

Tippecanoe Valley High School

Suicide Prevention

Indiana School Safety Specialist Academy

August 29, 2016

Dr. Michael Bendicsen, Principal

- 1. Student Assistance Program/ active vs. passive**
- 2. Yellow Ribbon**
- 3. QPR – students, staff, community**
- 4. Project Child Safe**
- 5. Speaker – school and community**
- 6. Risk Assessment / response procedures and expectations/ safety plan**
- 7. Mindset Shift**
- 8. Handling of Funerals**
- 9. Mental Health Task Force**
- 10. Symposium/State Conference**
- 11. Text for help number and signage**
- 12. Peer Facilitators/Facebook**
- 13. Lifeline – Suicide Hotline**
- 14. Prayer Meetings at School**
- 15. Pastors**
- 16. Bullying Prevention/Response**
- 17. Book study**
- 18. Grief Support – students, staff, community, parents**
- 19. Principal talk with students**
- 20. “Coach” talk with students**
- 21. Professional Learning Communities/Teacher Collaboration Time**

- 22. Remedy Live**
- 23. Optics/ links on website/ Facebook/ newsletters**
- 24. IPFW – Suicide Prevention - Alice Jordan Miles (College of Health & Human Services)**
- 25. EAP**
- 26. Goal overall happiness – not just suicide prevention**
- 27. Information overload – Do something!**
- 28. Balance – “We don’t want to talk about it” / “The school doesn’t care about kids”**
- 29. Immediacy and long term goals/ TR Quote**

BOWEN CENTER STUDENT ASSISTANCE PROGRAM (SAP)

ACCESS TO MENTAL HEALTH SERVICES FOR ALL

2 free sessions of counseling at any Bowen Center location or at school site.

Parents may refer directly. School may refer with parental consent

Anxiety & Depression ◊ Risk Assessment ◊ Addictions ◊ Stress

**Onsite Services ◊ Grief Issues ◊ Family/Relationship Skills ◊ Bullying &
Interpersonal Conflict ◊ Behaviors at School/Home**

Suicidal/Self Harm Behavior and More

What Happens after 2 Sessions?

- 1. Parents may choose to continue investing in their child's treatment**
- 2. Medicaid funding may exist for home-based or school-based services**
- 3. Students may qualify for funding through grants (CMHI)**
- 4. Students may qualify for sliding fee or charity care through Bowen Center**
- 5. Bowen Center & School system may contract for services**

87% of students continue services after their 2 sessions

40-50% of SAP referrals are family referrals

Bowen Center currently has SAP's in over 17 schools and colleges



Better Counseling... Better Life

To find out more please contact Student Assistance Plan Specialist, Ted Westerhof at 574-453-1207



Tippecanoe Valley High School

Student Assistance Plan

Q. What is the Tippecanoe Valley High School (TVHS) Student Assistance Plan (SAP)?

A. It is a new benefit provided by TVHS that provides TVHS students two (2) free prepaid sessions of counseling at any Bowen Center outpatient location. Services may also be provided at a school site if possible.

Q. Who has access to this program?

A. All TVHS students grades nine (9) through twelve (12) have two (2) free sessions. There is no co-pay, deductible, or pre-authorization required.

Q. Is parental consent required? What happens after the 2 free SAP sessions.

A. Yes. Parental consent is required for any child under the age of 18. After the initial two counseling sessions parents and students may decide if they would like to continue to invest in treatment. Bowen Center has fee assistance for those who qualify. There is no obligation to continue treatment.

Q. Where are the Bowen Center offices?

A. Bowen Center has locations in the following cities: Warsaw, Wabash, Plymouth, Huntington, Angola, Auburn, Fort Wayne, LaGrange, Syracuse, Columbia City, and Albion. Services may be provided at Tippecanoe Valley High School or Burket Educational Center as needed.

Q. How are students referred?

A. 1) Parents may refer their children directly to the Bowen Center. 2) Students may refer themselves with the consent of their guardian. 3) TVHS may refer students after communication and consent from their guardian(s).

Q. If I use counseling sessions through the TVHS Student Assistance Plan is TVHS informed?

A. All sessions are private and confidential. Privacy laws protect student information unless you give written consent to release student information. School staff may help you in setting appointments if you allow.

Q. Can I use my free counseling sessions during summer break?

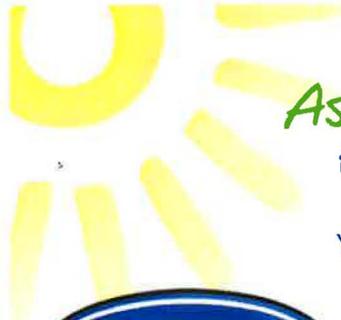
A. Yes. Students have access to their two (2) prepaid sessions at any time during the calendar year.

Q. How do I schedule counseling sessions?

A. Simply call 1-800-342-5652 to the Access Center and state, "I am the parent of a TVHS student and would like to schedule counseling sessions for my child through the Student Assistance Plan." If you have more questions please call Jamie Davis at 1-800-342-5653.



Better Counseling... Better Life



SAP: Student Assistance Program free, professional counseling



Better Counseling...Better Life

Your school has provided each student with prepaid counseling sessions. Call this number to schedule your confidential appointment at any Bowen Center location!

1-800-342-5653



What is counseling like at The Bowen Center?

Counseling at The Bowen Center is a chance for you to share your problems with someone who cares about you—someone who is qualified to give advice to help you feel better. Whether you face problems like family issues, drugs or alcohol, peer pressure, eating disorders, dating, depression, or more, we can help.

**We can't help until you pick up the phone!
Call us at 1-800-342-5653. It's free and confidential.**



Jami Davis, BS
Rehabilitation Coordinator

850 North Harrison Street • Warsaw, IN. 46580
574-267-7169 ext. 3745 • 800-342-5653 • Fax: 574-269-3995
jami.davis@bowencenter.org • www.bowencenter.org

Family Consultation

Through a series of coordinated steps, we will develop options on how to go from where you are as a family today to where you would like to be in the future.

Initial Visit

Family member will be interviewed as a whole, in small groups or individually. Your family will complete the Family Assets Survey to define key areas, including your strengths and conflicts, to determine your family's road to success.

Recommendations

Our comprehensive report will give you recommendations specific to your family's needs. It is our goal to provide the direction that you need to overcome the issues that you are currently facing.

How Healthy Is Your Family?

According to the Search Institutes Family Assets Study, healthy families exhibit core traits. Crosswinds Family Coaching program allows families to see their score in each area and provides tools to increase healthy traits that result in healthier families!



Family Coaching

The concept of coaching to help us run farther, shoot better or even to be a better leader is an everyday occurrence. Wouldn't it be nice to have a coach to help you be a better parent, spouse, or family? Crosswinds uses the Family Assets Index to strengthen core areas, including:

- Developing healthy relationships
- Establishing boundaries and routines
- Creating and maintaining family expectations
- Learning to adjust and adapt to family challenges
- Learning to have fun as a family

NURTURING RELATIONSHIPS

- Positive communication
- Affection & emotional openness
- Conflict assistance

ESTABLISHING ROUTINES

- Family meals & shared activities
- Meaningful traditions
- Dependability

MAINTAINING EXPECTATIONS

- Open to tough topics
- Defined boundaries & fair rules
- Clear expectations

ADAPTING TO CHALLENGES

- Adaptability & problem solving
- Democratic decision making
- Management of daily commitments

CONNECTING TO COMMUNITY

- Neighborhood cohesion & support
- Relationships with others
- Enriching activities

Family Counseling

Family Counseling helps families struggling with different challenges. Our staff excels at identifying problems, developing a plan, and partnering with you to transform and strengthen your family. We work with families seeking help for:

- Troubled teenagers
- Suffering marriages
- Communication problems
- Trauma and grief
- Adoption issues
- Emotional/mental health issues

Our services are home-based, which means one of our staff will come to your house. This offers comfort and privacy for members of the family while providing us with a better understanding of your household.





Universal Health Services, Inc.

Universal Health Services, Inc. (UHS) is The Jason Foundation's National Clinical Affiliate. As one of the country's largest and most respected hospital management companies and the leading provider in the behavioral industry, UHS is an excellent clinical partner for The Jason Foundation. JFI is proud to work with UHS to provide programs for youth suicide awareness and prevention to communities across the country. www.uhsinc.com

JFI with the support of UHS employs a "grass roots" approach to providing programs and services to communities across the country. The network created by JFI and UHS constitutes one of the largest youth suicide efforts in the nation. For more information on office locations, visit www.jasonfoundation.com



Since 2004, The American Football Coaches Association has been JFI's National Awareness Affiliate. Members of the AFCA serve as JFI/AFCA Ambassadors to help build public awareness about youth suicide and resources available through JFI. www.afca.org



As National Corporate Affiliate for JFI since 2005, Walmart helps provide funding and awareness support for the Triangle of Prevention programs which touch all areas of a young person's life including educators, parents and the youth themselves. www.walmart.com



Jason Foundation Corporate Office

Mission Statement

The Jason Foundation, Inc. is dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

- Suicide is the third leading cause of death for youth, ages 10-24.
- Suicide is the second leading cause of death for college age youth.
- Four out of five completed suicides gave "clear warning signs" before the attempt.
- Approximately 100 youth, ages 10-24, are lost to suicide every week.



The Jason Foundation, Inc.
18 Volunteer Drive
Hendersonville, TN 37075
615.264.2323 | Fax 615.264.0188
Toll Free 1.888.881.2323
www.jasonfoundation.com

WORKING



to Give Our Youth

*A Promise
for Tomorrow*



For the Awareness and

HELP IS NEARBY

Goshen Center
Goshen City Church of the Brethren
203 North 5th Street, Goshen, IN 46528

Elkhart Center
First Congregational Church UCC
431 S. 3rd Street, Elkhart, IN 46516

The mission of Ryan's Place is to provide support in a safe environment where grieving children, teens and their families can share their experience as they move through the healing process.



RYAN'S PLACE

P.O. Box 73, Goshen, IN 46527
574-535-1000 • 574-202-1688
www.ryans-place.org

Brochure produced with the support of
DERMACENTER MD
Dr. Roger and Amanda Moore

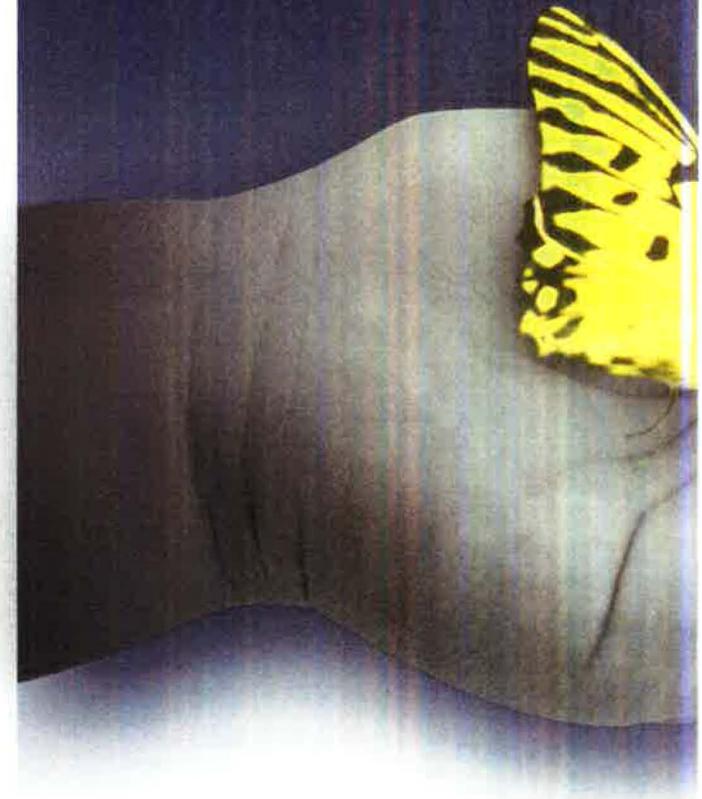


Ryan's Place



**A Center for Grieving
Children & Teens**

Between Loss
RYAN'S





INDIANA STATE

SUICIDE

PREVENTION

PLAN

***JOURNEY FROM
HOPELESSNESS
TO HEALTH***

THIS RIBBON IS A LIFELINE!©



It carries the message that there are those who care and will help! If you are in need and don't know how to ask for help, take this card to a counselor, teacher, clergy, doctor, parent, or friend and say:

"I NEED TO USE MY YELLOW RIBBON"

The Yellow Ribbon Program is in loving memory of Michael Emme

BE-A-LINK! - SAVE A LIFE!

If you have received this Card, it is a Cry for help:

- **Stay** with the person - you are their *lifeline!*
- **Listen**, *really listen*. **Take them seriously!**
- **Get**, or call, **help immediately!**

It's OK to Ask4Help!

800-273-TALK (8255) or 800-SUICIDE (784.2433)



BASIC PRINCIPLES

- ◆ **QPR** recognizes that suicidal behavior is interpersonal in nature, potentially deadly, understandable and usually preventable.
- ◆ **QPR** recognizes that even socially isolated individuals have some sort of contact with their community (e.g., family members, doctors, teachers, employers, bankers, counselors, attorneys, etc.). These individuals play pre-existing roles in the at-risk person's life and, with a little training, these same individuals can help save lives.
- ◆ **QPR** teaches diverse groups within each community how to recognize the "real crisis" of suicide and the symptoms and communications that may accompany it.
- ◆ **QPR** addresses high-risk people within their own environments, versus requiring individuals to initiate requests for support or treatment on their own.
- ◆ **QPR** offers the increased possibility of intervention early in the depressive and/or suicidal crisis.
- ◆ **QPR** encourages trained Gatekeepers to take the individual directly to a treatment provider and/or community resource.
- ◆ **QPR** stresses active follow-up on each intervention.

The fundamental premise of QPR's effectiveness is based on the belief, and growing research, that those most at-risk for suicide do not self-refer. To locate these individuals, identify their suicidal communications and get them to needed services is at the heart of the QPR approach to suicide prevention.

Some things you need to know about young people

Myth: If a suicidal youth tells a friend, the friend will tell an adult.

Fact: Most suicidal young people do not tell an adult.

Good Friends Don't Keep Deadly Secrets

Warning signs to look for in young people:

- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Physical symptoms: eating disturbances, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities
- Increased apathy
- Being expelled from school /fired from job
- Family problems/alienation
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

Some things you need to know about suicidal young people:

1. Many young people are reluctant to seek or accept help for any problem, including suicide. This seems to be especially true for males. Part of this may be due to the fact that males often feel less comfortable than females in talking about their problems or feelings. Therefore, if you are at all suspicious that a teenaged boy or young man may be suicidal, be bold and persistent in your efforts to be helpful.
2. In general, boys and young men are less likely to recognize their own symptoms of depression or to seek treatment when they feel bad. Instead, they often drink heavily or use drugs to try to feel better. Boys also tend to use firearms or other highly lethal means to kill themselves.
3. While girls and young women are almost twice as likely to suffer from depression, their depressive illness may be less impulsive and violent than depression in boys. Perhaps as a result, boys complete suicide much more frequently than girls.
4. Lastly, adolescent boys and young men are more likely than girls to have experienced a crisis sometime in the 24 hours prior to a suicide attempt (especially in relation to break-ups with girlfriends, disciplinary problems, legal crises or humiliating events).

Because young people of both sexes may not be getting treatment for depression, and may abuse drugs and alcohol and act impulsively on suicidal thoughts and feelings, it

What you need to know about substance abuse and suicide.

- ***Suicidal people often drink alcohol or use other drugs before they make a suicide attempt. Youth who use alcohol or other illicit drugs are at especially high risk for suicidal behaviors.***

Even people who otherwise do not use or abuse alcohol may suddenly begin to drink as they approach the decision to die. Heavy and/or unusual drinking can be a warning sign for suicide, and mixing alcohol with over-the-counter or prescription medications is a deadly combination.

- ***Alcohol and depression do not mix!***

According to several expert sources, the people most at risk for dying by suicide are suffering from depression or some other disorder of mood, *and* are abusing alcohol or other drugs.

- ***Suicide risk, and the risk for violence, is highest when the person...***
 - has a firearm
 - is upset
 - and has been drinking

Once you have determined that a person is considering suicide with QPR, you can quickly reduce the risk of a suicide attempt by taking the following steps...

- Do not supply alcohol or other drugs to the suicidal person; a drink or two may make things worse, not better!
- If the person has been drinking, do everything you can to sober him or her up as quickly as possible!
- Make sure any firearm or other means of suicide has been removed and safely stored away from the suicidal person.

Note: If you do not feel confident in intervening with someone who is intoxicated, talking about suicide and has a firearm or other means of suicide, call 911 immediately.

Finally, if the suicidal person you know is abusing alcohol or other drugs on a frequent or long term basis, please get them to a qualified treatment professional for evaluation and possible treatment. Most people who have substance problems are not getting treatment... treatment that could save their lives from suicide.

Sources:

- Dr. George Murphy, *Suicide in Alcoholism*, 1992, New York: Oxford University Press
- National Household Survey on Drug Abuse, 2000, and from the National Clearinghouse for Alcohol and Drug Information, Substance Abuse and Mental Health Administration, U.S. Government, 2002
- National Institute of Mental Health, 2002

GUN STORAGE FOR YOUR LIFESTYLE



As a gun owner, you can choose from multiple options for safely storing and protecting your firearms when they're not in use.

Use this guide to determine which mechanism best suits your lifestyle, priorities and environment.

A RANGE OF OPTIONS



CABLE LOCK

Price Range: \$10–\$50

A cable lock can be used on most firearms, allows for quick access in an emergency and offers security from theft. The cable runs through the barrel or action of a firearm to prevent it from being accidentally fired, requiring either a key or combination to unlock it.

 AFFORDABLE

 ACCESSIBLE

 THEFT
DETERRENT



GUN CASE

Price Range: \$10–\$150

For those looking to conceal, protect or legally transport a registered firearm, a gun case is an affordable solution available in a variety of materials including plastic, fabric or metal. Be sure to lock it with an external device for added security.

-  AFFORDABLE
-  PORTABLE
-  PROTECTS FROM DAMAGE



LOCK BOX

Price Range: \$25–\$350

With integrated locks, storage boxes provide reliable protection for firearms, and allow gun owners to legally transport them outside of their home.

-  PORTABLE
-  ACCESSIBLE
-  PROTECTS FROM DAMAGE



ELECTRONIC LOCK BOX

Price Range: \$50–\$350

Electronic lock boxes are an effective way to store or legally transport firearms, and they also prevent theft since only the person with the code can access the contents. Some electronic lock boxes are specially designed for quick access to stored firearms.

-  PORTABLE
-  THEFT DETERRENT
-  PROTECTS FROM DAMAGE



FULL SIZE AND BIOMETRIC GUN SAFES



- » Thoroughly double check firearms to confirm that they are unloaded when you remove them from storage. Accidents could occur if a family member borrows a gun and returns it to storage while still loaded.

Download the brochure from our safety kit for more guidelines on safe storage:

[English version](#) | [Spanish version](#)

A Message for Your Children

Children and adolescents are naturally curious about firearms and, as a result, may be tempted to "play" with a firearm they find. Make sure young people in your home are aware of and understand these safety guidelines:

1. Don't go snooping, or allow other kids to go snooping, for guns in the house.
2. If you find a gun in your house, or anywhere else, STOP! Do not touch it or allow anyone else to. Leave the area and be sure to immediately tell an adult.
3. Even if a gun looks like a toy, don't touch it. Some real guns look like toy guns, so don't take a chance. Leave the area and immediately tell an adult.

[Print](#) this certificate so your kids can sign the Project ChildSafe Children's Pledge.

Cable-Style Gun Locks

Cable-style locks, like those in the Project ChildSafe [Safety Kit](#), should be used in addition to — not as a substitute for — safe firearms handling and storage methods. The lock is intended to discourage unauthorized access to a firearm, particularly by young children, but should not be considered a high-security device. Reference the Project ChildSafe [safety brochure](#) from the kit for more information about properly

6/12/2013

**Project ChildSafe
Handbook (.pdf)**

6/8/2013

How
Sharp is
Your
Firearm
Safety
Knowledge?

You may be proficient at loading, aiming and shooting your firearm, but when your gun is not in use, are your safety precautions on target?

QUIZ YOURSELF

installing the Project ChildSafe gunlock on various firearm types, safe handling and storage.

Firearms Kept for Home Security

The choice to keep a firearm in your home for sporting purposes, a collection or self-protection is a serious responsibility. Gun owners must be committed to obtaining the appropriate training and having a clear understanding of safe handling and storage rules to achieve the intended personal safety benefits.

Before choosing a firearm for home security, ask yourself these questions:

- » Are my security concerns realistic and consistent with local crime rates?
- » Do other adults in my household support maintaining a gun in the house?
- » Will other adults with access to the firearm join me in a firearms training and safety program?
- » What precautions will I practice to safeguard children?
- » Do risk factors such as mental illness or drug and alcohol abuse exist within my household?

Your decision should also take into consideration issues such as individual temperament, reaction to emergency situations and specific family circumstances.

Access to Firearms Kept for Home Security

If you choose to keep a firearm for home security, your objective should be to create a situation in which the firearm is readily available to you, yet inaccessible or inoperative to others. Special lockable cases that can be quickly opened only by authorized individuals are options to consider.



MAKE A DONATION

Search

FOR LAW ENFORCEMENT

FIND A SAFETY KIT

ABOUT THE PROJECT

SAFETY

GET INVOLVED

SUPPORTER ORGANIZATIONS

NEWS & EVENTS



DO YOU KNOW THE FACTS OF FIREARM SAFETY?

Test your skills by selecting which of these statements are myths and which are facts!

"A hidden gun is a safe gun."
 In fact, it's highly likely that the location of "hidden" safe gun.

My child knows to never touch a gun, so

safety tips

General Firearm Handling

- ▶ **Treat every firearm as if it were loaded.**
- ▶ **Keep the muzzle pointed in a safe direction.**
- ▶ **Keep your fingers off the trigger. Don't rely on your firearm's "safety" device.**
- ▶ **Keep the firearm unloaded when not in use.**

All members of the household **must** understand and follow the requirements of ***Firearms Responsibility In The Home.***

NOTE TO PARENTS:

Read with your children and have them sign the attached special **Kids Message and Contract.**

For more information about firearms ownership and storage visit:
www.projectchildsafe.org

safe home checklist

- ✓ Firearms kept for security reasons are fully controlled at all times.
- ✓ Firearms are securely stored in a location inaccessible to children and other unauthorized persons.
- ✓ Sporting firearms are unloaded before they are brought into the home and never loaded while in the home.
- ✓ Sporting firearms are immediately cleaned and placed in secure storage when they are returned from hunting or target shooting.
- ✓ When firearms are removed from storage, they are always carefully checked to confirm that they are unloaded.
- ✓ Ammunition is stored under lock and key, separately from firearms.
- ✓ The owner's manual that came with the firearm must be read and understood.

kids

There is one important step you can take right now to prove you are responsible about firearms. Sign this Firearms Responsibility Contract and give it to your mother or father.

Firearms Responsibility Contract

To Mom and Dad:

I Hereby Promise:

- ✓ *I will not handle firearms without permission.*
- ✓ *I will never play with firearms.*
- ✓ *If I find a firearm, I will not touch it; I will tell an adult immediately.*
- ✓ *I will obey the rules of safe firearms handling.*

Signed _____

Date _____

A message to kids about Firearms Responsibility

Not long ago, in another town, some kids found a firearm. Maybe they were looking for it because of something they saw on television. Maybe one of them dared the other to find it. Maybe they just found a firearm that was left out by mistake. It doesn't matter why they found it. What matters is the firearm was loaded, and they played with it. Now they are very sorry they did. Don't let this happen to you. Always follow these safety rules:

1. **Don't go looking for firearms, in your house or a friend's house. Don't let other kids look for firearms in your house.**
2. **If you find a firearm in your house — or anywhere else — leave it alone. Don't touch it! Don't let anyone else touch it! Tell an adult.**
3. **Even if a firearm looks like a toy — don't touch it! Some real firearms look like toys. Don't take a chance. Tell an adult.**

***Remember... if you find a firearm,
don't pick it up. Just leave it alone.
And tell an adult right away.***

RISK ASSESSMENT

STUDENT: _____ **TIME:** _____ **DATE:** ___/___/___
SCHOOL: _____ **GR:** _____ **AGE:** _____ **DOB:** _____
REFERRED BY: _____ **RISK & PROBABILITY:** SH S H / L M H

SUICIDE RISK

Reports current suicidal thoughts? **Y** **N**
Details (frequency/intensity/etc.): _____
Reports current thoughts/urges to self-harm? **Y** **N**
Detail (cutting, etc.) _____
Has a specific plan? **Y** **N**
Details (method/lethality): _____
Has means and intent to carry out plan? **Y** **N**
Details (self-harm or lethal): _____
Has a history of self-harm/suicide attempts? **Y** **N**
Details (method/quantity): _____
Reports thoughts of hopelessness/wants to die/wish to be dead? **Y** **N**
Details: _____

HOMICIDE RISK

Reports homicidal thoughts/wishes to harm/kill someone? **Y** **N**
Details: _____
Has plan to harm someone? **Y** **N**
Details (who/how/where): _____
Has means and intent to carry out plan? **Y** **N**
Details: _____
Has a history of aggression/violence towards others? **Y** **N**
Details: _____

OTHER RISK FACTORS

Has current/past mental health disorder(s)? **Y** **N** **List:** _____
Key symptoms: anhedonia ___ *impulsive* ___ *anxiety/Panic* ___ *insomnia* ___ *command hallucinations* ___
Past/current MH treatment: Residential ___ *Inpatient* ___ *Outpatient* ___ *Psych (meds)* _____
Has family history of psychotic disorders, suicides, attempts? **Y** **N**
Details: _____
Has access to firearms? **Y** **N**
Details (what/where, etc.): _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>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.</i> " <u>Have you been thinking about how you might kill yourself?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> " <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</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. If YES, ask: <u>How long ago did you do any of these?</u> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

For inquiries and training information contact: Kelly Posner, Ph.D.

New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

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Suicide Report Form

Student's name: _____ Date: _____

Staff Person Making Referral: _____

Name and Position of Person Handling Case: _____

Student Interviewed By: _____

Comments:

Parent or Responsible Person contacted: _____

(Name)

Parent Contact Made By: _____ Date: _____

Crisis Plan

Follow-up Taken:

Follow-up done By: _____

Comments:

Other People/Organizations Contacted:

This form is to be filed in the student's confidential file separate from the student's curriculum folder.

GUIDELINES FOR PARENTS

IF A CHILD EXPRESSES SUICIDE IDEATION OR THOUGHTS OF HARMING SELF

When a child expresses thoughts of suicide or causing harm to himself/herself can be a very shocking experience for a parent. Your own personal reactions may vary from anger, guilt, sense of failure, embarrassment, denial of situation, and/or feelings of total loss as to how to respond. While these are very common reactions, a priority needs to be given to providing support for your child.

HS has taken the position that it is extremely important that we notify the parent whenever it is learned that a student is expressing thoughts of suicide or causing harm to himself/herself. While we are not in the position to provide intensive counseling to your child, the school is willing to continue to work with you to insure the safety and well-being of your child. In so doing, you may be asked to help develop an action plan with the school to provide the support that is needed.

The following are presented as general guidelines to follow.

1. **Take every complaint and feeling expressed seriously:** Do not dismiss or undervalue what your child is expressing. All talk of harming self should be taken seriously. Often the child may express concerns in a very low-key manner, but below the seeming calm may be profound distress feelings.
2. **Be concerned and competent:** Talk with your child in a very calm, confident, and reassuring manner. Present yourself as a model of a competent, problem-solving adult who can take in information, remain calm, help choose alternatives, and take action to help your child. Even if you are "falling apart" inside, you need to project the image of calm, concern, and competence. Let the child know that you will work through this together.
3. **Avoid using the phrase "You shouldn't feel that way":** The feelings that your child is experiencing are very real to him/her at that moment and need to be acknowledged. It often helps to just reflect back or repeat what your child has told you. Acceptance of his/her feeling of confusion is very important. The last thing a child needs at this time is the feeling that he has disappointed another person or has made another person angry at him.
4. **Be a listener:** In listening to your child be empathetic...anticipate a wide range of possible reactions from your child...be reassuring and continue to stress the need to develop a plan of action with the child.
5. **Accept all feelings, fears and concerns of your child:** Acceptance helps to keep feelings out in the open. Even though the concern may seem very small to you, it is very important to your child.
6. **Ask "what" questions instead of "why":** Asking the **WHAT** questions as opposed to the **WHY** questions helps avoid putting the child on the defensive (i.e. "what are the things that are bothering you?" Instead of "why are you thinking this?")
7. **Do not be misled by your child's comments that he/she is past the emotional crisis:** Often a child will feel initial relief after talking about the suicide ideation, but the same thinking may recur later. Continued observation and follow-up is crucial to insure a good intervention.
8. **Be an observer:** Be alert for personality and behavioral changes in your child. Changes may be noticed immediately or even several weeks later. Be aware of changes in academic performance or personal habits. These changes can be subtle or very direct. Be aware of both positive and negative changes.
9. **Know your own feelings and reactions:** Be aware of your own feelings about your child's behavior before you interact with him/her. You will not necessarily be sharing your feelings with your child, but you need to be aware of them because they will influence your reactions and responses.
10. **Do not hesitate to seek professional help:** This is a situation where it is better to be safe than sorry. Do not let your personal feelings interfere with your contacting your family physician, a counselor/therapist, or Pastor for assistance.
11. **Suicide watch:** In high or moderate risk situations, you may need to organize a family "suicide watch" until the crisis is past or you have gotten help. This may mean that you do not leave your child alone without adult supervision. You may also need to remove obvious methods of suicide from your home.
12. **Do not try to win arguments about suicide with your child:** It is best to offer and supply support and reasons for living to your child.
13. **Keep communication open with the school:** It is important that the home and school work together and communicate openly with each other in order to provide the best support for your child.
14. **Please take care** to address any possible means of self-harm or harm to others: lock up guns, put away pills, knives and razors, practice gun safety, etc.
15. **Call Bowen Center 1-800-733-5631 or Four Co. 1-800-552-3106**

NO HARM CONTRACT

I _____ promise not to hurt myself or attempt suicide.

(Print Name)

I also promise to contact _____ at _____

IMMEDIATELY upon feeling depressed, hopeless, and in danger of harming myself in any way.

If _____ is not available, I will contact

_____ at _____ and

discuss my feelings and intentions.

If I cannot reach either of the above, I will call:

Bowen Center.....1-800-733-5631

MBHC.....1-800-795-6252

Parkview.....1-800-284-8439

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

Student Signature

Date: _____

Signature of Adult Counseling

Date: _____

Safety Plan: Brief Instructions*

Step 1: Recognizing Warning Signs

- Ask “How will you know when the safety plan should be used?”
- Ask, “What do you experience when you start to think about suicide or feel extremely distressed?”
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients’ own words.

Step 2: Using Internal Coping Strategies

- Ask “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”
- Ask “How likely do you think you would be able to do this step during a time of crisis?”
- If doubt about using coping strategies is expressed, ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”
- Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask “Who or what social settings help you take your mind off your problems at least for a little while? “Who helps you feel better when you socialize with them?”
- Ask patients to list several people and social settings, in case the first option is unavailable.
- Ask for safe places they can go to do be around people, e.g. coffee shop.
- Remember, in this step, suicidal thoughts and feelings are not revealed.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

- Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Ask “Among your family or friends, who do you think you could contact for help during a crisis?” or “Who is supportive of you and who do you feel that you can talk with when you’re under stress?”
- Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.
- Ask “How likely would you be willing to contact these individuals?”
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

- Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask “Who are the mental health professionals that we should identify to be on your safety plan?” and “Are there other health care providers?”
- List names, numbers and/or locations of clinicians, local urgent care services, National Suicide Prevention Lifeline (Hotline) (1-800-273-TALK (8255))
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

- The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.
- For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.
- Restricting the veterans’ access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police.

*See Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.

SAFETY PLAN

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Adapted from "Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version" (Stanley & Brown, 2008).

CULTURE SHIFT TO ZERO SUICIDES

Shift in perspective from :	To:
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Improved understanding – recovery and resiliency
Risk assessment and containment	Collaborative safety planning, treatment and recovery
Stand-alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone’s job
Individual clinician judgment and actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalizations during episodes of crisis	Productive interactions throughout ongoing continuity of care
“If we save one life.....”	“How many deaths are acceptable?”

Dear Tippecanoe Valley Staff Member,

You are invited to become involved in the efforts of the Tippecanoe Valley Community Mental Health Task Force. This group has been diligent in its work, but much work remains. Being a part of the Task Force provides an opportunity to make a difference in our schools and our community. I hope you will consider being part of the effort.

Here are the Task Force's mission and vision statements:

Vision Statement

A community that recognizes, responds, and empowers all citizens to good mental health.

Mission Statement

The mission of the Tippecanoe Valley Community Mental Health Task Force is to develop and implement strategies to both increase knowledge and provide support, while reducing the stigma of mental illness.

The next meeting of the Tippecanoe Valley Community Mental Health Task Force is Tuesday, December 2, from 4:15-5:30 p.m., at TVHS Room 117. If you know any community members interested in being part of this effort, please invite them to this meeting.

If you have questions, please contact me.

Sincerely,

Brett R. Boggs

Superintendent
Tippecanoe Valley School Corporation
8343 South State Road 19
Akron, IN 46910
Office: 574-353-7741, ext. 1006
Cell: 574-551-9933
boggsb@tvsc.k12.in.us

***Committed to Student Success through the
Development of Character, Leadership, and Literacy***



Tippecanoe Valley School Corporation

8343 South State Road 19

Akron, IN 46910

Phone: 574.353.7741

Fax: 574.353.7743

Mr. Brett R. Boggs, Ed.S.
Superintendent

Mr. Blaine Conley, Ed.S.
Assistant Superintendent

TIPPECANOE VALLEY COMMUNITY MENTAL HEALTH TASK FORCE

Monday, March 2, 2015

4:15 p.m.

Tippecanoe Valley High School Room 117

Vision Statement

A community that recognizes, responds, and empowers all citizens to good mental health.

Mission Statement

Develop and implement strategies to both increase knowledge and provide support, while reducing the stigma of mental illness.

Goals

- 1. Focus on training staff and developing staff awareness.***
- 2. Provide prevention training to the community.***
- 3. Provide prevention training for students.***
- 4. Pursue grants to fund future efforts.***
- 5. Plan and host a Suicide Prevention Summit.***

Agenda

1. Welcome
2. Presentation by Ryan's Place – Center for Grieving Children & Teens
3. Presentation by Crosswinds – In-Home Family Counseling – Caleb Kimmel
4. Update on Suicide Prevention Efforts @ TVHS – Mike Bendicsen
5. Update on Planning for Indiana State Suicide Prevention Summit

2015 Indiana Suicide Prevention Conference, Journey from Hopelessness to Health

Resources from *Comprehensive Suicide Prevention: What States, Communities and Individuals Can Do to Prevent Suicide*
Philip Rodgers, Ph.D.
LivingWorks Education Inc.

This is not an exhaustive list of suicide prevention resources. Additional resources can be found on the Best Practices Registry for Suicide Prevention from the Suicide Prevention Resource Center (www.sprc.org) as well as other sources.

Family Resources

1. *Not My Kid* educational video from the Society for the Prevention of Teen Suicide, www.sptsusa.org.
2. Eric Hipple with Gloria Horsley & Heidi Horsley. (2008). *Real Men Do Cry*. Naples, FL: Quality of Life Publishing Company.
3. *How to Talk to a Child about a Suicide Attempt in Your Family* from the Rocky Mountain MIRECC for Suicide Prevention, www.mirecc.va.gov/visn19/talk2kids/
4. *Is Your Home Suicide-Proof* from the Rhode Island Department of Health, www.suicideproof.org.
5. *Depression and Bipolar Wellness Guide for Parents of Children and Teens with Depression or Bipolar Disorder* from Families for Depression Awareness, www.familyaware.org.
6. *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* from the Family Acceptance Project, San Francisco State University, www.familyproject.sfsu.edu.

School Resources

1. *The Good Behavior Game* from multiple resources (See Poduska, J. M., Kellam, S. G., Wang, W., Brown, C. H., Ialongo, N. S., & Toyinbo, P. (2008). Impact of the Good Behavior Gam, a universal classroom-based behavior intervention, on young adult service use for problems with emotions, behavior, or drugs or alcohol. *Drug and Alcohol Dependence*, 95S, S29-S44. and Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., & Anthony, J. C. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, 95S, S60-S73.)
2. *Maine Youth Suicide Prevention Program: Youth Suicide Prevention, Intervention & Postvention Guidelines* from The Maine Youth Suicide Prevention Program, www.maine.gov/suicide.
3. School-based curricular programs (many more available):
 - a. *SOS Signs of Suicide Prevention Program* from Screening for Mental Health, www.mentalhealthscreening.org
 - b. *More Than Sad* from the American Foundation for Suicide Prevention, www.afsp.org.
 - c. *LEADS for Youth: A Suicide Prevention Education Program* from Suicide Awareness Voices of Education (SAVE), www.save.org.
 - d. *Lifelines: A Suicide Program, Lifelines Intervention: Helping Students at Risk for Suicide, Lifelines Postvention: Responding to Suicide and Other Traumatic Deaths* from Hazelden, www.hazelden.org.
4. *Sources of Strength: Connecting Peers and Caring Adults...* from Sources of Strength, www.sourcesofstrength.org.
5. *After a Suicide: A Toolkit for Schools* from the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, www.afsp.org & www.sprc.org.

Community Resources

1. Washington State's Suicide Prevention Training, <http://depts.washington.edu/mhreport/features/firstsuicidelaw.php>. (See also Schmitz, W. M., Allen, M. H., Feldman, B. N. et al. (2012). Preventing suicide through improved training in suicide risk assessment and care: An American Association of Suicidology Task Force Report Addressing Serious Gaps in U.S. Mental Health Training. *Suicide and Life-Threatening Behavior*, 42(3), 292-304.)
2. National Suicide Prevention Lifeline, www.suicidepreventionlifeline.org.
3. Gatekeeper training (many more available):
 - a. Applied Suicide Intervention Skills Training (ASIST) from LivingWorks Education, www.livingworks.net.
 - b. Connect from NAMI New Hampshire, www.theconnectprogram.org.
 - c. Question Persuade Refer (QPR) from the QPR Institute, www.qprinstitute.com.
4. *Recommendations for Reporting on Suicide* from multiple organizations, www.reportingonsuicide.org.

Emergency Department Resources

1. *Is Your Patient Suicidal?* and related resources from the Suicide Prevention Resource Center, www.sprc.org. (See also Currier, G. W., Litts, D., Walsh, P., Schneider, S., Richardson, T., Grant, W., Triner, W., Robak, N., & Moscati, R. (2012). Evaluation of an emergency department educational campaign for recognition of suicidal patients. *Western Journal of Emergency Medicine*, 13(1), 41-50.)
2. *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments* from the Suicide Prevention Resource Center, from the Suicide Prevention Resource Center, www.sprc.org.
3. Kruesi, M. J. P., Grossman, J., Pennington, J. M., Woodward, P. J., Duda, D. & Hirsch, J. G. (1999). Suicide and violence prevention: Parent education in the Emergency Department. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(3), 250-255.
4. Asarnow, J. R., Berk, M. S., & Baraff, L. J. (2009). Family intervention for suicide prevention: A specialized emergency department intervention for suicidal youths. *Professional Psychology: Research and Practice* 40(2), 118-125.
5. *Continuity of Care of Suicide Prevention and Research*, www.sprc.org.

Clinical Resources

1. *Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals*, from the Suicide Prevention Resource Center Training Institute, www.sprc.org/training-institute.
2. *Recognizing and Responding to Suicide Risk in Primary Care and Recognizing and Responding to Suicide Risk*, from the American Association of Suicidology, www.suicidology.org.
3. Treatment modalities (many more available):
 - a. Brent, D. A., Poling, K. D., & Goldstein, T. R. (2011). *Treating Depressed and Suicidal Adolescents: A Clinicians Guide*. New York, NY: The Guilford Press.
 - b. Miller, A. L., Rathus, J. H., & Linehan, M. M. (2006). *Dialectical Behavior Therapy with Suicidal Adolescents*. New York, NY: The Guilford Press.
 - c. Brown, G., Ten Have, T., Henriques, G. R., Xie, S. X., Hollander, J.E., & Beck, A.T. (2005). Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. *JAMA*, 3(294), 563-570.
4. Counseling on Access to Lethal Means (CALM) , www.sprc.org/training-institute.

Zero Suicide Resources

1. Hampton, T. (2010). Depression care effort brings dramatic drop in large HMO population's suicide rate. *JAMA*, 303(19), 1903.
2. *Suicide Care in Systems Framework*, from the National Action Alliance: Clinical Care and Intervention Task Force, www.actionallianceforsuicideprevention.org.
3. Zero Suicide Toolkit, from the Suicide Prevention Resource Center, www.zerosuicide.sprc.org.

Additional Resources

1. Social Media. www.spsmchat.com.
2. Lived Experience. *The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*. From the National Action Alliance for Suicide Prevention, www.actionallianceforsuicideprevention.org.
3. Safety Plans.
 - a. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264.
 - b. My3 app available from iTunes and Google Play, www.my3app.org.
4. Recovery and Growth.
 - a. SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery, from the Substance Abuse and Mental Health Services Administration, www.samhsa.gov.
 - b. *suicide to Hope (s2H) a Recovery and Growth Workshop for Clinicians and Professional Caregivers*, from LivingWorks Education, www.livingworks.net.

Other

Kevin Briggs with Sam Mellinger. (2015). *Guardian of the Golden Gate: Protecting the Line Between Hope and Despair*, Ascend Books LLC. (See also Kevin Briggs' TED Talk at https://www.ted.com/speakers/kevin_briggs)

help keep your schools safe...

text or call

574.387.3825

one text can make
all the difference

- bullying
- drugs & alcohol
- suicide watch
- tips



TVSC SAFE SCHOOLS





TVSC SAFE SCHOOLS

Help Keep Your Schools Safe

1-

Text

**Can Make a
Difference**



- **Bullying**
- **Drugs and Alcohol**
- **Suicide Watch**
- **Tips**

(574) 334-7755

Useful Suicide Prevention Mobile Apps:

Name	Name in App Store	Target Population	Features	Pros
Jason Foundation	Jason Foundation A Friend Asks	Teens, Young Adults, those looking to help a friend/loved one	Warning signs, Resources, How to help a friend, What to do; What not to do, Get help NOW (can press to call national suicide hotline)	Very user friendly, appeals to youth
SaferHome	Suicide Safer Home	Those living with someone who has suicidal thoughts, safety plan supports	Ways to reduce access to lethal means, safe disposal/storage of medication and firearms, practical safety planning tips, to do list	Provides info on a number of different potential risk factors
Lifebuoy	Lifebuoy: Suicide Prevention:	Suicide Survivors	Treatment Locator (gives location, contact information and map for all mental health treatment centers and crisis centers nearby), crisis chat lifeline, Mood Diary with sharing capability, self help resources	Provides resources specific to those who have a history of suicidal ideation
Safety Net	Safety Plan	Individuals with Suicidal Ideation/Thoughts	Personalized Digital Safety Plan stored on phone, Info about safety plans, immediate connection to safety plan supports	Easy to use and access quickly. Allows for constant access to safety plan
My 3	MY3- Support Network	Individuals at risk for Suicidal Ideation/Thoughts	Allows users to select 3 individuals from contact list to support them in times of crisis, has a safety plan toolbox with customizable strategies, people and places that can be used as coping skills	Allows users to personalize their own support system

Name	Name in App Store	Target Population	Features	Pros
ASK	ASK & Prevent Suicide	Individuals looking to help a friend/loved one	Provides educational resources and crisis intervention resources for suicide prevention. Warning Signs, referral information, Crisis lines specific to different populations	Basic. Easy to use, especially for those inexperienced with technology
Suicide Safe	Suicide Safe by SAMHSA	Primary Care, Behavioral Health Providers	Based on the Suicide Assessment Five-Step Evaluation and Triage practice guidelines (SAFE-T)	access to downloadable resources, focused on clinical providers, endorsed by SAMHSA



Community
Behavioral Health



Tippecanoe Valley School Corporation

8343 South State Road 19

Akron, IN 46910

Phone: 574.353.7741

Fax: 574.353.7743

Mr. Brett R. Boggs, Ed.S.
Superintendent

Mr. Blaine Conley, Ed.S.
Assistant Superintendent

SCHOOL NEWS RELEASE

Thursday, May 7, 2015

Tippecanoe Valley School Corporation Introduces Safe Schools Hotline

Tippecanoe Valley School Corporation (TVSC) is pleased to announce its new Safe Schools Hotline, a service that provides a means of reporting incidents or possible threats before they happen, so TVSC can take the steps necessary to prevent them from taking place.

TVSC Safe Schools Hotline is a telephone application (voice or text message) that allows students, parents, and members of the community to report threats of violence, bullying, suicide, theft, gang activity, drug use, vandalism or any other concern at any TVSC school. With this telephone application, when someone calls the number to report a threat or problem, the caller is prompted to leave a message along with any other important information. The message is immediately transmitted via telephone, cell phone and email to the building administrators and the TVSC school resource officer. TVSC has the ability to manage the calls through a web site, where school officials can see and download call reports. A full transcript of the call is transmitted with each email so that the administrator has first-hand knowledge of the call received. A school administrator will evaluate the potential threat level and respond accordingly.

In a world where the unthinkable happens somewhere nearly every day, tools such as the TVSC Safe Schools Hotline are needed to help protect students and staff from a tragedy that no parent, teacher, or school administrator wants to deal with - ever. If you have first-hand knowledge of a potentially harmful situation, please call the TVSC Safe Schools Hotline at (574) 387-3825.

SAFE SCHOOLS HOTLINE - SNR

Committed to Student Success Through the Development of Character, Leadership, and Literacy



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Peer Facilitation



Peer Facilitators

Students often find it easier to share a problem with a peer. Peer Facilitators are juniors or senior students who work with other peers who are struggling. They are available to help identify an issue, mediate a conflict, or to just provide a supportive "ear". Our Peer Facilitators are trained in the area of confidentiality in order to support the helping process. Whether a student is struggling with academics, social-emotional issues, peer conflicts or family concerns, our peers are eager to help. Peer Facilitators also work with groups of students as determined by Advisory topics or School Counselor suggestions.

How do I see a Peer Facilitator?

Peer Facilitators work in the School Counseling office during every period of the day. You can drop by the School Counseling office before/after school to request an appointment. If you have an urgent need during the school day, ask your teacher if you can have a pass to the School Counseling office.

How do I become a Peer Facilitator?

Students who wish to become a Peer Facilitator need to should have an interest in becoming a school leader, as well as, demonstrate the necessary attributes associated with a positive role model: Honesty, Integrity, Empathy and Responsibility. Applications are accepted in their sophomore/junior year during December-January. In order to apply, a student must be a current sophomore or junior student who is academically eligible student without serious disciplinary action. Additionally, students need to have at least a 2.5 GPA and 94% attendance at the time of application. All applications must include two (2) letters of recommendation from your teachers. Peer Facilitator training takes place in August during the week prior to the opening of school. **Training is mandatory.** Please consider this if you play a sport. Since Peer Facilitators earn ½ academic credit and 10 service learning hours, it is considered a curricular class.

[? Get Help](#)

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 125 North Court Street, Westminster Maryland 21157
 410.751.3000 | MD Relay 7-1-1 | Fraud Hotline 410.366.1668
 Need Directions?

NATIONAL
SUICIDE
PREVENTION
LIFELINETM
1-800-273-TALK (8255)
suicidepreventionlifeline.org

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

RED NACIONAL
de
PREVENCIÓN
del
SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org



**INDIANA STATE
SUICIDE
PREVENTION**

www.IN.gov/issp

National Suicide Prevention Lifeline Promotional Materials Order Form

	Quantity		Quantity
Lifeline Warning Signs Wallet Card		A Guide for Funeral Directors	
English SVP05-0126 _____		SVP09-0194 _____	
Spanish SVP05-0126SP _____		After an Attempt Booklets	
Lifeline Counselor Wallet Card		For Attempt Survivors:	
SVP06-0153 _____		English SVP06-0157 _____	
Lifeline Coping Tips Wallet Cards		Spanish SVP06-0158SP _____	
English (Disaster) SVP06-0155 _____		For Families:	
Spanish (Disaster) SVP06-0155S _____		English SVP06-0159 _____	
English (Coping—no "Disaster")		Spanish SVP08-0160S _____	
SVP08-0155R _____		For Medical Care Providers:	
Lifeline Magnet		English SVP06-0161 _____	
SVP05-0125 _____		Lifeline Posters	
Lifeline Co-Pilot Cards		Men 25-54 SVP06-0162 _____	
SVP08-0187 _____		Men 25-54 (Spanish) SVP06-0166SP _____	
Lifeline Stress Ball		Men 65+ SVP06-0163 _____	
SVP08-0171 _____		Men 65+ (Spanish) SVP06-0167SP _____	
Lifeline Writing Pad		American Indian/Alaska Native	
SVP06-0172 _____		SVP06-0164 _____	
Lifeline Pen			
SVP06-0173 _____			

You can order up to 50 pieces of each item. If you are a Lifeline crisis center, a grantee funded under the Garrett Lee Smith Memorial Act, or a VA Suicide Prevention Coordinator, you can order up to 500 pieces of each item. Please indicate your affiliation by checking the applicable box below.

Lifeline crisis center
 Garrett Lee Smith grantee
 VA Suicide Prevention Coordinator

Ship to:

Name: _____ Title: _____

Organization: _____

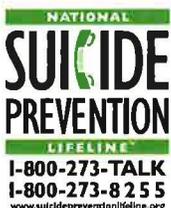
Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

(please provide this information so we can update you on the order status)

To order material, please fax this form to SAMHSA's Health Information Network at 240-221-4292 or mail it to the address below. You can also order by phone at 1-877-726-4727 or 1-800-487-4889 (TDD), by email (shin@samhsa.hhs.gov) or online (www.mentalhealth.samhsa.gov). Please note that not all products will be in stock at all times. Delivery of materials can take up to 4 weeks. You can request more than 500 items by sending an email to lifeline@samhsa.hhs.gov and specifying the item code, quantity needed, and distribution plan.



SAMHSA's Health Information Network
P.O. Box 2345
Rockville, MD 20847-2345



TVHS Community Mental Health and Pastoral Resources

Emergency Care (Inpatient)

Bowen Center (Adult only)-Warsaw

800-733-5631 bowencenter.org

Michiana Behavioral Health Care (Children & Adult)-Plymouth

800-795-6252 michianabehavioralhealthcare.com

Parkview Behavioral Health Care (Children & Adult)-Ft. Wayne

800-284-8439 parkview.com

Mental Health and Pastoral Services

Four County Counseling Center-Rochester, etc.

800-552-3106 fourcounty.org

Bowen Center-Warsaw, Syracuse, Plymouth, Wabash, Columbia City, etc.

800-552-3106 bowencenter.org

McArthur Counseling Center-Warsaw and Elkhart

574-267-1700 mcarthurcounselingcenter.com

Warsaw Community Church (Care and Counseling Center)-Warsaw

574-268-0448 wccconnect.com

Hambright & Associates-Warsaw

574-267-2906 hambrightandassociates.com

Brighter Tomorrow's-Plymouth

574-935-9449 brightertomorrowsinc.com

Crosswinds-Plymouth

855-927-7963 cwfamil.org

**UNITED WE STAND MINISTRIES OF AKRON
PASTORS, CHURCHES AND CONTACT INFORMATION**

Akron Church of God

Pastor Terry Canfield
P.O. Box 66
Akron, IN 46910
Church: 574/893-4121
akronchurchofgod@rtcol.com

Akron Church of the Brethren

David Hendry, Pastor
260/982-8477
Mail: c/o Byron Tinkey
P.O. Box 175
Akron, IN 46910
Rozella Tinkey: 574/893-4848
davidhendrysr@hotmail.com

Akron United Methodist Church

Pastor Dave Eaton
david.eaton@inumc.org
Secretary: Penny Sterk
P.O. Box 6
Akron, IN 46910
Church: 574/893-7123
church@a-umc.org

Athens United Methodist Church

Pastor Mike McFarland
230 S 650 E
Athens, IN 46912
Phone: 574/847-7218; 574/653-1660

Beaver Dam United Methodist Church

Pastor Butch Troke
Secretary: Cindy Koldyke
9798 W. 1000 S.
Akron, IN 46910
Church: 574/893-7052
bdumc@rtcol.com

Bethlehem Baptist Church

Pastor Phil Pratt
574/223-7992
3516 N 650 E
Rochester, IN 46975
pjpratt58@yahoo.com

Bible Way Ministries

Pastors Richard & Amber Iseton
P.O. Box 32
Akron, IN 46910
Phone: 260/901-0420
richardiseton@aol.com

Olive Bethel Church of God

Pastor Don Funk
574/835-3419
olivebethelcog@gmail.com
Mail: c/o Paul Kindig
8159 Ft. Wayne Rd.
Akron, IN 46910
Paul: 574/893-4008
kindigpr@rtcol.com

Olive Branch Church of God

Pastor: Jeff Sumner
jeff.sumner@olivebranchcog.org
4581 E. 1200 N.
Roann, IN 46974
Church: 765/833-2313
office@olivebranchcog.org

Omega Church

Pastor Thad Stewart
574/223-7141
Mail: c/o George Graham
81 N.1000 E.
Akron, IN 46910
George: 574/893-7138
thaddale@yahoo.com

Silver Creek Church of God

Pastor Tom Craig
6504 W. 1300 S.
Silver Lake, IN 46982
574/893-4489 or 574/505/0985
silvercreekcog@gmail.com

The Old Crossroads Baptist Church

Pastor Thad Stewart
Home: 574/223-7141
thaddale@yahoo.com



Grief during the Holidays

Coping Skills and Guidelines

During the holidays, many people are dealing with loss and are often caught in a dilemma between the need to grieve and the pressure to get into the spirit of the season. Holidays or not, it is important for those grieving to find ways to take care of themselves. **The following guidelines may be helpful:**

Plan ahead: as to where and how you will spend your time during the holidays. Let yourself scale back on activities if you want. Redefine your holiday expectations. This can be a transition year to begin new traditions and let others go. Allow yourself the space and freedom to decide.

Select a memorial candle: Place it in a special area of your home and light it at a significant time throughout the holidays.

Give yourself permission to express your feelings: If you feel an urge to cry, let the tears flow. Tears are healing. Scientists have found that certain brain chemicals in our tears are natural pain relievers.

Share your memories: When you are especially missing the deceased, call family members or dear friends and *share your feelings*. If they knew him or her, consider asking them to share some memories of their own. An effective way to grieve is to celebrate the life of the deceased by memory sharing.

Decorating the site yourself: If you live within driving distance of the cemetery, decorate the memorial site with a holiday theme. This could include flowers, garlands, ribbons, bows, evergreen-branches, packages, pinecones or a miniature Christmas tree.

Self soothe: Play music that is comforting and meaningful to you. Take a few moments to close your eyes and feel the music within the center of your being. Many people feel guilty about caring for themselves. Remember that guilt can be a reminder that we cared for someone, not that we shouldn't care for ourselves as well. Journaling, even briefly, can provide space, distance, and perspective in grief.

Giving: Give money you would have spent for gifts for your absent loved one to *a charity in your family member's name*. Consider donating money to the public library to buy a particular book. Have the book dedicated to your loved one's memory. Cope with grief by giving meaning to these moments of caring.

Remember the reality that the *anticipation* of the holidays without the person is often harder than the actual holidays themselves. By using skills and supports you can have a plan of action to help cope.



Still struggling? Remember you have free private and confidential sessions through your Bowen Center Employee Assistance Program Call today to schedule: 1-800-342-5652

Everyone feels and expresses emotions in their own way and it is the same with grief. However it is helpful to understand the common **physical, mental and emotional** responses of grief. Below are several examples of these responses **normally** seen in adults as well as children.

Physical Responses to Grief

Back, neck, or general muscle pain

Headaches

Dry mouth

Stomach pain, diarrhea, constipation

Inability to eat & weight loss

Fatigue & Sickness

Restlessness

Chills, sweats

Crying

Shortness of breath

Physical clinging

Chest pain

Mental and Emotional Responses to Grief

Confusion/Disorientation – Immediately after a loss, it may take a grieving person an hour to complete something that should take 15 minutes. Be patient, provide guidance and plan or help in planning.

Forgetfulness – You may notice you or your grieving loved one become forgetful about daily activities.

You can help by discussing upcoming tasks with the person, and encouraging list making. Establish new routines or return to previous routines.

Anxiety – Panic attacks/nightmares are common. Be supportive, and listen patiently. Try not to get frustrated.

Agitation/frustration – You or another one may become frustrated with others, when they feel others are complaining about seemingly frivolous things. Be understanding and help others around them understand (peers, teachers, etc.); especially during the *holidays and anniversaries*.

Concentration problems – Even when doing activities they love, a grieving person may have a hard time with concentration and motivation. Practice completing small steps one at a time. Assist...

Shock/Indifference/Guilt – Often times, the first few months following a loss can be a blur for those grieving. They may simply be going through the motions of life – get up, get dressed, eat, breathe, and sleep. The shock often lasts 3-6 months following the loss. Accept your grieving friend/child where they are. If they want to talk, listen. If they don't want to talk, don't force it. But *let them know you are there to listen* when they are ready. There may be needed moments of *isolation* but watch for unhealthy patterns of *disconnection*.

Note: If the above symptoms persist in frequency and severity to the point that it interferes with either your ability or the ability of the person you are supporting to function in daily living it is time to get professional mental health treatment.

November 26, 2014

Dear Tippecanoe Valley High School Family:

We are all aware of the tragic passing of two teenagers in our community this school year. After such tragedies we all have a need to reflect and express ourselves.

We are proud of the action of our students, staff, parents and community members that have helped Tippecanoe Valley School Corporation during these difficult times.

We have a variety of supports at Tippecanoe Valley Schools to create a healthy environment for everyone including Rachel's Challenge, Peer Facilitators, Friends of Rachel Group, QPR training for all staff, a community mental health task force and mental health counseling, not to mention the countless hours staff and students counsel and care for each other.

We are looking to do more and we need your help. We have ideas, but we want your input before we plan specific programs. The following ideas have been suggested at this point:

1. Bringing in a nationally renowned speaker to talk with our community about suicide, depression, and other mental health issues
2. Sharing resources about gun safety (Project Child Safe)
3. Increasing training for students, parents, community members and staff (QPR)
4. Implementing the Yellow Ribbon Program
5. Increasing access to mental health counseling at school

A public forum can be helpful, but not all persons can attend or wish to do so. We ask for your constructive thoughts.

Please e-mail me at bendicsenm@tvsc.k12.in.us to share your ideas.

Sincerely,

Michael Bendicsen, Ed.D.
Principal
Tippecanoe Valley High School
8345 South SR 19
Akron, IN 46910

574-353-7031/ 2470
Fax- 574-353-1016

P.S. Please find a message from our Superintendent, Mr. Boggs, below.

February 17, 2015

Dear Students and Parents:

The well-being of our students is paramount at Tippecanoe Valley High School. We have recently provided QPR/Yellow Ribbon suicide prevention training for all students. Teachers have also received the training and we are working on a time to offer it for parents.

Hunter Education/Safety is now being taught in our health classes in cooperation with the Indiana Department of Conservation. Project Child Safe is another opportunity to help keep guns out of the wrong hands. Cable gun locks are available by contacting TVSC SRO Officer John Hart at hartj@tvsc.k12.in.us. We have 25 available at this time.

We encourage you to visit the websites below for more information.

Sincerely,

Dr. Michael Bendicsen

Principal, TVHS

<http://www.qprinstitute.com/about.html>

<http://yellowribbon.org/>

<http://www.projectchildsafes.org/>

Email Blast

BEHAVIORAL HEALTH AND FAMILY STUDIES INSTITUTE

INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE
AN IPFW CENTER OF EXCELLENCE



Week Ending January 16, 2015

<http://new.ipfw.edu/behavioral/>

Volume 3, Number 1

In This Issue . . .

- Training & Events Information
- Mental Health Headlines
- Grant / Funding Opportunities

In Crisis? Reach out. Get Help.



Call
317.251-7575
OR
Text CSIS to
839863

www.MHAINDY.net

If you would like an event/training listed please send them directly to jordana@ipfw.edu



Alice Jordan-Miles
Asst. Director
260.481.4184

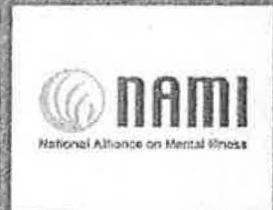
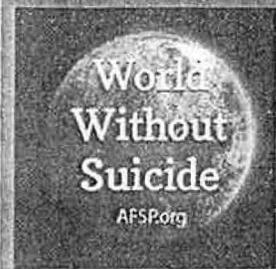
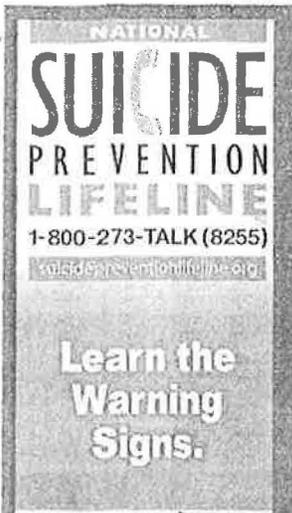
ajordan@ipfw.edu

Trainings, Webinars, Conferences & Events ~

- × **January 17:** Youth Empowerment Seminar and Community Forum – Fort Wayne – Cost: FREE – 10am to 2pm – McMillen Community Center
- × **January 20:** safeTALK – Indianapolis – Cost: \$30 – 2 to 5pm – [Click here to register.](#)
- × **January 20:** Webinar – Exploring the Impact of Suicide Prevention Research in Multiple Settings – Cost: FREE – 2 to 3pm EST – [click here to register](#)
- × **January 22:** QPR Training – South Bend – Cost: \$25 – 4:30pm to 6:30pm – to register <http://www.uhs-in.org/article/34/suicide-prevention/trainings-programs>
- × **January 26-30:** Youth Mental Health First Aid Instructor Training – Indianapolis – Cost: FREE – 8am to 4:30pm - to register <http://www.aspin.org/training/ebt/mhfayouth/>
- × **January 27:** Presentation – A Broad Perspective of Crisis and Trauma – Fort Wayne – Cost: noon to 1pm - Donation – to register email reservation@mhaac.com
- × **January 31:** safeTALK – Indianapolis – Cost \$10 – 1pm to 4pm – to register <http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.event&eventID=3104>
- × **February 2-6:** Youth Crisis Intervention Team Training – Fort Wayne – 8am to 5pm – Cost: FREE – to register email liza.anglin@cityoffortwayne.org
- × **February 10:** AFSP Suicide Prevention Day in Indiana Capital – Indianapolis – to register <https://afsp.wufoo.com/forms/afsp-suicide-prevention-day-at-indianas-capital/>
- × **February 12:** QPR Training – Fort Wayne – Cost: \$50 w/CEU's - 6pm to 9pm – to register <https://learn.ipfw.edu/ShowSchedule.awp?&Mode=GROUP&Group=.SPP&Title=Suicide+Prevention+Programs>
- × **February 12:** Youth Mental Health First Aid – Evansville – Cost: FREE 8am to 4:30pm – to register contact janie.chappell@deaconess.com
- × **February 18 & 19:** Psychological Autopsy Certification Training – Nashville, TN – 8:30am to 4:30pm – [Click here to register for the PACT Training in Nashville, TN](#)
- × **February 26:** Youth Mental Health First Aid – Elkhart – Cost: \$30 – 8am to 4:30pm – to register bwelty@elkhartcounty.com
- × **February 27:** Assessing and Managing Suicide Risk (AMSR) – Evansville – Cost: \$115 – 8am to 4:30pm – to register contact janie.chappell@deaconess.com
- × **March 11 & 12:** Depression on College Campuses Conference – Ann Arbor, MI – Cost: \$185 – click on link for info [conference](#).
- × **March 19:** QPR Training – South Bend – Cost: \$25 – 4:30pm to 6:30pm – to register <http://www.uhs-in.org/article/34/suicide-prevention/trainings-programs>
- × **March 14:** QPR Training – Fort Wayne – Cost: \$50 w/CEU's – 9am to noon – to register <https://learn.ipfw.edu/ShowSchedule.awp?&Mode=GROUP&Group=.SPP&Title=Suicide+Prevention+Programs>
- × **March 26:** Adult Mental Health First Aid - Elkhart – Cost: \$30 – 8am to 4:30pm – to register bwelty@elkhartcounty.com

Behavioral and Mental Health Headlines & Resources ~

- ✓ **Suicide Prevention Training - Initial Licensure Requirement:** Applicants for an initial teaching license under [IC 20-28-5-3](#) as of July 1, 2013, are required to show evidence of the successful completion of training in the prevention of child suicide and the recognition of signs that a student may be considering



suicide. Information regarding trainings for teachers, counselors and anyone in need of CEU's or PGP's, please click on link for more information: <http://new.ipfw.edu/behavioral/>.

- ✓ **What to Do When You Can't Afford Therapy** - <http://careforyourmind.org/what-to-do-when-you-cant-afford-therapy/>
- ✓ **Jennifer Storm: Resiliency & Recovery (TEDx)** - https://www.youtube.com/watch?v=I_Pw_LiIBFc
- ✓ **Helping Families to Support Their LGBT Children (SAMHSA)** - http://www.sprc.org/library_resources/items/practitioners-resource-guide-helping-families-support-their-lgbt-children?utm_source=Weekly+Spark+Dec.+19%2C+2014&utm_campaign=Weekly+Spark+December+12%2C+2014&utm_medium=email
- ✓ **Parity or Disparity: The State of Mental Health in America 2015 (Mental Health American)** - <http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>
- ✓ **American Foundation for Suicide Prevention 2014 Annual Report** - https://s3.amazonaws.com/AFSPNationalContent/AFSP_2014_Annual_Report_Online/.html
- ✓ **Man shot by San Francisco officers let suicide notes (AP, 1/5/15)** - http://www.aol.com/article/2015/01/05/man-shot-by-san-francisco-officers-left-suicide-notes/21125180/?icid=main-grid7%7Cmain5%7Cdl10%7Csec1_Ink2%26pLid%3D593833
- ✓ **The Mall of America, Minnesota's Suicide Hot Spot** - http://blogs.citypages.com/blotter/2015/01/the_tragic_phenomenon_of_suicide_at_the_mall_of_america.php
- ✓ **Crisis Services for Suicide Prevention (Suicide Prevention Resource Center)** - <http://www.sprc.org/spotlight/sprc-spotlight-crisis-services-suicide-prevention>
- ✓ **New Golden Gate Bridge Barrier Draws Sighs of Relief (1.11.15)** - <http://www.nytimes.com/2015/01/12/us/new-golden-gate-bridge-barrier-draws-sighs-of-relief.html>

Employment Opportunities ~

- Language Services Network (LSN) Coordinator (Fort Wayne) – a contract position of Community Action of Northeast Indiana and overseen by the Multicultural Council of Fort Wayne, is responsible for the coordination of the day-to-day activities of the LSN. Interested individuals are to email resume to melissarinehart@vnfw.org by January 31, 2015

Funding Opportunities ~

Indiana's First Lady's Charitable Foundation: encouraging and supporting Indiana youth and families.

Available: \$500-\$1,000

Deadline: Ongoing

Link to RFP: <http://www.indianafirstladyscharitablefoundation.org/apply-for-grant/>

Substance Abuse and Mental Health Services Administration (SAMHSA): to establish projects for the provision of coordinated and integrated services through co-location of primary and specialty care medical services in community based behavioral health settings.

Available: up to \$400,000 / year for four years

Deadline: February 27, 2015

Link to RFP: www.samhsa.gov/grants/grant-announcements/sm-15-005.

Indiana SBIRT: to initiate screening, brief interventions and referral to treatment (SBIRT) services in primary care across Indiana

Available: up to \$55,000

Deadline: February 16, 2015

Link to RFP: <http://www.indianasbirt.org>

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Depression
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- Alcohol or Drug Addictions
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- Parenting Concerns
- Problem Gambling
- Eating Disorders
- Childcare and Eldercare

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134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

www.niseap.com

Password: NISEnhanced

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*The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.

Teen checkups should include suicide risk screening

Published June 27, 2016

Reuters

Suicide is among the leading causes of death in U.S. adolescents and while it's not entirely preventable, doctors can minimize the risk by asking the right questions during routine checkups, the American Academy of Pediatrics says.

Pediatricians should ask about mood disorders, use of drugs and alcohol, suicidal thoughts, bullying, sexual orientation and other risk factors for suicide as part of a routine conversation about medical history, the AAP notes in treatment guidelines released today.

About 1,750 teens ages 15 to 19 killed themselves in 2013, Dr. Benjamin Shain writes in the journal Pediatrics.

That number is 28 percent lower than in 1990, but the true suicide rate may be much higher because suicides are often ruled "accidental" when children take their own lives, Shain notes.

The rise of the internet and social media and a shortage of psychiatrists to treat pediatric mental health problems make it essential that doctors and parents be vigilant about the warning signs of suicide, Shain, head of child and adolescent psychiatry at NorthShore University HealthSystem, said by email.

Parents and doctors need to recognize "the increasing complexity of life, particularly as a teen," Shain said.

Teen girls are twice as likely as boys to attempt suicide, Shain wrote in the treatment recommendations. Boys, however, are three times more likely to succeed at killing themselves.

Among adolescents, one in 50 to 100 suicide attempts is successful.

Bullying is associated with an increased risk for suicide for both victims and perpetrators, Shain noted.

While online bullying is a problem unique to teens of this generation, the Internet can also be a source of support that can help teens cope with issues that might contribute to suicidal thoughts, Shain said.

Antidepressant use has become increasingly common among teens and may have contributed to a declining suicide rate. But these medications can also contribute to suicidal thoughts.

When teens take antidepressants, parents and doctors need to watch for signs of increased anxiety, agitation, aggression, impulsivity, insomnia, irritability or self-destructive behavior.

When possible, doctors should also ask about whether firearms are in the home and discuss with parents how guns and ammunition in the house might contribute to an increased risk of suicide.

Doctors should also ask how parents store medications in the home to ensure these are kept in a place where teens can't get to them.

The shortage of psychiatrists and mental health professionals is a difficult problem to tackle, said Dr. Bernard Biermann, an adolescent psychiatry researcher at the University of Michigan's C.S. Mott Children's Hospital.

"Access to mental health services is increasingly challenging due to funding cuts, insurance restrictions and other barriers to care," Biermann, who wasn't involved in the AAP guidelines, said by email.

Teens are also under tremendous pressure to succeed in school, extracurricular activities and social settings, Biermann noted. More and more youth are graduating high school with multiple college credits and feel pressure to perform well in sports and other activities.

"Adolescence is a time of tremendous stress and it seems like today's teens have unusually high, often unreasonable, expectations for themselves," Biermann said. "As a result, depression, anxiety and

other mental health concerns are increasingly common as are maladaptive behaviors such as substance abuse, self-injury, eating disorders and other forms of unhealthy coping."

SOURCE: <http://bit.ly/297Z0W5> Pediatrics, online June 27, 2016.