Recognize, Connect!

Helping Youth at Risk of Suicide

A Connect Training for Gatekeepers

A collaboration between NAMI NH, the Substance Abuse and Mental Health Services Administration, and the NH School Administrators Association

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Introductions

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Schedule for Training
Gatekeeper Training

• Regardless of one’s role in the community, we are gatekeepers at all times.

• Gatekeepers can be from many walks of life, and whether experienced or not, have a role in preventing suicide.

• Gatekeeper training is the basis by which all participants will begin with same information.

• Starting together as gatekeepers reinforces the working relationships that will be critical to reinforcing the safety net of suicide prevention.
Core Principles

• Suicide is a public health problem.
• Suicide is generally preventable.
• Everyone plays a part in preventing suicide.
• Suicide prevention is a priority for this community.
• Suicide prevention goes across the entire lifespan.
• Suicide prevention covers a wide range of high-risk behaviors, not just suicide.
• Cultural factors are important in preventing suicide.
• Greater awareness and communication between individuals and systems will help reduce suicide risk in a community.
• **Recognize, Connect!** are two key actions in prevention.
Suicide as a Public Health Issue

- 1994 NH Youth Suicide Prevention Assembly
- 1999 Surgeon General’s Report
- 2001 and 2012 National Strategy for Suicide Prevention
- 2004 NH State Suicide Prevention Plan
- 2005 and 2009 and 2013 NAMI NH Garrett Lee Smith (GLS) funding from the federal government
- 2010 State Suicide Prevention Council legislatively-mandated
- 2012 Plymouth State University receives GLS funding
Disclaimer

For community members, the ultimate judgment regarding a particular suicide prevention plan in any specific case is the responsibility of the individual or group assisting another individual.

This training is not intended to be a substitute for a professional evaluation of any individual deemed to be suicidal. A referral to professionals should be made whenever there is a concern about someone who is suicidal.
“If Just One Person Shows That They Care”
Suicide is a Profound Loss

- All of us have been touched by loss at some point in our lives.

- Talking about suicide can bring up personal experiences for us.

- We need to be sensitive to survivors, attempt survivors, or any of us at risk for suicide.

- If you find that the following information brings up painful emotional memories, take care of yourself and seek support that would be helpful to you.
The Extent of Loss

• Nationally, there are **over 36,000 confirmed** suicide deaths each year.

• Someone attempts suicide every minute in the United States. Someone dies by suicide every 15 minutes.

• Suicide death often has serious impact on family, friends, co-workers, providers, and community members.
The “S” Word:

Why Don’t We Talk About It?
Facts, Actions, and Responses of Suicide Prevention

Fact: Suicide is generally preventable.

Positive Action: Everyone has a role in suicide prevention.
Facts, Actions, and Responses of Suicide Prevention

Fact: Suicide is a public health issue.

Positive Action: We need to talk openly about the issue of suicide.
Facts, Actions, and Responses of Suicide Prevention

Fact: There is a great deal of stigma and isolation around the issue of suicide.

Positive Action: Talking about suicide will help to reduce stigma and shame.
Facts, Actions, and Responses of Suicide Prevention

Fact: Talking about suicide does not cause someone to be suicidal.

Positive Action: Talking about suicide will connect an individual to help.
Facts, Actions, and Responses of Suicide Prevention

Fact: All Warning Signs should be taken seriously.

Positive Action: If Warning Signs are present, connect a person to help.
Facts, Actions, and Responses of Suicide Prevention

Fact: Most people who die by suicide (about 2/3) communicate their plans in advance. (Source: Clark & Fawcett, 1992)

Positive Action: Get help if someone is talking or writing about death, dying, or suicide.
Facts, Actions, and Responses of Suicide Prevention

Fact: Most people who contemplate suicide are ambivalent right until the end.

Positive Action: Restrict access to firearms and other lethal means to save a life.
Facts, Actions, and Responses of Suicide Prevention

Fact: Most people (90%) who die by suicide have some type of mental health and/or substance use problem. (Source: National Institute of Mental Health)

Fact: There is effective treatment for mental health and substance use problems.

Positive Action: Education about mental health problems can help lead to the right services.
Recognize, Connect!
Talking about Suicide is the First Step to Preventing Suicide!
Youth Culture

• Our perception of risk and outreach efforts can be biased by:
  - Electronic communication (e.g. MySpace, FaceBook, Text Messaging)
  - Language
  - Style of dress
  - Body piercings/tattoos
  - Gender differences in expressing depression
  - Sexual orientation/gender identity
Sexual Orientation/Gender Identity


- Represent 10% of population, yet 25% of homelessness.
- Almost 2/3 of middle and high school GLB youth feel unsafe at school.
- GLB high school youth have 5X greater rate of missing school and 4X greater rate of being threatened with weapon than heterosexual youth. (Source: US YRBS, 2005)

- **High risk factors for GLBT:**
  - Victimization/Hate crimes: bullying, harassment, violence
  - Living out of home: homeless, runaway, foster care, juvenile justice system
  - Family rejection
  - Knowing someone who has attempted or died by suicide
Underserved Racial Groups

• Hispanic Americans (Latinos and Latinas) have the highest rate of attempted suicide for both males and females. Cultural adaptation and family conflict are two factors of influence.

• Asian Americans have the lowest rate of help-seeking among all racial/ethnic groups.

• African Americans are the least likely to have access to health insurance and have the highest rate of inpatient admissions among all racial/ethnic groups.

• Native American Indians, ages 15-29, have the highest suicide rate, two to three times higher than any other racial/ethnic group. This group has experienced great cultural oppression, and similar to other underserved racial groups, historical trauma.
### New Hampshire Data: Leading Causes of Death 2006-2010

<table>
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<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
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<td>14</td>
<td>17</td>
<td>252</td>
<td>395</td>
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<td>2</td>
<td>42</td>
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<td>----</td>
<td>Suicide</td>
<td>83</td>
<td>Suicide</td>
<td>117</td>
<td>265</td>
<td>Heart</td>
<td>1,158</td>
<td>Malignant Neoplasms</td>
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<td>3</td>
<td>39</td>
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<td>----</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>4</td>
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<td>----</td>
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<td>----</td>
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<td>----</td>
<td>----</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>5</td>
<td>22</td>
<td>Homicide</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Homicide</td>
<td>14</td>
<td>Homicide</td>
<td>15</td>
<td>Diabetes Mellitus</td>
<td>37</td>
<td>Liver Disease</td>
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<td>6</td>
<td>14</td>
<td>Septicemia</td>
<td>Influenza &amp; Pneumonia</td>
<td>Influenza &amp; Pneumonia</td>
<td>Congenital Anomalies</td>
<td>12</td>
<td>Congenital Anomalies</td>
<td>10</td>
<td>Liver Disease</td>
<td>33</td>
<td>Chronic Low, Respiratory Disease</td>
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<tr>
<td>7</td>
<td>11</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Benign Neoplasms</td>
<td>----</td>
<td>Complicated Pregnancy</td>
<td>23</td>
<td>Diabetes Mellitus</td>
<td>95</td>
<td>Cerebrovascular</td>
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<tr>
<td>8</td>
<td>----</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Chronic Low, Respiratory Disease</td>
<td>----</td>
<td>Diabetes Mellitus</td>
<td>----</td>
<td>Homicide</td>
<td>18</td>
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<td>9</td>
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<td>Six Tied</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Complicated Pregnancy</td>
<td>----</td>
<td>Cerebrovascular</td>
<td>15</td>
<td>Viral Hepatitis</td>
<td>38</td>
<td>Septicemia</td>
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<tr>
<td>10</td>
<td>----</td>
<td>Six Tied</td>
<td>Six Tied</td>
<td>Septicemia</td>
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<td>----</td>
<td>----</td>
<td>Septicemia</td>
<td>14</td>
<td>Septicemia</td>
<td>34</td>
</tr>
</tbody>
</table>

Source: CDC WISQARS 2006-2010. Note: The CDC suppresses data at the state level for fields with fewer than 10 cases.
Suicide in New Hampshire

Other characteristics that compare to states with high suicide rates are:

– Rural settings
– Long winters

both of which may contribute to isolation.
NH Youth Risk Behavior Survey: 1993-2011

NH Youth Risk Behavior Survey (High School Students)
Data Source: NH YRBS Results, NH Department of Education

Percentage of Student Body

- Felt so sad or hopeless for 2+ weeks in the past year that they stopped doing their usual activities
- Seriously considered a suicide attempt in the past year
- Made a suicide plan in the past year
- Attempted suicide in the past year

Data Trends from 1993 to 2011

- 1993
- 2003
- 2005
- 2007
- 2009
- 2011
NH YRBS 2011 - Cross-Tabulation of Suicide Related and Substance Abuse Items

Percent of students answering "yes" to the suicide related items that had used the indicated substance.

- Students who smoked at least one cigarette during the past 30 days
- Students who had at least one drink of alcohol during the past 30 days
- Students who had 5 or more drinks of alcohol in a row at least once during the past 30 days
- Students who used marijuana at least once during the past 30 days
- Students who used any form of cocaine during the past 30 days
- Students who used prescription drugs without a prescription during the past 30 days
- Students who used over the counter drugs to get high during the past 30 days
- Students who used inhalants to get high one or more times during their life*

*Students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities

- Students who seriously considered attempting suicide during the past 12 months

- Students who made a plan about how they would attempt suicide during the past 12 months

- Students who attempted suicide one or more times during the past 12 months
Historically in New Hampshire, about 17 youth die of suicide each year:

**Ages:** 10-24 Years Old

**Gender:** 78% Males; 22% Females

***Approximately 4.7% of NH students, grades 9-12, taking the YRBS indicated they had attempted suicide at least once in the past year. We can estimate from this that approximately 3,000 high school students attempt suicide in NH each year.***
GENDER DIFFERENCES

- Males die by suicide at a rate 4X higher than females
- Females attempt suicide at a rate 2X higher than males

Data Sources:
- Deaths – CDC WISQARS, 2009
- Inpatient Discharges – NH DHHS – Health Statistics and Data Management
What are Risk Factors?

• Risk factors are influences that make it more likely that individuals will develop a mental health problem.

• Risk factors can include biological, psychological, or social factors in the individual, family, or community.

• The more risk factors a person has, the more he/she is at risk for suicide and other self-destructive behaviors.
Individual Risk Factors for Suicide

- Mental health problems, including depression, bipolar disorder, and anxiety disorders
- Alcohol and other substance use problems
- Loss of all kinds
- Poor impulse control
- Feelings of hopelessness, helplessness, powerlessness, or desperation
## Increased Risk Factors for Suicide

Compared to the general population, individuals with a history of...

<table>
<thead>
<tr>
<th>Compared to the general population, individuals with a history of...</th>
<th>Have a suicide risk that is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Suicide Attempt</td>
<td>Almost 40 times greater than the expected rate</td>
</tr>
<tr>
<td>Major Depression</td>
<td>20 times greater than the expected rate</td>
</tr>
<tr>
<td>Mixed Drug Abuse</td>
<td>19 times greater than the expected rate</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>15 times greater than the expected rate</td>
</tr>
<tr>
<td>Opioid Abuse</td>
<td>14 times greater than the expected rate</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>Almost 12 times greater than the expected rate</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>10 times greater than the expected rate</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Almost 9 times greater than the expected rate</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Almost 6 times greater than the expected rate</td>
</tr>
<tr>
<td>Cannabis Abuse</td>
<td>Almost 4 times greater than the expected rate</td>
</tr>
</tbody>
</table>

*Note: The mental health issues above represent a smaller subset of the larger US population. It is important to consider only that there is an elevated risk for these mental health/substance abuse issues.

What are Protective Factors?

• Protective factors are influences that make it less likely that individuals will develop a mental health problem.

• Protective factors can include biological, psychological, or social factors in the individual, family, or community.

• Protective factors help to lower the risk level of suicide and other self-destructive behaviors.

• These are strengths that we can develop and enhance for individuals in our community.
What families can do to help their children feel connected:

• Children who eat regularly with their families are less likely to smoke, drink, use illegal drugs, have sex at young ages, get into physical fights, be suspended from school, or have thoughts of suicide.

“The Importance of Family Dinners”
The National Center on Addiction & Substance Abuse (CASA), 2006
Legislation as a Community Protective Factor

NH RSA 193-F – Pupil Safety and Violence Prevention Act addresses bullying and cyber-bullying in all New Hampshire schools:

“All pupils have the right to attend public schools, including chartered public schools, that are safe, secure, and peaceful environments. One of the legislature’s highest priorities is to protect our children from physical, emotional, and psychological violence by addressing the harm caused by bullying and cyberbullying in our public schools.”
### Safe Messaging as a Community Protective Factor

#### Promote
- Information on where/how to get help
  - NSPL: 1-800-273-TALK (8255)
- Warning signs
- Early help for mental health and substance use problems
- Local efforts to prevent suicide (e.g. Task Force efforts)

#### Avoid
- Giving detailed descriptions of a suicide incident
- Making the person a saint or a celebrity
- Oversimplifying causes
- Overstating the frequency of suicide (e.g. use of words like “epidemic”)
- Using terms like failed/successful/committed
TJ

What Would You Do?
SCENARIO 1: He Didn’t Really Seem Different than any Other Kid

- Starting the 9th grade was uneventful, having lived in the same small town and same school system most of his life.

- His school work was okay; never great but not poor enough to call attention to his work.

- The age of 13 was rough. He was close to his dad, who had died suddenly last year.

- Rumor had it that his dad had killed himself, but no one has ever said that out loud.
SCENARIO 2:
What Happened in the 9th Grade?

- TJ’s mom loved him. She was grieving the loss of his dad, but she tried to be there for TJ. TJ avoided talking about his dad for fear of upsetting her.

- Since his dad died, his mom had to work full time. His older brother Gary was no longer at home, so TJ went home alone after school.

- If she wasn’t so busy working, maybe they could spend some time together like they used to as a family.

- Things were hard financially, too. TJ thought about how he could help support the family.
SCENARIO 3:
TJ: Peeking Out From the Inside

- Going to the pizza place after school was great if you were hungry and not ready to face an empty house.

- Most of his friends went with girlfriends. TJ told his friends he had a girlfriend, but his friends doubted this. Since she was never at the pizza place, they teased him that maybe she didn’t really exist.

- Going to the pizza place was no longer comfortable. He didn’t have much appetite for pizza anyway.
SCENARIO 4:
Is it Getting Any Better?

➢ TJ’s grades didn’t get any better, and nobody noticed that his concentration was not good. It seemed harder to focus in school.

➢ Some of the best days were those where he could play video games for hours on end.

➢ Some of the worst days felt like there was no way to make things better for him or his mom.
Review
Risk and Protective Factors
Take all Warning Signs Seriously

• All staff should be familiar with risk factors and warning signs.

• All thoughts of suicide, threats, or attempts should be immediately reported.

• Extent of risk assessment done at school depends on type of school policy, resources, and staff qualifications.
Warning Signs Specific to Schools

- Artwork, including doodling
- Homework, term papers, journal entries
- Notes passed between students
- Notes found
- Graffiti
- Text messaging
- Internet sites

Risk is increased if youth has had problems at school/work with:
- Acting out behavior: swearing, agitation
- A bad report card/poor performance review
- Suspension or other disciplinary action
- A fight or falling out with peers/co-workers

Positive Action: Find out if parents/guardians will be home after school/work and are able to supervise. Advise them of your concerns.
Recognize!
*Warning Signs*

- Sometimes individuals who are depressed can appear angry, irritable, and/or hostile.

- Keep risk factors in mind when considering Warning Signs.

- Is the behavior you are seeing very different for this particular person?
Examples of Suicide Risk

- Difficulties at school, work
- Neglect of appearance, hygiene
- Dropping out of activities
- Sudden improvement in mood after being down or withdrawn
- Giving away favorite possessions

Positive Action:
- Look for combinations of risk factors
- Look for changes in behavior/mood
Warning Signs for Suicide: Cause for Immediate Action!

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself

- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means

- Talking or writing about death, dying, or suicide
Take Immediate Action!

• If the person is in immediate danger, call 911, or an ambulance, to take them to the emergency room.

• Do not leave the person unattended, even briefly.
Warning Signs for Suicide: Cause for Concern

- Feeling **hopeless**
- Feeling rage or **uncontrollable anger** or seeking revenge
- Feeling **trapped** – like there’s no way out
- Dramatic **mood changes**
- **Seeing no reason for living** or having no sense of purpose in life
Warning Signs for Suicide: Cause for Concern

- Acting reckless or engaging in risky activities – seemingly without thinking
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Being unable to sleep, or sleeping all the time; feeling anxious or agitated
Who Would You Talk to if You Were Worried about Someone?

<table>
<thead>
<tr>
<th>Guidance Counselor/ School Nurse</th>
<th>Teacher</th>
<th>Police/ Law Enforcement; School Resource Officer</th>
<th>School Administrator; Principal; Bus Driver; Coach; Custodian; Cafeteria Staff</th>
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</thead>
<tbody>
<tr>
<td>Faith-Based Leader or Clergy</td>
<td>Medical Personnel (i.e. PCP, or EMS)</td>
<td>Social Service Agency</td>
<td>Mental Health Counselor</td>
</tr>
<tr>
<td>Neighbor or Other Community Member</td>
<td>Friend of the Person</td>
<td>Emergency Services or Local Hot Line</td>
<td>The Person or a Family Member of the Person</td>
</tr>
<tr>
<td>Community Organization</td>
<td>Employer, if Working</td>
<td>Suicide Lifeline: 1-800-273-TALK (8255)</td>
<td>Other</td>
</tr>
</tbody>
</table>
Verbal Statements of Suicidal Intent

Direct Statements: Cause for Immediate Action!

- “I wish I were dead.”
- “I’m going to end it all.”
- “I’ve decided to kill myself.”
- “If [such and such] doesn’t happen, I’ll kill myself.”

Less Direct Statements: Take Action!

- “You’d be better off without me.”
- “What’s the point of living?”
- “Here, take this. I won’t be needing it anymore.”
- “Pretty soon you won’t have to worry about me.”
- “Who cares if I was dead anyway?”
What Happened Next in T.J.’s Life?

- If T.J. couldn’t keep up his grades and he couldn’t work to support the household, he felt he wasn’t much use to his mother.

- Sooner or later she would discover that his English grade was slipping, and that would add an extra burden to her worries.

- He used to like playing video games, but that no longer seemed like fun.

- None of his friends noticed he wasn’t going to the pizza place after school anymore.

- He felt like no one would care if he were dead.
Case Scenario-Roles: TJ

Background Information
Connecting with Suicidal Youth

Module 2

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Connect!

- If you recognize any of the warning signs, it is important to check it out.

- Often our discomfort can interfere with taking appropriate action.

- If you are concerned, let the person know that you care.

- Remember: Talking about suicide is the first step to preventing suicide!
When a Youth has been Identified as Suicidal: *Who Is Responsible?*

In a gatekeeper role, EVERYONE has the responsibility to respond to a youth who is suicidal.
Exeter Youth Talk
about Suicide Prevention
Questions to Ask if You Think Someone is Suicidal

• “Are you thinking about killing yourself or ending your life?”
  “Have you ever felt so down that you thought of suicide?”

If the answer is no:
• Let them know you are still concerned.
• Continue to use Active Listening and validate their feelings.
• Keep in mind risk factors and warning signs.
• Share your concerns with an adult who should be involved.
• Take immediate action if warning signs are present.
If the Answer is Yes:

Gather as Much Information as Possible

• “How are you planning to kill yourself?”
• “When and where are you planning to kill yourself?”
• “Who else knows about your plans?”
• “What is happening in your life that makes you want to die?”
• “Have you told anyone else about this?”
• “What trusted adults could you talk to about this?”
Moving to Action

• “I’m glad you shared this with me. That is the first step in getting help.”

• “I am concerned about how you are feeling. I will work with you to help keep you safe.”

• “I think I know someone who can help. I’d like to call him/her.”

• “Is there someone who can help with how you are feeling? Would you like them to come with you?”
Gatekeepers: Who Takes the Lead if there Appears to be Suicide Risk but no Attempt?

• If you are the only adult present, stay with the person at least until you get them physically connected with their family member and/or a qualified professional.

• If there is more than one adult present, communicate your concerns and facts known and determine with the other adults what the next steps are.
CONNECTING WITH SOMEONE AT RISK: WHAT TO DO

• **Listen!** Many individuals who attempt suicide communicate their plans in advance.

• **Observe!** Have you noticed Warning Signs? Does their mood seem different than what they are communicating?

• **Pay attention to your gut sense,** especially if the person assures you they will be “fine” but your gut tells you they are not.

• **Ask directly** about their suicidal feelings.

• **Be calm.** Try not to overreact.

• **Offer a message of hope.** Let them know you will assist them in getting help.
CONNECTING WITH SOMEONE AT RISK: WHAT NOT TO DO

• Do not minimize their feelings or offer false reassurances, e.g. “You’ll feel better tomorrow”

• Do not rely on their promise or contract for safety. A promise of safety is NOT a substitute for a mental health assessment. This does not guarantee safety or protect you from legal liability.

• Don’t promise to keep it a secret.
• Don’t ask “why?” It can make people defensive.
• Don’t leave the person alone.
• Don’t transfer them abruptly to someone else; stay with them if possible until a smooth transition is made.
RECOGNIZING AND CONNECTING WITH SUICIDAL PERSONS:
A Connect Training for Schools, Educators, & Administrators

Module 3

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Communication

- Youth do not always access the help-seeking methods and channels that adults establish.

- Develop peer support programs, “safe zones”, or other ways for youth to ask for help.

  - Schools should develop policies and procedures for responding to youth suicide incidents.

  - Insure a good working relationship between school and local mental health and emergency service providers.
OUR CHAIN OF COMMAND FOR CRISIS RESPONSE
OUR WRITTEN POLICIES/PROCEDURES
Ecological Model

School Community

• School Staff Taking Action
  • Suicide attempt
  • Presence of firearm
  • Transportation
  • Documentation
  • Follow-up
First Person on the Scene in a Suicide Attempt

• **If the person is in immediate danger**, call 911, or an ambulance, to take them to the emergency room.
• **Provide life-saving first aid** if indicated.

• **Involve the school nurse** as quickly as possible.
• **Notify office immediately**.

• **Stay with the person at all times**.

• **Secure area** and move students and staff away.
If there is any Reason to Believe a Firearm is Present

• Have someone notify office immediately.

• Immediately request police/School Resource Officer.

• Keep students and staff at a safe distance.

• Do not try to disarm the person.
Transportation

- **Notify Emergency Room** or mental health center that you need an emergency evaluation.

- **Arrange safe transport** with police, ambulance, or parents/guardians (depending on situation and school policy).

- When possible, **accompany student** to ER or mental health center and remain available.

- **Be sure to explain to the persons involved** (e.g. youth and parents/guardians) what is happening, where they are being taken, and what will happen when they get there.
Documentation

• Carefully document the steps which you have taken to respond to this situation.

• Request two-way release so you may exchange information with Emergency Room/mental health staff.

• Consider getting releases from: primary care provider; mental health provider; ER; inpatient/residential facility; other members of the support system
Filing an Incident Report

*Factual information is of critical importance.*

- Get as much information as possible regarding the incident.
- Immediately write down the information.
- Determine exactly what was said to whom.
- Was anyone else involved?
- Is there a suicide pact? Obtain names.
- Who observed the incident? Obtain names.
- Use existing polices to determine how an outside evaluation or assessment should be pursued.
Connecting with Others

• **Are there any peers** who might be affected?

• **Were there any witnesses** who need follow up or an intervention?

• **Does the person have siblings** at other schools?
  - Determine how key school staff should be notified.

• **Share factual information** with administrators/other key personnel quickly.

• **Use existing policies/procedures** to determine next steps.
Follow Up

• The school should have policies and procedures in place regarding guidelines for returning to school after a suicide incident.

• Make a determination (with other school personnel and treatment providers) about what activities with other students or staff need to take place as a result of the attempt.

• Determine what communication needs to take place with peers, staff, families.

• Involve the student and their parents/guardians in the transition plan.

• Offer to link family with support and education materials, such as NAMI NH.
What if TJ isn’t hospitalized?

**Perception:** People that are suicidal need to be hospitalized.

**Reality:** Most suicidal individuals are not hospitalized and are effectively treated in community settings.

**Reality:** Community settings are less stigmatizing, more cost-effective, and more conducive to family involvement.
COMMUNICATING WITH PARENTS/GUARDIANS OF YOUTH UNDER THE AGE OF 18

What if I can’t reach the parents/guardians?

• If this is a life-threatening emergency, contact 911.
• Continue to try and reach them, and call alternative emergency contact.
• Provide whatever response necessary to insure the immediate safety of the child.
• Refer to agency policies.
Parental/Guardian Consent for an Evaluation

- Request parent/guardian permission to inform provider of knowledge you have about suicide attempt or threat.
- Request follow up information after the evaluation to insure continuity of care.

- If you know the youth has access to lethal means (i.e. a firearm), be sure to inform provider who sees them; urge parents/guardians to eliminate access.

- Only allow youth to leave accompanied by parent/guardian or responsible adult.
What if the Parents/Guardians Refuse to Respond or Seek ANY Treatment?

If the situation is not high risk:
- Express your concerns to the parents/guardians.
- Be direct about the risk and possible consequences.
- Urge them to eliminate access to any lethal means.
- Offer to help in any way that you can.
- If not, are there other providers the parents/guardians trust who can assist in this issue?

If the situation is high risk:
- You may be responsible/liable for getting immediate medical attention (seek consultation).
- In some situations, policies allow for a school to have qualified personnel examine the student.
- If you believe the parents’/guardians’ failure to get treatment constitutes neglect, you are required to report to the Division for Children, Youth, and Families (DCYF).
- In matters of safety, you should also contact the police.
- Err on the side of caution.
Being Prepared to Communicate with the Parents/Guardians

• Recognize that the information you have to share with them may be difficult for them to hear.
• The same stigma and hesitation that we feel in discussing suicide may apply to the family.
• Offer to assist parents/guardians in getting appropriate resources.

Positive Action: Offer empathy and time to allow the parent/guardian to come to terms with this information.
Lethal Means Restriction

• Inform family/support system that you believe individual may be at risk for suicide (and why).

• Tell them that removing firearms and other lethal means (such as ropes, extension cords, Tylenol) can greatly reduce the risk to the individual.

• Convey the idea that Lethal Means Restriction is an effective suicide prevention practice.
169-C:29 Persons Required to Report. – Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

Mental Health Emergency Services

CAN:
• Be conducted day or night, 24/7
• Provide general information about evaluations.
• Conduct an emergency evaluation.
• Arrange for further treatment.
• Arrange for involuntary treatment, if warranted.

CANNOT:
• Discuss a specific individual or family without a written release of information.
• Provide transportation for an evaluation.
• Evaluate someone who is under the influence of alcohol or drugs.
• Force or require treatment except under very limited circumstances.
• Restrain individuals.
Law Enforcement

In some cases, law enforcement CAN:

• **Confiscate firearms** in a dangerous situation.
• **Do a well-person check** if there are concerns about someone.

• **Take a person into custody** if they are suicidal and refusing treatment.
  (If intoxicated, the person may be put in protective custody until sober.)

• **Relay critical information** to others (they are not bound by confidentiality).
• **Use minimum restraints** necessary to transport.
Emergency Medical Services

In some cases, emergency medical services CAN:

• Arrive on the scene without using sirens/lights.

• Use an ambulance rather than police to transport to a hospital in a non-medical situation.

• Use minimum restraints necessary to safely transport.

• Allow a support person to go with the patient.
Summary – Schools Connect Suicide Prevention

• All school staff should recognize risks and warning signs.

• Connect with individuals at risk whenever concerned.

• Take all threats seriously.

• Maintain connections to ensure safety and smooth transitions.
Postvention: A Community Response After a Sudden Death or Suicide

Individual, Family, and Community Healing

An SPRC/AFSP Best Practice Program

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Impact of Suicide
Ecological Model

Society

Community
Village
Tribe

Family
Peers
Clan

Individual

Connect
Training Professionals & Communities in Suicide Prevention & Response
Survivors of Suicide Loss

• The term survivor is used for family, friends and co-workers who have lost a loved one to suicide

• In an average 12 month period in the US:
  – 21 million people will know of someone who died by suicide
  – 16 million people will know someone who died by suicide
  – 3 million people will have an immediate family member or relative die by suicide

Crosby & Sacks, (2002). Suicide and Life Threatening Behavior
POSTVENTION

• A **planned response** after a suicide to help with healing and reduce risk of further suicide incidents.

• Knowing someone who has died by suicide increases our risk for suicide.

• How a suicide is handled affects the risk factors for others, especially teens.
Postvention Response

Media coverage after a high profile death or attempt

Directed toward school or "community" impacted by incident

Targets a first "circle" of friends & family
Postvention Protocols

• The first 72 hours are the most chaotic and stressful for everyone involved.

• Emotional turmoil and confusion can impair decision-making.

• Having proactive protocols grounds everyone as to what to expect and do.

• Best Practice standards for communication and memorial activities will clarify the actions that need to be taken following a suicide death.
Communication with Others

- Notifying local organizations will give advance opportunity for provision of additional supports:
  - police departments, mental health centers,
  - faith-based programs, and other community resources

- You may wish to ask for crisis assistance/support for staff and students, e.g. Disaster Behavioral Health Response Team (DBHRT), #271-4462
Grief is a Complex Process

• Length and expression of grief may vary by individual.

• Grief responses may differ depending on the age of the person bereaved by loss.

• How a community responds can help or block the healing process.

• Cultural norms and practices are important to acknowledge when dealing with grief.
Expressions of Grief and Loss

• Provide a time-limited service and place where remembrances and expressions of grief can be placed.

• Inform participants that anything left will be turned over to the family afterwards.

• For at least the first six months, insure that mental health and emergency services/resource lists are available for staff, students, and their families.
Especially for Youth

If a young person has been affected by suicide loss, encourage them to remember:

- No matter what happened, this person’s death was not your fault.

- There is always someone you can go to for help.

- Talking to a trusted adult can help.

- Be gentle with yourself.
CONTAGION

• Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.

• Having known someone who dies by suicide is one of the most significant risk factors for suicide.

• Teens and young adults are more at risk for contagion.

• Sensational media reports and inappropriate funeral services may contribute to contagion.
Speaking about the Death in Public

Balance between two important principles:

- **Respect for family’s right to privacy**
  - When a family is able to be open about a death being a suicide, this may help schools and/or communities **offer resources** to reduce risk.

- **Responding to suicide as a public health issue**
  - Being open about the suicide can also **guide funeral activities**, which can have a healing effect and help reduce risk.
The Impact of not Talking about Suicide

- Survivors of suicide loss feel isolated, blamed.
- People who are affected may not seek support.
- People who are vulnerable may be at greater risk.
- Facts may be replaced by rumors.
- The stigma of suicide reinforces the silence around suicide.

Positive Action: Acknowledging that the death is a suicide promotes healing and minimizes risk.
Memorial Activities

• Permanent memorials glorifying a person who has died by suicide can increase risk of contagion among vulnerable youth.

• It is recommended that such memorials be avoided for all so they are not conducted selectively.

• Have postvention guidelines in place in advance so that all suicide deaths are responded to in the same way.

• Planned consistency in recognizing deaths publicly can minimize difficulties when any kind of death occurs.
Memorial Activities that Glorify the Individual or the Act may Increase Risk

- Flying the flag at half-staff
- Special plaques or permanent markers
- Dedications (“In the memory of…”)
- Exclusive focus on the deceased’s positive qualities without also identifying the mental health and complex problems that led to his/her death.

**Positive Action:** Develop guidelines in advance to promote consistent response.
Safe Messaging

**Promote**
- Information on where/how to get help
  NSPL: 1-800-273-TALK (8255)
- Warning signs
- Early help for mental health and substance use problems
- Local efforts to prevent suicide

**Avoid**
- Detailed descriptions of a suicide incident
- Making the person a saint or a celebrity
- Oversimplifying causes
- Overstating the frequency of suicide
- Using terms like failed/successful/committed
Media Involvement

- Review Media Recommendations before speaking with, or providing information to, the media.

- Ask the media to focus on local and national resources and suicide prevention, rather than details about the deceased’s life/death.
Social Networking Sites/Internet

- Social networking sites serve as a connected community.
- Search for information related to the death and monitor postings for warning signs.
- Sites can often be deactivated or placed on memorial status when requested by next of kin.

Positive Actions:
- Notify others of individuals at risk.
- Post warning signs and NSPL 1-800-273-TALK (8255)
- Continue to monitor.
Case Scenario

- At a K-8 school, a 7th grade student died of a “possible” suicide. Official determination of death will take 6-8 weeks. The family denies that it is a suicide (though first responders indicate it is probable). In the meantime, the school staff and students and community members are trying to deal with the loss of the student and the uncertain manner of death.

Positive Action: Steps to promote healing and reduce risk can be taken regardless of public acknowledgement of the death as a suicide.
Self-Care Skills for all
Self-Care Skills are Essential

• Talk openly about self-care and role model self-care, as well as providing support to others.

• Promote self-care skills with students and staff.

• Remember that the healing process will take months and years, and that people grieve in different ways.

Positive Action: Make a commitment to stay with the process for the long run.
Working with Individuals, Families, and Communities can Reduce Risk and Promote Healing

Postvention Becomes Prevention

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