



Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel

Developed by
The Maine Youth Suicide Prevention Program
A Program of Governor John Baldacci
And the Maine Children's Cabinet

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The Maine Youth Suicide Prevention Program wishes to acknowledge several individuals, systems and/or agencies who shared the books, policies, and procedures that served as models for the development of the original guidelines which were published in 2002.

Several Maine schools provided their Crisis and/or Suicide Response Plans/Policies.

Alcohol and Other Drug Policy and Procedures for School Employees and Students, A Guide for Educators and Concerned Community Members; Division of Alcohol and Drug Education Services and Department of Education (1991)

Building Support Team Staff Handbook for Suicide Prevention and Crisis Intervention; Battenkill Valley Supervisory Union 1996/1997 (Vermont)

Crisis Intervention, Pupil Suicide Prevention; The New Jersey School Board Association "Clearinghouse" of sample policies.

A Resource Aid Packet on Responding to Crisis at a School; Mental Health in Schools Training and Technical Assistance Center, School Mental Health Project, Department of Psychology, UCLA, Los Angeles, CA

Dallas Public Schools, Project S.O.A.R. (Suicide: Options, Awareness, and Relief), Judie Smith, M.A., Crisis Specialist, Dallas Public Schools, Dallas, TX.

Department of Health, School Mental Health Initiative, Policies and Procedures for School Based Health Centers, Suicide Prevention/Intervention; New Mexico Youth Suicide Prevention Plan: Phase One

ASAP/LIFELINES, A School Based Adolescent Suicide Response Program; John Kalafat, Ph.D., Maureen Underwood, A.C.S.W. (New Jersey) and Diane Ryerson, LCSW

Los Angeles Unified School District Suicide Prevention Unit; Rosemary Rubin, School Counselor and Richard Lieberman, School Psychologist, Los Angeles, CA

Managing Issues of Suicide in Schools – Five Day Postvention Plan Suggested Guidelines; T.J. Connelly Consulting, Newburgh, NY

Managing Sudden Traumatic Loss in Schools; Maureen M. Underwood, LCSW and Karen Dunne-Maxim, RN: New Jersey Adolescent Suicide Prevention Project

Picking Up the Pieces: Responding to School Crisis; Mary Schoenfeldt, Renton, WA

Psychiatric Hospital to School Transition Initiative; Susan Lieberman, Maine
Department of Behavioral and Developmental Services

Reconnecting Youth: A Peer Approach to Building Life Skills – School Crisis Response Plan; Leona Eggert, et.al.

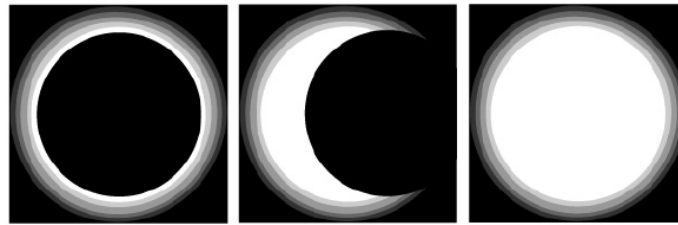
Student Suicide/Imminent Bodily Harm/Violent Behavior; Administrative Procedure,
Long Meadow, MA

Suicide Prevention and Intervention Policy, Guidelines, & Prevention Strategies;
Boston Public Schools

Youth Suicide Prevention, Intervention & Postvention Guidelines

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I.

INTRODUCTION

Important Note: The Guidelines were developed for use in Maine. Relevant statistics, applicable laws, and resources will need to be identified and included to reflect the circumstances in your state. In particular, specific mental health resources for your schools and communities should be identified and included in any use of these guidelines.

Maine Youth Suicide Prevention, Intervention & Postvention Guidelines

I. Introduction

Youth Suicide

The likelihood of students, faculty, or staff encountering a suicidal student is real, even at the elementary school level. Few events are more painful or potentially disruptive than the suicide of a student. Suicide is an issue for people from all educational and socioeconomic backgrounds. Contrary to popular belief, talking about suicide or asking someone if they are feeling suicidal will NOT put the idea in their head or cause them to kill themselves. There is evidence that suicide is preventable in many cases. Appropriate and timely crisis intervention helps school administrators to maintain control in a crisis and may help prevent copycat behavior.

The Importance of Suicide Prevention Guidelines

Maine Public Law 34-B § 3007 requires the Departments of Behavioral and Developmental Services, Human Services and Education to “develop a teenage suicide prevention strategy and model suicide prevention program to be presented in the secondary schools of the State.” Maine Public Law 20-A MRSA § 1001, Sub-§§ 16 requires schools to work with local public safety, mental health and law enforcement officials to develop crisis response plans to deal with crisis and potential crisis situations involving violent acts by or against students in every school administrative unit.

Many school administrators are seeking guidance in the development of comprehensive suicide prevention, intervention and postvention guidelines to assist their personnel in responding to suicidal behavior. The U.S. Surgeon General and clinical experts nationwide promote the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community.

About these Guidelines

This document recognizes and builds on the skills and resources inherent in school administrative units. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can provide a source of support and stability for students and community members when a crisis occurs in their community.

These suicide prevention, intervention and postvention guidelines are designed for schools to use within existing protocols to assist at-risk students and intervene appropriately in a suicide related crisis. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

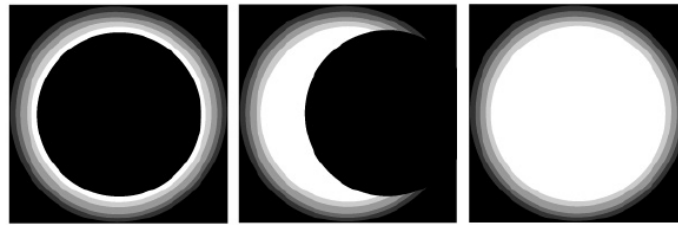
THE INTENT OF THIS DOCUMENT IS TO HELP SCHOOLS:

Understand the nature of youth suicide: the myths and facts; risk and protective factors; warning signs and clues; and appropriate intervention steps.

Establish school based protocols for suicide prevention, crisis intervention and postvention.

Build Connections within a community and among regional support services.

Educate school personnel, parents, and students about effective suicide prevention and intervention.



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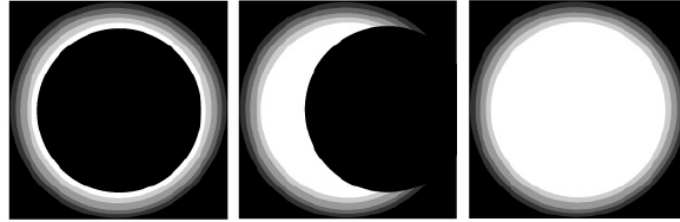
II.

RATIONALE FOR DEVELOPING AND IMPLEMENTING SUICIDE PREVENTION

Rationale for Developing and Implementing School Suicide Prevention and Intervention Protocols

- A.** Suicide is the second leading cause of death for Maine youth aged 15-24 and the third leading cause of death for youth aged 10-14. Between 1999-2003 the suicide rate among Maine youth was above the national average and the second highest in New England. From 1999-2003 there were a total of 793 suicides in Maine. Of those suicides, 104 were youth; eight aged 10-14, forty-six aged 15-29, and fifty aged 20-24. Of every 5 youth suicides, 4 are males.
- B.** Suicide is an issue of concern to school personnel and many youth and families in Maine. According to 2005 Maine Youth Risk Behavior Survey data, 13% of high school and 19.8% of middle school students reported seriously considering suicide in the past year. Six percent of high school and 8.5% of middle school students reported making at least one attempt. Two percent of high school students reported receiving medical attention for a self-injury, poisoning or overdose. The average number of hospitalizations for self-inflicted injuries among Maine youth each year is 343. Of every 10 youth suicide attempts, 7 are females.
- C.** Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all high-profile U.S. school shootings were also suicidal.
- D.** Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize, as much as possible in a crisis, the learning environment for everyone.
- E.** All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- F.** While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals and securing outside assistance when needed.
- G.** School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how adults will respond or think they can't help.
- H.** Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.

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III.

COMPONENTS OF SCHOOL BASED SUICIDE PREVENTION

Components of School Based Suicide Prevention

These suicide prevention components are recommended for implementation in school systems to aid school personnel in identifying and assisting students at-risk of suicide:

A. Prevention, intervention, and postvention protocols guide school personnel in responding effectively to suicidal behavior in troubled students, in those who threaten or attempt suicide, and in others at-risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees.

B. Memorandums of Agreement with local/regional crisis service providers (see **Appendix F** for a sample) that outline prevention and crisis intervention services to be provided to the school system including:

1. Accepting student referrals and conducting student risk assessments.
2. Educating the school community about youth suicide prevention.
3. Assisting school staff with response in a crisis.
4. Debriefing with school based crisis team members and other staff.

C. Designated school personnel specifically trained in suicide prevention and available to each school building to screen, intervene, and refer a suicidal youth.

D. A school community knowledgeable about suicide prevention:

1. ALL school personnel including administrators, teachers, custodians, cafeteria workers, coaches, bus drivers, secretaries, aides, educational technicians and other support staff receive a basic suicide prevention information awareness session (see **Appendix A**) that includes:
 - a. A basic 3-step intervention to help suicidal youth;
 - b. Accurate and current information about school, community and state resources for help;
 - c. Self-care guidelines for staff that work with a suicidal youth; and
 - d. An understanding of the school suicide prevention protocols.
2. Suicide prevention information and resource materials for parents including:
 - a. Suicide warning signs and risk factors;
 - b. Available resources to assist troubled youth; and
 - c. How to support grieving youth after the suicide of a friend or family member. (See **Appendix H**)

3. Suicide prevention education for students, within comprehensive school health education, offered by faculty trained in a research based suicide prevention curriculum. The Maine Youth Suicide Prevention Program recommends and provides training in the Lifelines© curriculum. Student education should only be done after the protocols are established and school personnel are educated.

Suicide prevention education for students includes:

- a. Information on suicide risk factors and warning signs.
- b. A strong focus on building help seeking skills and reducing the barriers that impede turning to an adult for help.
- c. An accurate and current list of resources where students can find help both within and outside the school community.

E. A range of responsive support services for at-risk students including:

1. Groups where they can learn and practice life skills.
2. Student Assistance Teams or other school based case management teams that identify, follow and refer at-risk students for needed services.
3. Substance abuse prevention and other specialized services.
4. School-based or school-linked mental health services.
5. School Resource Officers (law enforcement officers).

F. A school climate that promotes safety and respect for all students and school personnel including:

1. Consistently enforced disciplinary, harassment and civil rights policies.
2. Procedures to support the personal safety of students and staff
3. Knowledgeable, informed and caring staff.
4. Staff development training and student education in protecting and respecting others.
5. Clean and safe school buildings and grounds.
6. Opportunities to share decision making in relevant matters.
7. An environment that encourages parent involvement in ways that benefit students and school personnel.
8. Respect for diversity.
9. Recognition of all students' achievements and contributions.

10. Connecting students with a caring adult through an advisor/advisee system.

Readiness survey

To assess your present level of readiness to assist individuals at-risk for suicide, use the instrument that follows.

Is Your School Prepared to Manage Suicidal Behavior?

Suicidal behavior (fatal and non-fatal) is one of the most traumatic occurrences with which school personnel may be faced. Advanced planning to prevent youth suicide and to intervene in a crisis can significantly improve the ability of school personnel to respond quickly and effectively and with the least disruption to school routines when suicidal behavior becomes an issue.

While the following is not an exhaustive list, these questions will help guide you to develop necessary school protocols suggested to address suicide prevention, intervention and postvention.

Administrative Questions:

Prevention

| | |
|--|---|
| 1. Does your school have an up-to-date crisis response plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 2. Does the crisis response plan have solid administrative support? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 3. Does the crisis plan have written protocols on how to manage suicidal (student and/or staff) behavior? Attempt on campus? Attempt off campus? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 4. Have crisis team members been identified? Are individuals from both the school and the community involved on the crisis team? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 5. Are crisis team members provided with training? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

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| 6. Are substitute crisis team members identified in case regular members are not available due to absence, conference attendance, vacation, etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 7. Would the crisis team be able to support multiple schools in the event of a murder/suicide situation? (i.e. father murders all siblings attending several schools and then takes his own life) | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 8. Do crisis team members have copies of school floor plans for their use and/or to provide to local law enforcement, if needed? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 9. Does the crisis team meet and practice on a regular basis? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 10. Are copies of the school crisis plan readily accessible to all school personnel? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 11. Is there an established method for disseminating protocols that includes who should receive them? Is there a plan for providing new staff with protocols? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 12. Has school administration provided clear direction about legal rights and obligations of administrators, faculty, and staff in assisting with a suicidal student? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 13. Is someone designated to track the number of suicides, suicide attempts, and/or referrals for suicidal behavior? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 14. Has a policy for maintaining confidentiality of sensitive student information been created and disseminated to all school personnel? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

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| 15. Does the school have a formal Memorandum of Agreement (MOA) with the local crisis service provider(s) outlining the services to be provided to the school system such as risk assessments, crisis management, and/or debriefing school staff in the aftermath of a crisis? Does the agreement include debriefing parents and community members in the event of a suicide? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 16. Does the MOA include guidelines for how the school receives feedback on the outcome of the referrals that are made? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 17. Have school administrators, faculty and staff received education and training in suicide prevention? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 18. Has an effective student suicide prevention education program been incorporated into the Comprehensive Health Education Program? Does the program focus on building help seeking skills? (Note: The student component should only be introduced after protocols have been established, MOAs are in place, staff education has occurred and key staff identified as those who can help with suicidal behavior.) | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 19. Has a discussion with law enforcement occurred so that you know what to expect from the local law enforcement agency in the event of a crisis in school buildings or on school grounds? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 20. Has the traffic pattern to and from the school been reviewed with emergency response personnel? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 21. Has a communication plan been developed in the event that all incoming phone lines are jammed by parents calling about the safety of their children? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

Intervention

| | |
|---|---|
| 22. Are key people identified within each building as contacts to help when suicidal behavior occurs? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 23. Has someone been designated to contact the parent/guardian when suicide risk is suspected? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 24. Have procedures been developed if the parent/guardian is unreachable? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 25. Have steps been developed to encourage parents to get help for their children including the removal of lethal means? If the parent refuses? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 26. Does the school have a system to alert staff of an emergency while school is in session? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 27. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 28. Have procedures been developed to support/address the needs of students who are exhibiting high risk behaviors such as substance abuse, depression, deliberate self-harm, etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

Postvention

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|--|---|
| 29. Do the protocols include a section about working with the media? Has a spokesperson been designated? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 30. In the event of suicide, are there established methods for identifying close friends/other vulnerable students and plans to support them? Does this include students at other buildings? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

| | |
|---|---|
| 31. Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 32. Are there clear parameters around the school's role following any student/staff death (for any reason) that take into consideration the fact that following a suicide, whole-school and/or permanent memorials are NOT recommended? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

Staff Related Questions

| | |
|--|---|
| 1. Has ALL staff received training about suicide prevention? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 2. Has ALL staff been provided with the school protocols? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 3. Have individuals (and back-ups) been identified as contacts for when suicidal behavior occurs? Does everyone in the building know who the contact people are? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 4. Does staff know what to do in the event that they are first responder (anyone who comes upon or hears about a suicide event)? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 5. Have the confidentiality guidelines been provided and discussed with ALL staff? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 6. Has staff been taught to pay attention to student work/messages that focus on death or suicide? (i.e. artwork, doodling, homework, term papers, journal entries, notes, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

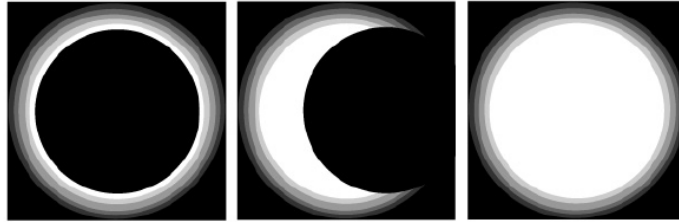
| | |
|--|---|
| 7. Will teachers receive feedback on students whom they refer for an evaluation of suicidal risk? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 8. Do school personnel understand that it is not their responsibility to assess the seriousness of a situation but that all suicidal behavior must be taken seriously and reported using the school protocols? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 9. Has staff been informed about what to do if there is any reason to suspect a weapon is present/readily available? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 10. Are procedures in place to brief and debrief staff in the event of a crisis? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

Parent Related Questions

| | |
|--|---|
| 1. Are opportunities provided for parents to learn about suicide prevention? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 2. Are there efforts to actively communicate with parents about risk factors, warning signs, and the importance of restricting access to lethal means? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 3. Have parents been told what the school is doing to prevent and address the issue of suicide, what will be done if their son or daughter is thought to be at risk of suicide, and what will be expected of them? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |
| 4. Have crisis team members been identified? Are individuals from both the school and the community involved on the crisis team? | Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments: |

Student Related Questions

| | |
|---|--|
| <p>1. Are students educated about suicide and how to help a troubled friend? Does the education including practicing an intervention?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments:</p> |
| <p>2. Do students know whom to go to in the school if they are worried about a suicidal friend?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments:</p> |
| <p>3. Are behavioral health services readily available to youth?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Need to consider <input type="checkbox"/> Comments:</p> |



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IV.

COMPONENTS OF SCHOOL BASED SUICIDE INTERVENTION

IV. Components of School Based Suicide Intervention

A. Suicide Intervention Protocols Within The School Crisis Response Plan

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

The protocols aid school personnel in intervening effectively with suicidal students. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicide crisis intervention protocols in order to help prevent a youth suicide. New school personnel must be provided basic suicide awareness education training and informed about the school’s protocols.

Goals Of A Suicide Intervention Plan

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

B. Guidelines For When The Risk Of Suicide Has Been Raised

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

1. Take the threat of self-harm seriously.
2. Take immediate action. Contact the building administrator or designee to inform him/her of the situation.
3. A teacher or other school personnel close to the student talks with him/her in a

quiet, private setting to clarify the situation and provide appropriate support.

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

C. Guidelines For Medium to High Risk Situations

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

1. All staff members understand that they must take suicidal behavior seriously every time.
2. The staff person “on the scene” takes immediate action to inform the building administrator who will locate the trained staff person designated to respond to such situations. Schools must have alternates identified in the event of unavailability of staff due to conference attendance, illness, vacation, etc.
3. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.
4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:
 - a. Determining if the student has a plan.
 - b. Asking if the student has lethal means on their person or accessible elsewhere.
 - c. Consulting with a crisis service provider if necessary to obtain an assessment of the student’s mental state and a recommendation for treatment.
5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. It is best to call a trained law enforcement officer to remove lethal means. Law enforcement officers have special training to de-escalate a situation that can very quickly become dangerous (i.e. possession of a gun or knife).
6. The administrator (or designee) contacts the parents or guardians to:
 - a. Notify them of the situation and request that they come to school.
 - b. Provide them with a full report upon arrival at school.
 - c. Discuss and advise them on steps to be taken. This should include reviewing the materials found in the handout, “Five Minutes Can Save A Life” found in the **Appendix H**.
 - d. Release the student to the parents/guardians with referrals and resources (names and phone numbers).
 - e. Inform the parents/guardians that you will follow-up with them on actions taken.
 - f. If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to DHHS for neglect – failure to seek necessary mental health treatment which may place the child at risk of serious harm. DHHS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still refuse to seek treatment and DHHS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services.
7. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE!

8. In the event that the situation requires transportation to a hospital emergency department, crisis services and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
9. Document actions taken as required by school protocol.
10. Debrief with all staff members who assisted with the intervention.
11. Follow up with parent/guardian as arranged.

D. Guidelines for When the Threat Involves a Suicide Pact

A suicide pact is when two or more individuals agree to kill themselves at the same time and place, or agree that if one dies, the others will soon follow. Suicide pacts are very rare, extremely dangerous and must be taken seriously whenever rumored or threatened. Common characteristics of pacts include:

- Suicide pacts are likely to involve unhappy lovers, close friends suffering from depression or individuals feeling misunderstood or maltreated by others. It is not uncommon for those involved in a suicide pact to be using drugs and having serious problems at school and/or home.
- Usually there is a “leader” who clearly dominates the other(s) putting one or more individuals in danger. It is important to identify him/her as soon as possible. Often the parties involved have been sworn to secrecy and are reluctant to disclose information out of fear and loyalty.
 1. Follow all the steps in the previous section expanded to identify all of the individuals involved in the pact and those who know about it. Follow-up with all of those involved and their parent/guardians is vitally important, as is careful planning for transitioning back into the school environment.
 2. In an attempt to keep the behavior from escalating, ongoing communication between school personnel, parents/guardians, mental health care providers and the individual students involved in planning the pact is necessary.

E. Guidelines For Responding to a Student Suicide Attempt on School Premises

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures for Assisting the Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.

2. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency and medical professionals, community crisis service providers, law enforcement and the superintendent of schools.
3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
4. Consult with crisis service agency staff as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling.
6. In the event that the situation requires transportation to a hospital emergency department, crisis services, EMS and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
7. Explain that a designated school professional will follow-up with parents and student regarding arrangements for medical and/or mental health services. (See **Appendix D**)
8. Establish a plan for periodic contact with the student while away from school.
9. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her course requirements.
10. Other school policies that apply to a student's extended absence should be followed. (See p 19-20 and **Appendix D** for more information.)

Procedures for Assisting Other Students During a Crisis:

11. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:
 - a. Engage them in discussion of how to support each other.
 - b. Encourage them to express their feelings.
 - c. Discuss feeling of responsibility or guilt.
 - d. Talk about fears for personal safety for self and others.
 - e. Together, list resources for students to get help and support if needed.
12. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.

13. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)

Suggested Steps:

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

F. Guidelines For A Student Suicide Attempt Off School Premises

A suicide attempt off school premises can have a significant impact on the student body. To prevent a crisis from escalating among students, it is important that school personnel follow these steps:

1. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and superintendent of schools.
2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
3. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)
4. Establish communication with the parent/guardian to determine intervention steps and how the school might be helpful and supportive to the student and family.
5. Establish a plan for periodic contact with the student while away from school.

6. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her course requirements.
7. Other school policies that support a student's extended absence should be followed. (See **Appendix D** for more information.)

G. Guidelines For When A Student Returns To School Following Absence For Suicidal Behavior

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

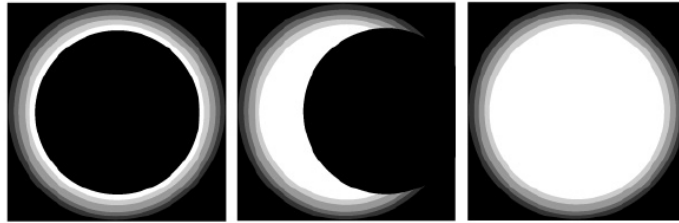
Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to obtain information on the student's condition. If possible, secure a signed release from parents/guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

Some suggestions to ease a student's return to school are as follows:

1. Prior to the student's return, a meeting between a designated school staff such as the school nurse, social worker, administrator, or designee who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
2. The designated school staff should:
 - a. Review and file written documents as part of the student's confidential health record.
 - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with practical aspects of the case, i.e. medications, full vs. partial study load recommendations.
 - c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs.
 - d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.
3. Classroom teachers **do** need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They **do not** need clinical information or a detailed history.

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

*Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process. For examples of specific issues, see **Appendix D**.*



Maine Youth Suicide Prevention

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V.

COMPONENTS OF SUICIDE POSTVENTION PLANNING

V. Components Of Suicide Postvention Planning

A. Key Considerations

The untimely death of a student is a tragedy, and is likely to have profound effects on students and staff. A school's crisis response to death often differs depending on student's popularity, the nature of the death, parental influence in the school, and several other factors. When the death is by suicide, it is important to take steps to prevent suicide contagion or "copycat" behavior among youth. At the same time it is equally important to treat everyone fairly, no matter what the cause of death. To disallow some activities for students who die by suicide, while allowing them for other kinds of death, further adds to the pain of the family and friends left behind.

Knowing that suicide is a possibility, it may be necessary for your crisis team to adjust the policies and protocols that presently guide your school's response to any student death. The goal is to provide guidelines that show caring and sensitivity and at the same time take steps to prevent the contagion factor associated with deaths by suicide. It is very important to create opportunities to support the grieving process and at the same time avoid glorifying, romanticizing, or sensationalizing a suicide. In addition to shock and sadness, a suicide may cause fear, confusion, guilt and unanswered questions. The following recommendations are designed to help with managing the school after any student death, including suicide. Significant challenges can be met with good planning.

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

2. **Clear messages** offer stability in a difficult situation. Death by suicide has a profound impact on both the school staff and the student body. In order to help reduce the likelihood of sensationalizing or glorifying the person who died by suicide, key personnel need to step forward in a straightforward manner to let the school community know that this situation will be handled.

It is critical to give these messages:

- a. Expressing grief reactions is important and appropriate.
- b. Feelings such as guilt, anger, and responsibility are normal.
- c. There must be no secrets when suicide is a possibility and if any student is worried about him/herself or anyone else, TELL an adult.
- d. Explain available crisis and grief services.
- e. Announce funeral arrangements as information becomes available. Strongly encourage that parents accompany their child to visitation services and/or the funeral.
- f. Thank school community for being supportive of each other.

- g. Explain your wish to protect the family and the school from media attention and outline the school procedure for working with the media (see **Appendix C**).

3. **Suicide Prevention Education** for staff and students is generally not appropriate in the immediate aftermath of a suicide. It is necessary for staff and students to have time to grieve before being asked to focus on prevention.
4. **Self-care** is especially important for staff that deals with a suicide crisis. Typically, school personnel concentrate on doing what is necessary for the student population, leaving little energy for self-care. Colleagues from neighboring districts, community crisis service agencies, and grief support agencies are often very helpful. Enlist trained, qualified outside help for debriefing and providing grief support to staff as well as students.
5. **Staff debriefing** in the aftermath of a student suicide is essential. Every crisis presents unique circumstances and the school must adapt as necessary. It is likely to involve three to five days of intense work before there is any semblance of “normalcy”. Each crisis also presents an opportunity to be better prepared for the next crisis. It is important for the crisis response team to:
 - Debrief around the management of the event.
 - Take the time to recognize what went well.
 - Recognize what challenged the team.
 - Plan any modifications that need to be made to improve future crisis response.

B. Guidelines For Postvention Procedures

1. Responsibilities of the School Principal or Designee

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

crisis period. Offer the warning signs of suicide and several resources where parents and students can turn for help. Provide a written copy of all statements made to the media. (See Media Guidelines in **Appendix C.**)

- i. Follow prearranged protocol for emptying student locker and returning items to family or friends. Parents may prefer to do this in privacy or have school personnel do it for them. Provide quiet time and support to meet their wishes.

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

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

- a. Contact law enforcement to verify the facts of the case.
- b. Meet with school staff as soon as possible to communicate next steps.
 1. Operationalize the plan for communicating the news to students and parents. Prepare school personnel for student reactions.
 2. Allow time for staff to ask questions and express feelings.
 3. Clarify the pre-arranged steps that will be taken to support school personnel, students, parents (grief counseling, debriefing, etc.)
 4. Review process for students leaving school grounds and tracking student attendance.
 5. Consider the possibility of copycat behavior and ask staff to identify concerns they may have about individual students, clarify how to monitor at-risk students.
 6. Announce how the school will interact with media representatives. Remind staff not to talk with press or spread rumors and that all inquiries must be directed to the designated media spokesperson.
 7. Consider the feelings that may be brought on by a death by suicide such as guilt, anger, responsibility, fears for personal safety and well-being. Remind staff of available resources for help in dealing with these feelings.
 8. Prepare staff for how to manage information that students may have as a result of cell-phone contact and instant messaging in an effort to honor privacy and respect for the family of the student who died.
- c. Call regional/local mental health agency, other school counselors, and clergy to arrange for crisis intervention and debriefing assistance if previously arranged.
- d. Announce the death to students through a prearranged system. The announcement should be as honest and direct as possible, and include the facts as they have been officially communicated to the school. Do not overstate or assume facts for which there is not yet evidence. Death by suicide should not be announced in a large assembly or over a loud speaker. It is best if there is a system of Advisor/Advisees or Home Room announcements in which all students are given the same information at the same time by teachers they know and trust, allowing time for initial reactions and discussion.

- e. Parents/guardians should also be notified by letter as soon as possible so that they will be prepared and available to provide support to each student. The letter should contain information about how the school is responding to the crisis. Resources and information on youth suicide prevention should be provided at the same time.
- f. Communicate information about visiting hours and funeral services to students, faculty, staff and community members in a sensitive manner. Announce arrangements for support resources at the same time.
- g. Utilize pre-planned strategy to monitor and assist other students who are considered at-risk for suicide. Follow-up with these individuals and their families should be maintained for as long as necessary, remembering that special events, transitions and anniversaries are particularly difficult times. School staff should be especially sensitive to students who are particularly affected by the death. Peer groups, teams, clubs, etc., of which the deceased student was a part, will likely need to talk about their reactions. Attention to these students during the postvention period may help prevent future suicidal behavior.
- h. Follow the deceased student's schedule to observe reactions of students and to follow up if necessary.
- i. Conduct daily debriefing with faculty and staff during the crisis and postvention periods.
- j. Document activities as dictated by school protocols. Each crisis presents an opportunity to improve the process for handling the next crisis, so documentation is important.

3. **Responsible Management of the Aftermath of a Student Suicide**

- a. **Keep the School Open.** Follow regular school routines to the extent it is possible. While the school must be sensitive to the students affected by the death, they must also consider the needs of those not closely affected. The way to avoid undue anxiety is to undertake all activity in a straightforward manner, letting students, parents, and faculty know that this situation is being handled.
- b. **Grief Counseling.** This may be the first experience with death for some students. Students and staff need opportunities to express their grief within safe, comfortable settings individually or in small groups, in classroom discussions with their teacher, counselor, crisis facilitator, and/or grief worker. Strong feelings will be expressed and will need to be validated. Grieving is an important part of healing and provides an opportunity to learn how to cope with loss. However, when suicide is the cause of death, there is a fine line between encouraging students to express their feelings and giving the death so much attention that it may make the idea of suicide attractive to other vulnerable students. It is a delicate balance that requires a thoughtful approach.

- c. Grief Process After Suicide.** Individuals who lose a family member or close friend to suicide face some unique challenges that may complicate their grief process. An intense search for the reasons “why” is normal, but may lead to scapegoating or blaming another for the death. This may put the person being blamed at risk for suicide. Feelings of personal guilt, rejection, and desertion are also common in the aftermath of traumatic death. Effective handling of the grief process is directly related to the ability of the school community to return to normalcy. Special events and anniversaries of the death may be especially significant and difficult for those close to the person who died by suicide, just as they are following all deaths.
- d. Funeral Arrangements.** Schools that have had experience with suicide report that often the day of the funeral is critical in terms of crisis management. Ask the family, when possible, to hold the funeral service after school hours to allow those attending in the evening to be supported by their families and each other. If that is not possible, students should be allowed to attend the funeral during school hours, with parental permission. Announce arrangements regarding school absence for funeral attendance. *If possible, avoid use of the school as the funeral site because some youth will forever associate the room in which the service is held with death.*
- e. Inappropriate Memorial Activities.** Avoid memorial services being held within the school building, flying the flag at half-mast (Note: only the President or Governor has the legal authority to mandate flying a flag at half-mast), large student assemblies, dedications of sports events or other special events, special plaques, permanent markers or anything that glamorizes or glorifies the suicide. Such activities provide an invitation to other vulnerable youth to consider suicide. Grieving families and students may insist that their deceased loved one be honored. These energies are best channeled into constructive projects that help the living. Advance planning for responding to any student death will help school personnel stay with school procedure, rather than being driven by intense emotion in a time of crisis.
- f. Memorial Activities.** Memorial activities need to be considered very carefully. Choosing appropriate commemorative activities is one of the most delicate issues a school faces after a suicide. Honoring a student who has died can be very healing and helpful, but if the death is a suicide and the memorial activities glamorize or sensationalize the suicide, other vulnerable youth may be more likely to consider suicide as a way to end their pain and to receive recognition for doing so. Things such as dedicating athletic events or establishing permanent memorials have the potential of inviting others to consider suicide. Permanent memorials such as plaques, planting of trees, marble benches, etc. are not recommended. Energies to memorialize should be channeled into constructive events that can help the living. For example, encourage donations to the bereaved family, favorite charities or suicide prevention efforts, youth support programs at school, and supporting the community-based (as opposed to school-based) efforts of the family to commemorate their loved one. It is strongly recommended that all schools, rather than give students who die by suicide less attention (or more attention) than other deaths, provide guidelines for appropriate commemorative

activities designed to honor any member of the school community who dies for any reason in a fair and equitable way. This eliminates the possibility that popular people or certain types of death will garner far more attention than others.

- g. Dedication Pages Must Be Appropriate and Consistent.** It is typical and appropriate for school newspapers and yearbooks to devote dedication space to students who have died. Rather than experience an inordinate amount of space being given to one student and very little space being given to another, it is important for schools to set guidelines on how this is done to avoid more popular students receiving a lot of space and the less popular students having very little space or having the method of death determine the allotted space. A few common guidelines include allotting the same amount of space to everyone and that this space include a photograph, the person's name, birth and death dates and something about what the individual did while living. Many school yearbook publishers have well thought out guidelines pertaining to dedication pages.
- h. Diploma Awards.** Graduation and award ceremonies can be very painful times for the families of students who have died. It is important to plan ahead for how your school wishes to manage these events. When, where, how, to whom and under what circumstance will you award honorary diplomas, letters, awards to those who die prior to the event? Once again it is important to have guidelines that support consistency and fairness for all.



Maine Youth Suicide Prevention

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Appendix A

Suicide Prevention Information Awareness Session Appropriate for All School Personnel

Suicide Prevention Information Awareness Session Appropriate for All School Personnel

Workshop

A one and one-half to two hour workshop provides enough time to share basic information, teach and practice basic suicide intervention skills. All school personnel will benefit from having this basic information.

This section outlines the contents of the basic youth suicide prevention workshop. Training and resource materials to conduct such a session are available from the Maine Youth Suicide Prevention Program.

The Problem of Youth Suicide in Maine

- Suicide is the second leading cause of death in Maine for youth ages 15-24.
- From 1999-2003, Maine's suicide rate has been higher than both the New England and national rates.
- On average, there are 20 suicides among 15-24 year olds in Maine annually.
- There are 1-3 suicides annually in youth under age 15.
- For every 5 youth suicides, 4 are male.
- Of every 10 youth suicide attempts, 7 are female.
- 50% of all youth suicides are committed with a firearm. The second leading cause of youth suicide is hanging, accounting for more than 4 of 10 suicides.
- The rate of firearm death among Maine youth is above the national average.
- From 2002-2004, 1,029 youth between ages 10-24 were admitted to a hospital for self-inflicted injuries.
- In one year, there were 565 EMS ambulance visits involving suicidal youth.

A Few Basic Facts About Suicide

- Contrary to popular belief, talking about suicide or asking someone if they feel suicidal will NOT put the idea in their head or cause them to kill themselves.
- Research has demonstrated that in over 80% of suicides, warning signs were given.
- Suicide crosses all socioeconomic backgrounds.
- It is NOT true that "once a person is suicidal, s/he is always suicidal." People can receive help to make other choices.
- Suicide IS often preventable. Not every death is preventable, but many are.
- Suicidal behavior should not be dismissed as "attention getting" or "manipulative"; it may be a serious cry for help. People who talk about suicide DO kill themselves.
- We must take every threat seriously.
- Suicidal youth do not really want to die, they want to escape their pain and may see no other alternative course of action.
- Youth who are discriminated against or victimized because of physical differences, sexual orientation, or other reasons are at higher risk for attempting suicide.
- Any trained individual can greatly increase the likelihood of a youth getting the help they need and may very well make the difference between life and death.

Suicide is a Complicated Human Behavior

Suicide is a rare event. While many think about it, far less than 1% of the population kill themselves. This number is important and reassuring because it provides us with a measure of hope. If we can learn to recognize the warning signs, and gain confidence in our ability to intervene with suicidal youth, we may be able to prevent many youth suicides.

Here Is What We Know:

- There is no typical suicide victim.
- There are no absolute reasons for suicide.
- Suicide is always multi-dimensional.
- Preventing suicide must involve many approaches and requires teamwork.
- Most suicidal people do not want to die; they just want to end their pain.

Suicidal People Share Some Special Characteristics:

- **A suicidal person sees suicide as the “solution” to his or her problems.** Efforts to discuss alternative solutions are very worthwhile.
- **A suicidal person is in crisis.** Suicidal people are experiencing severe psychological distress. They need help in handling the crisis.
- **Almost all suicidal people are ambivalent,** they wish to live, AND they wish to die. We MUST support the side that wants to live and acknowledge the part that wants to die. Talking about these mixed feelings lowers anxiety. Listening and caring may save a life.
- **Suicidal thinking is frequently irrational.** Depression, anxiety, psychosis, drugs, or alcohol often distort the thought process of people when they are feeling suicidal.
- **Suicidal behavior is an attempt to communicate.** It is a desperate reaction to overwhelming circumstances. We need to pay attention!

Risk Factors:

Risk factors are stressful events, situations, or conditions that exist in a person’s life that may increase the likelihood of attempting or dying by suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors DO NOT cause suicide.

Risk Factors Most Strongly Associated with Suicidal Behavior:

- One or more prior suicide attempts
- Suicidal threats; homicidal ideation
- Exposure to suicidal behavior or the suicide of a family member or close friend
- Detailed plan for an attempt (how, where, when)
- Depression, mood disorder and/or anxiety or psychosis lasting over two weeks
- Alcohol and other drug use and abuse
- Isolation, alienation from family members, friends
- Serious family fights and conflicts and outrageous, abusive or unpredictable behavior from parents
- Conduct disorder
- Feeling hopeless, helpless, very unhappy
- Multiple losses

Warning Signs Defined:

Warning signs are the changes in a person's behaviors, feelings, and beliefs about oneself that indicate risk. Many signs are very similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly.

Early Warning Signs Include:

- Difficulties in school
- Feeling sad, angry
- Eating and sleeping disturbances
- Restlessness, agitation, anxiety
- Feeling like a failure, self criticism
- Pessimism
- Difficulty concentrating
- Preoccupation with death

Late Warning signs Include:

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolating from family and peers
- Refusing help, feeling "beyond help"
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die
- Displaying sudden improvement after a period of being very sad and withdrawn – this may mean that a decision has been made to escape all problems by ending his/her life

Protective Factors:

Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential for youth suicide as well as other high-risk behaviors.

Protective Factors Include:

- Close family bonds
- Strong sense of self-worth
- A sense of personal control
- Good impulse control
- A reasonably stable environment
- Responsibilities/duties to others
- Best friends
- Opportunities to participate in projects/activities
- Lack of access to lethal means
- Pets

Helping Suicidal Youth

What is NOT Helpful When Working with Someone Who Might Be Suicidal:

- **Ignoring or dismissing the issue.** This sends the message that you don't hear their message, don't believe them, or you don't care about their pain.
- **Acting shocked or embarrassed.**
- **Panicking, preaching, or patronizing.**
- **Challenging, debating, or bargaining.** Never challenge a suicidal person. You can't win in a power struggle with someone who is thinking irrationally.
- **Giving harmful advice...** such as suggesting the use of drugs or alcohol to "feel better." There is a very strong association between alcohol use and suicide.
- **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping that someone will recognize the pain and help, even though they may verbally contradict this.

What is Helpful:

1. **Show you care** – Listen carefully – Be genuine.
"I'm concerned about you...about how you feel."
2. **Ask the question** –Be direct, caring and non-confrontational.
"Are you thinking about suicide?"
3. **Get Help** – Do not leave him/her alone.
"You are not alone. I will help you get the help you need."

Resources for Help

It is necessary to maintain lists of resources available for use by school personnel so that they know exactly who to contact when they are working with a student who might be suicidal. Generate your own list with local and state contact information. Update this list regularly.

School Resources for Help

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

Community Resources

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

*The National Suicide Prevention Lifeline number is 1-800-273-TALK (8255).

For Substance Abuse and Suicide Prevention Information

Department of Health and Human Services, Office of Substance Abuse, Information and Resource Center **1-800-499-0027**

Take Care of Yourself, Working with Suicidal People is Challenging.

- ◆ Acknowledge the intensity of your feelings.
- ◆ Seek support.
- ◆ Avoid over-involvement. It takes a team of people to help a suicidal individual.
- ◆ Never do this work on your own. Always inform your supervisor or other designated person as outlined in school protocol.
- ◆ Recognize that you are not responsible for another person's choice to end his/her life.



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Appendix B

Short Version of Suicide Intervention and Postvention Guidelines

Suicide Intervention and Postvention Guidelines Summary

This short version of the Guidelines is designated for quick reference once the longer version is fully understood. When a student attempts to take his/her life or dies by suicide, either at school or in the community, the way in which the aftermath is handled is critically important to maintain control over the school environment. Every effort must be made to avoid suicide copycat behavior.

Suicide Attempt

Intervene as appropriate to prevent death by suicide.

Assure the person that s/he is not alone, that help is available and that you will stay with them until help arrives; direct someone else to seek medical help or professional assistance – do not leave a suicidal student alone.

Inform the building administrator

Prevent other students from witnessing a traumatic event.

Contact school counselor(s), nurse, and call 911 (for assistance in handling procedures if needed). Consider involving law enforcement negotiators and crisis clinicians to intervene during attempted suicide. If needed, contact crisis services, EMS and/or police to transport the student to hospital emergency department.

Contact parents to give necessary information:

- a. Notify them of what has occurred and arrange to meet with them.
- b. Discuss the need for assessment by a crisis clinician.
- c. If the immediate crisis is under control, release the student to the parent/guardian with arrangements made for treatment.
- d. Explain to parents/guardians the importance of removing all lethal means, especially firearms, from the home (include ropes, pills, household poisons, knives).
- e. Call parents back within 24 hours to check on follow-through and get an update on the student.
- f. Discuss need for cooperative school/home support and monitoring system.
- g. Discuss re-admittance to school procedures when appropriate.

Engage support from Student Assistance Team or other designated school personnel as necessary.

Convene crisis response team to:

- a. Alert counselors and nurse at schools where siblings are enrolled.
- b. Inform staff who in turn will inform the student body, as appropriate, that the student is being helped.
- c. Review strategy in case other students attempt or complete suicide.

Contact superintendent who notifies school board about incident (withhold student identity).

Remain calm and assure other students that their classmate is getting help.

Permit other students to leave school only with documented parental permission and carefully track attendance.

Keep an informal time and procedures log of crisis response activities.

Document activities and file report in principal's office.

Debrief with crisis response team and school personnel.

Fatal Suicidal Behavior

Principal will convene the school based crisis response team and:

- a. Contact law enforcement to verify the information.
- b. Contact family of deceased to express condolences.
- c. Alert counselor and nurse at schools where any siblings are enrolled.
- d. Meet with staff to communicate next steps.
- e. Put into action a plan to monitor close friends and other vulnerable students.
- f. Review special considerations in managing the aftermath of suicide to avoid copycat behavior.
- g. Serve as spokesperson to the media.

Monitor and assist other students considered at risk for suicide.

Write a letter providing information about the suicide to parents and other students. Provide resources and youth suicide prevention information to parents. Also include what the school is doing to assist all students to cope with this tragedy.

Engage support of school nurse, counselors and any peer intervention or student assistance personnel, and community crisis mental health agency.

Permit students to leave school only with documented parental permission and carefully track attendance.

Initiate grief-counseling plan as determined by need and severity of the situation.

Keep an informal time and procedures log of response activities.

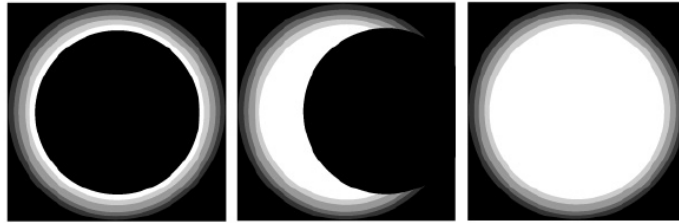
Make arrangements for school personnel to visit the family of the deceased.

Relay information about visiting hours and funeral to students, staff, and community as it becomes available.

Document activities and file in principal's office.

Debrief daily with school based crisis response team and staff during crisis period.

If questioned by media, the administrator states that law enforcement officials are investigating an untimely death (do not use student or staff names).



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Appendix C

Media Guidelines for Reporting on Suicide



At-a-Glance: Safe Reporting on Suicide

Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. The following recommendations have been developed to assist reporters and editors in safe reporting on suicide.

For Reporters

What to Avoid

- Avoid detailed descriptions of the suicide, including specifics *of the method and location*.
Reason: Detailed descriptions increase the risk of a vulnerable individual imitating the act.
- *Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts.*
Reason: Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
- *Avoid glamorizing the suicide of a celebrity.*
Reason: Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity's death.
- *Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable.*
Reason: Research shows that from 60–90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends. Studies also have found that perpetrators of murder-suicides are often depressed, and that most suicide pacts involve one individual who is coercive and another who is extremely dependent.
- *Avoid overstating the frequency of suicide.*
Reason: Overstating the frequency of suicide (by, for example, referring to a “suicide epidemic”) may cause vulnerable individuals to think of it as an accepted or normal response to problems. Even in populations that have the highest suicide rates, suicides are rare.
- *Avoid using the words “committed suicide” or “failed” or “successful” suicide attempt.*
Reason: The verb “committed” is usually associated with sins or crimes. Suicide is better understood in a behavioral health context than a criminal context. Consider using the phrase “died by suicide.” The phrases “successful suicide” or “failed suicide attempt” imply favorable or inadequate outcomes. Consider using “death by suicide” or “non-fatal suicide attempt.”

What to Do

- *Always include a referral phone number and information about local crisis intervention services.*

Refer to: The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (273-8255), which is available 24/7, can be used anywhere in the United States, and connects the caller to a certified crisis center near where the call is placed. More information can be found on the National Suicide Prevention Lifeline website: www.suicidepreventionlifeline.org

- *Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-saving or who overcame despair without attempting suicide.*

Refer to: Suicide Prevention Resource Center’s research and news briefs:

www.sprc.org/news/research.asp

- *Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy.*

Refer to: The American Foundation for Suicide Prevention’s “Talk to the Experts” page: www.afsp.org, view *About Suicide*, click on *For the Media* to locate the *Talk to the Experts* section.

- *Emphasize decreasing trends in national suicide rates over the past decade.*

Refer to: CDC’s (Centers for Disease Control and Prevention) WISQARS (Web-based Injury Statistics Query and Reporting System): www.cdc.gov/ncipc/wisqars/ or talk with an expert (see previous recommendation).

- *Emphasize actions that communities can take to prevent suicides.*

Refer to: CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters: wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp

Best Practices Registry for Suicide Prevention: www.sprc.org/featured_resources/bpr/index.asp

- *Report on activities coordinated by your local or state suicide prevention coalition.*

Refer to: Your state suicide prevention contact will be able to tell you if there are local groups or organizations providing suicide prevention training in your community. See the Suicide Prevention Resource Center’s State Suicide Prevention webpages:

www.sprc.org/stateinformation/index.asp

Reporters may also contact the Suicide Prevention Resource Center at 1-877-GET-SPRC (438-7772), the American Association of Suicidology at (202) 237-2280, or the Suicide Prevention Action Network USA at (202) 449-3600.

For Editors

What to Avoid

- *Avoid giving prominent placement to stories about suicide. Avoid using the word “suicide” in the headline.*

Reason: Research shows that each of the following lead to an increase in suicide among media consumers: the placement of stories about suicide, the number of stories (about a particular suicide, or suicide in general), and dramatic headlines for stories. Using the word “suicide” or referring to the cause of death as “self-inflicted” in headlines increases the likelihood of suicide contagion.

- *Avoid describing the site or showing pictures of the suicide.*

Reason: Research indicates that such detailed coverage encourages vulnerable people to imitate the act.

What to Do

- *Suggest that all reporters and editors review* Reporting on Suicide: Recommendations for the Media.

These guidelines for responsible reporting of suicide were developed by a number of Federal agencies

and private organizations, including the Annenberg Public Policy Center.

Refer to: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Encourage your reporters to review examples of good and problematic reporting of suicide.*

Refer to: The American Foundation for Suicide Prevention's website: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Include a sidebar listing warning signs, or risk and protective factors for suicide.*

Refer to: American Association of Suicidology's warning signs:

www.sprc.org/library/helping.pdf

National Strategy for Suicide Prevention's risk and protective factors:

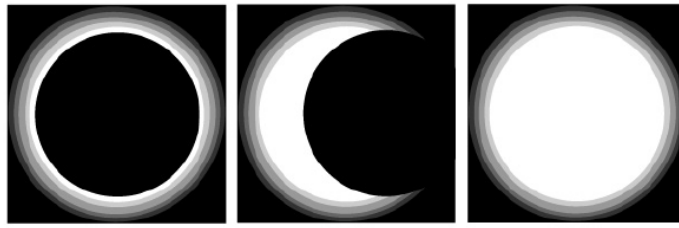
www.sprc.org/library/srisk.pdf

National Institute of Mental Health, Suicide Prevention: www.nimh.nih.gov/topics/suicide-prevention.shtml

The recommendations in this publication were adapted in 2005, from *Reporting on Suicide: Recommendations for the Media*, a 2001 report by the Centers for Disease Control and Prevention, National Institute of Mental Health, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, American Foundation for Suicide Prevention, American Association of Suicidology, and Annenberg Public Policy Center. www.afsp.org, view *About Suicide*, click on *For the Media* section.

We would like to acknowledge Madelyn Gould of Columbia University for her many contributions to this document. Additionally, we thank Lanny Berman, Lidia Bernik, Ann Haas, Karen Marshall, and Dan Romer for their input.

Suicide Prevention Resource Center u www.sprc.org u 1-877-GET SPRC (1-877-438-7772)
Education Development Center, Inc. u 55 Chapel Street, Newton, MA 02458-1060



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Appendix D

Other Issues & Options Surrounding a Student's Return to School Following a Mental Health Related Absence

Other Issues and Options Surrounding a Student's Return to School Following an Absence

Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional and the student will express concerns. Some of the more common issues are listed below:

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

Options:

- ◆ Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate and when to be concerned.
- ◆ Place the student in a school-based support group, peer helpers program but not as the helper, or buddy system.
- ◆ Arrange for a transfer to another school if indicated.
- ◆ Be sensitive to the need for confidentiality and how to restrict gossip.

2. **Issue:** Transition from the hospital setting

Options:

- ◆ Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
- ◆ Consult with the student to discuss what support he/she feels that he/she needs to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened.
- ◆ Request permission to attend the treatment planning meetings and the hospital discharge conference.
- ◆ Arrange for the student to work on some school assignments while in the hospital.
- ◆ Include the therapist/counselor in the school re-entry planning meeting.

3. **Issue:** Academic concerns upon return to school

Options:

- ◆ Ask the student about his/her academic concerns and discuss potential options.
- ◆ Arrange tutoring from peers or teachers.
- ◆ Modify the schedule and adjust the course load to relieve stress.
- ◆ Allow make-up work to be adjusted and extended without penalty.
- ◆ Monitor the student's progress.

4. **Issue:** Medication

Options:

- ◆ Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- ◆ Notify teachers if significant side effects are anticipated.
- ◆ Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

5. **Issue:** Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

Options:

- ◆ Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
- ◆ Include parents in the re-entry planning meeting.
- ◆ Refer the family to an outside community agency for family counseling services.
- ◆ Include information about those with sliding fee scale.

6. **Issue:** Behavior and attendance problems

Options:

- ◆ Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- ◆ Discuss concerns and options with the student.
- ◆ Consult with discipline administrator.
- ◆ Request daily attendance report from attendance office.
- ◆ Make home visits or regularly schedule parent conferences to review attendance and discipline record.
- ◆ Arrange for counseling for student.
- ◆ Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

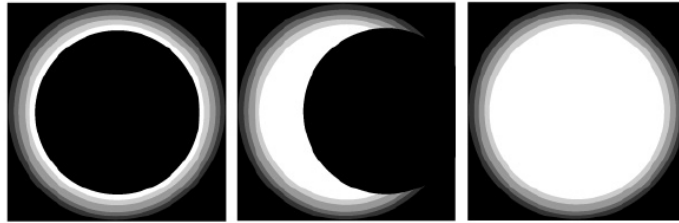
7. **Issue:** On-going support*

Options:

- ◆ Assign a school liaison to meet regularly with the student at established times. Talk to the student about his/her natural contact at school – try to assign the person who already has a relationship with the student.
- ◆ Maintain contact with the therapist and parents.
- ◆ Ask the student to check in with the school counselor daily/weekly.
- ◆ Utilize established support systems, Student Assistance Teams, support groups, friends, clubs and organizations.
- ◆ Schedule follow-up sessions with the school psychologist or home school coordinator.
- ◆ Provide information to families on available community resources when school is not in session.

*In the event that a student loses a family member to suicide, school personnel should understand that suicide evokes a special, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

For more information call (207) 822-0126 or 1-800-269-5208 and ask for Susan Lieberman at Keeping Maine/s Children Connected. Information can also be found at www.maine.gov/education/speced/kmcc/index.htm



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Appendix E

Documentation/Maintenance of Files; Sample Forms and Letters

Documentation/Maintenance of Files

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

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

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

Report of Suicide Risk

| | | | | | |
|--|----------------------|-----------------------|---------------------------------|-----------------------------------|-----------------|
| Date | | Name of School | | School Administrative Unit | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Grade | Parent Notification Time | Date | Response |
| Staff Members Involved: | | | | | |
| Description of Problem: | | | | | |
| Recommendations to Parents/Guardian: | | | | | |
| Results of Follow-up Contact: | | | | | |
| Signature: | | | | | |

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

School Administrative Unit _____

Parent Contact Acknowledgment Form

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

_____ on _____ (date),

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

I understand a follow-up check by this staff person _____

will be made with my child, the treating agency, and me within two weeks of this date.

Parent Signature

_____ **Date:** _____

Faculty Member Signature

_____ **Date:** _____

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

School Administrative Unit _____

Parental Confirmation of Contact

Dear _____:

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

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

(list recommendations)

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

Please feel free to contact me regarding any further concerns.

Signed: _____

Date: _____

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

**Student Record of Actions Taken
Confidential**

| | | | | |
|--|-----------------------|--------------|-------------------------------|---------------------------------|
| Student Name: _____ | Name of School: _____ | Grade: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Who initiated the referral? | | | | |
| <input type="checkbox"/> Friend/Student _____ <input type="checkbox"/> Parent _____ <input type="checkbox"/> Teacher _____ | | | | |
| <input type="checkbox"/> Other School Personnel _____ <input type="checkbox"/> Administrator _____ | | | | |
| <input type="checkbox"/> Self Referral _____ <input type="checkbox"/> Other _____ | | | | |
| Reason for Referral | | | | |
| Category of Suicidal Behavior (Check one): | | | | |
| <input type="checkbox"/> Suicide Attempt – Having taken action with intent to die | | | | |
| <input type="checkbox"/> Suicide Threat – Saying or doing something that indicates self-destructive desires | | | | |
| <input type="checkbox"/> Suicide Ideation – Having thoughts about killing self | | | | |
| Action Taken (Check those that apply) | | | | |
| <input type="checkbox"/> Student seen by school personnel _____ <div style="text-align:right; font-size:small;">(Name/Agency)</div> | | | | |
| <input type="checkbox"/> Student referred to community agency _____ <div style="text-align:right; font-size:small;">(Name/Agency)</div> | | | | |
| <input type="checkbox"/> Student referred to private professional _____ <div style="text-align:right; font-size:small;">(Name/Agency)</div> | | | | |
| <input type="checkbox"/> Student transported to a hospital/other _____ <div style="text-align:right; font-size:small;">(Name/Agency)</div> | | | | |
| <input type="checkbox"/> Student referred to Crisis Services _____ <div style="text-align:right; font-size:small;">(Name/Agency)</div> | | | | |
| Form Completed by _____ Date _____ Position _____ | | | | |
| Copies to be filed with: _____ | | | | |

Sample Announcements for Use with Students After A (Possible) Suicide

The following information and sample announcements are taken from the book Managing Sudden Traumatic Loss in the Schools by Maureen M. Underwood, LCSW and Karen Dunne-Maxim, MS, RN (1997). This is an invaluable resource for school administrators. It is available from the University of Medicine and Dentistry of New Jersey, University of Behavioral Health Care, Piscataway, NJ 08845 – 1392. Telephone (908) 235-4109. This book is also available on loan from the Information Resource Center of the Maine Office of Substance Abuse by calling **1-800-499-0027**.

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

Day 1

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

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

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

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

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

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

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

End of Day 1

4. At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

“Today has been a sad day for all of us. We encourage you to talk about _____’s death with your friends, your family and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.”

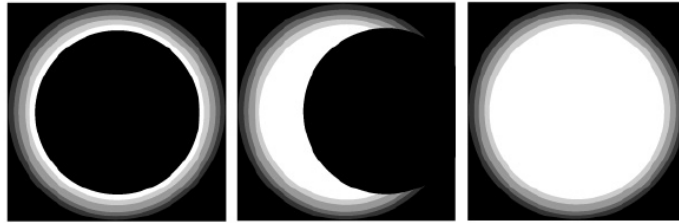
Day 2

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

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

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

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 pm. There will be a funeral Mass Friday morning at 10:0 am at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent’s permission to attend. We also encourage you to ask your parents to go with you to the funeral home.”



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Appendix F

Crisis Response Services

Mental Health Crisis Services Available to Schools in Maine

This is a general description of the basic services offered by Maine Crisis Service Providers. Each local agency organizes services according to the needs of the communities they serve, so it is important to contact them to discuss how schools and crisis services can work together.

Available Services:

- ◆ **Telephone consultation** – to help determine if an assessment is indicated or what actions might be helpful.
- ◆ **Telephone support and referral** – to provide guidance and referrals when risk is not present.
- ◆ **Assessments** – to determine if a student is at risk of harm to self or others or what actions might be helpful.
- ◆ **Stabilization** – short-term, solution focused counseling for up to 30 days as a result of crisis evaluation.
- ◆ **Crisis Stabilization Residential Services** – are available short term.

How to Access Services:

- ◆ Call the local crisis services provider – phone numbers in local phone books.
- ◆ Call statewide crisis hotline **1-888-568-1112** – 24 hours/day, 365 days/year.
- ◆ Speak with a crisis worker or crisis supervisor for consultation to determine if a face to face assessment is appropriate.

What to Expect:

- ◆ Crisis services will respond as immediately as possible.
- ◆ If client is under 18, guardian(s) must be notified and agree to an assessment. Crisis workers can begin an assessment process and make a recommendation for needed services in an emergency situation without legal guardian consent.
- ◆ Crisis worker will do an assessment at the school, at the family's home, at the agency office, at the nearest hospital emergency department or other suitable location. An assessment cannot be done in an unsafe environment. If the individual is aggressive, hostile, or in possession of lethal weapons, police assistance would be requested to assure the safety of the individual and the worker.
- ◆ Student, parents and other informed individuals will be consulted together and separately. Crisis workers cannot discuss an assessment unless a *Release of Information* has been signed by the parent/guardian, except in an emergency.
- ◆ Authorities (such as DHHS) may be notified if necessary.
- ◆ Referrals to other community support services such as case management, outpatient therapy, medication management and residential services will be made as appropriate.
- ◆ Crisis services are not designed to prescribe medications, advise on medication management, respond to a purely disciplinary situation, or evaluate the suitability of a student's return to school.

Originally developed by Tri-County Mental Health Services and the Department of Behavioral & Developmental Services. Revised 3/06 by CHCS, Mid-Coast Mental Health and Sweetser.

Sample Agreement Between Crisis Response Services and School Unit #X

School Requests for Crisis Response Services

School Administrative Unit #X (SAU#X) has developed an internal crisis intervention team which is positioned to respond to an immediate crisis affecting their school system. Referrals to the (Name) Crisis Response Program may be made for safety concerns (suicidal/homicidal ideation), emergent psychological symptoms, stabilization of acute crisis, and to assist student/families in connecting with appropriate resources. The SAU#X Crisis Team expects that face-to-face contacts with Crisis Response Program occur at either the (Name) Hospital or Crisis Response Program office sites. However in unusual situations other arrangements can be made as indicated. As per the SAU#X Protocol, referrals should be made through either the Principal or the Guidance Office, however, situations may arise for which this is not possible and other referral sources may become involved.

When any school personnel has cause to suspect that a student is at risk of harm to self or others in the building, the principal or the guidance counselor will be informed, a SAU#X suicide protocol assessment completed, and appropriate referrals made. If it is determined that the student is in imminent danger of self-harm, the Crisis Response Program will be contacted to discuss the situation. The student will then be transported to either (Name) Hospital ED or to the Crisis Office, where a Crisis Response Program Worker will coordinate assessment and intervention efforts. (See “SAU#X Protocol for Students Exhibiting Imminent Risk of Harm to Self and Others”). The student’s parents are to be informed of this event, and if possible, will be on-site during the Crisis Assessment. Following the assessment the Crisis Response Program will develop a plan based on the student/family’s needs or situation. The Crisis Response Program will make every effort to obtain a release and inform SAU#X of the outcome of the crisis contact, and share other pertinent information.

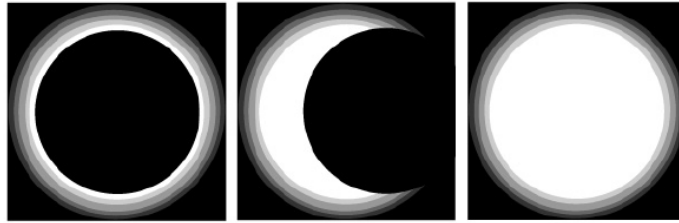
Crisis Response Collaboration with SAU#X

At times ____ Crisis Response Services may be involved with SAU#X students who are not referred through the school. When it appears that involvement of the school is indicated, or may be helpful to the student, every effort will be made to obtain a release in order to share information. Students will also be encouraged to make contact with the guidance counselor. In situations involving safety risks, pertinent information may be shared without a release. When indicated, Crisis Response Program staff is available to attend meetings to discuss specific student situations.

Training

Crisis Response Program staff will attend periodic meetings as requested in preparation for potential major catastrophes, or for joint debriefing if necessary. Other joint training opportunities will be explored and encouraged in order to enhance communication and to increase understanding of respective roles.

A Maine Crisis Response Program Manager developed this agreement with a school Guidance Department.



Maine Youth Suicide Prevention

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Appendix G

Glossary of Terms

Glossary of Commonly Used Terms

Ambivalence – Conflicting feelings or thoughts; uncertainty or indecisiveness as to what course to follow.

Bereavement – Global Term encompassing both the feelings of grief and the process of mourning in reaction to a death.

Bipolar Disorder – A mood disorder characterized by manic episodes and major depressive episodes.

Community Referral – A recommendation to obtain additional services to be provided by hospitals, mental health agencies, organizations, consultants, and/or mental health professionals in the local area.

Conduct Disorder – A repetitive and persistent behavior pattern during which the basic rights of others or major age-appropriate norms or rules are ignored and often violated. A diagnosis of conduct disorder is likely if the behaviors continue for a period of 6 months or longer.

Continuum – A whole characterized as a collection, sequence, or progression of elements varying by degrees.

Copycat Behavior or “Contagion” – A process by which exposure to suicidal behavior of other person(s) influences another to attempt or die by suicide. This behavior may imitate or mimic another suicide by method, timing (such as on an anniversary of another suicide), or in other ways. Numerous studies have shown an increase in suicide, particularly among youth, following prominent or repetitive media coverage of a suicide that gives specific details of the suicide, such as giving a detailed description of the methods used.

Crisis Intervention – The type of response to an individual who is at moderate or high risk for suicide. Intervention includes the response and medical or psychiatric emergency services for the individual.

Crisis Team – A group of individuals trained and assembled for the purpose of responding to the needs of others during and after a crisis event/situation.

Debriefing – A facilitated session to provide staff intervening in a crisis with an opportunity to discuss and process crisis related events. The purpose of debriefing is to provide support, recognition, and information.

Gatekeeper – This is the term used to define the role of the individuals who are routinely in direct contact with a specific target audience who are trained to know basic suicide prevention steps. Gatekeepers are trained to recognize and respond appropriately to warning signs of suicidal behavior and to assist at-risk individuals in getting the help they need.

Lethal Means of Suicide – Most dangerous methods of taking one’s life, such as the use of firearms, ropes, cutting tools, or medications.

Lethal Means Restriction – This term is used to indicate the interruption and/or prevention of access to deadly methods of suicide. Removing lethal means is a *means restriction*.

Mandatory Reporting – People who work with children and families are required by law (Title 22 MRSA) to make reports of suspected child abuse and neglect to the Department of Health and Human Services.

Murder-Suicide – When one individual murders one or more persons and then takes his/her own life by suicide.

Postvention – A coordinated and comprehensive set of specific interventions strategically linked to target populations at-risk for the development of specific disorders and dysfunction.

Protective Factors – The positive conditions, personal and social resources that promote resiliency, protect and buffer the individual, and reduce the potential for high-risk behaviors, including suicide, are captured in the phrase “protective factors.”

Re-entry – The process of returning to the school environment following an extended period of absence is re-entry.

Risk Factors – Stressful events, situations, and/or conditions that may increase one’s likelihood of attempting or dying by suicide.

Stigma – Stigma is commonly defined as the use of stereotypes and labels when describing someone. Stigmatization of people with mental disorders is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads the (public) to avoid people with mental disorders. It reduces access to resources and leads to low self-esteem, isolation, and hopelessness.

Suicide – Suicide is defined as death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) the injury was self-inflicted and the decedent intended to kill him/herself. (Note: The term “died by suicide” can be used interchangeably with the term “suicide”.) Never use the term “successful” suicide. A death by suicide is not a success nor is a non-fatal suicide attempt a “failure”.

Suicide Attempt – A self-injurious behavior for which there is evidence that the person intended to kill him/herself.

Suicidal Behavior – Threats of self-injury, gestures, attempts, and completions are all suicidal behaviors.

Suicide by Cop – “Victim precipitated” suicide is also referred as “suicide by cop.”

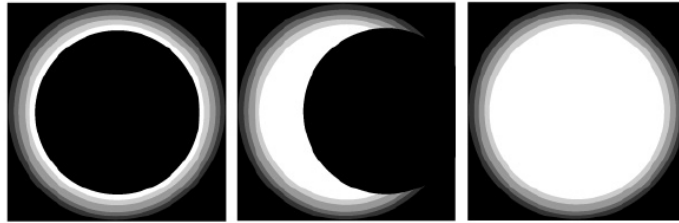
Suicide Clusters – A series of consecutive suicides in the same geographic area, among a demographically similar group of individuals is termed a suicide cluster.

Suicidal Ideation – Thoughts about dying by suicide are clinically referred as “suicidal ideation.”

Suicide Pact – An agreement to die by suicide by two or more individuals.

Suicide Threat – A verbal statement indicating that suicide is being considered.

Suicide Survivor – An individual experiencing the traumatic effects of losing a loved one to suicide.



Maine Youth Suicide Prevention

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Appendix H

Sample Handouts



Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

MAINE YOUTH SUICIDE FACTS

Suicide:

- From 1999-2003* there were a total of 793 suicides in Maine. Of those suicides, 104 were youth: eight youth aged 10-14; forty-six 15-19 year olds; and fifty young adults aged 20-24. This represents an average of 21 youth suicides per year.
- Suicide is the 2nd leading cause of death for youth aged 15-24, and the 3rd leading cause of death for youth aged 10-14.
- More young people die by suicide than from homicide. For every homicide among 15-24 year olds, there are 4 to 5 suicides.
- More male youth die by suicide than female. Of every 5 suicides, 4 are males.
- The Maine youth suicide rate is higher than both the New England and U.S. youth suicide rates.

Self-Inflicted Injuries:

- Most suicidal behavior is not fatal. It is estimated that, for every completed suicide, there are from 25 to 100 non-fatal youth suicide attempts. Rates of self-inflicted injuries for females are higher than rates for males.
- From 2002-2004, there were 1,029 hospitalizations for self-inflicted injuries among children and youth aged 10-24 or 343 a year. Children aged 10-14 made 116 visits, adolescents aged 15-19 made 532 of these visits, young adults between the ages of 20-24 made 381 visits. The female 15-19 age group had the highest overall rate, 22.7, of hospitalization for self-inflicted injuries across all age groups.
- In the 2005 Youth Risk Behavior Survey, 13% of high school and 19.8% of middle school students reported seriously considering suicide in the past year. Six percent of high school and 8.5% of both middle school students reported making at least one attempt. Two percent of high school students reported receiving medical attention for a self-injury, poisoning, or overdose.

Lethal Means:

- From 1999 to 2003, a firearm was used in 5 of 10 youth suicides. Access to and availability of firearms is a significant factor in youth suicide, because most suicide attempts by firearm are fatal.
- A firearm was used in 53% of male and 33% of female youth (ages 10-24) suicides.
- The second leading method of youth suicide is hanging, accounting for more than 4 of 10 suicides. Hanging accounted for 38% of male suicides and 50% of female suicides between 1999 and 2003 in the 10 to 24 year old category.
- Poisoning is the most common method of non-fatal self-inflicted injuries for both males and females.

Resources:

- For immediate help in a crisis, call the Statewide Toll Free Crisis Line: 1-888-568-1112 to be connected to a crisis worker near you.
- For more information or youth suicide prevention materials, call 1-800-499-0027 or 207-287-8900; TTY: 1-800-606-0215 or 207-287-4475; email the Information Resources Center at osa.ircosa@maine.gov, or visit the Maine Youth Suicide Prevention Program Web Site at www.maine.gov/suicide.
- For Maine data on suicide, contact the Maine Youth Suicide Prevention Program at 1-800-698-3624.

**2003 data are preliminary*

Data from the Maine Office of Data, Research, & Vital Statistics, Maine Hospital Discharge Databases, and Maine YRBS.
Updated March 2006

Am I Normal? Reactions to Overwhelming Stressful Events

Most people have reactions to traumatic events or other overwhelming situations. These experiences may affect your ability to function and take care of yourself. Everyone reacts differently, based on personal experiences. Sometimes it appears that there is no reaction at all, sometimes the reaction is immediate, and sometimes reactions are delayed.

Common reactions to a death, near death or overwhelming event are:

Thoughts:

- Re-enacting the event over and over in your mind

Emotional Reactions:

- Feeling Stressed
- Feeling Anxious
- Feeling Overwhelmed
- Feeling Numb
- Irritability
- Nightmares
- Sadness
- Anger
- Apprehension

Changes in Behaviors:

- Increase in Risk-Taking
- Change in Appetite
- Sleep Problems
- Increase in use of Alcohol or Drugs
- Withdrawal

Physical Reactions:

- Fatigue
- Headaches
- Trouble Concentrating

What can I do to feel better?

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

When do I need to get additional help?

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

Where can I get help?

- ◆ Parent, Friend (who is not overwhelmed), or Relative: _____
- ◆ Others (who would you put in?): _____
- ◆ School Guidance Counselor or nurse: _____
- ◆ Pastor or another adult you trust: _____
- ◆ Counseling Services: _____
- ◆ **Statewide Crisis Hotline: 1-888-568-1112**
- ◆ **National Suicide Prevention Lifeline: 1-800-273-TALK (8255)**

Common Youth Reactions to Suicide and Recommended Responses

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to a suicide and suggested responses.

- ◆ **Shock and Denial.** At first there may be remarkably little response. The reality of the death has yet to be absorbed. *“You are kidding, right?” “This is just a joke – it can’t be true.”*
Suggested Response: Acknowledge the shock, anticipate the reaction to come, demonstrate a willingness to talk when students are ready.
- ◆ **Anger and Protection.** Generally speaking, “black and white” thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased’s parents/teachers/boy/girlfriend. *“Why did you let this happen?” “It is all your fault that this happened!”*
Suggested Response: Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don’t understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons...and that blaming another individual may put that person at risk of suicide also.
- ◆ **Guilt.** Students close to the deceased may blame themselves. *“If only I had called him back last night;” “I should have known...I should not have teased him...”*
Suggested Response: Remind students that only the person who kills him/herself is responsible for having made that decision.
- ◆ **Anger at the Deceased.** This is surprisingly common, among close friends as well as those who were not close to the deceased. *“How could she do something so stupid?”*
Suggested Response: Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgement of anger often lessens its intensity.
- ◆ **Anxiety.** Students sometimes start to worry about themselves and/or other friends. *“If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends).”*
Suggested Response: Help students differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.
- ◆ **Loneliness.** Those closest to the deceased may find it almost impossible to return to a normal routine, and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.
Suggested Response: Encourage students to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with grieving process.
- ◆ **Hope and Relief.** Once the reality of death has been accepted, and the acute pain of the loss subsides, students find that life resumes a large degree of normalcy and they come to understand that over time, they feel much better. They can remember their friend without extreme pain.
Suggested Response: Simply remain open to listening to student’s feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognize the importance of both mourning and remembering.

How to Support Grieving Youth

Avoid:

- Giving a lot of advice
- Arguing over trivial matters
- Making moralistic statements about the person who died
- Minimizing the loss
- Discouraging or time-limiting the grieving process
- Assigning new responsibilities right away

Do:

- Learn about the grief process
- Be absolutely genuine and truthful
- Demonstrate love and respect by being attentive
- Encourage talking about feelings and about the deceased friend
- Listen, no matter what!
- Offer to attend the visitation or funeral with a youth
- Allow crying – perhaps lots of crying
- Expect laughter – a sign of happy memories
- Follow the lead of the “survivor” with patience and kindness
- Offer opportunities for remembering; i.e., special events, birthdays
- Expect that your presence may be important, while talking may be limited (“Silence is Golden”)
- Share some of your experience with loss, but keep the focus on the person you are supporting
- Help to identify others to talk to (i.e., minister, priest, rabbi or counselor)
- Understand that memorials can be very comforting (i.e., writing a poem, a song, a letter, recording a tape, making a scrapbook, buying a bouquet, writing a letter)
- Believe in healing and growth

Supporting Parents Through Their Child's Suicidal Crisis

Family Support is Critical

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help – they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help get them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

Common Parental Reactions to Hearing that Their Child is Suicidal

- Acute personal shock and distress
- Totally paralyzed by anxiety
- Very confused, puzzled, or in denial
- Embarrassed
- Blamed, stigmatized
- Angry, belligerent, threatening

Concerns of the Helper/Professional

- Safety of the youth
- Professional responsibilities
- Gaining cooperation from parent(s)

Concerns of the Parent

- Maintain some equilibrium
- What to do; where to turn for help
- The safety of the youth

Parents May Need Support to:

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognized their key role in helping their child
- Recognize the importance of finding (professional) help
- Understand the importance of removing firearms from their environment
- Identify personal coping mechanism and support systems
- Understand their limits
- Establish some hope

How Gatekeepers Can be Helpful:

- “Just be there” (through the immediate crisis)
- Reflective listening – acknowledge the impact, the fear, the anger...
- Avoid judging, blaming
- Provide information and referrals
- Emphasize safety; strongly recommend removing lethal means from the home and provide information on how to do that
- Support any and all acceptance of responsibility and efforts to help
- Model limit setting and self care

Things You Can Ask – or Say – Once the Immediate Crisis has Passed:

- “How can I help?”
- “How are you coping?”
- “Who can you talk to? How are you in touch with these people? Would it help if I called them for you?” (sometimes just picking up the phone is more than they can do for themselves)
- “I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.”
- “How have we (professionals) been helpful? What has not been helpful? What could we do better?”

**Suggestions That May Help Enlist Parental Cooperation
(offered by Gatekeepers who have worked with parents of suicidal youth)**

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking. Document the fact that you had this conversation in your notes. Consider having the parent sign a form acknowledging the conversation.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Ask, "What would it take to help you understand the seriousness of the situation?" (Develop a form for them to sign that outlines that you have discussed suicide as an issue for their child and steps to be taken.)
6. Acknowledge that no one can do this alone – appreciate their presence.
7. Listen for myths of suicide that may be blocking the parent from taking action.
8. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
9. Align yourself with the parent if possible... explore how and where youth get this idea... without in any way minimizing the behavior.

Five Minutes Can Save a Life

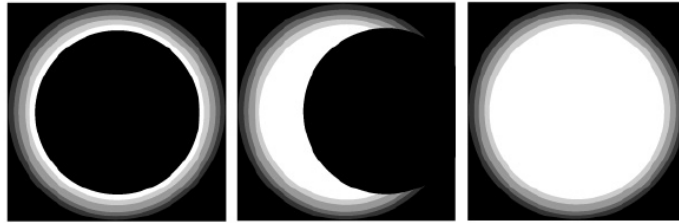
A Three Step Intervention to Use with Parents of Suicidal Adolescents

This is a very important Gatekeeper intervention. It is as sensible as taking the car keys away from an intoxicated individual. It may very well mean the difference between life and death for an adolescent.

- 1. Inform the parents that their adolescent is at risk for suicide and why you think so.** For example, if you are working with an adolescent who is known to have made one attempt, it is important to inform the parent or caretaker that “Adolescents who have made a suicide attempt are at-risk for another attempt. One attempt is a very strong risk factor for another.”
- 2. Tell parents or caretakers that they can reduce the risk of suicide by removing firearms from the house.** Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. It is extremely important to help parents or caretakers understand the importance of removing access to firearms and other lethal means. One-half of Maine’s youth suicides are committed with a firearm. This is important information for all parents, even if they do not own a firearm. Access to lethal means may be readily available at the home of other family members, friends, or neighbors. Every effort must be made to remove all access to lethal means.
- 3. Educate parents about different ways to dispose of, or at the very least, limit access to a firearm.** Officers from local police departments, sheriff’s offices, or state police barracks are willing to discuss removing, storing, or disposing of firearms.

For More Information:

- ◆ If you are concerned about a loved one or friend who may be in crisis, call the Statewide Crisis Hotline at 1-888-568-1112
- ◆ To learn more about Maine’s Youth Suicide Prevention Program, call the Childhood Injury Prevention & Control Program at 1-800-698-3624 or (207) 287-5356.
- ◆ To receive materials on youth suicide prevention call the Statewide Information and Resource Center at 1-800-499-0027



Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

Appendix I

Maine Resources/National References

Maine Resources

Maine Youth Suicide Prevention Program
Maine Injury Prevention Program
Maine Center for Disease Control and Prevention
Department of Health and Human Services

Call for information about youth suicide prevention program activities or learn more about training opportunities.

287-9968 or 1-800-698-3624 Monday thru Friday 8am – 5pm

TTY 1-800-606-0215

Web address: <http://www.mainesuicideprevention.org>

Office of Substance Abuse Information Resource Center
Department of Health and Human Services

Call for materials and resources on youth suicide prevention.

1-800-499-0027 Monday thru Friday 8am – 5pm

TTY 1-800-606-0215

Web address: <http://www.maine.gov/suicide>

Gatekeeper Training

Medical Care Development, 11 Parkwood Drive, Augusta, Maine 04330

Gatekeeper training is designed to increase the ability of participants to recognize warning signs, clues, risk and protective factors for suicidal behavior; to respond to a suicidal person with specific intervention skills and to increase personal confidence and ability to reach out to suicidal people, their family members and friends. This one-day training is offered statewide. Contact hours and CEUs are available.

For more information, call Linda Williams: **207-622-7566 ext. 243**

Email: lwilliams@mcd.org

Office of Substance Abuse – Reconnecting Youth
Department of Health and Human Services

Reconnecting Youth is a school-based prevention program that targets young people in grades 9 through 12 who show signs of poor school achievement, potential for dropping out of high school, and signs of multiple problem behaviors such as substance abuse, depression, and suicidal ideation. The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse. To learn more about the next training institute, call **1-800-499-0027** Monday thru Friday 8am-5pm

TTY 1-800-606-0215, Email: osa.ircosa@maine.gov

Web address: <http://www.maine.gov/suicide>

Or www.modelprograms.samhsa.gov

Lifelines © Program

Department of Education

The Maine Youth Suicide Prevention Program provides training to school-based health educators in delivering this curriculum to High School students.

For information call Jean Zimmerman, **624-6698** or Linda Williams, **622-7566 ext. 243**

National Alliance for Mentally Ill (NAMI) of Maine

NAMI Maine brings the facts about mental illness to families, the media, government, providers of mental health services, and the general public.

Carrie Horne (207) 622-5767

<http://www.namimaine.org>

Also, Centers for Grieving Children and Hospice Program around the state offer resources and support for children and adults in coping with loss. See the Yellow pages for the Center or Program nearest to you.

National Resources

American Association of Suicidology (AAS)

(202) 237-2280

<http://www.suicidology.org>

American Academy of Child and Adolescent Psychiatry

(202) 966-7300

<http://www.aacap.org>

American Academy of Pediatrics

(202) 347-8600

<http://www.aap.org>

American Foundation for Suicide Prevention

(212) 363-3500

<http://www.afsp.org>

Center for School Mental Health Assistance

(888) 706-0980

<http://www.csmha.umaryland.edu>

Centering Corporation – Your Grief Resource Center

(402) 553-1200

<http://www.centering.org>

Griefwork Center, Inc.

(732) 422-0400

<http://www.griefworkcenter.com>

National Alliance on Mental Illness

<http://www.nami.org>

National Center for Injury Prevention & Control

(800) 311-3435

<http://www.cdc.gov/ncipc/factsheets/suifacts.htm>

National Strategy for Suicide Prevention

(800) 789-2647

<http://www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp>

Suicide Prevention Resource Center

(877) 438-7772

<http://www.sprc.org>

The Center for Suicide Prevention

<http://http.suicideinfo.ca>

The Center for Mental Health Services Knowledge Exchange Network

(800) 789-2647

<http://mentalhealth.about.com/library/h/org/bl2480.htm>

The Dougy Center, The National Center for Grieving Children

(503) 775-5683

<http://www.dougy.org>

The Link Counseling Center

348 Mt. Vernon Highway NE

Atlanta, Georgia 30328

(404) 256-9797

<http://www.thelink.org/html/home.htm>

Yellow Ribbon Ask-4 Help Cards

(303) 429-3530

<http://www.yellowribbon.org>

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BOH – Bureau of Health

DBDS – Department of Behavioral and Developmental Services

DHS – Department of Human Services

DOE – Department of Education

DPS – Department of Public Safety

MCD – Medical Care Development

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