



Suicide Prevention Panel
Resource Materials

Mental Health & Suicide Prevention Resources

Riverside Community Care[®]

THE HELP YOU NEED CLOSE TO HOME[®]

Child, Family & Adult services

Provide counseling, emergency services and home-based services among a host of other helps to those in need.

Riversidecc.org

781-329-0909

Mobile Crisis Line: 800-294-46645



We are here to listen: [\(877\) 870-HOPE \(4673\)](tel:877870HOPE4673) | Call or Text 24/7
www.samaritanshope.org

- Grief support services
 - School and community workshops
-

Psychiatric Emergency Services. 800-640-5432 - available 24/7
Helping during a crisis. Provided by advocates.

Call2talk Suicide Prevention Hotline & Crisis Text Line

800-273-8255. TEXT C2T to 741741

www.crisistextline.org

24/7 - Free. Confidential text conversation with trained crisis counselors



HOW TO HELP A PERSON IN CRISIS



5 warning signs

Usually more than one emerges over at least a two-week period.

- Withdrawal from friends or activities they used to enjoy
- Writing or drawing about dying or suicide
- Declining in school/work or performance
- Dramatic mood changes
- Saying something like “What’s the point anyway?” “No one would miss me if I were gone,” or “I don’t want to be here anymore.”

What can I say?

Ask open-ended questions, listen without making judgment, show empathy and compassion, and don’t try and solve their problems

- “I hear how much pain you’re in right now. Sometimes when people experience a lot of pain, they feel suicidal. Have you been having any thoughts of suicide?”
- “I can’t imagine how you must be feeling right now.”
- “This is really unfair—no one should have to go through what you’re experiencing.”
- “Tell me more about...”
- “Thank you for talking to me—that took a lot of courage. I will always be here for you.”



When helping a person in crisis, remember:

It’s okay to be scared.



- If someone’s life is at risk, that’s too big to keep to yourself.
- Knowing and following protocol is important. Make sure you know what to do when a crisis arises.
- Give yourself permission to be human—it’s normal to feel anxiety or other difficult feelings.
- You don’t need to be the expert or have all the answers.
- You are not alone—there are others in your community to support you.

Host a free suicide prevention workshop at your school, group, or workplace. Contact Director of Education and Outreach Lauren Gablinske at lgablinske@samaritanshope.org or (617) 536-2460 x5240 to learn more.



Remembering Our Loved Ones

Samaritans Grief Support Services

Samaritans Framingham SafePlace

“A support group for those who have lost loved ones to suicide.”

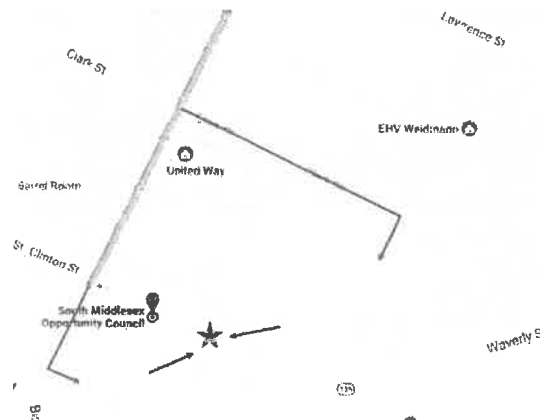
The Framingham SafePlace group meets on the 2nd and 4th Wednesday of every month from 7:00 - 8:30pm

Dates for 2018

January 10	April 11	July 11	October 10
January 24	April 25	July 25	October 24
February 14	May 9	August 8	November 14
February 28	May 23	August 22	November 28
March 14	June 13	September 12	December 12
March 28	June 27	September 26	December 26

The South Middlesex Opportunity Council (SMOC)
located at 7 Bishop St, Framingham

Entrance to the building is located in the rear. Parking areas are highlighted in yellow, with access routes in purple and the entrance marked by a blue star.



If you have questions please call Samaritans at (617) 536-2460 or send an email to safeplace@samaritanshope.org.

Depression versus Suicide?

Signs/Symptoms of Depression

- Frequent sadness, tearfulness, or crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom, low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illness, such as headaches or stomach aches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of/or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

Warning Signs for Suicide

- Talking, reading, or writing about suicide or death
- Talking about feeling worthless or hopeless
- Saying things like, "I'm going to kill myself," "I wish I were dead," or "I shouldn't have been born"
- Visiting or calling people to say goodbye
- Giving things away
- Organizing or cleaning one's bedroom "for the last time"
- Developing a sudden interest in drinking alcohol
- Purposely putting oneself in danger
- Obsessing about death, violence, and guns or knives
- Previous suicidal thoughts or suicide attempts

Youth Depression & Suicide Myths & Facts

Myths about depression and suicide often separate people from effective treatments and prevent people from supporting suicide prevention efforts. It is important for all adults to learn the facts so that we can give young people accurate information and support.

Myth: Talking about suicide may give someone the idea.

Fact: You do not 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.

Myth: People who talk about suicide won't really do it.

Fact: Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like, "You'll be sorry when I'm dead," or "I can't see any way out" – no matter how casually or jokingly said – may indicate serious suicidal feelings.

Myth: If a person is determined to kill themselves, nothing is going to stop them.

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

Myth: Anyone who tries to kill themselves must be crazy.

Fact: Most suicidal people are not psychotic or insane. They may be depressed or struggling with substance use and in extreme emotional pain. Extreme distress and emotional pain are signs of mental illness, but are not signs of psychosis.

Myth: It's normal for teenagers to be moody; teens don't suffer from "real" depression.

Fact: Depression can affect people at any age or of any race, ethnicity, or economic group. Just like any illness, depression can affect teens who seem to "have it all." The prevalence of depression in adolescents and young adults increased from 8.7% in 2006 to 11.3% in 2014. Though depression seems to be on the rise, treatment is helping many young people cope with this illness.

Myth: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

Fact: Depression is not a weakness; it's a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think, change behaviors, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of therapy and medication is beneficial.

Myth: It's easy to tell when a teen is depressed because they cry all the time and withdraw from friends and family.

Fact: While down mood and withdrawal are some signs of depression, some symptoms are not as well known. Teens may seem irritable or anxious. They may have no energy and feel tired but have trouble sleeping; or they may sleep too much. They may lose their appetite or eat too much leading to weight changes. Only a professional can diagnose depression.

Myth: Depression is the only mental health problem connected to suicide.

Fact: While depression is strongly connected to youth suicide, other mental health concerns are important too. Substance use problems are a major predictor for suicide. If a young person is using alcohol or drugs to deal with negative feelings, they are at increased risk. Some young people use non-suicidal self-injury (hurt themselves on purpose) to deal with negative feelings. While these injuries are not generally about suicide, students who self-injure are at increased risk. Early intervention and treatment for all mental health concerns are the best protection from suicide risk.

Call the National Suicide Prevention Lifeline for 24/7 free and confidential support at 1-800-273-8255.

Risk Factors, Warning Signs, and Precipitating Events

Suicide is complex. There are generally a number of factors that come together to increase a person's risk. Fortunately, this gives us many avenues to intervene. Consider how you may be able to intervene if a child is experiencing some of the risk factors and warning signs below.

Risk Factors

While no student is immune from suicide, some students face increased risk.

Mental Health

Depression and other mental health concerns like non-suicidal self-injury are key risk factors for suicide. These mental health conditions are treatable. Connecting a young person to treatment is the best prevention for youth suicide.

Substance Use

Many young people who struggle with depression also struggle with alcohol and/or drug use. Teach students about the dangers of using alcohol or drugs to cope with negative emotions. Screen for substance use and intervene early to treat this mental health concern.

Hopelessness, Social Isolation, Poor Problem Solving

Some young people feel desperate and are unable to see a solution to end their suffering. Forming connections with disconnected kids and helping them to learn coping skills and build social supports are crucial steps in prevention.

Adverse Life Events

Unfortunately, too many children suffer from abuse and trauma. There are many steps to be taken to decrease instances of bullying and violence at school. Exposure to peer suicide increases risk for all students in your school, so preventing one suicide can prevent others.

Access to Guns

Suicide crises are often short-term but having access to a gun makes it easier to carry out the act in an instant. Educate your community about the danger of storing guns in the home.

Warning Signs

A warning sign is an indication that someone might be having thoughts of suicide. Most people give clues or signals of their intentions. If you see/hear a warning sign, seek immediate help.

Listen: "I wish I were dead" and "I won't be around to deal with this much longer" are warnings of serious suicidal thoughts.

Read writing assignments and social media where young people often share their feelings. **Writing about death or actively seeking weapons/means to carry out the act** are warning of a suicidal crisis.

Watch for big changes:

- Significant differences in appearance or mood
- Extreme withdrawal
- Increase in risky behavior (including alcohol/drug use)
- Decreased interest in things they once enjoyed

Precipitating Event

Sometimes a major life event moves a person from thinking about suicide to attempting suicide. Certain events may be insignificant to one person and very troubling to another.

Consider what events might have a big impact on students you know. A few examples include:

- Breakup
- Bullying incident
- Sudden death of a loved one
- Trouble at school

The National Suicide Prevention Life line is available 24/7 and provides free, confidential support for people in distress, prevention and crisis resources at 1-800-273-TALK (8255).

Your Role in Preventing Youth Suicide

Suicide is a preventable public health concern that should be addressed in schools because of the unique environment schools provide. Adolescents spend most of their time at school where adults interact with them in different capacities allowing for them to observe risk factors and warning signs. Use this guide to learn how to identify and respond to suicide risk in your students.

Identify Students Who May Be At Risk

You may notice problems facing your students that may put them at risk for suicide. Some of the most significant risk factors:

- Depression (and other mental health disorders)
- Prior suicide attempt(s)
- Problems with drugs or alcohol
- Non-suicidal self-injury (hurting their body on purpose to reduce emotional pain)

Other behaviors may also indicate serious risk:

- Talking about feeling trapped, in unbearable pain, or being a burden
- Talking/writing about death
- Acting anxious or agitated; behaving recklessly
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Decreased interest in activities they once enjoyed

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include:

- Problems in school (academic and/or discipline)
- Family problems or abuse
- Relationship problems or break-ups
- Bullying or trouble with the law

Suicide is complex. A number of risk factors are generally present but many may be unknown to school faculty/staff. If you are aware of a student who experiences a troubling event or displays warning signs, take action immediately.

Respond To Students Who May Be At Risk

If a student is:

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as obtaining lethal means
- Talking about feeling hopeless or having no reason to live

Take the following steps right away:

1. Supervise the student constantly (or make sure the student is supervised by caring adults) until they can be seen by the mental health contact
 2. Escort the student to see the mental health contact or administrator
 3. Provide any additional information to the mental health professional evaluating the student to help in the assessment process.
-

Reach Out To Students Who May Be At Risk

If a student isn't displaying immediate warning signs but you believe they may be at risk, you can still help:

- Talk with your school's mental health contact about your concerns. They may decide to obtain information about the student from other school staff to determine how best to help the student.
- Reach out to the student and ask how they are doing. Listen without judging. You can mention changes you have noticed in their behavior and that you are concerned. Suggest that the student see the school mental health contact and offer to accompany them.

Once you have referred a student to the school mental health contact, you still have an important role to play. Continue to stay in contact with the student and pay attention to how they are doing. Also, stay in touch with the school mental health contact and provide updates as needed.

Helping Your Colleagues

Suicide can occur among your colleagues as well as among students. If you notice signs of risk for anyone in your school, you can assist them in obtaining help too.

The National Suicide Prevention Life line is available 24/7 and provides free, confidential support for people in distress, prevention and crisis resources at 1-800-273-TALK (8255).

Choosing the Right Mental Health Therapist

Why is this choice so important? Therapy is a collaborative process, so finding the right match - someone with whom you have rapport - is critical. After you find someone, understand that therapy is work but that it can be rewarding and life-changing.

Can a therapist share what I say during therapy? All mental health professionals are ethically bound to keep what you say during therapy confidential. However, there are specific situations where health professionals can share information without patient consent, mostly to protect the patient or public from serious harm - for example, if a patient discusses plans to attempt suicide or harm another person.

What are the steps for choosing a therapist?

1. Schedule an appointment with your primary care physician to rule out any potential medical causes. Some medical conditions have symptoms that could be mistaken for depression, like loss of appetite and fatigue.
2. Once a medical condition is ruled out, investigate what mental health services are covered under your or your parent's insurance policy.
3. Obtain two or three referrals before making an appointment. Specify age, sex, race or religious background if those characteristics are important to you.
4. Call each referral to learn about appointment availability, location, and fees. Seek a therapist who accepts your insurance or offers services you can afford. Some therapists offer sliding-scale fees based on income.
5. Ask about the therapist's expertise, education, and number of years in the practice to determine whether they might be a good fit for you.
6. If you are satisfied with their answers, make an appointment.
7. During your first visit, describe those feelings that you've been experiencing that led you to seek help. Talk to the therapist about:
 - a. Different therapy/treatment plans they might recommend and if they've been proven effective
 - b. What the benefits and side effects (if any) may be
 - c. How frequently you may need appointments
 - d. Whether they will coordinate your care with other practitioners if you are interested in exploring credible alternative therapies, like acupuncture
8. Discuss different treatment approaches with the therapist, keeping in mind that treatment plans often vary for different people and that your plan should be tailored to meet your specific needs.
9. You should feel comfortable and safe when talking with your therapist, as this is a crucial element of successful therapy. After your initial visit, take some time to think

- about your experience and decide if you would like to continue with their help.
10. If you are confident that this therapist meets your needs, schedule another appointment. If you are not satisfied, call another mental health professional from your referral list and schedule another appointment. *Do not feel discouraged if the first appointment doesn't match your expectations. There are many therapists out there and one will be well suited for you.*

Help is always available. The National Suicide Prevention Lifeline provides 24/7 free and confidential support to people in distress, prevention, and crisis resources for you and your loved ones. Call 1-800-273-TALK (8255).

SAMHSA Publication Number: KEN98-0046



ACT for Faculty and Staff

A resource for faculty and staff to facilitate conversations with struggling students.

ACT: Acknowledge, Care, Tell when concerned about a student, or approached by students asking for help:

Acknowledge

Whether a student asks for help directly, or you have concerns, acknowledge that the situation is serious and that you're worried about their wellbeing. Remember, there's no harm in asking a student if they're suicidal.

Example: "I really value your input in class and appreciate x, y, and z, but I've noticed a few changes in your behavior and wanted to check-in to see how you're doing." [As the conversation progresses] "Has it gotten so bad that you've thought about suicide?"

Care

Show you care by listening non-judgmentally to what the student says; observe their demeanor and avoid making the student feel embarrassed or guilty.

Offer words of encouragement, but do not promise keep a secret. Acting to prevent suicide overrides any confidentiality between faculty/staff and students.

Example: "It sounds like you are really struggling. I would never want you to be hurting like this."

Tell

Advise that student that you must tell your school's mental health contact and that you will accompany them to their office.

Example: "There are people at this school who know how to help kids that are dealing with big issues like this, let's walk down to the counseling suite together."

Whether or not you believe a student is suicidal, alert your school's mental health contact about your concerns and your conversation with the student.

Help is always available. The National Suicide Prevention Lifeline provides 24/7, free and confidential support at 1-800-273-TALK (8255).

SOS Signs of Suicide® Prevention Program

Parent Screening Form

- Child's Age: _____
- Child's Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Child's Grade: _____
- Child's Race: *(Check all that apply)*
- Child's Gender: American Indian/Alaska Native Black/African American White
- Female Male Transgender Native Hawaiian/Other Pacific Islander Other/Multicultural Asian
- Is your child currently being treated for depression? Yes No

Brief Screen for Adolescent Depression (BSAD)* Parent Version

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has it seemed like nothing was fun for your child and your child just wasn't interested in anything? | Yes | No |
| 2. Has your child seemed to have less energy than they usually do? | Yes | No |
| 3. Has it seemed like your child couldn't think as clearly or as fast as usual? | Yes | No |
| 4. Has your child talked seriously about killing themselves? | Yes | No |
| 5. Has your child EVER, in their WHOLE LIFE, tried to kill themselves or made a suicide attempt? | Yes | No |
| 6. Has your child had trouble sleeping — that is, trouble falling asleep, staying asleep, or waking up too early? | Yes | No |
| 7. Has your child seemed to do things, like walking or talking, much more slowly than usual? | Yes | No |
| 8. Has your child often seemed to have trouble keeping their mind on their schoolwork or other things? | Yes | No |
| 9. Has your child said they couldn't do anything well or that they weren't as good looking or as smart as other people? | Yes | No |

* Columbia DISC Development Group, 1051 Riverside Drive, New York, NY 10032 Copyright 2001 Christopher P. Lucas Do not reproduce without permission.

Copyright © 2017 Screening for Mental Health, Inc. All rights reserved.
This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

Helpful insights from an interview with Karen Mason (Associate Professor of Counseling and Psychology at Gordon-Conwell Theological Seminary)

Though young children take their lives, suicidal behaviors begin to emerge for many people in adolescence in startling numbers. In 2010, suicide was the third leading cause of death among 10 to 24-year-olds, and the second leading cause of death among 25 to 34-year-olds. Upstream, helping adolescents develop reasons to live is important. One approach is through a Hope Kit, which can be a shoebox or a memo in a phone that reminds the person of their reasons to live, like wanting to go to college or get married. It's important also to help youth avoid alcohol and drugs—about half of youth suicide involves alcohol intoxication.

It's also important to help them have stable relationships. Problems with parents play an important role in suicidal behavior in younger adolescents, and romantic difficulties are often key among older adolescents. Downstream, one of the most important considerations is *not* to keep suicidality a secret—even if the youth asks you to. Suicide is a life and death issue, and life-and-death issues supersede any promises to confidentiality.

Think about suicide prevention as standing by a stream to prevent drowning. One type of suicide prevention is pulling people out of the stream; another type is going upstream and building a fence to prevent people falling into the stream. Upstream, there are many things leaders can do that build in place protections against suicide—like giving people reasons for living, and guidance about how to build lives worth living, teaching people how to manage suffering using their faith practices, offering people a community to which to belong and contribute, and providing people with moral objections to suicide. *Preventing Suicide* makes the point that pastoral caregivers like pastors, chaplains and pastoral counselors are uniquely positioned to build these protections into people's lives.

Further along the stream, leaders must recognize people who are in the stream. People in the stream are often people with a mental health problem like borderline personality disorder, anorexia, major depression, bipolar, schizophrenia, or a substance abuse disorder, to name a few. But only a few of these people fall into the stream. People at greatest risk are those who have already attempted suicide. These people are about forty times more likely to die by suicide. However, the best way to determine if someone is in the stream is to look for warning signs and ask them directly if they are in the stream.

One prominent warning sign is talking about suicide. In one study, about three-fourths of people talked to someone else about their suicidal thinking before killing themselves. Taking *all* talk of suicide seriously (no matter how many times the person may have threatened suicide) is very important. It's important to educate yourself about other warning signs which you can find on a few key websites:

- National Suicide Prevention Lifeline (suicidepreventionlifeline.org)
- Suicide Prevention Resource Center (sprc.org)
- American Foundation for Suicide Prevention (afsp.org)

- American Association of Suicidology (suicidology.org).

Following a suicide, it's important to prevent suicide contagion, which occurs most often among vulnerable people, like adolescents and young adults, who gather in small, intense social networks, or others who may be already inclined toward suicide or are suggestible. Preventing contagion depends on how suicide is talked about. *Preventing Suicide* provides a number of recommendations for how to talk about suicide including not describing location or method and monitoring vulnerable people closely following a suicide.

Clinical Warning Signs

• Acute psychosis • Agitation • Anxiety • Insomnia • Severe hopelessness • Anger, aggression • Withdrawal • Feeling “trapped”, guilty, or burdensome • Suicidal ideation / behavior • Rehearsal behaviors