Answering the Call for Help

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A Suicide Prevention Manual
For Schools and Communities
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Hey People--It's Me

Hey people—it's me.  
I’m a real person.  
Can’t you see?  
I can laugh and  
I can cry,  
I can live and  
I can die,  
I can be happy and  
I can be sad,  
I can be joyous and  
I can be mad.  

Hey people—can’t you hear?  
Can’t you look  
And see my tears?  
Can’t you look  
And see my sorrow  
And that I have no hope  
For my tomorrow?  
Can’t you see me hurting  
And going through hell?  

Can’t you see my pain  
That I know so well?  
Love—what’s that?  
Is it just a word  
Or a cure for a disease  
Of which I’ve heard?  
Life—what is it?  
Is it just a game  
Is it all made up  
Is it even sane?

Hey people—it’s me.  
I’m a real person  
Can’t you see?  
I had a time to laugh  
I had a time to cry  
I had the time to live  
Now I think it’s time to die.

This is an actual suicide note written by a teenager. The despair and isolation depicted in the poem is an example of the turmoil felt by a young person who considers suicide as a way of ending the emotional pain.

…Answering the Call for Help…
Something Must Be
by Oblivious

Something must be wrong with me
with all this hurt inside,
always bursting with anger,
and never any pride.

Something must be wrong with me
if all I do is cry,
I can’t stop this pain
all I want to do is die.

Something must be wrong with me
if my emotions run wild,
all this confusion does
is make me feel like a lost child.

Something must be wrong with me
with all these terrible things,
always there and never gone
depression is what it brings.

Something must be wrong with me
if I can’t stop these thoughts,
all this pain does
is turn my stomach in knots.

Something is truly wrong with me
when I think there’s only one way out,
“Let this pain end,”
is all my heart will shout.

…Answering the Call for Help…
Every year there are approximately 10 teen suicides for every 100,000 teenagers. Every day there are approximately 11.5 teen suicides. Every 2 hours and 15 minutes, a person under the age of 25 completes suicide.

More teenagers and young adults die of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.

Based on these alarming statistics, the Centers for Disease Control ranks suicide as the third leading cause of death for teens and young adults between the ages of 15-24. It also ranks suicide as the fourth leading cause of death for young people between the ages of 10-14. Therefore, what we must realize—based upon these sobering statistics—is that we must take action now. We can no longer afford to continue to turn a deaf ear to our teenagers’ pleas for help. We can no longer afford to continue to turn a blind eye to the everyday pressures of life that our teenagers endure.

Most everyone at some time in his/her life will experience periods of anxiety, sadness, and despair. These are nominal reactions to the pain of loss, rejection, or disappointment. However, when a person is unable to effectively handle such adverse life events, this is when he or she may contemplate the thought of suicide. Often times, their reactions to intense emotional and/or physical pain can leave them mired in hopelessness, which is not good. When all hope is lost, some people may feel that suicide is the only solution. It isn’t. Suicide is a permanent solution to what is nearly always a temporary problem.

In an effort to combat this growing, yet tragic, national phenomenon, the Alabama State Department of Education and the American Foundation for Suicide Prevention have partnered to distribute two new films to all 513 public high schools in the state to help educate students about depression: More Than Sad: Teen Depression and More Than Sad: Preventing Teen Suicide. Distribution of this two-disc DVD set is part of the State Department of Education’s revitalization for the Comprehensive Counseling and Guidance State Plan and the upcoming Comprehensive Student Support System Plan.

Moreover, as outlined in the Student Harassment Prevention Act, each school system is required to implement the following twelve standards and policies for programs in an effort to prevent student suicide:

1. Foster individual, family, and group counseling services related to suicide prevention;
2. Make referral, crisis intervention, and other related information available for students, parents, and school personnel;
3. Foster training for school personnel who are responsible for counseling and supervising students;
4. Increase student awareness of the relationship between drug and alcohol use and suicide;
5. Educate students in recognizing signs of suicidal tendencies and other facts and warning signs of suicide;
6. Inform students of available community suicide prevention services;
7. Promote cooperative efforts between school personnel and community suicide prevention program personnel;
8. Foster school-based or community-based, or both, alternative programs outside of the classroom;
9. Develop a strategy to assist survivors of attempted suicide, as well as students and school personnel, in coping with the issues relating to attempted suicide, suicide, the death of a student, and healing;
10. Engage in any other program or activity which the local board determines is appropriate and prudent in the efforts of the school system to prevent student suicide;
11. Provide training for school employees and volunteers who have significant contact with students on the local board policies to prevent harassment, intimidation, violence, and threats of violence; and
12. Develop a process of discussing with students local board policies relating to the prevention of student suicide and to the prevention of harassment, intimidation, violence, and threats of violence.

It is my intent that by producing this Suicide Prevention Resource Manual, both administrators and counselors will have all of the necessary information available at their fingertips to better assist them in dealing with the varied and sometimes complex matters of suicide.

As always, should you have any questions, please do not hesitate to call me at 972.852-5, or I can be reached via e-mail at pharris@bcbe.org.

Thank you.

Patrice Harris
Intervention Supervisor
S.O.S.
The Call Goes Out

Understanding the Need for Intervention
Fact or Myth?

Myth: People who talk about suicide are just trying to get attention.
Fact: People who die by suicide usually talk about it first. They are in pain and oftentimes reach out for help because they do not know what to do and have lost hope. Always take talk about suicide seriously. Always.

Myth: Suicide always occurs without any warning signs.
Fact: There are almost always warning signs.

Myth: Once people decide to die by suicide, there is nothing you can do to stop them.
Fact: Suicide can be prevented. Most people who are suicidal do not want to die; they just want to stop their pain.

Myth: Suicide only strikes people of a certain gender, race, financial status, age, etc.
Fact: Suicide can strike anyone.

Myth: People who attempt suicide and survive will not attempt suicide again.
Fact: People who attempt suicide and survive will oftentimes make additional attempts.

Myth: People who attempt suicide are crazy.
Fact: No, no, no. They are in pain and probably have a chemical imbalance in their brain. Anyone could attempt suicide.

Myth: People who talk about suicide are trying to manipulate others.
Fact: No. People who talk about suicide are in pain and need help, and telling them that they “just want something,” or “are trying to manipulate” is both insensitive and ignorant. People often talk about suicide before dying by suicide. Always take talk about suicide seriously. Always.

Myth: When people become suicidal, they will always be suicidal.
Fact: Most people are suicidal for a limited period of time. However, suicidal feelings can recur.

Myth: Young people never think about suicide; they have their entire life ahead of them.
Fact: Suicide is the third leading cause of death for young people between the ages of 15-24. Sometimes children under 10 die by suicide.

Myth: There is little correlation between alcohol or drug abuse and suicide.
Fact: Oftentimes people who die by suicide are under the influence of alcohol or drugs.

Myth: People who talk about wanting to die by suicide do not try to kill themselves.

...Answering the Call for Help...
Fact: People who talk about wanting to die by suicide oftentimes do kill themselves.

Teen Suicide Awareness: Statistics

How real is the problem of teen suicide? Here are the numbers:

- Every year there are approximately 10 teen suicides for every 100,000 teenagers.
- Every day there are approximately 11.5 teen suicides.
- Every 2 hours and 5 minutes, a person under the age of 25 completes suicide.

How pervasive is the problem of teen suicide? Here’s a brief review of what national data tell us:

- Suicide is the third leading cause of death for young people between the ages of 15-24.
- Suicide is the fourth leading cause of death for young people between the ages of 10-14.
- Suicide is the second leading cause of death in colleges.
- For every one suicide completion, there are between 50 and 200 attempts.
- The suicide attempt rate is increasing for young people between the ages of 10-14.
- Suicide has the same risk and protective factors as other problem behaviors, such as drugs, violence, and risky sexual activities.
- A recent survey of high school students found that almost 1 in 5 had seriously considered suicide; more than 1 in 6 had made plans to attempt suicide; and more than 1 in 12 had made a suicide attempt in the past year.
- The ratio of male to female suicides is 4:1; however, young women attempt suicide four times more frequently.
- Reports of suicide clusters, in which one suicide triggers several others within a school or community, have increased.
- Girls who attempt suicide are more likely to try killing themselves by overdosing on pills or by cutting themselves.
- Boys who attempt suicide are more likely to choose a method that is more lethal—and quick. Boys more often use guns (60% of all suicides in the United States make use of a gun), jump from great heights, or hang themselves.

Many people overlook the problem of teen suicide. However, the Centers for Disease Control (CDC) report that the number of teen suicides has been increasing in recent years. There are more pressures on teenagers than ever before, and many of them are having trouble coping with the demands that are placed on them. Another problem is that suicide is starting to take on a sort of dark glamour as some social networking web sites feature suicide pacts among its members. But, whatever the causes of teen suicide, it is important to note that the pressures of teenage living can lead to suicide.
Intercepting the Call for Help

Recognizing Specific Risk Factors for Potential Suicide
In many ways, suicide is a social act, meant to influence others. It is one type of communication, and it might be meant to say.....

- I am angry, and I am going to punish you in the worst possible way. You will feel guilty long after I kill myself.

- You never paid attention to me. No one has ever paid attention to me. But if I kill myself, you will have to pay attention to me.

- I need help, but I am not able to ask for it. I don’t know how to ask for help. This is a way to ask for help.

- The pain of my life is too great. I can’t stand it any longer. Either someone has to help me out of this pain, or I will help myself out by dying.

- I want to control you; I can do that by attempting suicide. I will be the victim and you will be the rescuer.

The above list, although incomplete, may give you an idea of what the potential suicidal person may be thinking. Many times when we are familiar with what and how a person thinks, we can be more helpful in dealing with the person.
Teen Suicide Causes and Issues

Since the teenage years are among the most difficult years of life, it is not really a surprise that the third leading cause of death among 15 to 24 year olds—and the fourth leading cause of death among 10 to 14 year olds—is suicide. The pressures that are put on the modern teenager can be overwhelming, as can the additional expectations from adults and peers alike. Some teenagers are not equipped to adequately handle these pressures without help.

According to the University of Texas, 75 percent of those who commit suicide are depressed. In teenagers, depression is considered a leading—if not the leading—cause of teen suicide. There are many factors that can cause depression in teenagers. Sometimes it is a chemical imbalance. Sometimes it is influences outside of the teenager. It can also be a manifestation of hopelessness and pessimism concerning future prospects.

Because depression can play such a large role in causing teen suicide, it is important to understand teen depression, and watch for the signs. Some of the signs of teen depression include:

- Long and/or frequent period of sadness (“the blues”)
- Irritability
- Mood swings
- Anxiety
- Dramatic changes in weight, diet, sleep, and friends
- Feelings of worthlessness
- Feeling of unexplained or unreasonable guilt

It is important to help treat teen depression before it develops into a suicide attempt.

Other causes of teen suicide:

Depression is not the only possible cause of teen suicide. There are others. It is important to note that some of the following can also cause depression, which can in turn lead to teen suicide. Suicide is rarely the result of one factor. Often there are different factors pressuring the teenager at the same time.

Substance abuse. This is a serious problem that can lead to teen suicide. The teenager may feel that it is too difficult to overcome substance abuse and then take steps to end it for good. Others commit suicide while they are not in their right mind, due to the influence of the substance.

Changes at home. Dramatic changes or problems at home can be a cause of teen suicide. Sometimes teenagers can’t handle the upheaval created by divorce. This can be a very depressing time for many teens. Sometimes, teenagers may feel as though the divorce is in some way their fault. This can lead to feelings of guilt and shame.
Other problems at home can include domestic violence. Even if the abuse is not aimed at the teenager, it can be desirable to escape. Some teenagers see death as the only way out of a difficult situation at home.

**Financial problems** are another factor of home life. A teenager may be unduly embarrassed by a financial lack. Or perhaps the loss of a job in the home prompts him or her to “help” the family by reducing the costs associated with the household.

It is important to make sure that teenagers and children understand that most problems at home are not their fault. These times should be seen as opportunities to teach teens the value of sticking together and weathering storms as a family.

**Difficulty keeping up at school.** Sometimes lack of success at school contributes to teen suicide. Teenagers are pressured to do well in school so that they will stand a better chance of earning college scholarships and other awards.

Additionally, extracurricular activities can be a cause of stress. Failure in sports may lead to being made fun of by peers. Additionally, some parents push their teens to participate in a variety of extracurricular activities in addition to their studies. While some teenagers thrive in such an environment, others can’t handle the pressure.

It is important to make it clear to your teenager that while you are proud of accomplishments, they do not form the basis of your love for your child. Make sure that your teenager knows that you love him or her for who he or she is—not for what he or she accomplishes at school.

**Peer pressure.** Recently, news stories have shared the existence of social networking sites that promote suicide pacts. Pictures of those who commit suicide are pictured, and suicide is acquiring a sort of dark glamour. Additionally, some are finding that they are encouraged by friends in these endeavors. Be on the look out for behavior that indicates that your teenager is getting the message that death by suicide is something “cool” to be sought after.

It is important to realize that different factors affect different people in a variety of ways. You should be aware of the pressures faced by your teenager. Challenges are important, but they need to be manageable. Make sure that your teen knows that you are willing to help, and that it is not necessary to try and do everything.
Teen Suicide Warning Signs

According to the Centers for Disease Control (CDC), suicide is the third leading cause of death for young people between the ages of 15 and 24. More sobering is the fact that 12 percent (12%) of those who die between the ages of 10 and 14 do so by taking their own lives. Consequently, the importance of being on the alert for teen suicide warning signs is very important.

- Dramatic changes in personality, i.e., persistent sadness, loss of interest in activities the person was once passionate about
- Signs of depression
- Loss such as breaking up with a boyfriend or girlfriend
- Begins to act recklessly and engage in risk-taking behaviors
- Feelings of insecurity
- Feelings of failure, i.e., “I can’t do anything right.”
- Decline in the quality of schoolwork
- Changes in sleeping habits
- Changes in eating habits
- Neglect or lack of concern about personal appearance
- Expresses the thought that no one cares
- Talks about death and/or suicide (if even in a joking manner)
- Considers running away
- Violent or rebellious behavior
- Expresses worries that nobody cares about him or her
- Writes poems or stories, or draws pictures of death
- Visits web sites and joins social networks that discuss suicide
- Spends time online interacting with people who glamorize suicide and maybe even form suicide pacts
- Expresses a desire to stay home from school frequently
- Giving away prized possessions
- Difficulty concentrating
- Involvement in substance abuse—either alcohol or drugs
- Listlessness
- Close friend or family member who attempts/completes suicide
- Suddenly becoming cheerful after a prolonged depression, i.e., The final decision may have been made, which is in itself a form of relief.
- Verbal hints, i.e., “I won’t be a problem for you much longer.”
- Withdrawal—from family, friends, and regular activities
- Difficulty coping with a teen pregnancy
- Makes plans to take his/her own life
- Previous threats or attempts of suicide
Suicide is usually not the result of one or a few isolated events in a person's life, but the end to a series of frustrating events.

Recognizing the Signs of Distress

Assessing Suicide Risk
Practice assessing suicidal risk. Using the scale below, rate each of the following situations 1 to 10 with 1 being not likely to complete a suicide and 10 being very likely to complete a suicide.

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<td>not likely</td>
<td>threatening</td>
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**Situation 1**
Marie—age 17—has two older sisters in college. One is studying law, and the other is studying medicine. Her mother works, and her father is an executive in a large company. As long as she keeps her grades up, her parents let her do most of what she wants. She seems to enjoy schoolwork because she spends so much time on it. She goes out with friends every now and then, but most of the time she is by herself.

**Rating_____**

**Situation 2**
Adam—age 18—is an honor student on his way to college. He is active in school clubs and organizations. Problems in Adam’s home are common to most families under stress. Three months ago he and his girlfriend broke up. Lately, he has been having headaches and daydreaming a lot. He has dated other girls, but hasn’t found anyone steady yet.

**Rating_____**

**Situation 3**
Cathy—15 years old—has many friends. When Cathy’s parents divorced five months ago, it was hard on her. She never mentioned suicide even though she was moody and pulled away from her friends. However, that is over with now. Yesterday she came to school and happily gave away some of her CDs and books to friends just because she was “so happy now.”

**Rating_____**

**Situation 4**
Mark—age 17—is not athletic. The other day some of his teammates turned on him for losing their football game. He is struggling with schoolwork. He causes no one problems and is not into alcohol or other drugs. He and his mother have been arguing a lot lately. His dad is on the road often. He does not want to go to college, but hasn’t told his parents yet because he knows they won’t like it.

**Rating_____**

…Answering the Call for Help…
What Happened...

**Situation 1**
Completed suicide. Studying Marie’s situation we can see these caution flags:
- Youngest child, older siblings very successful, both parents work and may be less available than Marie needs them to be, few friends, and lack of ability to share.

**Situation 2**
Completed suicide. Studying Adam’s situation we can see caution and red flags:
- Family under stress, break up in a relationship, headaches and daydreaming, which is indicative of unresolved conflict. A need to find a purpose and place in life—why the need to “go steady?”

**Situation 3**
Completed suicide. Studying Cathy’s situation we can see caution and red flags:
- Break up of the family, change in mood and withdrawal from friends, claims withdrawal period is over (which may mean she is suppressing the issues), and quick recovery (which may mean she has actually made the decision to go ahead with the suicide). Gave away prized possessions.

**Situation 4**
Completed suicide. Studying Mark’s situation we see the following issues:
- Feels he doesn’t belong or fit in, family conflict, no role model from his father, frustrated with schoolwork and knows college will be harder, but can’t talk to his parents about not wanting to go to college.

…Answering the Call for Help…
Open-Ended Statements

There are no right or wrong answers to these statements. They are intended only to help you think out your feelings about suicide. Complete the sentence with the first thought that comes to your mind.

1. Suicide is…

2. I think that suicide is morally…

3. People who attempt suicide are…

4. Suicide is a major problem with teenagers today because…

5. My greatest fear about suicide is…

6. The only time that suicide could be is…or, I believe there is no such thing as a rational suicide because…

7. If someone I knew committed suicide, the hardest thing for me to deal with would be…

…Answering the Call for Help…
1. What was this experience like for you?

2. Which was the most difficult sentence to complete? The easiest? Why?

3. What were your feelings and thoughts as you completed this exercise?

4. Was it easier to write or to talk about your attitudes?

5. What did you learn about your attitudes toward suicide or death from this exercise?

6. Did the exercise stimulate awareness that you had not before felt or perhaps not experienced in a long time?

…Answering the Call for Help…
Sample Case Studies

1. Paula had been dating John for over a year. At one time, they had talked of getting married after graduation. She had been planning to continue working at the restaurant while taking courses at the local community college. Recently, however, John didn’t seem the same. He acted tired, bored, and indifferent. Last week, a girlfriend told Paula that she had seen John in a car with another girl, and last night, John told her that he thought they better not see so much of each other for awhile. Paula confided to you that she didn’t want to live anymore if John really wanted to break up. She couldn’t bear the thought of being this unhappy for the rest of her life.

2. Juan’s father killed himself with a shotgun after learning he had terminal cancer. Juan returned to school after the funeral, but didn’t want to talk to any of his friends about what had happened. He flunked two classes that semester and dropped out of sports even though he had been an excellent runner and had hoped to earn a letter on the track team that year. One day he told you that suicide seems to be the only answer for him, too.

3. Paul has had some heated arguments with his parents for several months. He does not want to go to college after he graduates from high school, and they are putting on the pressure. He flunked most of his classes this semester and is now talking about disappearing so life would be easier for his folks. Paul doesn’t seem to be eating or sleeping well, skips school frequently, is beginning to hang around with a rather wild group, and doesn’t want to take part in school activities. Last night he brought you his CD collection and said he wanted you to have it because he wouldn’t need it anymore.

4. Lauren is a popular 16-year old girl who is the co-captain of the varsity cheerleading squad. She has been dating her boyfriend Matt ever since their freshman year in high school. One night, after winning their homecoming game against their biggest in-state rival, Lauren and Matt had unprotected sex. However, just that one time has resulted in Lauren becoming pregnant. Matt denies that the baby is his, and he wants to have nothing else to do with Lauren. He breaks up with her and starts dating Lauren’s best friend Olivia. Lauren is afraid to tell her mother that she is pregnant, and she is embarrassed to even tell her friends. Lauren believes that she has no other choice but to end her life.

5. Mike has been picked on the entire time that he has been in school. Students in elementary school picked on him because he could not read very well. Students in middle school picked on him because he was not as tall as the other boys. Now that he is a freshman in high school, students still pick on him because he does not dress as well as the other students. However, Mike’s mother has been unemployed for the past six months, so she has not been able to buy him any new school clothes. Mike and his mother are currently living with his grandmother, but if his mother is unable to find a job, they will be forced to move out of state. Mike feels as though there is no hope for his situation. He is sinking into a depression and he thinks that no one understands him.

…Answering the Call for Help…
I get a funny feeling,  
it comes from deep inside.  
I get all mad and angry,  
wanting to go and hide.

My doctor calls it depression,  
my dad says it’s just me.  
But the thoughts and feelings,  
no one will ever be able to see.

Some say I’m psycho,  
some say I’m just weird.  
It’s like I’m a different person,  
and the old me just disappeared.

I get really edgy,  
I want to commit suicide real bad.  
Then I get a headache,  
followed by feeling sad.

I wish I could get help,  
I wish it would go away.  
Maybe if I keep praying real hard,  
it will some day.

Note: This poem describes the feelings inside of the poet once she was diagnosed as a “depressed” person. These, however, aren’t even close to all of the thoughts that go through a person’s head.
Responding to the Call
Helping the Suicidal Teen
Getting Help for Suicidal Teens

Not very many people talk about teen suicide, but it is a problem. And, with the existence of “suicide rings” on the Internet, it is something that is becoming increasingly glamorized. Additionally, the pressures of being a teenager today can cause depression and lead to suicide. If you are worried that a teenager is suicidal, or if he or she has attempted suicide in the past, it may be a good idea to find a treatment program for teen suicide.

Factors to consider in treatment for suicidal teens

It is important to realize that each teenager has his or her own case, and his or her own needs. Therefore, before committing to one suicide treatment plan over another, it is important to carefully consider the following factors:

- How dangerous and apparent are the teen’s suicidal tendencies?
- Has the teenager made one or more attempts at suicide?
- Do you feel it likely that a suicide attempt is possible in the future?
- What is the overall health of the suicidal teen?
- What sort of tolerance does the teen have for being away from home, taking medications, or engaging in therapy?

Only when you have answered these questions can you begin to put together a suicidal teen treatment plan or choose an appropriate program. Often, your family doctor or a psychologist can help you decide the best path to choose when deciding between treatment programs for teen suicide.

Psychiatric therapy consists of working with a counselor in order to change the way a teenager thinks and feels—and reacts to the world. This type of therapy usually allows suicidal teens to stay at home and continue going to school. A professional may teach coping techniques and help the teenager learn to better handle stressful situations that may trigger depression and/or suicidal thoughts.

Residential treatment facilities provide on-site long-term care. Teenagers who may have made an attempt at suicide, or who seem on the verge of such an attempt, can be sent to these facilities to help them. They usually stay anywhere from a few weeks to as long as 12 months. Medical and psychiatric professionals are available all the time, and the teenager is cared for and watched to prevent suicide attempts. Detox programs are provided for those who are addicted to substances. Often, the living arrangements allow for the teenager to interact with others who understand them. Support groups are usually provided, and any care that is needed is readily accessible. It can help in some cases if the family sets up regular visits to show support.

Therapeutic boarding schools offer long-term treatment and living arrangements while providing an education. Most residential treatment facilities do not provide academic programs. Therapeutic boarding schools ensure that suicidal teens keep up with their schoolwork, even while they learn to cope with their thoughts. Most therapeutic boarding schools feature teachers and counselors that are certified psychiatric professionals. They can teach teenagers to cope in a supportive learning...
Many of these boarding schools provide extracurricular activities in order to encourage teenagers to expand their horizons. However, these schools may not be open during the summer.

**Supporting suicidal teens**

No matter which of the treatment programs for suicidal teens that you choose, you will find that your support is crucial. It is important for you to make yourself available for your child to talk to. Additionally, you need to make sure that you are showing love and acceptance. Your support and love may make a material difference in your teenager’s recovery.

If you need help as well, you can look for a support group that caters to family members of depressed and suicidal individuals. It is important for you to get the support you need as well. In the end, a suicidal teen is a family issue. It is important to get everyone involved in helping to promote the harmony and healing of the household.

...Answering the Call for Help...
What to Do and What Not to Do
Ways to Be Helpful to Someone Who Is Threatening Suicide

1. Be aware. Learn the warning signs.

2. Get involved. Become available. Show interest and support.

3. Ask if he or she is thinking about suicide.


5. Be willing to listen. Allow expression of feelings. Accept the feelings. Don’t tell him or her to feel better.

6. Be non-judgmental. Don’t debate whether suicide is right or wrong, or if feelings are good or bad. Don’t lecture on the value of life.

7. Don’t dare him or her to do it.

8. Don’t give advice by making decisions for someone else or tell him or her to behave differently.

9. Don’t ask “why.” This encourages defensiveness.

10. Offer empathy, not sympathy.

11. Don’t act shocked. This will put distance between you.

12. Don’t be sworn to secrecy. Don’t promise not to tell anyone.

13. Offer hope that alternatives are available, but do not offer glib reassurance. It only proves you don’t understand.


...Answering the Call for Help...
100+ Things I Can Do To Prevent Suicide
Developed by Judith A. Harrington, Ph.D., September, 2004

- Help a friend or family member who is vulnerable by calling 1-800-273-TALK
- Depression is an illness. Encourage your loved ones to seek well-qualified medical help and counseling.
- Carry the burden (with other caregivers) for risk prevention when someone you know is vulnerable to suicide.
- Always ask if you are worried about a friend or family member. Never assume that he or she would tell you if they were feeling suicidal.
- Notice changes in your loved one, such as altered mood, altered eating or sleeping habits, altered appearance, withdrawal, agitation, risky behavior, loss of interest in pleasurable activities, etc.
- Take note of any losses or setbacks that your loved one has had, even if they are considered typical in the stream of life (loss of a job, separation/divorce/breakup, loss of a friend, loss of functioning, loss of freedom, loss of identity, a humiliation or defeat, etc.)
- Promote the option of counseling and help-seeking for someone about whom you are worried. Talking helps. Even if your loved one won’t call a local crisis center or a counselor, you may do so in order to gain ideas and support for this difficult challenge.
- Ask that your mental health professional utilize a valid suicide assessment tool in addition to interview and diagnostic impressions. Tools available include the following:
  - The Scale for Suicide Ideation (SSI) or (the SSI-Modified)
  - The Self-Rated Scale for Suicide Ideation (SSI-SR)
  - The Suicidal Ideation Scale (SIS)
  - The Suicide Behaviors Questionnaire (SBQ)
  - The Reasons for Living Invention (RLI)
  - The College Students Reasons for Living Inventory (CSRLI)
  - Brief Reasons for Living Inventory (RFL-B)
  - The Suicide Probability Scale (SPS)
  - The Suicidal Ideation Questionnaire (SIQ)
  - The Multi-Attitude Suicide Tendency Scale (MAST)
  - The Fairy Tales Test (FT—also called the Life and Death Attitude Scale or the Suicidal Tendencies Test which is suited for children)
  - The Suicide Status Form (SSF)
  - The Suicide Intervention Response Inventory (SIRI)
- Stay with someone who is feeling self-injurious. Do not let them be alone.
- Avoid using guilt as leverage when someone you know is feeling suicidal (“Don’t you want to live for your family?”) Instead focus on what is at the root of the pain and hopelessness. Take him or her seriously.
- Take note of any losses or setbacks that your loved one has had, even if they are considered “typical” in the stream of life (i.e., loss of job, separation/divorce/breakup, loss
of a friend, loss of functioning, loss of freedom, loss of identity or a role, a humiliation or defeat, etc.)

- Develop a list with your loved one, or with the help of your mental health professional, of at least ten things that would be self-soothing and safe as alternatives to risky behavior.
- Develop a list of safe persons who could be called if your loved one is sinking. Call these people in advance and garner their help.
- Insist that your mental health professional meet with your loved one at least weekly or more often if they are feeling suicidal.
- Insist that your mental health professional meet with your loved one at least four to six months from the time of the first suicide attempt if there has indeed been an earlier attempt.
- Insist that your mental health professional meet with your loved one at least weekly if they have recently been put on a medication to alleviate symptoms. Newfound energy after depression can often be a trigger for impulsive actions before the hopelessness has been resolved.
- Notice if your loved one has a sudden change in mood, affect, actions, or message. Report this to your mental health professional or doctor.
- Do not assume that if your loved one about whom you are concerned begins to seem happy or euphoric that he or she is out of risk. Euphoria may be a sign that a decision has been made to yield to suicide. Report your concerns to your mental health professional.
- Watch for signs of your loved one giving cherished possessions away or attending to important legal papers.
- Listen for messages that may be a threat couched in an unclear statement, such as “I won’t be needing that anymore.” or “I’m planning on going away.” or “Things will never get better.”
- If your loved one seems vulnerable, try to remove access to alcohol or drugs, if possible.
- Remove guns and weapons from your loved one who is vulnerable, if possible.
- Help your loved one to achieve basic activities of daily living, such as eating three meals a day, bathing and grooming, taking a walk, sleeping or napping, etc., if possible.
- Create as much structure as possible, limit downtime or alone time.
- Have the phone numbers available for your local ambulance service, your mental health center, your local crisis center, and the poison control center with you at all times.
- Post Alabama’s poison control center number (1-800-462-0800) or poison control at Children’s Hospital (1-800-292-6678)
- Take your loved one to the emergency room if they are feeling suicidal.
- Give hope to someone who is hopeless about life.
- Take care of yourself and don’t go it alone if you are caring for someone who is at risk for suicide.

...Answering the Call for Help...
Suicide Prevention Referral Process

The following steps outline the suicide prevention referral process for the Baldwin County Public School System:

- Talk/conference with the student who is at suicide risk.
- Have the student to complete a “No Harm Contract.” This contract should be signed by both the student and the counselor.
- Encourage the student to make contact with either the Baldwin County Mental Health Center Crisis Line (1-800-738-2871) or the Mobile Helpline (1-800-239-1117) if he/she feels as though he will change his mind and harm himself.
- Notify the school principal of the student who is at suicide risk.
- After talking with the student, complete the “Suicide Intervention Form,” which should be forwarded to the Intervention Supervisor via courier. (DO NOT FAX THE SUICIDE INTERVENTION FORM.) The counselor should make a copy for herself, which should be retained for her personal files. The principal’s signature should also be included on this Suicide Intervention Form.
- Inform the student’s parent that the child is at suicide risk. (Make contact with the student’s parent via telephone.)
- Decide if the student needs to be referred to Baldwin County Mental Health. If he is referred, make sure that a Parent Release of Information is signed, and that the Baldwin County Mental Health Referral Form is also completed. Fax the referral form to 928-0126. (DO NOT FAX THE REFERRAL FORM TO THE INTERVENTION SUPERVISOR.) Direct the parent/guardian to contact Access to Care at 1-800-738-2871.

Note: Included in the Appendices section is a copy of the Suicide Intervention Form, the No Harm Contract, and the Baldwin County Mental Health Referral Form.
Prevention of Teen Suicide

It is very clear that steps should be taken to prevent teen suicide. Moreover, it is important that you take appropriate action to help protect your teenager. Listed below are some things that can be done if you are worried that your teenager might attempt to commit suicide:

**Talk about teen suicide.** Don’t be silent. If you are worried about teen suicide, ask your teenager if he or she has thought about killing him or herself. Interestingly enough, teen suicide prevention is more likely if you get the issue out in the open. You can even use the word “suicide.” You need to make sure you talk about it in a fashion that makes it clear you are not judging your teenager.

**Show love to your teenager.** Teen suicide prevention efforts are more likely to be successful when your teenager feels loved. Make sure that you show love to your teen. Also, let him or her know that you are there to help with problems. Make it clear that you are willing to help your teenager work through his or her issues and find practical solutions to problems. But don’t start solving the problem for your teenager. The first step is to let him or her know that you are willing to help.

**Listen to your teenager.** Encourage your suicidal teen to talk to you about his or her feelings. Listen carefully, and try to understand. Avoid showing anger or dismissing problems as trivial. You need to let your teen know that you are listening, that you understand, and that you won’t be judgmental.

**Keep lethal weapons out of your home.** Many teen suicides take place in the home. This means that it is important that your teenager not have access to pills, knives, guns, ropes, and other deadly weapons at home. You want to make it more difficult for your teenager to find the means to commit suicide.

**Getting professional help in teen suicide prevention:**

One of the main things you can do for your suicidal teen is to get professional help. You can call your family doctor for guidance and for a referral. Professional help for a depressed or suicidal teen can help prevent suicide by teaching the teenager to cope with his or her problems. There are many help options available for teen suicide prevention:

**Counseling.** Consider getting a professional counselor to help your teen work through his or her problems. Some teenagers prefer to talk about their feelings to someone who is not already emotionally involved. Family counseling sessions can also be helpful in terms of showing your suicidal teen that he or she is not alone.

**Residential teen suicide prevention.** If you are worried that you can’t watch your teenage all day every day to prevent teen suicide, you might consider a residential facility. There are boarding schools and residential facilities that specialize in treating teen depression and focus on teen...
suicide prevention. These facilities offer around the clock care, counseling, and special watch to prevent a teen from killing him or herself.

**Medication.** This is often seen as a last resort, or as something complementary to other treatments. It is important to note that in some teenagers, medication can have the opposite effect desired; some studies show that for some teens anti-depressants actually increase the chance of teen suicide. Carefully consider your teen’s needs before medicating.

It is important for parents, friends, and family members to remember to treat your child with respect and understanding. Show them your unconditional love, and offer them emotional support. It is important that a teen considering suicide feel loved and wanted. Show your teenager that it is possible to overcome life’s challenges, and make sure that he or she knows that you are willing to help out. If a teen feels loved and appreciated, he or she is much less likely to fall victim to teen suicide.
All Hands
On Deck

Involving the Community
About the Foundation
The Jennifer Claire Moore Foundation, Inc. is a non-profit corporation which strives to provide assistance to the youth of Baldwin County Schools through educational programs and related assistance from teenager and adult support groups. The foundation has partnered with the Baldwin County Board of Education and other schools in the county to provide educational assistance to students, helping them cope with the day-to-day pressures of being a teenager, with specific emphasis on suicide prevention and crisis management through Peer Helper programs. The Foundation has also provided training on a state-wide level to school systems interested in the Baldwin County Peer Helper model. The Jennifer Claire Moore Foundation is a qualified charitable organization that has been providing assistance to Baldwin County since 1998 and plans to continue this support.

Mission
To provide the youth of Baldwin County with the confidence needed to navigate the pressures of adolescence, comfort when they need it most, and support with day-to-day issues affecting teens.

Vision
Through our compassion, understanding of adolescent issues, and commitment to those in search of help, we will become the premier source of support and information for youth in need across Baldwin County.

The Peer Helpers Program
The Peer Helpers Program was designed as a part of the Jennifer Claire Moore Foundation, Inc. to provide a support group among high school students. The program began at Foley High School and is now active at seven other Baldwin County schools—Baldwin County High School, Bayside Academy, Daphne High School, Gulf Shores High School, Robertsdale High School, Spanish Fort High School, and Summerdale School. Through this program, students participate in an accredited course as a part of the school’s curriculum in which life lessons are taught. Pressures of being a teenager include: parental divorce, weight issues, family sickness, death of a fellow student, depression, and other issues that have a negative effect on all aspects of the student’s life. This program discusses these issues and trains the students on how to listen to and help advise fellow students who may be struggling with such problems. These peers provide assistance to students dealing with similar issues. Students are provided with the names and phone number of the Peer Helpers and are encouraged to talk with them about any issue they need help with—no matter how small or large it may be.

Board Members
Mrs. Frances Holk Moore Jones, President
Mr. Robert Craft
Mr. Rucker Taylor, Vice President
Mr. Carl Jones
Mrs. Susan Hunt, Secretary
Mrs. Jeanna Pilot
Mr. Tim Russell, Treasurer
Mrs. Melissa Woodson
Mrs. Beth Craft

...Answering the Call for Help...
Community Resources

Alabama Chapter of the American Foundation for Suicide Prevention
1630 4th Avenue North
Birmingham, Alabama 35203-4900
(205) 323-4433 or www.afsp.org
A leading not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education, and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

Baldwin County Mental Health Center
372 South Greeno Road
Fairhope, Alabama 36532
928-9500
Maintains a 24-hour crisis line with professional staff available to respond to persons in crisis because of serious emotional, mental, and substance abuse problems.

Bay Area Grief Coalition
432-6200 or contactus@dauphinwayumc.org
Contact Mrs. Carol Sumrall at (251) 342-7337
Provides grief support for children and teens, ages 4-19, who are grieving the loss of a close family member
Meetings are held the 3rd Saturday of each month at Dauphin Way United Methodist Church from 10:00 a.m.-11:30 a.m. in McGowin Hall.
Support is also available for adults who are dealing with their child's grief.

Fairhope United Methodist Church
155 South Section Street
Fairhope, Alabama 36532
928-1148 or www.fairhopeumc.org
Contact Ms. Ann Pearson
Offers a support group for students who are coping with suicide loss

Family Counseling Center of Mobile, Inc.
431-5111 Monday-Friday or 1-800-273-TALK (8255)
A suicide hotline that is available 24 hours a day/7 days a week
This anonymous, confidential community resource serves Mobile, Baldwin, Clarke, and Washington Counties
National Hopeline Network
1-800-784-2433
This national crisis hotline network automatically connects people who are depressed or suicidal, or those who are concerned about someone they love, to a CONTACT USA or AAS certified crisis center.

Suicide Prevention Hotline
1-800-273-8255
A free, 24-hour hotline available to anyone in suicidal crisis or emotional distress

Survivors of Suicide
Mobile, AL 36608
979-5705
Contact Mr. Bill Specht for information or visit website at www.williamfspecht@yahoo.com
This is a resource for anyone whose life has been affected by another’s suicide. This resource is not for individuals who are suicidal.

Youth Suicide Prevention Program
c/o Catholic Social Services
400 Government Street, Mobile, AL 36602
434-1550 Ext. 27
Contact Ms. Buffy Marston
Jason Foundation Program - counsels students ages 4 -18; strives to provide students with accurate information and tools to identify the warning signs of suicide, how to provide peer support, and learn where to get help. Provides educational classes to school groups and youth programs in Mobile and Baldwin counties. Also provides one on one counseling to individuals of all ages who are experiencing suicidal thoughts or whose life has been affected by another’s suicide.
Save lives. You can too.

SAVE
Suicide Awareness Voices of Education

Help prevent suicide. If you want to learn more about the warning signs and how you can help prevent suicide, contact SAVE. There is hope and you can help. EMTs, doctors and others save lives, and you can too.

In a crisis?
Call 1-800-273-TALK
National Suicide Prevention Hotline

For more information, visit www.SAVE.org
Appendices

Setting the Anchor
A Suicide In-Service Training Model

Suicide among school-aged teenagers is a growing concern, and school personnel have a legal obligation to provide suicide prevention programming to faculty and staff. School counselors have the skills to provide such training, as well as to inform staff and faculty of school policy and procedures for referring potentially suicidal students. A step-by-step model is provided for school counselors to use and adapt for suicide in-service training. This type of training adds to a comprehensive, proactive prevention approach to student suicide. Educators are reminded, however, that in-service training should not be a one-time occurrence, but rather built into the yearly calendar to remind school personnel of potentially suicidal behaviors and appropriate responses.

Pre-Training Planning:
Gaining administrative support. In-service training on suicide awareness will succeed with the support and understanding of the school administrator(s) about the relevancy and importance of this type of program. Therefore, the first step in creating a suicide awareness in-service is to gain support from the principal because without this endorsement, efforts to prevent suicidal behaviors will be ignored (Doan, Roggenbaum, & Lazear, 2003).

Garnering support for suicide awareness training at the elementary level may be particularly difficult due to the tendency of persons to be unaware of the potential for suicide in elementary students. In these cases, school counselors may need to provide information about the rising suicide rate among 10-14 year olds (Hamilton et al., 2007) and about suicide risk factors in children (Barrio, 2007). These statistics may strengthen the argument for needing suicide awareness programming at the elementary level.

When and where to offer the training. Once administrative support is gained, the next step is deciding when and where to present the program. Ideally, prior to the start of the school year is the most appropriate time to provide knowledge of suicidal behaviors as well as the school’s referral policy. The suggested presentation framework requires a minimum of one hour, with additional activities suggested for those who have more time.

In-service participants. Finally, decisions need to be made regarding in-service participants. Because many school staff interact daily with students, the in-service is necessary for everyone who comes into contact with students. In addition to teachers and administrators, cafeteria workers, bus drivers, the custodial staff, secretaries, coaches, and other support staff are to be included in the training.

Providing a full in-service to new staff and faculty, with an abbreviated review session for those who have participated in the in-service in previous years, may also be considered.

Presentation Components:
The in-service should include an evaluative component, a review of verbal and behavioral warning signs of suicide, school policies and procedures, beliefs about suicide, and opportunities to practice identifying suicidal behavior. Each of these elements is detailed below:

…Answering the Call for Help…
**Step 1.** A short quiz can be used as a pre-test and post-test to determine faculty and staff members' knowledge of suicide. (See Appendices Section.)

**Step 2.** Present information on verbal and behavioral warning signs, as well as general statistics about suicide. Examples of verbal warning signs may include: “I can’t stand living anymore,” “Life is meaningless,” or “I can’t go on.” Behavioral cues may include: giving away possessions, a decline in school performance, a change in social interactions, or drug or alcohol abuse.

**Step 3.** Discuss school referral procedures in regards to suicide. Policy and training components that need a thorough discussion include taking all threats seriously and immediately referring students displaying suicidal warning signs to the school counselor.

**Step 4.** An awareness of personal feelings and attitudes regarding suicide is a training consideration. Because time may be a constraint during this one-hour in-service, it may be best for the school counselor to simply acknowledge that feelings of discomfort (in regards to teen suicide) are normal. It should also be emphasized that even if there is doubt regarding the student’s intentions, it is essential to err on the side of caution and refer the student to the school counselor. If, however, time is available to help school staff explore personal feelings and beliefs surrounding suicide, the Suicide Opinion Questionnaire (Domino, Moore, Westlake, & Gibson, 1982) offers various statements about the acceptability of suicide, its relationship to mental illness and religion, and its relationship to personality characteristics.

**Step 5.** Role plays or case examples provide school faculty and staff an opportunity to recognize potential suicidal behavior and understand referral procedures. For example, a school counselor may portray a student talking with a friend about life being hopeless, and teachers can pretend they have overheard the comments and discuss what they would do to assist the at-risk students.

**Step 6.** Evaluation, which is an essential component for program improvement, serves two purposes: (1) to gauge the effectiveness of the in-service format and materials and (2) to assess the amount of knowledge gained. The pre-test in the Appendices Section may also be used as a post-test to assess knowledge gained from faculty and staff members’ participation in the in-service. Faculty and staff members’ feedback can also be used to improve future training, and school counselors should share this information with administrators and discuss changes for future in-services.

**Additional Training Activities for Consideration:**
Additional activities that could be incorporated in the presentation include:

1. Asking staff to write down phrases or sentences they have heard that may be verbal warning signs of suicide.
2. Counselors reading a short story about adolescent suicide to faculty and staff members so they can become more familiar with feelings experienced by suicidal students.
3. Performing more extensive role plays to help demonstrate how to recognize and refer suicidal students.

Note: Each of these suggestions depends upon the time available and the unique needs of a particular school.

…Answering the Call for Help…
Directions: Answer each of the following questions as either true or false.

True or False:

_____ 1. If someone is determined to kill themselves, there is nothing you can do to help.

_____ 2. Suicide attempts are a plea for help.

_____ 3. There are almost always warning signs before someone commits suicide.

_____ 4. Talking about suicide with someone will give them ideas.

_____ 5. Suicidal people do not really want to die. They just want their pain to end.

_____ 6. Most people who commit suicide spoke about their intent ahead of time.

_____ 7. If someone previously had a failed suicide attempt, then they are less likely to complete a suicide.

_____ 8. Suicide can affect people of all ages, even young children.

_____ 9. If your friend asks you to keep his suicidal feelings a secret, you should do so.

_____ 10. An unsuccessful suicide attempt means the person was not serious about wanting to die.

_____ 11. Anyone who tries to kill him or herself must be crazy.

_____ 12. People who talk about suicide are just trying to get attention.

_____ 13. Suicide strikes most often among the rich, or conversely, among the poor.

_____ 14. People who attempt suicide and survive will not attempt suicide again.

…Answering the Call for Help…
15. People who talk about suicide are trying to manipulate others.

16. When people become suicidal, they will always be suicidal.

17. There is little correlation between alcohol or drug abuse and suicide.

18. Most teen suicides occur after school hours and in the teen's home.

19. Suicide ranks third as a cause of death (behind accidents and homicide) among teenagers between the ages of 15-24.

20. Despite our best efforts, suicides can still occur. No one should blame themselves when another person chooses to die.

21. The designation of “survivor of suicide” refers to the family members and friends who are impacted by the death of their loved one by suicide.

22. When people who are suicidal feel better, they are no longer suicidal.

23. People who are suicidal are unwilling to seek help.

24. The tendency towards suicide is inherited.

25. Suicidal people leave notes.
Answer Sheet

1. False. Even the most severely depressed person has mixed feelings about death, and most waver until the very last moment between wanting to live and wanting to die. Most people who are suicidal do not want to die; they just want to stop their pain. The impulse to end it all, however overpowering, does not last forever.

2. True

3. True

4. False. You don’t give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

5. True

6. True

7. False. The majority of completed suicides were preceded by a failed attempt.

8. True

9. False. Never, ever keep your or someone else’s suicidal thoughts and feelings a secret—even if you’re asked to do so. Friends never keep deadly secrets.

10. False. People survive suicide attempts for any number of reasons. Happenstance or the timely intervention of a loved one usually accounts for a person not fully succumbing to death. Depending on the method, people may even end up critically injured or in a coma. A number of different factors make up the difference between a fatality and a survivor, but just because a person lives through a suicide attempt does not mean they were never serious about dying in the first place.

11. False. No, no, no. They are in pain and probably have a chemical imbalance in their brain. Many people who are very “strong” die by suicide.

12. False. People who die by suicide usually talk about it first. They are in pain and oftentimes reach out for help because they do not know what to do and have lost hope. Always take talk about suicide seriously.

13. False. Suicide occurs across all economic, social, and ethnic boundaries.

14. False. People who attempt suicide and survive will oftentimes make additional attempts.

15. False. No. People who talk about suicide are in pain and need help. And telling them that they “just want something” or “are trying to manipulate” is both insensitive and ignorant. People often talk about suicide before dying by suicide. Always take talk about suicide seriously. Always.

...Answering the Call for Help...
16. False. Most people are suicidal for a limited period of time. However, suicidal feelings can recur.

17. False. Oftentimes people who die by suicide are under the influence of alcohol or drugs.

18. True

19. True

20. True

21. True

22. False. Sometimes suicidal people feel better because they have decided to die by suicide, and they may feel sense of relief that the pain will soon be over.

23. False. Many people who are suicidal reach out for help.

24. False. There is no evidence of a genetic link. However, a previous suicide in the family may establish a destructive model for dealing with stress and depression.

25. False. Only a small percentage—about 15%—actually leave a note.
After a Parent’s Suicide: Helping Children Heal by Margo Requarth. This book focuses on how to help children and teens in the aftermath of a parent’s suicide. The book provides an overview of current thinking/research on suicide and explores the increased risk of mental health issues for child survivors. In addition to information about how children grieve at different developmental levels, it also offers comfort to the bereaved, specific coping strategies for families facing this trauma, and insight into what promotes resiliency.

After a Suicide: An Activity Book for Grieving Kids by The Dougy Center. In this hands-on, interactive workbook, children who have been exposed to a suicide can learn from other grieving kids. The workbook includes drawing activities, puzzles, stories, advice from other kids, and helpful suggestions for how to navigate the grief process after a suicide death.

An Empty Chair: Living in the Wake of a Sibling’s Suicide by Sara Swan Miller. At least 30,000 people kill themselves in the United States alone, most leaving behind shocked siblings. Yet, too often, the grief and bewilderment of surviving siblings is simply ignored, leaving the bereaved siblings feeling even more abandoned. The accounts of siblings’ experiences in this book are based on interviews with more than thirty people from all over the United States, as well as the author’s own experience of losing a sister to suicide. Just as sibling relationships are varied and complex, so the feelings and experiences of sibling suicide survivors run a long and complex gamut from deep grief, to anger, to guilt, to relief. Often these feelings are intermixed. The survivors are often bewildered by the complexity of their feelings, including reactions that may seem shameful or inappropriate. These moving accounts will help other sibling survivors of sibling suicide see that they are not alone. No matter what their feelings and reactions are, there are others who have shared them.

Do They Have Bad Days in Heaven? Surviving the Suicide Loss of a Sibling by Michelle Linn-Gust. This is the first comprehensive resource for sibling suicide survivors. Michelle Linn-Gust takes the reader through the personal experience of losing her younger sister Denise Linn and weaves in the available research for sibling survivors. Michelle also journeys sibling loss through the life span. No matter how old you are, you’ll find valuable help in Do They Have Bad Days in Heaven? The author explains suicide, the grief process, and how sibling death impacts the brothers and sisters left behind. She adds practical advice for how sibling suicide survivors can help themselves. Reading this book helps parents, teachers, counselors, and friends understand the grief process that the sibling survivor endures. Included are resource pages filled with helpful places for sibling survivors to search for specific information.

My Son…My Son: A Guide to Healing After Death, Loss, or Suicide by Iris Bolton. A mother’s account of her progression through her grief process after the suicide of her 20-year-old son.

Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care For Them by Doreen T. Cammarata. This newly revised edition of the book is designed for adult
caregivers to read to surviving children following a suicidal death. The story allows individuals an opportunity to recognize normal grieving symptoms and to identify various interventions to promote healthy ways of coping with the death of a special person. Although the language used in the book is simplistic enough to be read along with children and ultimately stimulating family discussion, it can be beneficial to all who have been tragically devastated by suicide. It is recommended for this book to be utilized in conjunction with therapy.

**Why Would Someone Want to Die?** by Rebecca C. Schmidt, M.Ed. This book equips you with the tools necessary to help explain suicide openly and honestly to children in grades K-3. It also serves to open the lines of communication between you and a grieving child. Author Rebecca C. Schmidt, an elementary school counselor, helps readers learn several techniques to guide children through coping with a suicide. The book contains a colorful, illustrated storybook; parental permission forms; counseling activities; special section for parents; child grief-reaction chart; and a resource list for parents and children.
SUICIDE INTERVENTION FORM

Date: _____

School: _____

Name: _______ _______ _______

First Middle Last

SS#: _____

Grade: _____

Sex: _____

DOB: _____

Sp. Ed.? Yes ☐ No ☐

Exceptionality: _______

Person Referring: _____

Position: _______

Parent Name(s): _____

Home Phone: _____

Address: ______

Work Phone: _____

Reason for referral:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Intervention Checklist:

☐ Conference confirms student at suicide risk

☐ No Harm Contract completed

☐ Notified principal

☐ Original sent to Intervention Supervisor

☐ Copy retained for file.

☐ Parent contacted:

☐ Time: _____ Method: Phone

☐ Referral to BCMH? If checked,

☐ Parent Release of Info signed

☐ BCMH Referral faxed

Further comments on intervention efforts:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Principal's Signature __________________________ Date __________

Please forward this form directly to the Intervention Supervisor.

Revised: 10-05
No Harm Contract

I, ________________________, promise not to harm myself or attempt suicide. If I feel like hurting myself, I will call the Baldwin County Mental Health Center Crisis Line at 1-800-738-2871 or 928-9500, or I will contact the Mobile Helpline at 1-800-239-1117 and speak with a crisis worker.

Student: __________________________
Date __________________________

Counselor _________________________
Date __________________________

Student Copy

No Harm Contract

I, ______________________________, promise not to harm myself or attempt suicide. If I feel like hurting myself, I will call the Baldwin County Mental Health Center Crisis Line at 1-800-738-2871 or 928-9500, or I will contact the Mobile Helpline at 1-800-239-1117 and speak with a crisis worker.

Student: __________________________
Date __________________________

Counselor _________________________
Date __________________________

Counselor Copy

…Answering the Call for Help…
Baldwin County Mental Health Center
Child & Adolescent Services
Referral for Counseling/Treatment Assessment

Procedure for making the referral:

1. Complete this referral form. Must be signed by the referring school official.
2. Have parent sign the Authorization for Release of Information with Baldwin County Mental Health Center (BCMHC) as the designated agent.
3. Fax the referral form and the signed Authorization for Release… to BCMHC Access to Care at 1-251-928-0126. It is not necessary for the school official to call ACCESS to Care.
4. Direct the custodial parent to contact Access to Care at 1-800-738-2871.

Office Visit Site: □Fairhope    □Foley     □Bay Minette     Check only one.

Child's Name: _____                  DOB: __/__/____

Custodial Parent: _____                  Phone: 251-____-

School: _____                  Teacher: _____                  Grade: ______

Referred by: _____                  Position: _____                  Phone: 251-____-

Psychological Evaluation:
Tests Used: _____

Date: __/__/____                  Results: VIQ ___  PIQ ___  FSIQ ___

Academic Evaluation:
Tests Used: _____

Date: __/__/____                  Results: Reading ___  Math ___  Spelling ___

Is child currently receiving special education services? □Yes; □No.

If yes, specify exceptionality: None

Brief description of current behavior: _____

Strategies used by the school in attempts to modify that behavior: _____

□Individual/Family Counseling       OR       □Services Requested: Assessment for Day Treatment

School Official: _____________________________                  Date: _____________________________
Date: __/__/____

Student Name: _______ DOB:__/__/____

School: _______

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the legal parent/legal guardian of the above referenced student, hereby authorize the designated agent (below) to communicate with, receive records from and release any and all pertinent information to the Baldwin County Board of Education, Division of Instructional Services—Student Intervention, 1091 B Avenue, Loxley, AL 36551.

Copies of psychological evaluations, medical records and other pertinent information will be used by professional personnel and maintained in confidential files. Please include information concerning medical/psychological diagnosis, prognosis and any recommendations pertaining to the student's educational needs.

Designated Agent Address

Baldwin County Mental Health

372 S. Greeno Road

Fairhope, AL 36532

Correspondence should be sent to:

Division of Instructional Services
Student Intervention
1091 B Avenue
Loxley, AL 36551

For the following use:

_____ IEP/PEP Development
_____ Evaluation purposes
_____ Intervention Services
X_____ Other (specify) Initial Assessment

Parent/Guardian Signature

Date: ___________________
FACT SHEET

Tips for Administrators in Response to Suicide

Guidelines from the World Health Organization
- Suicide is never the result of a single incident.
- Avoid providing details of the method or the location a suicide victim uses that can be copied.
- Provide information about resources that can help to address suicidal ideation.

Cultural Considerations
- Attitudes toward suicidal behavior vary considerably from culture to culture.
- While some cultures may view suicide as appropriate under certain circumstances, others have strong sanctions against all such behavior.
- These cultural attitudes have important implications for both the bereavement process and suicide contagion.

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.¹

Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.²

Suicide Contagion
- Avoid sensationalism of the suicide.
- Avoid glorification or vilification of the suicide victim.
- Do not provide excessive details.

Determine What Information to Share About the Death
- The longer the delay in sharing facts, the greater the likelihood of harmful rumors.
- Several different communications will likely need to be offered.
  - Before a death is certified as a suicide.
  - After a death is certified as a suicide.
  - Provide facts and dispel rumors.
  - Do not provide suicide method details.

Determine How to Share Information About the Death
1. Reporting the death to students
   - Avoid sharing information about the death over a school's public address system.
   - Avoid school-wide assemblies.
   - Provide information simultaneously in classrooms.

2. Reporting the death to parents/guardians
   - Written memos.
   - Personal or phone contacts.

3. Working with the media
   - The district Media Liaison should work with the press.
   - It is essential that the media not romanticize the death.
   - The media should be encouraged to acknowledge the pathological aspects of suicide.
   - Photos of the suicide victim should NOT be used.
   - "Suicide" should NOT be placed in the caption.
   - Include information about the community resources.

Conduct a Staff Planning Session
1. Staff should be provided
   - Current information regarding the death.
   - An opportunity to ask questions and express feelings.
   - If available, news articles about the death.
   - Information about suicide contagion.
   - Suicide risk factors.
   - An updated list of referral resources.
   - Direction regarding how to interact with the media; typically involves referral to the media liaison.
   - Plans for the provision of crisis intervention services.

2. Specific activities/responsibilities for teachers include
   - Replacing rumors with facts.
   - Encouraging the ventilation of feelings.
   - Stressing the normality of grief and stress reactions.
   - Discouraging attempts to romanticize the suicide.
New York State Center for School Safety

Response to Suicide

- Identifying students at risk for an imitative response.
- Knowing how to make the appropriate referrals

3. Address staff reactions.
4. Staff members should be given permission to feel uncomfortable.

Definitions

- Suicide Postvention is the provision of crisis intervention, support, and assistance for those affected by a completed suicide.

- Affected individuals may include classmates, friends, teachers, coworkers, and family members. Affected individuals are often referred to as "survivors" of suicide.

Suicide Postvention Protocol

- Preparedness is an essential component of effective postvention.
- Make sure that a postvention is needed before initiating this intervention.

Goals of Suicide Postvention

- Prevent other suicides.
- Reduce the onset and degree of debilitation by psychiatric disorders.
- Reduce feelings of isolation among suicide survivors.

Memorials

"A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide." (Center for Suicide Prevention, 2004)

STOP

Do NOT

- Send all students from school to funerals, or stop classes for a funeral.
- Have memorial or funeral services at school.
- Establish permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims.
- Dedicate songs or sporting events to the suicide victims.
- Fly the flag at half staff.
- Have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

DO

- Something to prevent other suicides (e.g., encourage crisis hotline volunteerism).
- Develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.

Suicide Postvention Checklist

✓ Verify that a death has occurred.
✓ Mobilize the Crisis Response Team.
✓ Assess the suicide's impact on the school and estimate the level of postvention response.
✓ Notify other involved school personnel.
✓ Contact the family of the suicide victim.
✓ Determine what information to share about the death.
✓ Determine how to share information about the death.
✓ Identify students significantly affected by the suicide and initiate a referral mechanism.
✓ Conduct a faculty planning session.
✓ Initiate crisis intervention services.
✓ Conduct daily planning sessions.
✓ Memorials.
✓ Debrief the postvention response.

Sources:


April 7, 2010

EDUCATING ALABAMA TEENAGERS AND TEACHERS ABOUT TEEN DEPRESSION

Montgomery, Ala. - According to the Centers for Disease Control (CDC), more than 10 teenagers take their own lives each day in the United States and in Alabama it is the 3rd leading cause of death for teens and young adults (ages 15-24).

The Alabama Department of Education and the American Foundation for Suicide Prevention (AFSP) have joined to distribute two new films to all 513 public high schools in the state to help educate students about depression. Research has shown that more than 90 percent of teens who die by suicide have a mental disorder at the time of their death, most often depression.

"We hope that by providing these films to public schools across Alabama we will inform students about depression and the importance of seeking help, while also educating school personnel about suicide risk factors," said Dr. Tommy Bice, Deputy State Superintendent of Education.

AFSP has developed a film, More Than Sad: Teen Depression, to educate high school students on how to recognize depression in themselves or their friends and to encourage them to seek help. The film includes a guidebook to ensure that teachers and other school personnel are able to show it effectively as part of a comprehensive classroom lesson on teen depression.

AFSP has also released a second educational program to help teachers and other school personnel learn more about teen suicide and how they can play a role in its prevention. This program includes the film on teen depression, a second film, More Than Sad: Preventing Teen Suicide and a program manual that integrates the two.

"About six percent of teenagers each year develop a depressive illness," said Dr. Paula Clayton, medical director for the American Foundation for Suicide Prevention (AFSP). "Sadly, more than 80 percent of these kids will not have their illness properly diagnosed or treated which can often lead to absenteeism, failing grades, dropouts, drug and alcohol abuse, and possibly suicide."

This comprehensive program complies with the requirements many states now have for teacher education in suicide prevention, and can be used for group trainings or individual study. To learn more about these films and program visit www.morethansad.org.
Distribution of the 2-disc DVD set is part of the State Department of Education's revitalization for the Comprehensive Counseling and Guidance State Plan and the upcoming Comprehensive Student Support System Plan which will begin this spring and into the 2010-2011 school year.

Funding was made possible through the Alabama Chapter of the American Foundation for Suicide Prevention and their local Out of the Darkness Community Walks. Each film is roughly 25 minutes.

"The Alabama Chapter of the American Foundation for Suicide Prevention is thrilled to provide these films for use in our high schools. Our main goal is that these films will help save the lives of our youth," said Alan Weeks, board member for the Alabama Chapter and who also serves on the national board for the Foundation. "Our chapter appreciates the support from the Governor's office and the Dept of Education on this critical issue."

The American Foundation for Suicide Prevention is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy as well as to reaching out to people with mental disorders and those affected by suicide.

For more information please visit www.afsp.org or Wylie G. Tene, Public Relations Manager for American Foundation for Suicide Prevention at 1-888-333-AFSP or at wtene@afsp.org.