



**SUICIDE PREVENTION  
AND  
BEHAVIOR RESPONSE PLAN**

## Statement of Purpose

A Behavior Response Plan and Team have been developed to provide a procedure for meeting a crisis/tragedy and to provide optimum support for the students and staff at the school with minimal disruption of the educational process.

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## **Suicide Prevention Plan**

### **Student Centered**

- Elementary school: Counselors include developmentally appropriate prevention content in classroom instruction, focusing on labeling and coping with emotions, how to access help and how to recognize when a friend needs help. The goal is to normalize help-seeking behaviors, increase distress tolerance, and teach coping skills. To support this, high school students who are trained in the NAMI Connect Suicide Prevention program will co-teach a lesson annually with the school counselors in Grades 3 and 4.
- Middle school: Counselors include developmentally appropriate prevention content in classroom instruction. This reinforces content introduced at the elementary level, and includes self-identifying individual student risk and protective factors, and assisting students to identify adults from whom they could seek assistance. In grades 5, 6 and 8, high school student NAMI trainers would conduct a role playing activity and review key prevention concepts with school counselors. In grade 7 Wellness class, high school NAMI trainers will conduct a one hour NAMI Connect program each trimester.
- High School: Student NAMI trainers will conduct a one hour NAMI Connect program training in Wellness classes each trimester. In order to make this program sustainable, a minimum of six new students will be trained each year to provide the training at every level. In addition, a peer counseling program has been implemented at the high school level, to give students an outlet if they are not ready to meet with a school counselor. The peer counselors are trained in the Connect program, as well as in psychological first aid.

### **Faculty/Staff/Volunteers**

Each year, all adults in the district will be trained in a 2 hour NAMI Connect Youth Suicide Prevention program. The program will be taught by a trainer who has been authorized by NAMI NH, and who has completed the “Train the Trainer” course. Ideally, this will be in-person, but modification such as a video training is possible when attendance isn't possible. An opportunity for follow up questions and debriefing is considered an integral part of the training. For video participants, this could be via email or telephone. A pre and post test is included, to ensure that participants have the necessary knowledge and skills at the program’s completion.

### **Prevention Resources**

\*Naminh.org: National Alliance on Mental Illness (NH) For support, technical assistance and content for the NAMI Connect Program

\*Sprc.org: Suicide Prevention Resource Center. Up to date content and best practices for suicide prevention

\*afsp.org: American Foundation for Suicide Prevention

\*nhstudentwellness.org: NH Department of Education's Bureau of Student Wellness. Provides local support, collaboration and resources to NH school districts.

\*kevinhinesstory.com: Inspiration, support, creative problem solving ideas from the man who survived a suicide attempt and has dedicated his life to prevention

## Suicide Intervention Plan

1. If a teacher, staff member, peer, coach, volunteer or ANYONE has concerns that a student is displaying any of the following concerns, the school counselor should be contacted, to conduct a risk screening. (This is an abbreviated list--all warning signs are covered extensively in the training) (see appendix)
  - Making direct statements about wanting to die/harm self
  - Talking about death and dying more than usual
  - Writing, drawing, painting about death and dying
  - Withdrawal from usual activities, social contacts, etc.
  - Signs of depression and hopelessness
  - Neglecting hygiene, appearance, etc.
  - Giving away possessions
  - Giving hints that they may not be around, saying goodbye, etc.
2. If during school hours, and the student is present, the school counselor will meet with the student to conduct a risk screening. The Columbia Suicide Severity Rating Scale (™) is a best-practice tool for this purpose. (see appendix) If this concern is brought to the counselor's attention and it is after school hours OR the student is not present, the counselor will contact the parents and/or police if warranted.
3. If, in the counselor's judgment, the student is at risk of self-harm, parents will be contacted and the student will have a safety assessment by a medical professional or licensed mental health practitioner. This typically happens at the local emergency department, but, at the discretion of the counselor, could happen at the practitioner's office. If the student is cleared to return to school after the assessment, they must provide the school counselor this information in writing from the practitioner. If the student threatened self-harm at school, the school's Threat Assessment Team may be involved.
4. If, in the counselor's judgment, the student is not at risk of self-harm, they \*may\* choose to contact parents and put a support plan in place. This plan can include frequent check-ins with school counselors, referral to community supports and other interventions as indicated.
5. If a student is dismissed to be evaluated for safety, the school counselor will inform an administrator as soon as is practical. For a student to return to school, they must provide written documentation of the evaluation and being deemed safe to return to school. This will be given at a required re-entry meeting with the school counselor, where a support plan will be developed.

## **BEHAVIOR RESPONSE POSTVENTION PLAN**

### **GOAL**

To provide an organized, systematic, but flexible approach to dealing with tragic events.

Expectations of staff during a crisis are that they will remain calm, coherent and in charge of their classroom or students, for the safety of all concerned. Panic is contagious and threatens everyone's well being. Any contact with the news media is to be handled by the Superintendent or his designee. This means sending news representatives to the office and not answering questions or allowing students to be asked questions.

All Staff are expected to:

- Respond to Behavior Response Team's instructions.
- Attempt to provide normalcy and structure to help maintain the integrity of the school.
- Conduct or assist teachers in conducting classes.
- Help to identify and refer students who are at risk.
- Disseminate information from the Behavior Response Team.
- Read and/or refer to the statement on the incident from the Principal.
- Direct any inquiries about the incident to the principal; refrain from making any statements or comments other than what has been received from the principal; be guarded about what you say.
- Review Safe Messaging Guidelines. (appendix)

### **COMMUNICATION**

Unexpected death, or suicide: If it happened during the school day, the principal would verify the information or rumor, and, in consultation with Behavior Response Team would prepare a brief statement to be read.

A written communication to parents, OR Alert Now message for sharing the information their children were given, would be prepared. This would include specific resources available in school to call for further assistance, as well as possible community agencies that would be available to support families. A brief faculty meeting would be held at the end of the day to update staff and plan for the following days. This would also be an opportunity to assess faculty responses and offer appropriate support and assistance in helping them to help their students. If the crisis occurs in the evening or over a weekend or a vacation, the principal would activate the staff phone tree to share the news and announce an early morning staff meeting to plan how the school would respond when the students returned. The phone tree would be initiated by the administration. If you as a staff member become aware of a possible crisis, please notify the principal or assistant principal, so that verification can occur and further plans made.

## **IMPLEMENTATION OF BEHAVIOR RESPONSE POSTVENTION PLAN**

### **Notification**

Any person who learns of a death/traumatic event that may affect the school community should report such

knowledge to the principal. The principal will then convene their school's Behavior Response Team.

The principal will verify the death/traumatic event that has been reported. Contact will be made with the police and other necessary parties. The principal will designate a family liaison as appropriate.(see appendix for role of family liaison)

It is critical to take immediate action to provide verified, factual information to minimize circulation of misinformation and rumors, including electronic forms of communication (cell phones, social media, etc.).

Implementation of the Behavior Response Plan will depend on the time of the day the administration/team learns of the traumatic event.

The team will decide who will lead the staff meeting, who will call community resources and who will disseminate the appropriate information.

### **General Staff Meeting**

A meeting of the faculty and support staff (including staff who will be answering phones) will be held as soon as possible after notification of the event. If it is scheduled for the end of the day, send a notice of the meeting early in the day. Alert counseling staff and enlist their assistance in providing general support to the teaching staff.

#### **Suggested Agenda:**

- Administration will share the details of the traumatic event/death, introduce behavior response team members and describe their function.
- Behavior Response Team Chairperson will outline crisis intervention plans for the day.
- Team Chairperson will make known community resource persons, their availability and function. An official memo announcing the death/traumatic event will be distributed to staff for use in discussing the situation with students at the beginning of school.
- Behavior Response Team members will be available for those faculty in need of substitute.
- Faculty will be notified where they can seek assistance during the school day.
- Safe Messaging Guidelines will be reviewed. (see appendix)

### **Media Contact**

The Superintendent of Schools or the Public Information Officer will serve as the one person to be the spokesperson for all media contact, and this would be the only staff person who would talk to the media. If necessary, the media will be directed to a designated area where the designee will meet with them. Ask reporters not to interview students or teachers. Use and distribute media recommendations (see appendix).

Administration will prepare a general statement containing substantiated facts without violating privacy laws

and without containing conjecture of hearsay. It will deal with what arrangements or activities have been planned by the school. A copy of the general statement and phone script will be provided to the building secretary or team managing the telephone. Any other non-school/non-media persons will be sent to the designated area for information. (Note: It is important not to have students assisting with answering the telephones.)

### **Public Address Announcement**

If a PA announcement is necessary in an emergency, it should be made by an administrator and should be straightforward and factual. (NOTE: Calling an assembly to announce the traumatic event/death to the entire student body is not recommended.)

### **Written Notification/Discussion**

Even if a PA announcement is made, a brief written/verbal statement should first be distributed to all staff. It is important that all students receive the information at the same time. Time should be provided for students' questions and classroom discussion; however, returning to regular routine as quickly as possible is recommended. Behavior Response Team members will be available for those teachers who may find it difficult to read the written notification/discussion of the tragedy.

### **Subsequent Classes/Activities**

Throughout the remainder of the day, teachers are encouraged to conduct classes and activities as usual, altering the content area short or long term or as long as necessary, and to be sensitive to issues concerning the class/student. While normalcy is the goal, it is important to stay flexible and assess the situation frequently.

### **Support Rooms**

Throughout the day or days of the crisis, students who are particularly upset will be given the option of leaving class and going to the counseling office. The counseling or other secretary will keep a record of which students are with which counselors. From there, they will be allowed to go to identified support rooms; i.e. the conference rooms, the teachers' lunch room, etc. Each room will be staffed by one or more of the following resource people: Behavior Team members and school guidance counselors should make provisions for students who wish to talk individually.

### **Check Out**

Students who are extremely upset and need to leave will be discharged **ONLY TO PARENTS/GUARDIANS, OR WITH PARENT GUARDIAN PERMISSION**. Students who have obtained this permission must check out through the standard procedure.

### **Follow Up**

The Behavior Response Team should identify possible students, requiring long-term individual or group counseling in or outside of school. Give students direction as to what is appropriate as a commemoration activity with regard to the tragedy/crisis. It is important to establish appropriate activities, which would allow students to express their sense of loss and channel feelings. Students who wish to attend or take part in the commemoration service need to respect the wishes of the family.

Commemorative Activities will be directed by the Behavior Response Team.

## **Crisis Management Checklist**

The guidelines contained on the following pages are meant to serve as a checklist only, as determined by the Behavior Response Team.

### **Announcing the Event in School**

How will you tell staff?

Place:

Time:

Method of Contact (include telephone tree):

Who should be told?

- Parents/Families
- Teachers
- Bus Drivers
- Guidance Counselors
- Cafeteria Worker
- Assistants and Interns
- Maintenance Workers
- Secretarial Staff
- District Personnel (Gilford/Gilmanton)
- Other Lakes Regions schools, particularly those related to the HUOT Center.

How will you announce the event to the students?

Method of Contact:

Person(s) Announcing:

Place:

Time:

Written Announcement:

### **Faculty Responsibilities**

- Check off what you want the faculty to do during the crisis.
- Announce event in the classroom. (Provide script).
- Identify students in need of counseling support.
- Notify the school counseling office of the number of students wanting counseling services.
- Remove very distraught students from the class by calling the counseling office for an escort to the guidance office.
- Discuss the crisis (list of suggestions is included in Part II)



- Postpone testing.
- Involve class in constructive activities relating to the event (list of suggestions Included in Part II).
- Eliminate, shorten and structure assignments for a few days.
- Hallway monitors should pay special attention to parking lots and bathrooms and stairwells.
- Make sure tissues are available in your classroom.
- Be extra vigilant regarding cell phone use and text messaging.

### **Counseling Office Responsibilities**

- Identify community partners who can work with students:  
 Name: Telephone #  
 Name: Telephone #  
 Name: Telephone #
- Inform feeder schools and area schools so they can provide support for students affected in their schools.
- Maintain a list of students counseled.
- Call parents of students counseled to provide continued support for the students who are very distressed.
- Meet with classes and advisory, of deceased student(s) or teacher.

### **Administration Responsibilities**

- Assign extra secretarial help to the counseling office.  
 Name: Telephone #
- Contact district personnel for support.  
 Name: Telephone #:  
 Name: Telephone #:  
 Name: Telephone #:
- Stop notifications on student activity (scholarship reports, testing, placement, attendance, yearbook, and photographs) from being sent to the home of a family whose child has died.
- Remove personal items from desks and lockers to save for the parents.
- Rearrange seating, classes, programs, etc. as indicated by the crisis.
- Counselors talk to classes of deceased student or staff member.
- Remove staff member from - email, phone list, website, etc.
- Establish areas and locations for counseling, assign locations.
- Keep a list of students seen by counselors.
- Identify faculty and staff in need of counseling or other support.
- Emphasize facts and squelch rumors.
- Remain highly visible.
- Arrange for excused absences and transportation for students attending off-premises funeral.
- Arrange for staff debriefing:  
 Where:  
 When:  
 Who will lead:
- Establish family liaison as necessary. (see appendix)

## **Handling the Media**

Spokesperson appointed:

Alternate appointed:

School Board Contact Person:

People to handle message to be given over the telephone:

Statement Developed:

Establish time and location to meet with media:

Identify person to speak to concerned parents:

## **Behavior Response Team Member Building Coordinator**

Is a memorial service or funeral indicated in this crisis?

How many students will be attending?

Location?

Speakers?

## **Student Involvement (student names and roles)**

Name and Role:

Activities:

Area for staff and students not wishing to participate:

Community people who should be invited:

## **Gilford High School Response Plan**

This process is to be used when a student threatens to harm others at school or a student threatens self harm at school.

1. Once the school is aware of the threat, it will be brought to the immediate attention of the Principal, Assistant Principal, and School Resource Officer. The student and the parent will be notified of their exclusion from school pending a comprehensive threat assessment. The front desk secretary will be made aware of the student's exclusion from school, including after school events.
2. A multidisciplinary team meeting will take place as soon as possible, including, but not limited to: administrator(s), school resource officer, school and student assistance counselor, school psychologist and other professionals with direct knowledge of the student and/or situation. The purpose of this meeting is to gather information about the student, and the specific threat, and determine if further/clinical assessment is warranted. At this time, a point person for family contact will be determined.
3.
  - a. A threat assessment will be performed by a licensed clinical psychologist or psychotherapist, in cooperation with local law enforcement. This may include a thorough review of the students' social media communication patterns, a firearm safety check of the students home, and other measures as deemed appropriate by the psychologist and law enforcement officers. This may include, but is not limited to, a records review, meetings with parents or guardians and student, a psychological evaluation (including social/emotional functioning and a mental status examination). Recommendations will be documented in a written report.
  - b. The multidisciplinary team will facilitate interventions to continue academics during the student's exclusion from school.
4. The multidisciplinary team will meet to review the recommendations and to plan for the implementation and for the students re-entry into school (if indicated). A timeline for implementing these recommendations/conditions will be developed. These recommendations will be shared with the family by a school administrator.
5. Once a plan is developed for all recommendations or conditions for return to school to be implemented, members of the multidisciplinary team will hold a re-entry meeting to facilitate a safe and supportive transition back to school for the student. The composition of the re-entry team will be determined on a case by case basis, and will include parents and student. This team could be comprised of administrators, psychologist/psychotherapist, police, counselors, case managers, Gilmanston administrator (as appropriate). This team will also facilitate notification to teachers, school secretary, and any pertinent stakeholders in the process. If counseling is indicated, the family will be asked to sign a release of information so that communication between the school and counselor can occur.

## Guidelines for Family Liaison Role

1. Communication with the family should be limited to acting on behalf of the Behavior Response Team. The purpose of the communication is to obtain factual information, learn the preferences of the family as to any school related business, and offer support. In some cases, it will mean checking on siblings and helping to ease a smooth transition back to school for them.
2. When appropriate, the family liaison can offer referrals to community resources for the family,
3. When designating a family liaison, the most important factor is that it be someone who is comfortable in this role. The best person for this is usually someone who has a natural relationship with the family, but who can also respect the boundaries appropriate to the role.

## Safe and Effective Messaging for Suicide Prevention

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of "Do's" and "Don'ts" should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.<sup>1 2 3</sup> They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources.<sup>4</sup> References for resources that address planning and disseminating messages can be found in SPRC's Online Library (<http://library.sorc.org/>) under "Awareness and Social Marketing".

### The Do's-Practices that may be helpful in public awareness campaigns:

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800 -273-TALK [8255]) and through established local service providers and crisis centers.
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.
- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs,

such as those developed through a consensus process led by the American Association of Suicidology (AAS). Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the National Strategy for Suicide Prevention.

- **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

### **The Don'ts - Practices that may be problematic in public awareness campaigns:**

- Don't glorify or romanticize suicide or people who have died by suicide. Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.<sup>1</sup> They should not be held up as role models.
- Don't normalize suicide by presenting it as a common event. Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously

Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org) 877-GET-SPRC (877-438-7772) Education Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060

## **Safe and Effective Messaging for Suicide Prevention**

Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.

Don't present suicide as an inexplicable act or explain it as a result of stress only. Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.

Don't focus on personal details of people who have died by suicide. Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.

Don't present overly detailed descriptions of suicide victims or methods of suicide. Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

## Acknowledgment

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**Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org) 877-GET-SPRC (877-438-7772)**  
**Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060**

**Education**

## ***Recognize the Warning Signs for Suicidal Behavior!***

Sometimes it can be difficult to tell warning signs from “normal” behavior, especially in adolescents. Ask yourself, Is the behavior I am seeing very different for this particular person? Also, recognize that sometimes those who are depressed can appear angry, irritable, and/or hostile in addition to withdrawn and quiet.

- Take action if you see any of the following warning signs:
- Talking about or threatening to hurt or kill oneself
- Seeking firearms, drugs, or other lethal means for killing oneself
- Talking or writing about death, dying or suicide
- Direct Statements or Less Direct Statements of Suicidal Intent: (Examples: “I’m just going to end it all” or “Everything would be easier if I wasn’t around.”)
- Feeling hopeless
- Feeling rage or uncontrollable anger or seeking revenge
- Feeling trapped - like there’s no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Acting reckless or engaging in risky activities
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Feeling anxious or agitated
- Being unable to sleep, or sleeping all the time

For a more complete list of warning signs and more information on suicide prevention, please consult the *Connect* website at <http://www.theconnectprogram.org> and click on Understanding Suicide.

If you see warning signs and/or are otherwise worried, connect with your loved one, connect them to help.

- Ask directly about their suicidal feelings. Talking about suicide is the first step to preventing suicide!
- Let them know you care.
- Keep them away from anything that may cause harm such as guns, pills, ropes, knives, vehicles.
- Stay with them (eyes on at all times) and get a professional involved.
- Offer a message of hope - Let them know you will assist them in getting help.
- Connect them with help:
- National Suicide Lifeline (24/7) 1-800-273-TALK (8255) (press “1” for veterans)
- Crisis Text Line: 741741
- Your local community mental health center or emergency department
- For an emergency, dial 911

## Columbia-Suicide Severity Rating Scale

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are bolded and underlined	Yes	No
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or a wish to fall asleep and not wake up. <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it." <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports have some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of the plan fully or partially worked out and the person has some intent to carry it out. <u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>		
<b>6) Suicide Behavior Question:</b> <u><b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump: or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc <b>If YES, ask: How long ago did you do any of these?</b>		



# RECOMMENDATIONS FOR REPORTING ON SUICIDE®

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



## IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

**Suicide Contagion or "Copycat Suicide"**  
occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org).

### INSTEAD OF THIS: ❌

- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

### DO THIS: ✅

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."



## AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



## SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

## MORE INFORMATION AND RESOURCES AT:

[www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org) or the following local resources:

## HELPFUL SIDE-BAR FOR STORIES



### WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



### WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

## THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.

