

UNDERSTANDING AND REACHING OUT



BE DIRECT

BE HONEST

REMAIN CALM

ACTIVELY LISTEN WITHOUT JUDGING

KNOW YOUR LIMITS

School and Community Resources:

EGUSD Counselors, School Psychologists and Mental Health Therapists.

Local Suicide Prevention Crisis Line

(916) 368-3111

National Suicide Prevention Lifeline

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

Sources of Strength

<https://sourcesofstrength.org>

Know the Signs

<http://www.suicideispreventable.org>

American Foundation for Suicide Prevention

<https://afsp.org>

NAMI Sacramento: Crisis Help for Mental Illness

<http://namisacramento.org/crisis/index.html>



SCHOOL BOARD MEMBERS

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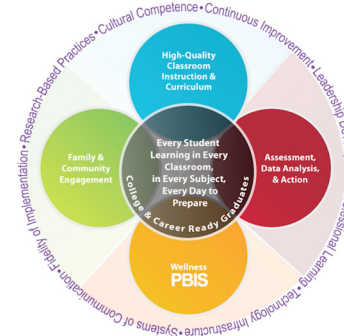
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SUICIDE PREVENTION AWARENESS



REACHING OUT / SAVING LIVES

KNOWING THE SIGNS IS THE FIRST STEP

Suicide prevention is the collective effort of school and community resources working together to support our students.



Unified School District

WHAT TO DO WHEN FACED WITH A STUDENT IN CRISIS:

Saving lives often begins with asking a question.

Ask the difficult question. "Have you had thoughts about killing yourself?" Do not offer unrealistic reassurances.

Paraphrase what you are hearing the student say. This will support your ability to monitor how accurately you are understanding what the student is saying. For example, "I understand when you say that you aren't sure if you want to live or die, but have you always wanted to die? Well, maybe there's a chance you won't feel that way forever. I can help."

Providing information about a current or upcoming life transition can help lessen anxiety.

Remember, your job is not to act in the role of the mental health professional.

Connect the student with a counselor, administrator or mental health professional immediately. Maintain visual contact with student at all times.

Always provide a student with a 24-hour crisis number. Have them put the contact information into their phone if possible.

Be aware of the identified individuals on your site who are working with you to provide more long-term professional support.

The wider your network of support, the more effective you will be in managing the crisis for the student, family and others.

CONNECTING AND COMMUNICATING:

- Staff will connect and communicate with administration and crisis team on-site to determine level of risk.

CRISIS TEAM AND ADMINISTRATION WILL:

- Contact district director for consultation and support.
- Contact law enforcement or protective services.
- Inform the parent or guardian.
- Identify staff member to monitor student.

WHAT TO AVOID WHEN HELPING A STUDENT IN CRISIS:

The student could be in a state of chaos and confusion, so how you model your emotions is key.

In an effort to provide support, be careful that you are not providing your opinions.

Avoid being impatient, judgmental or shocked.

Be careful not to minimize the student's experience but do not overreact as it may cause the student to shut down.

Base the foundation of your relationship on honesty and trust.

Do not promise secrecy in an effort to glean information regarding the crisis.



WARNING SIGNS

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." We encourage our staff to follow your instincts, it is not overreacting. Please communicate with your counselor or mental health professional on site if you observe behaviors that concern you.

- Feelings of sadness, hopelessness, helplessness
- Changes in sleep patterns or eating habits
- Significant changes in behavior, appearance, thoughts, and/or feelings

SUICIDE IS THE SECOND LEADING CAUSE OF DEATH AMONG 15-24 YEAR OLDS.

Teen depression is common and treatable.

- At least half of all cases of depression begin by age 14.
- By the end of their teen years, 20% will have experienced depression.
- More than 85% of teens improve with a combination of medication and therapy.

Over 65% of teens do not receive treatment from a mental health provider. Untreated depression has serious consequences and can lead to:

- Substance abuse (24%-50%).
- Academic failure.
- Bullying (30% for teens who have been bullied; 19% of those teens doing the bullying).
- Suicide (90% of suicides are a result of mental illness; often anxiety and depression).

- Change in school attendance/tardies
- Social withdrawal and isolation
- Suicide threats (direct and indirect)
- Suicide notes and plans
- History of suicidal ideation/ behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to friends)