

Resuming the School Routine

Once your child is determined to no longer be at imminent risk to harm him/herself, it is helpful to create a sense of routine and structure. It is also helpful to keep the school informed so that your child may return to their coursework and activities as soon as possible. With this in mind, we require that a re-entry meeting be held after the assessment and *before* your child begins their next school day. It is imperative that you attend this meeting.

Acting as your child's advocate, the Guidance Counselor and School Nurse can be of tremendous support. The School Nurse can regularly assess for any medical complications or medication side effects. District policy states that all medications a child uses are to be kept under the supervision of the Nurse to ensure its appropriate application and monitor safe usage. We would like to assist in the coordination of care between your health providers and [Name of School]. Let us know what your child needs and how we can help. We'll do our very best to support your child and you during this challenging time.

Additional Information:

To learn more about youth suicide, a number of resources are available to you.

- **The National Suicide Prevention Lifeline 1-800-273-8255**

www.suicidepreventionlifeline.org

- **National Alliance on Mental Illness**

www.nami.org

- **The American Association of Suicidology**

www.suicidology.com

- **The American Foundation for Suicide Prevention**

www.afsp.org

The information contained in this brochure is for educational purposes only and is not intended as a substitute for professional diagnosis or treatment. Please consult a medical professional immediately if you suspect someone is suicidal.

Dial 911 for Emergencies

**Credit for this document goes to Campbell High School in Litchfield NH*

[SCHOOL NAME AND LOGO HERE]

Information and Support for Parents of Children Who Have Been Identified as At-Risk for Suicide

Dear Parent/Guardian,

You are receiving this brochure because your child has been identified as having risk factors for suicide. This is a quick reference guide for you to use as you prepare for additional support. If you have any questions, please refer to one of the contact numbers listed below.

Name of High School [phone number here]

Asst. Principal [Name and Phone Number]

Guidance Director [Name and Phone Number]

Counselors [Name and Phone Numbers]

School Nurse [Name and Phone Number]

Social Worker [Name and Phone Number]

Psychologist [Name and Phone Number]

Dear Parent or Guardian,

Receiving information that your child is thinking about suicide can produce a wide range of emotions including disbelief, anxiety, sadness, guilt, and anger, to name a few. All of these reactions are normal and common in a situation such as this. Fortunately, there are services and supportive professionals willing to step forward to offer information and a helping hand.

So, what happens next? After you receive the phone call from school staff informing you that your child is at risk, you will be provided with some recommendations and requirements for additional assessment. *The safety of your child is our first priority.*

If a student discloses suicidal thoughts along with a plan to act on these thoughts, it is district procedure that they be evaluated by psychiatric professionals to determine the level of risk to their safety. The assessment must be completed before your child will be allowed to return to school. You should also know that it is procedure to have your child transported to the crisis center by ambulance.

Acute Community Crisis Evaluation Services System: ACCESS

Located at the Community Hospital, ACCESS conducts 24 hour crisis assessment and referral for appropriate level of care.

Community Mental Health Center - Emergency Services

[Phone number and address] provides 24 hour crisis assessment, triage, and referral to appropriate level of care.

National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

Crisis Text Line: 741741

Protective Factors (not a complete list):

Protective factors are the positive conditions and resources that promote resiliency and reduce the potential for youth suicide. These include: close family bonds, a strong sense of self worth, a sense of personal control, a reasonably stable environment, best friends, responsibility to others, activities, pets, lack of access to lethal means.

Suicide Warning Signs (not a complete list):

- Talking about death and dying in general
- Talking about suicide or wanting to die; talking about means or methods to kill oneself; obtaining a weapon or other means
- Isolating self from friends and family
- Feeling life is meaningless; feeling hopeless, helpless
- Putting life in order or giving away possessions
- Picking fights, arguing, irritability, increased anger
- Refusing help, feeling beyond help
- Sudden improvement in mood after being down or withdrawn
- Neglect of appearance, hygiene
- Sleep and/or appetite changes
- Dropping out of activities
- Direct Verbal Clues such as “I wish I were dead,” “You’ll be better off without me,” “I’m so tired of it all,” “Pretty soon you won’t have to worry about me,” or “No one will miss me when I’m gone.”

If you observe any of these signs or have other reasons to suspect your child may be at risk for suicide, ASK THEM. Say, “I’m concerned about you. You’re not yourself lately. Are you thinking about killing yourself?” **DO NOT LEAVE YOUR CHILD ALONE.**

Other considerations: Children are at far greater risk for suicide when medications or guns are accessible in the home. Lock them up. Other factors may increase suicidal behavior such as previous attempts, alcohol and substance abuse, mental illness, a family tragedy, and exposure to other young people who have experience with suicidal thinking/behavior. Grief and loss issues such as the death of a relative, friend, or pet, or a breakup of a relationship can trigger thoughts of dying. We also need to pay special attention to those young people who are exploring or questioning their sexual orientation because this can be a significant factor in assessing increased risk.