RPS RICHMOND PUBLIC SCHOOLS

SUICIDE PREVENTION GUIDELINES

Richmond Public Schools
2022-2023 Edition

Culture, Climate & Student Services
(804) 780-6070
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Introduction

Purpose

Suicide is considered a serious public health issue that can take a toll on friends, families, schools and communities. According to the Center for Disease Control (CDC), Suicide is defined as when people direct violence towards themselves with the intent to end their lives and die as a result of their actions. Youth suicide is a serious problem in society and is the second leading cause of death for young people ages 15-24. The Youth Risk Behavioral Surveillance Survey (YRBS) completed in 2015 indicated that nationally 29.9% of youth felt sad or depressed – everyday – for at least 2 weeks in the past 12 months, 17.7% of youth considered committing suicide in the 12 month period, 14.4% reported that they have made a plan and 8.6% have actually attempted to take their life.

In 1999 the General Assembly of Virginia amended mandated the VA Board of Education, The Department of Behavioral Health and Developmental Services and the Department of Health to cooperatively develop guidelines with regard to assessing and responding to student threats of suicide and required parent contact. The Code of VA 22.1-272.1 mandates that licensed school personnel contact parents when they have been made aware of the imminent risk of suicide.

Responsibility

All licensed school staff are responsible for identifying and reporting students at risk of suicide.
Specific staff have the training and responsibility to assess suicide risk and imminent danger. The Virginia Department of Education (VDOE) has identified those specific staff as:

- School Counselors
- School Social Workers
- School Psychologists
- Nurses (Registered and Licensed Practical Nurses)

Reporting

All district staff are responsible for reporting and responding to threats of suicide. Upon any teacher or staff member receiving concerns of a student directly or indirectly expressing suicidal thoughts, the staff is to **take the situation or potential threat of self-harm seriously** and **take immediate action**. School staff who have received possible concern that a student may be evidencing suicidal ideation or intent to self-harm are to inform the building administrator immediately. If the principal is not available the administrative designee should be consulted. ***NOTE: The student should not be left unsupervised while seeking support.***

The administrator or designee should immediately alert an available licensed staff: the school counselor, school psychologist, school social worker or nurse to complete the suicide threat assessment.

Assessing Risk

The threat assessment protocol should be implemented however the threat of suicide can only be assessed by staff identified in this protocol. Identified staff have the responsibility of completing the threat assessment for suicide and must determine level of risk. Risk for suicide should be assessed utilizing the risk assessment sheet on page 7. Assessing and responding to risk of threat includes:

- Determining whether a plan is in place and what it is
- Evaluating accessibility to lethal means (weapons, drugs etc.)
    - Security must be called when students are in possession of lethal means such as weapons
- Reviewing current student information (attendance, behavior, grades, IEP as appropriate)
- Consulting with threat assessment team for consideration of additional supports
- Contacting parents to notify of risk of self-harm (always*) – IMMEDIATELY. Document date, time, person contacted, number called, and outcome

If, upon contacting parents, the parent indicates knowledge of suicidal ideation with no intent to seek assistance to protect the well-being of the child or failure to seek mental health treatment which may place or leave a child at risk, the staff should implement CPS reporting protocol and ensure the CPS hotline office is aware of suicidal concerns. Reporting staff should cite VA Code 22.1-272.1 which mandates the report. Document date, time, person contacted, number called, and outcome.

Parent are **not** to be contacted or notified if student has indicated that the reason for threats of suicide or self-harm are due to parental abuse or neglect. Reporting staff should implement CPS reporting protocol and ensure the CPS Hotline officer is aware of imminent suicidal risk. Reporting staff should cite VA Code 22.1-272.1 which mandates the report. CPS should advise next steps with regard to contacting parents. Document date, time, person contacted, number called, and outcome.

If student is in imminent risk and requires immediate treatment and emergency transport, administrator should immediately alert Safety and Security and Culture, Climate & Student Services Departments. Additionally, students who are at moderate or high risk should not be sent home alone. Student should remain under adult supervision until parent / guardian or other authority accepts responsibility for student.

General Guidelines for all staff, faculty, and staff to observe during a suicidal crisis:

1. Take every threat seriously.
2. Remain calm, do not act shocked.
3. Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
4. Acknowledge the student's feelings. Ask questions for clarity.
5. Do not get into a debate about whether suicide is right or wrong.
6. Offer hope. Let the student know that there is help, and that he or she can feel better.
7. Do not promise confidentiality.
8. Do not underestimate or brush aside a threat.
9. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her to a trained professional. Under no circumstances should you attempt to counsel the student.
10. Explain to the student the next steps in the intervention, e.g., going together to see the School Counselor or designated staff.
11. Trained mental health staff will complete assessment procedures

Common Suicide Warning Signs

- Suicide notes / social media etc.
- Direct & indirect suicide threats
- Making final arrangements
- Giving away prized possessions
- Talking about death
- Reading, writing, and/or art about death
- Hopelessness or helplessness
- Social Withdrawal and isolation
- Lost involvement in interests & activities
- Increased risk-taking
- Heavy use of alcohol or drugs
- Abrupt changes in appearance
- Sudden weight or appetite change
- Sudden changes in personality or attitude
- Inability to concentrate/think rationally
- Sudden unexpected happiness
- Sleeplessness or sleepiness
- Increased irritability or crying easily
- Low self esteem
- Self- injurious behavior

<u>School-based / academic warning signs:</u>

- Dwindling academic performance
- Abrupt changes in attendance
- Failure to complete assignments
- Lack of interest and withdrawal
- Changed relationships
- Despairing attitude

Source: National Association of School Psychologists (nasponline.org)

Assessment

Interview Questions

Thoughts of Suicide

Have you ever thought about killing yourself?	
Have you ever thought that things would be better if you were no longer here / alive?	
Are you currently thinking of hurting or killing yourself?	

Prior Attempts

Have you ever tried to kill yourself before?	
When was the last time? (within 3 months?)	
How?	

Ideation

When did you first start thinking about killing yourself?	
What do you do when you have thoughts about hurting yourself?	
How often do you have thoughts of hurting yourself?	
How long do these feelings last?	

Plan

Do you have a plan for ending your life?	
Have you been planning?	
How would you do it?	
How soon / when are you planning to do it?	
Do you have the (weapon, drug…..fill in the blank)? Where?	

Interview Questions (continued)

Intent

What would ending your life accomplish?	
What have you done to begin your plan?	
What stops you from carrying out the plan?	

Pain

Do you feel that you are a burden to others?	
Is this the worst you have ever felt?	
How bad / how much pain are you in?	
Are you experiencing anger, anxiety?	
Are you using any drugs or alcohol?	
How are you sleeping and eating?	

Protective Factors

What / who makes you feel better?	
Who helps you in a crisis or when you are feeling badly? Family supports Social supports / friends School supports / school staff	
Feelings of belongingness	
Coping skills	
Current Stressors	

Additional Questions or Comments:

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

		Risk present, but lower	***Medium Risk***	***Higher Risk***
1.	Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	☐ Vague. ☐ Means not available. ☐ No specific time. ☐ Pills, slash wrists. ☐ Others present most of the time.	☐ Some specifics. ☐ Has means close by. ☐ Within a few days or hours. ☐ Drugs/alcohol, car wreck. ☐ Others available if called upon.	☐ Well thought out. ☐ Has means in hand. ☐ Immediately. ☐ Gun, hanging, jumping. ☐ No one nearby; isolated.
2.	Pain	☐ Pain is bearable. ☐ Wants pain to stop, but not desperate. ☐ Identifies ways to stop the pain.	☐ Pain is almost unbearable. ☐ Becoming desperate for relief. ☐ Limited ways to cope with pain.	☐ Pain is unbearable. ☐ Desperate for relief from pain. ☐ Will do anything to stop the pain.
3.	Resources	☐ Help available; student acknowledges that significant others are concerned and available to help.	☐ Family and friends available, but are not perceived by the student to be willing to help.	☐ Family and friends are not available and/or are hostile, injurious, exhausted
4.	Prior Suicidal Behavior of… A. Self B. Significant Others	☐ No prior suicidal behavior. ☐ No significant others have engaged in suicidal behavior.	☐ One previous low lethality attempt; history of threats. ☐ Significant others have recently attempted suicidal behavior.	☐ One of high lethality, or multiple attempts of moderate lethality. ☐ Significant others have recently committed suicide.
5.	Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	☐ History of mental illness, but not currently considered mentally ill. ☐ Daily activities continue as usual with little change. ☐ Mild; feels slightly down. ☐ No significant medical problems. ☐ Stable relationships, personality, and school performance.	☐ Mentally ill, but currently receiving treatment. ☐ Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. ☐ Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. ☐ Acute, but short-term, or psychosomatic illness. ☐ Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	☐ Mentally ill and not currently receiving treatment. ☐ Gross disturbances in daily functioning. ☐ Overwhelmed with hopelessness, sadness, and feelings of helplessness. ☐ Chronic debilitating, or acute catastrophic, illness. ☐ Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6.	Stress	☐ No significant stress.	☐ Moderate reaction to loss and environmental changes.	☐ Severe reaction to loss or environmental changes.
Total Checks				

Source: University of Houston Clear Lake - Psychological Services Clinic
Suicide Risk Assessment Summary Sheet
https://www.uhcl.edu/psychological-services-clinic/documents/suicide-risk-assessment.pdf

Suicide Risk Assessment Summary Scoring Guidelines

Higher / Imminent Risk

If student has the means at hand to attempt suicide and not willing to work with you to resolve and take immediate action (do not leave student unattended). **ALL** higher risk assessments should immediately be referred to CReST at (833)968-1800.

a. Contact mental health crisis services (RBHA 804-819-4030)
b. Keep student as calm as possible and supervised
c. Continue to work with student to attempt to retrieve lethal means at hand – while keeping all others safe including self
d. Call parents
e. Alert Safety and Security
f. Document

Medium – High Risk

If student is at risk of harming self – there is a potential that the student may act on suicidal thoughts but the risk / threat is not imminent (do not leave student unattended). **ALL** medium - high risk assessments should immediately be referred to CReST at (833)968-1800.

a. Determine of the reason for the suicidal ideation is due to parent / guardian abuse or neglect
    a. If yes, implement protocol for students suspected of abuse and call Child Protective Services (CPS) (804-646-0438, 1-800-552-7096)
b. Contact parent / guardian to inform of situation and come to the school to meet
    a. If parent is unable to get to school, contact the Department of Culture, Climate & Student Services to attempt to assist (804-780-6070)
    b. If parent / guardian is unwilling to assist with supporting child through crisis, contact CPS to report and determine call to mental health crisis – RBHA (804-819-4030)
c. Work with parent / guardian or CPS worker to determine plan to support student through crisis and follow through with referrals as determine appropriate.
d. Document.

Low Risk

If student has expressed suicidal ideation but risk of self-harm is assessed to be low

e. Determine of the reason for the suicidal ideation is due to parent / guardian abuse or neglect
    a. If yes, implement protocol for students suspected of abuse and call Child Protective Services (CPS) (804-646-0438, 1-800-552-7096)
f. Contact parent / guardian to inform of situation and come to the school to meet
    b. If parent is unable to get to school, contact the Department of Culture, Climate & Student Services to attempt to assist (804-780-6070)
g. Work with parent / guardian or CPS worker to determine plan to support student through crisis and follow through with referrals as determine appropriate.
h. Document

Suicide Risk Assessment Summary Scoring Guidelines (continued)

Predicting Suicidal Behavior (CPR++)
(Ramsay, Tanney, Lang, & Kinzel, 2004;)

- Current plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?

- Pain (unbearable pain = greater risk)
    - How desperate to ease the pain?
    - Person-at-risk's perceptions are key

- Resources (more alone = greater risk)
    - Reasons for living/ dying?
        - Can be very idiosyncratic
        - Person-at-risk's perceptions are key

(+) Prior Suicidal Behavior?
of self (40 times greater risk)
of significant others

(+) Mental Health Status?
history mental illness (especially mood disorders)
linkage to mental health care provider

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SUICIDE PREVENTION DOCUMENTATION FORM

Instructions: To be completed immediately upon knowledge or suspicion of suicide. A copy of the completed form and risk assessment are to be submitted to the Department of Culture, Climate & Student Services via email at **keepkidssafe@rvaschools.net** immediately of the reported incident.

MENTAL HEALTH SUPPORT STAFF (name of person completing form and assessment)

Date: _____ Time: _____ School/Dept: _____
Name: _____ Title: _____
Address: _____ City: _____ Zip: ___
Phone: _____ Principal/Director/Designee: _____

STUDENT INFORMATION

Name: *(last)* _____ *(first)* _____ *(mi)* ____
DOB: _____ Grade: _____ Gender: ☐ Male ☐ Female ☐ Other: _____
Ethnicity: _____ Special Education/SWD: ☐ Yes ☐ No
Address: _____ City: _____ Zip: ___
Phone 1: _____ Phone 2: _____ Phone 3: _____

Parent/Guardian Name: *(last)* _____ *(first)* _____ *(mi)* ____
Address *(if different than child):* _____ City: _____ Zip: ___
DOB: _____ Gender: ☐ Male ☐ Female Ethnicity: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____

REFERRAL SOURCE (who provided the information that initiated the assessment)

Name: *(last)* _____ *(first)* _____ *(mi)* ____
Aliases/Nickname: _____ Relationship to Student: _____
DOB: _____ Gender: ☐ Male ☐ Female Ethnicity: _____
Address: _____ City: _____ Zip: ___
Phone 1: _____ Phone 2: _____ Phone 3: _____
Summary of the information that initiated the assessment: _____

RISK ASSESSMENT

Completed: ☐ Y / ☐ N
Assessment Risk Level: ☐ Low ☐ Medium ☐ High ☐ Imminent
RBHA Crisis Notified: ☐ Y / ☐ N
Parent/Guardian Notification: _____

INCIDENT

Parent Name: _____

Phone Number: _____

Time of Call (s): _____

Successful Contact: ☐ Y / ☐ N

Plan of action with parent: _____

CPS NOTIFICATION

Richmond CPS Hotline (804) 646-0438 or State CPS Hotline 1-800-552-7096

1. Was the incident reported to CPS?:
   ☐ Yes ☐ No Date: _____ Time: ___

   CPS Hotline Counselor's name/ID #: _____

   Complete Documentation: _____

MEDICAL ATTENTION

2. If determined by the mental health staff or school nurse that the student is in need of intensive/extensive treatment, was emergency medical services (EMS/911/RBHA Crisis) contacted?:
   ☐ Yes ☐ No Date: _____ Time: ___

3. Was RPS Safety and Security notified?:
   (Required for EMS or RPD involvement.)
   ☐ Yes ☐ No Date: _____ Time: ___

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4. Was the appropriate Principal Director notified?:
   ☐ Yes ☐ No Date: _____ Time: ___
   Comments: _____

FOLLOW UP

Students who have been identified at risk for suicide should be monitored or have plan developed for follow up intervention.

Parents should be provided information about

- School based supports and contact
- available community based resources
- safety plan for their child

FOLLOW UP (cont.)

Implement school based and/or district crisis response plan

Completed Student Safety Plan? Select Answer (See Addendum)

Resources

	Telephone	Email
CPS Hotline		
Local - Richmond	804-646-0438	
State	800-552-7096	

Emergency Services		
	911	
RBHA Crisis	804-819-4100	
National Suicide Prevention Lifeline	1-800-273-8255 (TALK)	

Culture, Climate & Student Services		
RPS Designated Suicide Prevention Liaison for Children:		
Angela Jones, Director	804-780-6070	ajones2@rvaschools.net keepkidssafe@rvaschools.net (*Email for submitting Suicide Prevention documentation)*
Dr. Harold Mitchell, Sr. Psychologist	804-780-5510	hmitchel@rvaschools.net
Ms. Na-Keisha White, RN, Coordinator of Health Services	804-780-7801	nwhite2@rvaschools.net

Safety and Security		
Mauricio Tovar, Director	804-780-8550	mtovar@rvaschools.net

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Student Safety Plan – School Based

(Following Threat Assessment/Suicide Risk Assessment)

Team Meeting **Date:**

Student Name:	
Date of threat assessment or suicide risk assessment:	
Assigned case manager (for safety planning and support):	Name: Role: Phone Number: Email:
Team members participating:	☐ Student ☐ Case Manager ☐ Parent/Guardian ☐ Other School Mental Health Staff ( ) ☐ Other School Staff ( ) ☐ Outside Provider: ☐ Other ( )
Date that safety plan will be reviewed:	

These are the people and activities that improve my mood:

(*Examples: friend Keisha, attending art class, walking, etc.*)

These are the coping strategies I (student) can use:

(Examples: taking deep breaths and counting to 10, talking about my feelings, listening to music, etc.)

Student Name:

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These are the school supports needed:

Support	**Person(s) Responsible**
(*Examples: laminated pass to school counseling, additional time to complete missed assignments, regular pass to go to the school nurse for medication monitoring, etc.)*	*(Examples: teachers, student, school counselor, school nurse)*

These are warning signs that I am struggling to cope with my emotions or my feelings are escalating:

(Examples: I can't concentrate in class, I get angry at others, I start cutting, etc.)

These are the trusted adults that I will seek out if I am ever having strong emotional thoughts or feelings that are more powerful than I can manage on my own:

(Examples: my school counselor, my special education case manager, my chorus teacher, etc.)

Student Signature: _____

Date

Case Manager Signature: _____

Date

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Student Re-Entry Plan (following a crisis)

Student Last Name: **Student First Name:** **Student ID:**
School: **Grade Level:** **DOB:**

School Mental Health Case Manager:
Parent/Guardian Name: **Relationship:**
Parents were invited to this Re-entry/Support meeting on _____ by _____

This plan is being developed because the student was found at risk based on:
- ☐ Threat Assessment completed on
- ☐ Suicide Risk Assessment completed on
- ☐ Other (be specific)

Provide brief summary of identified concern that indicates need for this plan

Parent / Guardian provided school with:
- ☐ Signed consent to exchange information with agencies / treatment providers
- ☐ Discharge report (if applicable)
- ☐ Treatment plan from treatment providers (if applicable)
- ☐ Other relevant documents (be specific)

School provided Parent / Guardian with:
- ☐ School records if requested
- ☐ Information regarding RPS school based mental health support
- ☐ Referrals for school based supports as appropriate

Current Needs (based on student, parent, counselor, teacher, administrator input):
**schools may not be able to address all needs listed*

I

Current Concerns (based on student, parent, counselor, teacher, administrator input):
(*list possible triggers – people / situations, restroom needs*)

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Plan of Action

School Actions (ie. Alter schedule, allow for breaks, refer to "agency", small group with social worker)	**Staff Responsible** (by name / title)	**Timeline** (ie. Re-visit in 3 weeks)

Parent Actions (ie. sign consent, provide updated reports,)	**Timeline**

Student Actions (ie. Develop student safety plan, follow check-in, check-out)	**Timeline**

Parent Signature: Contact number:

Student Signature: Contact number:

RPS Signature: Contact number:

Other participants:	Contact Number:

Some parents may hesitate about having their child referred for an evaluation. Reasons can include:

- A belief their child is experiencing "normal" adolescence. **Clinical depression is not normal and causes ongoing problems until their child receives sufficient treatment.**
- A concern that their child might be viewed as "weak in character." **It is important to recognize depression as a medical illness with physical causes, similar to diabetes or asthma.**
- Hope that their child will "get over it." **Unfortunately, depression persists until treated.**
- A belief that their child has "good reason" to be depressed. **Depression, for any reason, should be treated; it causes problems and can lead to death if not treated.**

The earlier depression is evaluated and treated, the easier it is to treat and the less likely it is for further complications to develop (e.g., death by suicide or homicide). Getting treatment for your child is critical.

Treatment options that should be considered include:

- Taking immediate and sufficient steps to ensure safety, including eliminating access to firearms
- Individual/family/group therapy
- Good role models
- School and community support
- Developing interests in your child
- Good nutrition and exercise
- A complete physical exam by your child's primary care physician
- Antidepressant medication
- Eliminating any abuse or domestic violence
- Helping you, as parents, receive necessary support
- Eliminating alcohol and drug use

Where there's help, there's hope.

Depression causes problems for your child, family, school and community. But with the right treatment, you could see dramatic improvement in your child's life in just a very short time. As a parent, you play a crucial role in the early recognition and referral of your child who may be depressed, as well as with treatment. Knowing what to look for and what to do could mean the difference between life and death for your own child or one who is close to you. For more information, contact your primary care physician, school counselor or other community mental health professionals.

Information in this brochure is based on "Recognizing Depression in Youth—A Key to Solving One of Oregon's Most Serious Problems: Youth Suicide" by Kirk D. Wolfe, M.D.

Dr. Wolfe is a child and adolescent psychiatrist practicing in Portland, Oregon. He has been an active part of the Northwest's youth suicide prevention efforts.

If you — or someone you know — are having thoughts of suicide, call 1-800-273-TALK (273-8255).

Get involved with suicide prevention in Virginia. Visit www.preventsuicideva.org or call the Center for Injury and Violence Prevention at **1-800-732-8333 (VA Only)** for additional information, training opportunities, publications and more.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.state.va.us

Virginia Department of Education
Office of Student Services
(804) 225-2818

Safe and Drug-Free Schools Coordinator
(804) 225-2871

Founding sponsor:
OREGON COUNCIL OF CHILD AND ADOLESCENT PSYCHIATRY

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Tenth printing, May 2005

What every parent should know about preventing youth suicide.

Helping your child

The statistics are shocking: an average of one Virginia youth dies each week from suicide, making suicide the third leading cause of death for our state's young people. Suicide is not just a problem in adolescence—children as young as nine years old have killed themselves.

It is more important than ever that parents help prevent youth suicide. Adolescents who die by suicide are most likely to be clinically depressed when they complete suicide. By knowing how to spot the early warning signs and understanding what to do if you identify your child is at risk, you could literally save the life of your child.

Seeing the signs

Depression is a biochemical imbalance in the brain that affects how children think, how their bodies function and how they behave. That means that sometimes behavior problems aren't just problems—they are surface signs of a deeper cause. Depression in adolescents is common: more than one in five youths will experience clinical depression by adulthood.

As a parent, you may see one or more of the following surface signs in your child, which may indicate depression:

- Low self-esteem
- Anger management problems or preoccupation with violence
- Irritating, fighting with or withdrawing from family, students and teachers
- Refusing to go to school
- Behaving to get negative attention
- Doing poorly or dropping out of school
- Getting into trouble with the law
- Becoming pregnant early in life
- Increased physical health problems
- Becoming a smoker
- Abusing alcohol or drugs
- Threatening suicide or homicide

Taking a closer look

Parents may be the first to notice when their child begins to show signs of depression. **But too often these changes aren't recognized as warning signs until it's too late.**

Parents can sometimes mistake their child's change in mood as a case of "the blues" when in fact the child has a medical illness called depression. "The blues" will only affect their child's mood briefly and will improve after talking with a good listener. Depression will only improve with psychiatric treatment.

The most severe form of depression is a major depressive episode. This is marked by a change in a child lasting at least two weeks, during which time a child has become either depressed, irritable or uninterested in most activities, most of the day nearly every day.

A child will also experience five or more of the following symptoms nearly every day:

Depressed or irritable mood

- "I hate my life"
- Rebellious behavior
- Easily irritated
- Rarely looks happy
- Listens to depressive or violent music or writes with these themes
- Starts hanging around other depressed or irritable kids
- Wears somber or dark-colored clothing
- Frequent crying spells

Loss of interest in activities

- Frequently says, "I'm bored"
- Withdraws—spends majority of time alone
- Decline in hygiene
- Changes to a "more troubled" peer group

Significant change in appetite or weight

- Becomes a picky eater
- Snacks frequently and eats when stressed
- Quite thin or overweight compared to peers

Psychomotor agitation or slowing

- Agitated, always moving around
- Moping around

Feelings of worthlessness or excess guilt

- Describes self as "bad" or "stupid"
- Has no hope for the future
- Always trying to please others; perfectionistic tendencies
- Blames self for causing a divorce or death, when not to blame

Indecisiveness or decreased concentration

- Often responds "I don't know"
- Takes much longer to get work done
- Drop in grades or skips school
- Headaches, stomachaches
- Poor eye contact

Significant changes in sleeping habits

- Takes more than one hour to fall asleep
- Wakes up in early morning hours
- Sleeps too much

Fatigue or loss of energy

- Too tired to work or play
- Leaves school exhausted
- Too tired to cope with conflict

Recurrent thoughts of death or suicide

- "I'm going to kill myself"
- Gives away personal possessions
- Asks if something might cause a person to die
- Wants to join a person in heaven
- Actual suicide attempts

The next step—talking with your child

After you have identified your child as being at risk for depression or suicide, the next step is to talk with your child.

If you have noticed warning signs of a major depressive episode, the one thing you should never do is ignore these and hope your child will "get over it."

Instead, take the time immediately to talk with your child:

- Connect with your child. Let your child know of your concern, in an understanding manner, and ask your child what is causing problems for him/her. Support your child.
- Ask your child about any recent thoughts of wishing to die or of plans to kill him/herself. If these thoughts are present, ask why, in a supportive manner. Emphasize your child's importance in your family and of the need to keep safe. Discuss safe alternatives to dealing with struggles.
- Make sure your child is well-supervised by a responsible adult at all times.
- Remove access to any lethal means. Be aware that depressed youth should not have access to firearms; over half of all youth suicides in Virginia occur with guns. All medications, including over-the-counter medications, should be completely out of reach of depressed youth.
- Arrange for an immediate evaluation by a mental health professional trained in recognizing/treating depression in youth. Your family's primary care physician or school counselor can be consulted to find an appropriate professional for your child. Do not hesitate to get this evaluation; your child's life may be at stake.

Some parents may hesitate about having their child referred for an evaluation. Their reasons can include:

- A belief their child is experiencing "normal" adolescence. **Clinical depression is not normal and causes ongoing problems until their child receives sufficient treatment.**
- A concern that their child might be viewed as "weak in character." **It is important to help the family recognize depression as a medical illness with physical causes, similar to diabetes or asthma.**
- Hope that their child will "get over it." **Unfortunately, depression persists until treated.**
- A belief that their child has "good reason" to be depressed. **Depression, for any reason, should be treated; it causes problems and can lead to death if not treated.**

The earlier depression is evaluated and treated, the easier it is to treat and the less likely it is for further complications to develop (e.g., death by suicide or homicide). Getting treatment for the student is critical.

Treatment options that should be considered include:

- Taking immediate and sufficient steps to ensure safety, including eliminating access to firearms
- Individual/family/group therapy
- Good role models
- School and community support
- Developing interests in their child
- Good nutrition and exercise
- A complete physical exam by the child's primary care physician
- Antidepressant medication
- Eliminating any abuse or domestic violence
- Helping parents receive necessary support
- Eliminating alcohol and drug use

Where there's help, there's hope.

Depression causes problems for the student, the school, the family and the community. But with the right treatment, you could see dramatic improvements in a child's life in just a very short time. As a teacher, you play a crucial role in the early recognition and referral of students who may be depressed. Knowing what to look for and what to do could mean the difference between life and death for a student close to you. For more information, contact your school's student services providers (such as school counselors, psychologists, nurses and social workers).

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Student and Teacher Education in Preventing Suicide

Information in this brochure is based on "Recognizing Depression in Youth—A Key to Solving One of Oregon's Most Serious Problems: Youth Suicide" by Kirk D. Wolfe, M.D. Dr. Wolfe is a child and adolescent psychiatrist practicing in Portland, Oregon. He has been an active part of the Northwest's youth suicide prevention efforts.

If you—or someone you know—are having thoughts of suicide, call

1-800-273-TALK (273-8255)

for help.

Get involved with suicide prevention in Virginia. Visit
www.preventsuicideva.org
or call **1-800-732-8333** (VA only)
for additional information, training opportunities, publications and more.

VDH VIRGINIA DEPARTMENT OF HEALTH
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Virginia Department of Education
Office of Student Services
(804) 225-2818

Safe and Drug-Free Schools Coordinator
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What every teacher should know about preventing youth suicide.

Helping Virginia's youth

The statistics are shocking: an average of one Virginia youth dies each week from suicide, making suicide the third leading cause of death for our state's young people. Suicide is not just a problem in adolescence — children as young as nine years old have killed themselves.

It is more important than ever that teachers help prevent youth suicide. Information concerning specific responsibilities of Virginia educators who believe that a student is at risk for suicide can be found in the Commonwealth of Virginia Board of Education document, *Suicide Prevention Guidelines* (available at www.preventsuicideva.org).

Adolescents who die by suicide are most likely to be clinically depressed when they complete suicide. By knowing how to spot the early warning signs and understanding what to do if you identify a student at risk, you could literally save the life of a child.

Seeing the signs

Depression is a biochemical imbalance in the brain that affects how students think, how their bodies function and how they behave. That means that sometimes behavior problems aren't just problems — they are surface signs of a deeper cause. Depression in adolescents is common: more than one in five youths will experience clinical depression by adulthood.

As a teacher, you will see some of your students with one or more of the following surface signs, which may indicate depression:

- Low self-esteem
- Anger management problems or preoccupation with violence
- Irritating, fighting with or withdrawing from students, teachers and parents
- Refusing to go to school
- Behaving to get negative attention
- Doing poorly or dropping out of school
- Getting into trouble with the law
- Becoming pregnant early in life
- Increased physical health problems
- Becoming a smoker
- Abusing alcohol or drugs
- Threatening suicide or homicide

Taking a closer look

Teachers working with young people are usually the first to notice when a student begins to show signs of depression. **But too often these changes aren't recognized as warning signs until it's too late.**

Parents and teachers can sometimes mistake a youth's change in mood as a case of "the blues" when in fact the youth has a medical illness called depression. "The blues" will only affect the student's mood briefly and will improve after talking with a good listener. Depression will only improve with psychiatric treatment.

The most severe form of depression is a major depressive episode. This is marked by a change in your student lasting at least two weeks, during which time your student has become either depressed, irritable or uninterested in most activities, most of the day — nearly every day.

Your student will also experience five or more of the following symptoms nearly every day:

Depressed or irritable mood

- "I hate my life"
- Rebellious behavior
- Easily irritated
- Rarely looks happy
- Listens to depressive or violent music or writes with these themes
- Starts hanging around other depressed or irritable kids
- Wears somber or dark-colored clothing
- Frequent crying spells

Loss of interest in activities

- Frequently says, "I'm bored"
- Withdraws — spends majority of time alone
- Decline in hygiene
- Changes to a "more troubled" peer group

Significant change in appetite or weight

- Becomes a picky eater
- Snacks frequently and eats when stressed
- Quite thin or overweight compared to peers

Psychomotor agitation or slowing

- Agitated, always moving around
- Moping around

Feelings of worthlessness or excess guilt

- Describes self as "bad" or "stupid"
- Has no hope for the future
- Always trying to please others; perfectionistic tendencies
- Blames self for causing a divorce or death, when not to blame

Indecisiveness or decreased concentration

- Often responds, "I don't know"
- Takes much longer to get work done
- Drop in grades or skips school
- Headaches, stomachaches
- Poor eye contact

Significant changes in sleeping habits

- Takes more than one hour to fall asleep
- Wakes up in early morning hours
- Sleeps too much

Fatigue or loss of energy

- Too tired to work or play
- Leaves school exhausted
- Too tired to cope with conflict

Recurrent thoughts of death or suicide

- "I'm going to kill myself"
- Gives away personal possessions
- Asks if something might cause a person to die
- Wants to join a person in heaven
- Actual suicide attempts

The next step: Talking to the family

After you have identified a student as being at risk for depression or suicide, the next step is to talk to the student's family.

If you've noticed warning signs of a major depressive episode, the one thing you should never do is ignore these and hope your student will "get over it." Instead, here are some of the ways you can step in and help prevent youth suicide:

- Be available. Connect with your student. Set limits when needed.
- Always take suicidal and homicidal talk seriously. Share these statements with appropriate school officials.

In talking with the family:

- Share your care and concerns about their child.
- Discuss specific suicidal or homicidal statements and indicate that these statements need to be taken seriously.
- Review similarities between their child's problems and what is discussed in this brochure. Provide a copy of this brochure to the family.
- Recommend their child have an immediate evaluation by a mental health professional trained in recognizing/treating depression in youth. The family's school counselor or primary care physician can be consulted to find an appropriate professional for their child. As part of this process, families should be made aware that depressed youth should not have access to firearms; over half of all youth suicides in Virginia occur with guns.
- If parents are ambivalent, ask why. Review this brochure with the family again, making sure to point out the warning signs you've noticed.