

Student Suicide Threat

(1)

RECOMMENDED STEPS TO FOLLOW:

1. The teacher or other school employee will immediately inform the student's guidance counselor, principal, CFST or designee.
2. Make sure that the student is not left alone, is under careful watch in a secure place, and does not have any means to attempt suicide. A second staff member should be present. **(counselor/principal or designee)**
3. Notify the principal or designee and tell the student that their parent(s)/guardian will be contacted. **(counselor)**
4. Notify parent(s)/guardian. A second staff member should be present to witness the phone call. **(principal or designee/counselor)** Also notify student's Qualified Professional if they have one or Mobile Crisis Management if concerned due to imminent danger. If after three (3) attempts to contact the parent with no success, the emergency contact person should be notified. ***NOTE:** If abuse or neglect is implied as the reason for contemplating suicide, parent contact should not be made but contact Department of Social Services (DSS) instead. Inform DSS that immediate action is necessary to protect the child from harm. If parental contact is made and in the course of contact, abuse or neglect is discovered; immediately call DSS. Whenever DSS is called, complete the DSS Notification Form.
5. Complete the Suicide Threat Information Form **(STA-1)**. **(counselor/principal or designee)**
6. Talk to parents about available resources and advise them to seek professional help for their child. **(counselor/principal or designee)**

Have parents sign the Parental Notification of Suicide Threat/Attempt form **(STA-2)**. Give parents a copy of the Suicide Threat Information Form **(STA-1)** and the Authorization for Re-Entry form to take with them **(STA-4)**. **(counselor/principal or designee)**

Should a parent refuse to come to school after being informed of the problem by telephone, the parent should be informed of the staff policy to call DSS for parental neglect. The effort should be documented on the Notice of Refusal, Part B **(STA-3)**. **(counselor/principal or designee)**

Should a parent come to the school and refuse to seek immediate assessment for their child, advise them of the policy to call DSS for parental neglect. The parent will need to sign the Notice of Refusal, Part A **(STA-3)**. If the parent refuses to sign the form, then the school representative should sign it. **(counselor/principal or designee)**

(2)

The principal/designee should contact Pamlico County Department of Social Services and formally report parental neglect in cases where a parent refuses to come to school and/or seek professional help for their child. **(principal/designee)**

7. When the student returns to school, he/she must be accompanied by a parent/guardian, and the parents must have a signed Authorization for Re-Entry form **(STA-4)**. The parent/guardian and the student will report to the principal and/or guidance counselor prior to re-admittance to classes. At this time, the counselor/principal or designee will follow any instructions given on the Authorization for Re-entry form. If the student is under treatment, a Consent for Exchange of Information form **(STA-5)** will be obtained. Should the parent(s) refuse to participate in the above process, this will be documented on the Notice of Refusal, Part C **(STA-3)**. **(principal or designee/counselor)**

Student Suicide Attempt (At School)

(4)

RECOMMENDED STEPS TO FOLLOW:

1. Administer first aid. **(nurse/first responder)**
2. Call 911 if the suicide attempt is a medical emergency and/or a weapon is involved. Request an ambulance and assistance from law enforcement. Call the service provider listed on the crisis segment of the Person Centered Plan if the student has services; or if there is no provider agency in place, call Crisis Mobile Management Team at 634-4599. **(CFST, principal or designee/nurse)**
3. Clear witnesses from the area. **(principal or designee)** Make sure that the student is not left alone and is under careful watch in a secure place and does not have any means to attempt suicide. **(counselor, principal /designee)**
4. Contact parents. Assign a staff member to accompany student to the hospital if needed. **(principal, counselor or nurse)** *NOTE: If abuse or neglect is implied as the reason for contemplating suicide, parental contact should not be made but Department of Social Services should be called instead. Inform DSS that immediate action is necessary to protect the child from harm. Whenever DSS is called, complete the DSS Notification Form.
5. If an ambulance is not needed, ask parents to come to the school. **(principal or designee/counselor)**
6. If a weapon is involved, DO NOT ATTEMPT TO FORCIBLY DISARM THE STUDENT unless the student is actively harming himself/herself with it. Once law

enforcement is on the scene, have them in counsel with school personnel; determine the best way to disarm the student. **(principal or designee)**

7. Follow Bloodborne Pathogen Exposure Procedures if blood or other bodily fluids are present. **(principal or designee/nurse)**

8. Provide crisis counseling for the suicidal student while awaiting arrival of the parents or transportation to a medical facility. In cases when it is a non-medical emergency suicide attempt, complete the Non-Medical Emergency Suicide Attempt Information Form **(STA-1-B)**. **(nurse/counselor)**

9. If the incident does not require transportation to a medical facility, the counselor, provider Qualified Professional, or Mobile Crisis Management Team will talk to parents about available resources, upon their arrival, and advise them to seek professional help for the child. **(counselor/principal or designee)**

Have parents sign the Parental Notification of Suicide Threat/Attempt form **(STA-2)**. Give parents a copy of the Non-Medical Emergency Suicide Attempt Information Form **(STA-1-B)** and an Authorization for Re-Entry form to take with them **(STA-4)**. **(counselor/principal or designee)**

Should a parent refuse to come to school after being informed of the problem by telephone, the effort should be documented on the Notice of Refusal, Part B **(STA-3)**. **(counselor/principal or designee)**

Should a parent come to the school and refuse to seek immediate assessment for their child, the parent would need to sign the Notice of Refusal, Part A **(STA-3)**. If the parent refuses to sign the form, then the school representative will sign it. **(counselor/principal or designee)**

The principal/designee should contact Pamlico County Department of Social Services and formally report parental neglect in cases when a parent refuses to come to school and/or seek professional help for their child. **(principal/designee)**

10. Notify the Superintendent and Associate Superintendent. **(principal or designee)**

11. Employee(s) with first hand knowledge of the student's suicide attempt should complete a School Incident Report and submit to the principal or designee. **(employee)**

12. The counselor should help witnesses, as appropriate, process their thoughts and feelings about what has happened. Coordinate with parents of witnesses as needed. **(counselor)**

13. Help friends and other affected students, as appropriate, process their thoughts and feelings about what has happened. Coordinate with parents as needed. **(counselor)**

14. When the student returns to school, he/she must be accompanied by a parent/guardian, and the parents must have a signed Authorization for Re-Entry form **(STA-4)**. The parent/guardian and the student will report to the principal and/or guidance

counselor prior to readmittance to classes. At this time the counselor/principal or designee will follow any instructions given on the Authorization for Re-entry form. If the student is under treatment, a Consent for Exchange of Information form (**STA-5**) will be obtained. Should parents refuse to participate in the above process, this will be documented on the Notice of Refusal, Part C. (**principal or designee/counselor**)

15. A school-based meeting will be scheduled within 2 working days after the student returns to school. The school-based meeting will include the student's parent(s), CFST, counselor, principal or assistant, student's teachers, and other individuals as deemed appropriate. At this time, any treatment plan from other agencies will be reviewed if available. A follow-up meeting should be scheduled as needed to monitor the student's progress. (**counselor**)
16. Send copies of completed forms to the Associate Superintendent. (**counselor**)

Student Suicide

(7)

RECOMMENDED STEPS TO FOLLOW:

1. The principal will notify the Superintendent and appropriate Central Office personnel. (**principal**)
2. Communication with the media will be the responsibility of the School and Community Relations Director/ Superintendent. Statements to the media should include actions taken by the school. Do not provide personal information about the victim or the family. **NOTE:** Professionals should be careful to not use the term "suicide" as the cause of death unless officially established by medical and legal authorities. (**Superintendent / School and Community Relations Director, Principal**)
3. The principal will call a staff meeting as soon as possible to: (**principal**)
 - Discuss the situation and the procedure for the day.
 - Inform school personnel of policy and discuss as needed.
 - Encourage teachers who feel uncomfortable to have additional support persons (counselors, social workers, nurses) in their rooms during the first hours. Assistance should be made available to all teachers who previously taught the student, not just those teachers presently involved with the student.
4. At the beginning of the school day, the principal should announce the death of the student and explain using accurate facts (See #2). (**principal**)

5. Let students know that announcements will be made in regards to the funeral. Students should be excused from classes to attend if they have written permission from parents/guardians. Parents will have to provide transportation. **(principal)**
6. Announce to students that social workers and counselors will be available for counseling/talking/listening. Also contact LME liaison for additional triage and counseling support. Find out the names of students who express interest in counseling during the day. **(principal/counselor)**
7. Students requesting counseling will be allowed to report to counseling areas throughout the day. **(counselor)**
8. Continue with classes the remainder of the school day. Allow for future discussion time if the teacher feels comfortable and the need arises. **(teachers)**
9. The principal or designee will call parents of students who demonstrate unusual amounts of grief or distress due to a student's suicide or any other students who request counseling. **(principal)**
10. At the end of the day the principal will call a staff meeting to share information and offer support to staff members. **(principal) *(Remember confidentiality)**
11. To summarize activities concerning the case, a Review and Closure of Student Suicide **(STA-6)** should be completed and filed in the office of the Associate Superintendent. **(counselor)**

Pamlico County Schools Suicide Threat Information Form

Student Name: _____ Referred By: _____
(please print)

School: _____ Phone #: _____

Date: _____ Time: _____

Reason for Referral (be specific):

STUDENT QUESTIONS

1. What is going on? _____

Stressors (check if applicable)

- Loss of significant other by death, divorce, separation
Who _____
When _____
- Loss of important peer relationship – breakup of boyfriend/girlfriend relationship
- Apparent alienation/rejection of or by parent(s)
- Family issues (turmoil, violence, unemployment, mobility, abuse)
- Recent failure at school (relationships, sports, academic standing, etc.)
- Recent involvement with the law
- Does not belong to an identified peer group
- Guilt
- Anxiety
- Hopelessness/helplessness
- Feelings of being bad
- Feels should be punished
- Other stressors _____

Symptoms (Check if applicable and ask how long)

- | | |
|--|---|
| <input type="checkbox"/> Disturbance in sleep | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Weight loss/gain | <input type="checkbox"/> Isolation/Withdrawal |
| <input type="checkbox"/> Psychomotor retardation | <input type="checkbox"/> Accident proneness |
| <input type="checkbox"/> Truancy/running away | <input type="checkbox"/> Aggression/agitation |
| <input type="checkbox"/> Impaired ability to concentrate | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Sexual promiscuity | <input type="checkbox"/> Frequent clinic visitor |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Dysphonic mood |
| <input type="checkbox"/> Lacks interest | <input type="checkbox"/> Somatic complaints (headaches, etc.) |
| <input type="checkbox"/> Thinking/talking about wish to be dead | |
| <input type="checkbox"/> Change in personal appearance (unkempt) | |

Others: _____

(Reintroduce reason for the referral)

2. Do you have any further plans? yes no
(If yes, go to #3 and # 4 and complete)
(If no, go to # 4 and complete)

3. How will you kill yourself?

Specifics of the Self-Destructive Plan

What is it?: _____

How: _____

When: _____

Where: _____

4. Have you felt this way before?

History

Prior ideation:	<input type="checkbox"/> yes	<input type="checkbox"/> no	When?

Prior threat:	<input type="checkbox"/> yes	<input type="checkbox"/> no	When?

Prior attempt:	<input type="checkbox"/> yes	<input type="checkbox"/> no	When?

Has this student been hospitalized for suicidal behavior? _____ yes _____ no

If yes, where? _____

4. Do you see another counselor outside of the school system? _____ yes _____ no

If yes, who? Name: _____
Address: _____

(Attach any pertinent information to this document.)

ACTION PLAN

	Yes	No	Person Responsible	Date
Contact Parents for outside student evaluation	_____	_____	_____	_____
Notify School Principal	_____	_____	_____	_____
Notify Social Services if parents refuse to seek evaluation/treatment	_____	_____	_____	_____

*** If the student has received or is receiving services from an outside agency, parents may continue services with this agency, or they may utilize a different agency.**

A copy of this form must be given to the trained professional.

**Pamlico County Schools
Non-Medical Emergency Suicide Attempt Information Form**

Student Name: _____ Referred By: _____
(please print)

School: _____ Phone #: _____

Date: _____ Time: _____

Reason for Referral (be specific):

STUDENT QUESTIONS

1. What happened? _____

Stressors (check if applicable)

- Loss of significant other by death, divorce, separation
Who _____
When _____
- Loss of important peer relationship – breakup of boyfriend/girlfriend relationship
- Apparent alienation/rejection of or by parent(s)
- Family issues (turmoil, violence, unemployment, mobility, abuse)
- Recent failure at school (relationships, sports, academic standing, etc.)
- Recent involvement with the law
- Does not belong to an identified peer group
- Guilt
- Anxiety
- Hopelessness/helplessness
- Feelings of being bad
- Feels should be punished
- Other stressors _____

Symptoms (Check if applicable and ask how long)

- | | |
|--|---|
| <input type="checkbox"/> Disturbance in sleep | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Weight loss/gain | <input type="checkbox"/> Isolation/Withdrawal |
| <input type="checkbox"/> Psychomotor retardation | <input type="checkbox"/> Accident proneness |
| <input type="checkbox"/> Truancy/running away | <input type="checkbox"/> Aggression/agitation |
| <input type="checkbox"/> Impaired ability to concentrate | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Sexual promiscuity | <input type="checkbox"/> Frequent clinic visitor |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Dysphonic mood |
| <input type="checkbox"/> Lacks interest | <input type="checkbox"/> Somatic complaints (headaches, etc.) |
| <input type="checkbox"/> Thinking/talking about wish to be dead | |
| <input type="checkbox"/> Change in personal appearance (unkempt) | |

Others: _____

2. How will you kill yourself?

Specifics of the Self-Destructive Plan

How: _____

When: _____

Where: _____

3. Have you felt this way before?

History

Prior ideation: yes no When?

Prior threat: yes no When?

Prior attempt: yes no When?

Has this student been hospitalized for suicidal behavior? yes no

If yes, where? _____

4. Do you see another counselor outside of the school system? yes no

If yes, who? Name: _____

Address: _____

(Attach any pertinent information to this document.)

ACTION PLAN

	Yes	No	Person Responsible	Date
Contact Parents for outside student evaluation	___	___	_____	___
Notify School Principal	___	___	_____	___
Notify Social Services if parents refuse to seek evaluation/treatment	___	___	_____	___

*** If the student has received or is receiving services from an outside agency, parents may continue services with this agency, or they may utilize a different agency.**

A copy of this form must be given to the trained professional.

Pamlico County Schools

Parental Notification of Suicide Threat/Attempt

Student's Name: _____

Date of Birth: _____ Sex: _____

School: _____ Grade: _____ Teacher: _____

Parents' Names: _____

Address: _____

Telephone: Home _____ Work _____

As parent/guardian or responsible party, I have been informed by school personnel that _____ has threatened/attempted suicide and is in need of immediate treatment by a trained professional. **I have been made aware of the need to provide adequate supervision of my child while he/she is out of school.**

I understand in order for my child to return to school, he/she must:

- 1) Be accompanied by a parent/guardian or responsible party.
- 2) Bring an *Authorization For Re-entry* form that is completed and signed by an assessment clinician.
- 3) See a counselor/principal or designee to complete the re-entry process.

Signature: _____ Relationship: _____

School Personnel Signature: _____ Telephone #: _____

Title: _____

Pamlico County Schools
NOTICE OF REFUSAL
(Suicide Threat/Attempt)

A. Parent’s Refusal to Seek Assessment

As a parent/guardian or responsible party, I have been informed by school personnel that _____ has threatened harm to self or others and is in need of immediate assessment by a trained professional. Having been informed by school personnel of this situation, I refuse to seek the immediate assessment needed for the above-named child. I understand that the school will follow school board policy and file a Child Neglect report with the Pamlico County Department of Social Services.

(Signature of Parent) (Date)

(Witness) (Date)

The parent/guardian or responsible party refused to sign the above statement concerning assessment.

(School Representative) (Date)

(Witness) (Date)

Called DSS: Time: _____ Contact Person: _____

***NOTE:** Complete DSS Notification Form

B. Parent's Refusal to Come to School

The parent/guardian or responsible party refused to come to school after being informed of their child's suicide threat/attempt.

Student's Name: _____

(School Representative) (Date)

(Witness) (Date)

Called DSS: Time: _____ Contact Person: _____

***NOTE:** Complete DSS Notification Form

C. Parent's Refusal to Follow Guidelines for Re-Entry

The parent/guardian or responsible party did not follow proper guidelines for their child's re-entry into school as stated in the Parental Notification of Suicide Threat/Attempt.

Student's Name: _____

(School Representative) (Date)

(Witness) (Date)

Called DSS: Time: _____ Contact Person: _____

***NOTE:** Complete DSS Notification Form

Pamlico County Schools
AUTHORIZATION FOR RE-ENTRY
(Suicide Threat/Attempt)

Date: _____
Time: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ Sex: _____ School: _____ Homeroom: _____

Parents' Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Person accompanying student to assessment: _____

Relationship to student: _____

Child's current status for causing bodily harm to self and/or others:

Medication given: _____

Possible side effects: _____

Agency follow-up plan: _____

Date student can return to school: _____

Level of threat: _____

Recommended plan as related to school personnel's role: (Must address level of threat)

Next Scheduled Appointment: _____

Assessment clinician: _____ Date: _____
(Signature)

Assessment clinician: _____ Phone: _____
(Please print name)

Position: _____ Agency: _____

****Please attach discharge summary or notes that may help the school help this child.**

Received by: _____ Date: _____
(School Personnel)

**Pamlico County Schools
Consent for Exchange of Information
(Suicide Threat/Attempt)**

RE: _____ Grade: _____
(Child's full legal name)

School Exchanging Information:	Facility Exchanging Information:
Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Fax number: _____	Fax number: _____

I, _____, hereby authorize the above-named facilities to exchange specified information through phone, mail, e-mail, or fax concerning the above name child.

This data shall include: observational, adaptive, behavioral/emotional, psychological, health/medical, psychiatric, educational, social/developmental, audiological, vision, fine and gross motor, speech/language, vocational and dates of appointments.

The purpose of exchanging this data shall be for diagnostic/educational purposes only.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This authorization is fully understood and is made voluntarily on my part.

Signed: _____

Relationship to Student: _____

Witness: _____

Date: _____

***This consent for Exchange of Information will expire on _____
(one year from date)**

Pamlico County Schools
REVIEW AND CLOSURE OF STUDENT SUICIDE

Student's Name: _____ Birth date: _____

Sex: M F Date: _____ School: _____

Grade: _____ Teachers: _____

Parents' Names: _____ Phone (home): _____

Address: _____ Phone (work): _____

Details of Death:

Method: _____

Place: _____

Time: _____

Other: _____

History of student:

A. Suicidal Behaviors: _____

B. Family Death History: _____

C. Personality and Lifestyle of Student: _____

D. Relevant Educational History: _____

E. Typical patterns of reactions to stress: _____

_____ Loss of significant other by death, divorce, separation (who, when)

Reaction: _____

_____ Apparent alienation/rejection of parent(s)

Reaction: _____

_____ Loss of important peer relationships—breakup of boyfriend/girlfriend relationship
Reaction: _____

_____ Family issues (turmoil, violence, unemployment, mobility, abuse)
Reaction: _____

_____ Recent failure at school—relationships, sports, academic standing, etc.
Reaction: _____

_____ Did not belong to an identified peer group
Reaction: _____

_____ Recent involvement with the law
Reaction: _____

_____ Other stressors (describe)
Reaction: _____

MALADAPTIVE BEHAVIORS NOTED

Symptoms: (check if applicable and ask how long)

Immediately Prior – within 1 month of death

Recent – within 1 year of death

Chronic – more than 1 year

	Immediately Prior	Recent	Chronic
Disturbance in sleep			
Disturbance in appetite			
Weight loss or gain			
Isolation or withdrawal			
Accident proneness			
Truancy/running away			
Aggression or agitation			
Impaired ability to concentrate			
Hallucinations			
Thinking or talking about wish to be dead			
Sexual promiscuity			
Change in personal appearance (unkempt)			
Somatic complaints (headaches, etc.)			
Drug/alcohol use or abuse			
Depression			
Lack of interest			
Other			

POSITIVE FACTORS IN STUDENT'S LIFE

- A. Academic Achievements _____
- B. Interests _____
- C. Hobbies _____
- D. School Activities _____
- E. Group Activities _____
- F. Goals _____
- G. Outside Activities (outside school) _____

General Comments: _____

Submitted by: _____ Position: _____
Date: _____

Received and reviewed by: _____ Position: _____
Date: _____

Department of Social Services Notification

If abuse or neglect is suspected in a student who is contemplating suicide, immediately contact the Pamlico County Department of Social Services (745-4086) and report the following information:

Child's Name: _____

School: _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Specifics of the reported abusive behavior or incidents:

Recent changes in school attendance, performance or behavior:



Date of Contact: _____

Time of Call: _____ Caseworker Contacted: _____

Response Plan Agreed Upon:

Required Follow-up:

The child must be kept safe and secure until a Social Service Worker, Child Protective Services Worker, or other authorized individual accepts responsibility for the safety of the child.

SUICIDE RESOURCE CONTACT NUMBERS

EAST CAROLINA BEHAVIORAL HEALTH LOCAL MANAGEMENT ENTITY (ECBH LME)

ACCESS: 877-685-2415

PROVIDERS ENDORSED TO PROVIDE MH SERVICES IN PAMLICO COUNTY

(Call these numbers only if a provider is already involved with the student/family)

<u>PROVIDER</u>	<u>CONTACT #</u>	<u>OFFICE LOCATION</u>
Carolina Choice	638-2355	New Bern
Dixon	633-1094	NB/Bayboro
Down East Health Care	514-4100	New Bern
East Carolina Health Resources	636-0001	NB/Bayboro
Easter Seals-UCP	636-6007	New Bern
Le Chris Health Systems	636-6105	New Bern
Port Human Services	745-7789	Bayboro
Preferred Alternatives	633-4322	New Bern
RHA	638-9091	Bayboro

In-School Counselors

Still Waters	745-9703	Pamlico County HeartWorks, Bayboro
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Pamlico Peds

Bruce Arnold, LCSW	745-2070	Bayboro
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Suicide Hot Lines

National Suicide Prevention Life Line	800-784-2433	800-SUI-CIDE
	800-273 8255	800-273-TALK

(Both numbers route callers to the nearest suicide prevention center - Greenville)

	634-	
Mobile Crisis Management Team	4599	Pager
Lynn Durham	571-2934	
Larry Maxey	571-3737	
Krystal Murphy	571-9043	

Warning Signs of Suicide

(adapted from American Association of Suicidology)

HOW DO YOU REMEMBER THE WARNING SIGNS OF SUICIDE?

Here is an Easy-to-Remember Mnemonic:

IS PATH WARM?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

- IDEATION - Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or, looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or, talking or writing about death, dying or suicide, when these actions are out of the ordinary.
- Increased SUBSTANCE (alcohol or drug) use
- No reason for living; no sense of PURPOSE in life
- ANXIETY, agitation, unable to sleep or sleeping all the time
- Feeling TRAPPED – like there’s no way out
- HOPELESSNESS
- WITHDRAWING from friends, family and society
- Rage, uncontrolled ANGER, seeking revenge
- Acting RECKLESS or engaging in risky activities, seemingly without thinking
- Dramatic MOOD changes

These warning signs were compiled by a task force of expert clinical-researchers and “translated” for the general public.

What To Do

Here are some ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Be Aware of Feelings

Many people at some time in their lives think about completing suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and thoughts they experience:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

Get Help

Contact:

- A community mental health agency
- A private therapist or counselor
- A school counselor or psychologist
- A family physician
- A suicide prevention or crisis center

Signs of Suicidal Tendencies

(adapted from American Academy of Child and Adolescent Psychiatry)

Change in eating and sleeping habits

Withdrawal from friends, family, and activities

Violent or rebellious behavior; running away

Drug or alcohol abuse

Changes in behavior

Persistent boredom, difficulty concentrating

Decline in school achievement

Frequent stomachaches, headaches, fatigue

Loss of interest in pleasurable activities

Inability to accept praise

Giving away favorite possessions

Verbal hints like “I won’t see you again”