pupil when the school counselor has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the pupil or the following other persons living in the school community: administrators, teachers, school staff, parents, pupils, and other school community members.

I have been advised to seek the services of a mental health agency or therapist. I understand that a member of the School Counseling Team and/or Administrative Staff has provided a list of outside counseling resources for my child and me.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name (Print): \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Recommendations for Developing a Student Safety Plan

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A student Safety Plan should be completed after an incident involving a student, who expresses suicidal ideation, is engaging in self-harm, receives a psychiatric evaluation or is hospitalized. Initial safety planning should be developed in collaboration with the student's input and should emphasize strategies that are practical. Update the Safety Plan as needed.

### **Complete a safety plan when the suicide risk screening level is deemed low, moderate or high.**

Refer to the definitions and examples below as a guide to help a student complete their Safety Plan:

**Triggers:** Any situation, person, place or thing that may elicit a negative reaction or cause the student to engage in negative behaviors/self-harm. Some examples may be *being alone at home, English class writing about myself, seeing my ex-best friend, gossip on social media, increase in immigration separation from one or both parents, etc.*

**Warning Signs:** These are the actions, behaviors and observations that inform adults/staff that a student might be feeling suicidal and needs help. These can be thoughts, images, moods, situations, or behaviors. Some warning signs adults/staff may notice in students include: talking, writings, posting or thinking about death; displaying dramatic mood swings; alcohol and drug use; socially withdrawing from friends, family and the community; drastic personality changes; and neglect of personal appearance. On their safety plan, students may indicate some of the following warning signs: *Can't get out of bed, heavy breathing, failing my classes, agitated by my friends and family, feeling like I can't express myself, not wanting to do the things that I used to enjoy, not caring what I look like, and/or sleeping too much/not enough.*

**Coping Skills/Healthy Behaviors:** These are positive actions and behaviors that a student engages in to help them through their struggles on a daily basis. Some coping strategies include activities that students can do in order to regulate his/her emotions (include some things he/she can do in classroom and on the school yard, and some things he/she can do at home); ask the student for input, and teach him/her additional strategies if necessary. Strategies may include: *slow breathing, yoga, play basketball, draw, write in journal, take a break from class to drink water, listen to music, checking in with an identified staff support person, etc.*

**Places I Feel Safe:** These are places that the student feels most comfortable. It should be a safe, healthy, and a generally supportive environment. This can be a physical location, an imaginary happy place, or in the presence of safe people. Help students identify a physical location, an imaginary happy place, or in the presence of safe people. Help students identify a physical and/or emotional state of being. Places may include *my 2<sup>nd</sup> period class, health office, with my friends, youth group at church, imagining I am on a beach watching the waves, etc.*

**School Support:** Any school staff member or administrator can check in with a student regularly (regardless of whether or not the student seeks out help). Notify student's teacher(s) and request monitoring and supervision of the student (keeping in mind not to share confidential information). Emphasize that teacher(s) must notify school site crisis team members about any safety issues or concerning observations.

**Adult Support:** It is important that a student also feel connected with healthy adults at home or in their community. The student should trust these adults and feel comfortable asking for help during a crisis. Identify how the student

will communicate with these individuals and include a phone number. Some adults may include *family* (e.g., *grandparent, aunt, uncle, adult sister*); *clergy* (e.g. *youth pastor*); or *next-door neighbor-Mr. Smith*.

**Parent Support:**

- Parent(s)/guardian(s) should follow-up with hospitalization discharge forms, medications and recommendations.
- Parent(s)/guardian(s) should be mindful of the following warning signs: suicidal ideation, talking, writing posts (on-line or in journals) and thinking about death, dramatic mood changes, impulsive or reckless behavior, withdrawals from friends, family or community, and previous attempt.
- Parent(s)/guardian(s) should:
  - Plan for securing any and all objects and materials that could be dangerous to student (e.g., if student states she would kill herself with a knife, then plan should include securing knives and sharp objects in home; if student states she would use a gun, then plan should include securing firearms in the home.)
  - Plan for altering home environment to maintain safety (e.g., if student talks about killing herself by jumping out a window, plan should include recommending ways to secure window or block child's access to rooms that have windows).
  - Plan for monitoring and supervision of student. Help parent/guardian think about who will monitor the child when they cannot (e.g., while parent/guardian is at work student will stay at Aunt Tina's, student will accompany parent to run errands), and parents/guardians should have access to student's social media accounts.
- Try to elicit ideas from the student regarding ways their parent/guardian can support them.

**Service Provider Support:** The service provider is a school site staff member (Counselor, Learning Director, Clinician, Psychologist) that has been identified by the administrator/designee and parent(s) who can follow-up with the student and the action/safety plans developed for the student. The support offered may include strategies to manage, monitor and check-in with the student. In addition, collaboration with any outside mental health agency providing services and ensuring that there is a Release/Exchange of Information form signed and on file.

## Student Safety Plan

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Triggers</b>	<b>Warning Signs</b>
<p>There are certain situations or circumstances which make me feel uncomfortable, upset, and/or agitated:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>Coping Skills/Healthy Behaviors</b>	<b>Places I Feel Safe</b>
<p>Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or refer in the presence of safe people):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>School Support</b>	<b>Adult Support</b>
<p>Healthy adults at school and/or ways school staff can give me support:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Healthy adults at home or in my community, whom I trust and feel safe comfortable asking for help during a crisis (Include phone number):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>Parent Support</b>	<b>Other</b>
<p>Actions my parent/guardian can take to help me stay safe:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

## Plan De Seguridad del Estudiante

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Fecha: \_\_\_\_\_

<b>Irritantes</b>	<b>Señales de Advertencia</b>
<p>Hay ciertas situaciones o circunstancias que me hacen sentir incómodo y/o agitado/a:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Debo usar mi plan de seguridad cuando note estas señales de advertencia (pensamientos, imágenes, estados de ánimo, comportamientos):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>Habilidades de Afrontamiento /Comportamiento Saludables</b>	<b>Lugares Donde Me Siento Seguro/a</b>
<p>Cosas que puedo hacer para calmarme o sentirme mejor en el momento (por ejemplo, actividades favoritas, pasatiempos, técnicas de relajación):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Lugares que me hacen sentir mejor y me hacen sentir seguro/a (puede ser un lugar físico imaginario, o lugares donde se encuentre la presencia de personas seguras):</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>Apoyo Escolar</b>	<b>Apoyo de Adultos</b>
<p>Adultos en la escuela y/o maneras en que el personal de la escuela puede darme apoyo</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Adultos en la casa o en la comunidad, en cual puedo confiar y sentirme cómodo/a pidiendo ayuda durante una crisis (incluya el número de teléfono)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
<b>Apoyo de Padres/Guardián</b>	<b>Otro</b>
<p>Acciones cual mis padres/guardians pueden tomar para ayudarme a sentir seguro/a:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

# STUDENT RE-ENTRY GUIDELINES

Student Name/DOB: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

In planning for the re-entry of a student who has been out of school for any length of time following reported suicidal ideation, including mental health hospitalization, the Site Administration/member(s) of the crisis screening team will hold a Re-Entry meeting with the parent, student (as appropriate), Principal/Designee, and clinician (if involved in initial Risk Screening) regarding the following action items. Include school-based service provider(s) as necessary.

<b>Preparing for Re-Entry</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If a student has been out of school for any length of time, including for a mental health evaluation or mental health hospitalization, including psychiatric and drug or alcohol inpatient treatment, schedule return meeting with student and parent/guardian which outlines steps to facilitate a positive transition back to school.</li> </ul>
<b>Hospital Discharge Documents</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Request discharge documents from hospital or Medical Clearance for Return to School from parent/guardian on student's first day back.</li> </ul>
<b>Returning Day</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have parent/guardian escort student to the main office on first day back to school.</li> </ul>
<b>Meeting with Parent(s)/Guardian(s)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Engage parent(s)/guardian(s), school support staff, Nurse, teachers, and student, as appropriate in a Re-Entry Planning Meeting.             <ul style="list-style-type: none"> <li><input type="checkbox"/> If the student is prescribed medication, monitor with parent/guardian consent (Involve Nurse)</li> <li><input type="checkbox"/> Offer suggestions to parent/guardian regarding safety planning and removing means/access (e.g., weapons, medication, alcohol) to students at home, as needed.</li> <li><input type="checkbox"/> Offer suggestions to parent/guardian regarding monitoring personal communication devices, including social networking sites, as needed.</li> </ul> </li> </ul>
<b>Student Safety Plan</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop and/or revise the Safety Plan to assist the student in identifying adults they trust and can go to for assistance at school and outside of school (e.g., home, community). See – Student Safety Plan.</li> </ul>
<b>Identify Supports</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify student's teacher(s), as appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modify academic programming, as appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify on-going mental health resources in school and/or in the community.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Designate staff to check in with the student during the first couple weeks periodically.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Manage and monitor-ensure the student is receiving and accessing the proper mental health and educational services needed.</li> </ul>
<b>Address any concerns at school</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> As needed, ensure any negative feels about school are addressed.</li> </ul>
<b>Release/Exchange of Information</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain consent by the parent/guardian to discuss student information with outside providers using the Parent/Guardian Authorization for Release/Exchange of Information.</li> </ul>

# NCLUSD Unified School District

## Risk Screening Incident Document

**CONFIDENTIAL**

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. School: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

3. Birth Date: \_\_\_\_\_  Transitional  Foster  Spec. Ed  Gen. Ed  504  ELL  Migrant

4. Person Completing SRA: \_\_\_\_\_ Title: \_\_\_\_\_

5. Name of Person you collaborated with: \_\_\_\_\_

6. Student Referred by: **Please check all that apply:**

Self  Parent  Teacher  Counselor  Peer  Other: \_\_\_\_\_

7. Previous SRA:  Yes  No

8. Reasons for Referral:

Immediate Threat to:  Self  Others  Suicidal ideation  Self-harm

Plan: \_\_\_\_\_

9. Means: \_\_\_\_\_

Sudden Change in Behavior: \_\_\_\_\_

Signs of Depression: \_\_\_\_\_

Previous Attempts/History: \_\_\_\_\_

Truancy/Running away: \_\_\_\_\_

Giving Away Possessions: \_\_\_\_\_

Frequent Complaints of Illness: \_\_\_\_\_

Mood Swings: \_\_\_\_\_

Alcohol or Drug Use: \_\_\_\_\_

Recent Environmental/Social Changes: \_\_\_\_\_

**Was the student assessed for risk using the District Protocol for Responding to Students at Risk for Suicide**

Yes  No If NO, please explain: \_\_\_\_\_

**Assessed Level of Risk:**  No known current risk  Low  Moderate/Medium  High

**Was the parent/guardian notified?**

Yes Name of person notified: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

No If No, please explain: \_\_\_\_\_

*If parent/guardian was not notified due to suspected child abuse, complete the Suspected Child Abuse form and call CPS.*

**Was the parent/guardian provided the appropriate information handouts for outside counseling referrals?**

Yes  No If NO, please explain: \_\_\_\_\_

**What action steps listed below were taken? (Check all that apply)**

- Contacted the NCLUSD Police Department
- Student transported to hospital for psychiatric evaluation (5150/5585)
- Consulted with School Mental Health (including Mental Health Consultant, Crisis Counseling & Intervention Services)
- Referral to school-based individual/group counseling (SSS, SAP, Clinician)
- Referral to community mental health agency
- Developed and discussed Safety Plan
- Facilitated Student Re-entry Meeting
- Recommendations for program modification (e.g., smaller class, IEP)
- Other (please specify)



# Steps to Take in the Immediate Aftermath of a Suicide:

1. Principal or Designee Verifies the Death
2. Designate Crisis Response Team
3. Determine if any relatives or siblings attend a school in NCLUSD
4. Principal Notifies the School Community
5. Principal to Hold an Initial All-Staff Meeting
  - a. Convey what information may be relayed to students.
6. Control Rumors
7. Provide staff support
  - a. Provide roving substitutes to allow classroom teachers a short break, if needed.
  - b. Inform staff that mental health staff is available for both students and staff.
  - c. Provide an end-of-day meeting for staff to debrief and/or obtain support.
  - d. Provide staff with resources for themselves and the community
8. Inform staff where to send students for counseling support, and that they must be sent with another student or adult escort- **never alone**.
  - a. Designate spaces on campus where support will be provided. Consider having snacks, and art and writing supplies for creative expression that may later be preserved for the student's family.
9. Request the student's work from classroom teachers, contact IT department and request any school account be reviewed and information provided to school administration. Review this information for any concerns that may need to be addressed with any other students.

## Supporting Students During the School Day:

1. Identify, monitor, and support students who may be at risk.
  - a. Open up classroom(s) as support spaces for students. Assign mental health staff members to supervise and facilitate the support in those rooms. This may be done over multiple days, as needed.
  - b. Assign a staff member to develop a list of students who were close to the deceased student. Meet with those students, offer support, document, and follow-up as needed
2. Designate staff members to circulate campus throughout the day looking for signs of students in need and to assist with controlling rumors.

## After-School Staff Meeting

1. Acknowledge that it has been a difficult day for everyone and that this meeting is an opportunity to share experiences from the day and what their needs for support will be for the next day.
2. Inform staff of the continued availability of roving subs and classroom support spaces. This is determined based upon expressed need.
3. Allow staff to express concerns and ask questions.



4. Emphasize self-care for staff since they have primarily focused on caring for their students.
5. Remind staff to continue to identify, monitor, and support students who may be at-risk.

## **Memorialization**

No specific memorialization should be conducted as this may sensationalize the suicide. Instead, the memorialization should be to focus on how to best prevent future suicides, and on providing prevention resources to students.

Allow student picture or pictures to remain in the school yearbook however, it is not recommended making a memorial page.

## **Key Considerations for Funeral/Memorial Service**

Depending upon the wishes of the family, the Principal will disseminate information about the funeral to students, parents, and staff as soon as it becomes available. Include the following information in the announcements:

1. Location of the funeral
2. Time of the funeral (school remains open if it is during the school day)
3. What to expect (i.e., whether there will be an open casket)
4. Guidance on how to best express condolences to the family (i.e., verbally, with flowers, donations)
5. School policy for releasing students during school hours to attend the funeral (i.e., students will only be released with permission from their parent or guardian)

## **Steps to Take in the Long-Term Aftermath**

1. The Crisis Response Team should meet regularly for the first few weeks to maintain communication, awareness, and review of procedures for effectiveness.
2. Continue to identify, monitor, and support students in need.
3. Enhance identification and supports of vulnerable students.

## **Outside Agency Support**

1. Seek outside agency support such as (Jessica's House, Center for Human Services) to assist in providing crisis management.

# **Guidelines for Working with the Family**

It is important to work with the family of a student who died by suicide. They will often appreciate the support of the school community, and their cooperation can be valuable for effective postvention. The Principal may request to visit with the family, or the family may make the request. In these cases, it is advised that the Principal, along with another Crisis Team Member, meet with the family together in order to provide one another support during the visit. It is always important to respect the cultural and religious traditions of the family related to suicide, death, grieving, and funeral ceremonies.

The school representative(s) should:

- ❖ Offer the condolences of the school.
- ❖ Inquire about funeral arrangements. Ask if the funeral will be private or if the family will allow students to attend.
- ❖ Ask if the parents know of any of their child's friends who may be especially upset.
- ❖ Provide the parents with information about grief counseling support in the community. Community Liaisons will be able to assist with any support in this area.
- ❖ Ask the family if they would like their child's personal belongings returned to them. These could include belongings from the student's locker and desk as well as papers and projects they may want to keep.
- ❖ Briefly explain to the parents what the school is doing to respond to the death.

# Talking About Suicide

Suicide is a complicated behavior. It is *not* caused by a single event such as a bad grade, an argument with parents, or the breakup of a relationship.

In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of, and help is available.

Talking about suicide in a calm, straight-forward manner does not put ideas into kid's minds.

## Examples of what to say

- ❖ “The cause of \_\_\_\_’s death was suicide. Suicide is most often caused by serious mental disorders like depression, combined with other complications.”
- ❖ “\_\_\_\_ was likely struggling with a mental health issue like depression or anxiety, even though it may not have been obvious to other people.”
- ❖ “There are treatments to help people who are having suicidal thoughts.”
- ❖ “Mental disorders are not something to be ashamed of, and there are very good treatments to help the symptoms go away.”

## Address blaming and scapegoating.

It is common to try to answer the question “Why?” after a suicide death. Sometimes this turns into blaming others for the death.

## Do not focus on the method or graphic details.

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth.

If asked, it is okay to give basic facts about the method, but do not give graphic details or talk at length about it. The focus should be not on how someone killed himself or herself but rather on how to cope with feelings of sadness, loss, anger, etc.

**Examples of what to say:**

- ❖ *“It is tragic that he died by hanging. Let’s talk about how \_\_\_\_\_’s death has affected you and ways for you to handle it.”*
- ❖ *“How can we figure out the best ways to deal with our loss and grief?”*

**Address anger:**

- ❖ Accept expressions of anger at the deceased and explain that these feelings are normal.

**Example of what to say:**

- ❖ *“It is okay to feel angry. These feelings are normal and it doesn’t mean that you didn’t care about \_\_\_\_\_. You can be angry at someone’s behavior and still care deeply about that person.”*

**Address feelings of responsibility:**

- ❖ Reassure those who feel responsible or think they could have done something to save the deceased.

**Examples of what to say:**

- ❖ *“This death is not your fault.”*
- ❖ *“We can’t always predict someone else’s behavior.”*
- ❖ *“We can’t control someone else’s behavior.”*

**Encourage help seeking:**

- ❖ Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.

**Examples of what to say:**

- ❖ *“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”*
- ❖ *“There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never the answer.”*

# Mental Health Resources

American Academy of Child and Adolescent Psychiatry [www.aacap.org](http://www.aacap.org)  
American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)  
American Psychological Association [www.apahelpcenter.org](http://www.apahelpcenter.org)  
Anxiety and Depression Association of America [www.adaa.org](http://www.adaa.org)  
Balanced Mind Foundation (mood disorders) [www.thebalancedmind.org](http://www.thebalancedmind.org)  
Building Bridges Initiative [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)  
Child and Adolescent Bipolar Foundation: The Balanced Mind Foundation  
[www.thebalancedmind.org](http://www.thebalancedmind.org)  
Depression and Bipolar Support Alliance [www.dbsalliance.org](http://www.dbsalliance.org)  
Depression Resource Center [www.aacap.org/cs/Depression.ResourceCenter](http://www.aacap.org/cs/Depression.ResourceCenter)  
Depression Toolkit University of Michigan Depression Center [www.depressiontoolkit.org](http://www.depressiontoolkit.org)  
Harvard Means Matter [www.hsph.harvard.edu/means-matter](http://www.hsph.harvard.edu/means-matter)  
HEARD Alliance [www.heardalliance.org](http://www.heardalliance.org)  
Help Guide Mental & Emotional Health Management Resources 44.4 [www.helpguide.org](http://www.helpguide.org)  
Kids Health [www.kidshealth.org/teen/your\\_mind](http://www.kidshealth.org/teen/your_mind)  
Mayo Clinic: Resilience [www.mayoclinic.com/health/resilience](http://www.mayoclinic.com/health/resilience)  
National Alliance on Mental Illness Stanislaus [www.namistanislaus.org](http://www.namistanislaus.org)  
National Mental Health Association (NMHA) [www.nmha.org](http://www.nmha.org)  
Practice Wise: What Works in Children's Mental Health [www.practicewise.com](http://www.practicewise.com)  
Stanislaus County Mental Health Access Referral Team: Behavioral & Recovery Services  
888-376-6246 or [www.stancounty.com/bhrs/](http://www.stancounty.com/bhrs/)  
Stanislaus Psychiatric Emergency Services 209-558-4600 available 24/7  
Substance Abuse and Mental Health Services Admin (SAMHSA) [www.samhsa.gov/children](http://www.samhsa.gov/children)  
Suicide Prevention Lifeline [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)

## **Hot Lines**

Regional Suicide Prevention & Crisis Services 800-273-8255  
California Youth Crisis Line 800-843-5200  
Community Solutions (Teen Crisis & Parental Stress) 24hrs 408-683-4118  
National Mental Health America 800-273-TALK or 888-628-9454 (Spanish)  
Reach Out Online Forum (trained peers, monitored by professionals) [us.reachout.com](http://us.reachout.com)  
Reach Out Boys National Hotline 800-448-3000  
Trevor Project Lifeline (LGBTQ crisis intervention) 866-488-7386  
Youth Support Line 888-977-3399

# Student Mental Health Handout

School can be an exciting time, filled with new experiences, but at times you might feel as though it is more of a struggle. This handout is meant to help you work through a tough time.

Life can be stressful. Between friend “drama”, packed schedules, classes, clubs, relationships, sports, jobs, parental expectations, figuring out who you are, uncertainty over things, and not enough sleep, life can occasionally get you down and feel overwhelming and that is normal.

What is not normal is struggling through each day, feeling like things will only get worse. Maybe you feel like you have lost control, that nothing matters, or that you are alone. These feelings may indicate a condition that requires professional help, such as depression, anxiety or other mental health conditions.

Not everyone experiences mental health conditions in the same way, but **everyone struggling with their mental health deserves help**. Depression is among the most common conditions experienced. It is a complex medical illness that significantly interferes with an individual’s ability to function, enjoy life, and feel like themselves.

A number of factors may contribute to a person becoming depressed; genetic predisposition and stressful life events can certainly play a role, but sometimes depression can occur without an obvious cause. This means that anyone can become depressed, even those who seemingly have every reason to be happy.

Depression commonly affects your thoughts, your emotions, your behaviors, and your overall physical health. Experiencing any one of these symptoms on its own does not constitute depression; a diagnosis of depression requires several of these symptoms to occur for at least two weeks. Here are some of the most common symptoms that point to the presence of depression:

Feelings:

Sadness, Hopelessness, Guilt, Moodiness, Anger, Loss of interest in friends, family and activities.

Thoughts:

Trouble concentrating, Difficulty making decisions, Trouble remembering, Thoughts of harming oneself, Delusions and/or hallucinations can also occur in cases of severe depression

Behaviors:

Withdrawing from people, Substance abuse, Missing work, school, or other commitments, Attempts to harm oneself (e.g., cutting)

Physical Problems:

Tiredness or lack of energy, unexplained aches and pains, Changes in appetite, Weight loss or gain, Changes in sleep – sleeping too little or too much

If you are experiencing symptoms of depression, it is important to talk to a trusted adult (parent, teacher, counselor, coach, or clergy) or doctor so that you can get the help you need. **Depression does not go away on its own, but with the appropriate help it can be treated!** Studies show

that more than 80% of people can feel better with talk therapy (counseling) and/or medication.

Talking about mental health can be difficult, but reaching out and getting help for depression is one of the most courageous, important things you can do for yourself or for a friend. **It might even save a life.**

**Confidential Helplines:**

- ❖ California Youth Crisis Line: 800-843-5200
- ❖ Trevor Lifeline for LGBTQ Youth: 866-488-7386
- ❖ Regional Suicide Prevention & Crisis Services: 800-273-TALK

If someone is in immediate danger, **call 911.**

**Getting help does not mean that you have failed,  
It means you have allowed others to show they  
care.**

# Parent Handouts

## When Your Child Expresses Suicidal Thoughts or Behavior

This paper is designed to support you with the information you need as you and your child work together toward wellness.

You are not alone. It is not uncommon for adolescents to consider suicide as a possible solution to their difficulties. The reasons for this are many and varied. What is most important, for you and your child, is knowing there is help available. With support, recovery is possible.

If you think that your child may be contemplating suicide, you can best help him/her by paying attention, listening, and acknowledging what they are saying or doing. Remain calm and get them to the help they need. It is uncommon for someone in their emotional state to resist seeking help. There can be many reasons for this: stigmatization, fear of being restrained or locked up, etc. They may plead that you do nothing. They are in crisis and may be incapable of making a rational decision. They may say they are fine and they did not mean what they said or did. Or they may be feeling their situation is hopeless and nothing can help. Whatever may be occurring for them, they will look to you for support. Assure them that help is available.

This is a life and death situation. Accepting any reason for not getting help is too dangerous. Though you and/or your child may fear what will result from acknowledging these suicidal thoughts or actions, the risk of not seeking help is too great.

Attached are Warning Signs and Risk Factors that a suicidal person may be experiencing. This is included to help you identify specific behaviors you may have been noticing. Though someone has expressed suicidal ideation, no one person will show all these behaviors. They may not show any of the specific behaviors listed; even so, it is important for them to seek help.

### **Seeking Assistance:**

There are differing situations where your child's distress may become apparent. Your child may reveal their suicidal thoughts to you, a friend, or a trusted adult. Whoever becomes aware of your child's distress must immediately seek assistance. In seeking assistance, your child's safety is the first consideration. The child should never be left alone during the crisis. If your child has a physician or therapist, call to alert them of the situation. Also, the Stanislaus County Suicide and Crisis hotline can be called at 800-273-TALK (see "Mental Health Resources" for additional hotlines and information).



# Self-Care Advice for Parents with a Child in Crisis

## The importance of caring for yourself:

Caring for a child or teen in crisis is stressful and can be physically and emotionally draining. There can be much uncertainty and fear. You might feel guilty or selfish acknowledging your own fatigue. Taking care of your own health and psyche will allow you to be more fully present for your child and other loved ones. You will also be modeling health-seeking behavior. Remember the lesson from any airplane flight you have taken; put on your oxygen mask first before helping a child put theirs on. Self-care is not optional. Some practical suggestions for self-care include:

- ❖ Reach out to supportive family and friends, religious or spiritual sources of support and solace. People do care so talking about your experiences, reactions, and feelings can be very healing.
- ❖ Recognize that you may be ‘burning the candle at both ends’. Plan for, allow yourself to “crash” at some point, and get rest.
- ❖ Be patient with yourself; you may be distracted and not able to function as efficiently as usual
- ❖ Let others do their part – accept help when offered.
- ❖ Keep up your own good health with exercise and healthy meals; avoid numbing the pain with excess alcohol, caffeine, or drugs.
- ❖ Participate in stress-relieving process, whether individually or in a group; for instance, Mindfulness Meditation, caregiver support groups or supports provided by NAMI Stanislaus.
- ❖ Keep a journal. Write in it if you cannot sleep.
- ❖ Go for walks (exercise) – but do not overdo it.

# Parent Tips for Helping Children Handle Tragic Events

## KEY IDEAS

- ❖ Children sense the anxiety and tension in adults around them.
- ❖ Each child responds differently to tragic events, depending on his or her experiences, understanding, age, and maturity.
- ❖ Children will interpret the tragic event as a personal danger to themselves and those they care about.
- ❖ Your child needs to talk about his or her feelings

## SIGNS OF STRESS

*Parents should be alert to these changes in a child's behavior now or in the future*

- ❖ Persistent fears related to the incidents (such as fears about being hurt or permanently separated from their parents).
- ❖ Sleep disturbances such as nightmares, screaming during sleep, or bedwetting, which persist more than several days after the event.
- ❖ Loss of concentration and irritability.
- ❖ Change in activity level.
- ❖ Behavior problems, such as misbehaving at school or home in ways that are not typical of the child.
- ❖ Physical complaints (stomachaches, headaches, dizziness).
- ❖ Withdrawal from family and friends, sadness, or inactivity.
- ❖ Preoccupation with the events of the incident.

## AGE APPROPRIATE SUGGESTIONS FOR HOW PARENTS CAN TALK TO THEIR CHILDREN AT HOME

- ❖ Children need comforting and frequent reassurance that they are safe.
- ❖ Be honest and open about the tragic event, but keep information age-appropriate.
- ❖ Encourage children to express their feelings through talking, drawing, or playing.
- ❖ Try to maintain your daily routines as much as possible.

## TIPS FOR HELPING TRAUMATIZED CHILDREN

*These suggestions are offered as essential guidelines to use during times of crisis in the lives of children and teenagers. (Healing Magazine, Therapist's Corner, Spring 2002)*

## **CHILDREN SHOULD BE ENCOURAGED TO:**

- ❖ Talk. Talking to trusted adults is strongly encouraged, not only to express concerns and fears, but also to get answers that were accurate from those they trust.
- ❖ Express their feelings. Helping children verbalize and understand their safety concerns should normalize what are often powerful and frightening reactions to traumatic events.
- ❖ Limit television. Children and even young teens are advised to limit repeated exposure to graphic media images of the events. Continued exposure increases the likelihood of adverse reactions both short and long-term.
- ❖ Get involved. Offer children ways of helping or getting involved in the efforts of their community. Give children the message that being young does not prevent them from helping others.
- ❖ Get back to things they like. Children are encouraged to continue doing things that are fun, enjoyable, and routine as soon as possible. Routine activities are powerful in helping to reduce anxiety and fear.
- ❖ Be on the lookout for warning signs. Children are encouraged to be aware of headaches, stomachaches, nightmares, feeling sad, trouble sleeping or eating, increased arguing with family or friends, school refusal, trouble concentrating, or not wanting to be alone (for younger children). Behavioral and somatic complaints are characteristic of excessive worry, anxiety, and depression.

## **PARENTS SHOULD BE ENCOURAGED TO:**

- ❖ Listen carefully to what children are saying. Giving children answers to their questions while letting them know their parents care about them is essential, especially during times of crisis.
- ❖ Provide their children with answers that are age-appropriate and easily understood.
- ❖ Reassure their children of their safety. While not telling children it can never happen to them, parents should let them know it is very unlikely and that there are people to protect them. It is likely that children will need to be assured of this many times over the weeks or months following the trauma.
- ❖ Limit continued viewing of graphic violence associated with the event.
- ❖ Remember that teens get scared too. Parents should not forget that even teens need to be reassured that they are safe.
- ❖ Take care of themselves. Parents were encouraged to watch themselves for the same behavior and somatic complaints listed above.
- ❖ Be open to professional consultation, if necessary. Parents are urged to seek professional advice from their family physician or mental health professional if symptoms appear and remain for more than two weeks.

## **WHAT CAN I DO AS A PARENT?**

*As a surviving parent, there are several things that can be done to support the grieving child.*

- ❖ Explain the death in a clear and direct manner. If the remaining parent cannot do this, then the child should be informed by another adult who is close to the child.
- ❖ The child should be told the dead person will never return and that the body will be buried in the ground or burned to ashes.
- ❖ The remaining parent should not deny the child an opportunity to share in the expression of pain.
- ❖ Adults should avoid using children as confidants for their own comfort and understanding.
- ❖ The single most important message to relay to the child is, “You are not alone; I am with you.”
- ❖ Touching and holding a child can do more than any words to relay a parent’s message.
- ❖ Children should be allowed to attend the funeral, if it is their wish.
- ❖ Prior to the funeral someone should explain to the children what is likely to take place, who will be there, and how people are likely to react.
- ❖ The choice of whether to view or touch the deceased should be left up to the child.
- ❖ It is important to establish continuity in the daily routines of children.
- ❖ Changing to a new school or moving to a new neighborhood should be postponed.
- ❖ If it is determined that a child is experiencing pathological grief, rather than grief reactions, counseling may be necessary in order to help facilitate the grieving process.

## **CHILDREN NEED THE STRUCTURE OF FAMILY SUPPORT**

*When someone dies, parents may forget that this may be the first death their child has ever experienced. There are many new issues, adjustments, and events for which children need firm structure. Consider the following very partial list of what children may encounter for the first time:*

Understanding the concept of death

- ❖ Experiencing family members’ grief reactions
- ❖ Sensing the inability to bring a loved one back
- ❖ Seeing their first dead person
- ❖ Seeing a dead relative for the last time
- ❖ Experiencing hopelessness
- ❖ Wondering why people are put in the ground or crypt or cremated
- ❖ Recalling, as time proceeds, all the automatic reactions of the dead loved one
- ❖ Feeling a strong sense of emptiness

# Recognizing and Responding to Warning Signs of Suicide

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

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs. This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

## Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any of these behaviors:

- ❖ Someone threatening to hurt or kill themselves
- ❖ Someone looking for ways to kill themselves; seeking access to pills, weapons, or other means
- ❖ Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- ❖ Hopelessness-expresses no reason for living, no sense of purpose in life
- ❖ Rage, anger, seeking revenge
- ❖ Recklessness or risky behavior, seemingly without thinking
- ❖ Expressions of feeling trapped-like there's no way out
- ❖ Increased alcohol or drug use
- ❖ Withdrawal from friends, family, or society
- ❖ Anxiety, agitation, inability to sleep, or constant sleep
- ❖ Dramatic mood changes

**If you or someone you know is in a suicidal crisis,  
Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**

# Suicide Risk Screening Summary Sheet

*Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk.*

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

	<b>Risk present, but lower</b>	<b>Medium Risk</b>	<b>Higher Risk</b>
<b>1. Current Suicide Plan</b> A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of Intervention	___ Vague. ___ Means not available. ___ No specific time. ___ Pills/slash wrists. ___ Others present most of the time.	___ Some specifics. ___ Has means close by. ___ Within a few days or hours. ___ Drugs/alcohol, car wreck. ___ Others available if called upon.	___ Well thought out. ___ Has means in hand. ___ Immediately. ___ Gun, hanging, jumping. ___ No one nearby; isolated.
<b>2. Pain</b>	___ Pain is bearable. ___ Wants pain to stop, but not desperate. ___ Identifies ways to stop the pain.	___ Pain is almost unbearable. ___ Becoming desperate for relief. ___ Limited ways to cope with pain.	___ Pain is unbearable. ___ Desperate for relief from pain. ___ Will do anything to stop the pain.
<b>3. Resources</b>	___ Help available; student acknowledges significant others are concerned and available to help.	___ Family and friends available; but are not perceived by the student to be willing to help.	___ Family and friends are not available and/or are hostile, injurious, exhausted.
<b>4. Prior Suicidal Behavior of...</b> A. Self  B. Significant Others	___ No prior suicidal behavior.  ___ No significant others have engaged in suicidal behavior.	___ One previous low lethality attempt; history of threats. ___ Significant others have recently attempted suicidal behavior.	___ One of high lethality, or multiple attempts of moderate lethality. ___ Significant others have recently committed suicide.
<b>5. Mental Health</b>  A. Coping behaviors  B. Depression  C. Medical status  D. Other Psychopathology	___ History of mental illness, but not currently considered mentally ill. ___ Daily activities continue as usual with little change.  ___ Mild; feels slightly down.  ___ No significant medical problems.  ___ Stable relationships, personality, and school performance.	___ Currently receiving treatment. ___ Some daily activities disrupted; disturbance in eating, sleeping, and decrease of energy. ___ Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. ___ Acute, but short-term, or psychosomatic illness. ___ Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	___ Not currently receiving treatment. ___ Gross disturbances in daily functioning.  ___ Overwhelmed with hopelessness, sadness, and feelings of helplessness.  ___ Chronic debilitating, or acute catastrophic, illness. ___ Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
<b>6. Stress</b>	___ No significant stress.	___ Moderate reaction to loss and Environmental changes.	___ Severe reaction to loss or environmental changes.
<b>Total Checks</b>			

**Suicide Risk Screening Summary Sheet**

