Education - Schools & Educators

PREVENTION AND INTERVENTION

CONTENTS:

INTRODUCTION:

Administrative rules from the NH Department of Education (ED 306.14 Guidance, see full text in addendums) require that school boards ensure that each school has a written plan for the guidance and counseling program. These plans must provide for "*the identification and referral of students in need of special services including suicide prevention and psychiatric referrals*." This protocol is an attempt to provide schools with a written protocol for intervening in youth suicide events and for facilitating referrals to psychiatric services.

It is a common misperception that a successful suicide prevention effort results in hospitalization. In fact most people who are contemplating suicide can be treated effectively in the community and few require hospitalization. In the late 1957, the census at the state hospital in NH hit its peak of almost 2,500 adult psychiatric beds. The population in the state at the time was about .75 million people. Now 50 years later with the population having increased to almost 1.3 million people in the state there are only 200 adult psychiatric beds on the grounds of NHH and they have a median stay of 8 days. There are also less than 100 inpatient psychiatric beds at other facilities in the state. Community mental health centers and private providers are able to manage suicidal individuals in community settings using better risk assessment tools, improved safety planning, more effective therapies and medications.

Respect and a positive school climate are essential ingredients to fostering an environment of trust and communication. These issues require constant effort, but reap big rewards by improving relationships and dialogue with students and increasing the likelihood that school personnel will recognize or be told when a student is at risk. A major component of developing a positive school climate is to be respectful and welcoming of different cultural backgrounds. (For suggestions about how to improve the cultural effectiveness of your school, refer to the cultural effectiveness section at the beginning of these protocols).

It is recommended that each school designate a person or team to be a coordinator in the event of a suicide attempt at the school. This person/team would be specifically trained to manage the crisis event, as well as coordinate communication and any staff interventions that will take place during or immediately following the event. Recognize natural leaders and use them to your advantage.
Each school should select the crisis coordinator and team members based on:

- The structure of the school team
- Responsibility, accountability and decision making capacity of each team member
- The strengths of the individuals on their staff
- Individual's availability and access
- Training and experience
- Knowledge of community services/resources
- Student willingness to seek particular adult(s) for help

Each crisis coordinator/team should also have a trained back up in the event that s/he/they are out of the building or not immediately available. Examples of who the crisis coordinator might be include:

- School Nurse
- Guidance Counselor
- Social Worker
- Principal
- Assistant Principal

The coordinator (or designee) should have specific training and expertise in screening youth who are at risk of suicide. The degree of screening will depend on the experience and skill of the coordinator and it should be presumed that any full assessment or evaluation needed will be referred to the mental health center, or the local hospital emergency room. Even in situations where the crisis coordinator has the necessary qualifications to conduct a full risk assessment, careful consideration should be given to roles/boundaries, job descriptions, and liability issues in relation to school job functions when responding to these types of events.

As part of these protocols, the Connect Project has not attempted to determine when screenings should be done in house vs. referred out to a clinic, mental health center, private provider or emergency department. Obviously, this will vary from school to school and be dependent on a variety of factors, including the personnel resources available. However, each school should develop their own policies and policies/procedures that clearly specify under what circumstances (if any) the school will be responsible for conducting the complete mental health screening/evaluation. Considerations might include:

- Qualifications/experience/training of staff
  - If a particular person has the qualifications and skills, is this a part of their job qualifications and job description?
  - If that person left the position, would you be able to replace them with a person with similar qualifications?
- Availability of staff
  - Does the identified staff person have the flexibility to drop whatever else they are doing to conduct an assessment when one needs to be done?
  - Is there another staff person who can serve as back up in the event that staff is out of the building or unavailable?
- What is the involvement of other treatment providers?
  - Does the school have a contract or working agreement with a psychologist or community mental health center?
- Liability issues:
  - Does the school have policies and procedures for how to handle these situations?
  - Does the school have insurance to protect staff that would be conducting screenings and risk assessments?
- If the school is in a very rural area, there may not be availability of other treatment providers and the school may have to develop the capacity to conduct comprehensive screening/evaluations.

RECOGNIZE WARNING SIGNS AND RISK FACTORS:

WARNING SIGNS:
Sometimes it is difficult to tell the difference between "normal" adolescent behavior and signs that are cause for concern, or action. Warning signs are changes in a person's behaviors, feelings, and beliefs about oneself, which are maladaptive or out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to differ from individual to individual. Thus there is no guaranteed script for recognizing when an individual is suicidal. However, there are common traits that have been observed in individuals contemplating suicide. It is also helpful to compare these warning signs with Risk Factors in assessing the situation at hand. When in doubt seek assistance/guidance from an informed professional such as family physician, guidance counselor, or mental health professional who can answer your questions and assist you with making a referral or getting connected with services. *If you observe these signs in someone, it is critically important not to ignore or minimize these indicators (particularly the first three) and to seek help immediately.*

Warning Signs for Suicide

- **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
- **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
- Acting reckless or engaging in risky activities – seemingly without thinking
- Increasing alcohol or drug use
- Feeling anxious or agitated being unable to sleep, or sleeping all the time
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Feeling trapped – like there's no way out
- Withdrawing from friends, family, and society
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Direct Verbal Cues

- I wish I were dead.
- I'm going to end it all.
- I've decided to kill myself.
- I believe in suicide.
- If [such and such] doesn't happen, I'll kill myself.

Less Direct Verbal Cues

- You will be better off without me.
- I'm so tired of it all.
- What's the point of living?
- Here, take this. I won't be needing it anymore.
- Pretty soon you won't have to worry about me.
- How do you become an organ donor?
- Who cares if I am dead anyway?

RISK FACTORS:
Risk Factors are characteristics statistically associated with a health risk (suicide). Risk factors do not predict imminent danger for a particular person, rather they are an indication that an individual may be a higher than normal risk. Although risk factors often include some of the (observable) behaviors listed above in the Warning Sign section, risk factors can also include other factors that would not necessarily be readily observable to someone that casually knows the individual. Many risk factors are uncovered during the process of having an

assessment done by a qualified physician or mental health provider. When considering risk factors and warning signs, it is also helpful to consider protective factors. A list of protective factors is found in the appendix. Protective factors are healthy behaviors and coping skills, and positive parts of a person's home and school life. They help to lower the risk of suicide and other self-destructive behaviors.

> ***"The Importance of Family Dinners"***
> ***The National Center on Addiction & Substance Abuse (CASA), 2003***
> Children who eat regularly with their families are less likely to smoke, drink, use illegal drugs, have sex at young ages, get into physical fights, be suspended from school, or have thoughts of suicide.

Individual Risk Factors for Suicide

- Mental health problems, including depression, bipolar disorder, and anxiety disorders
- Alcohol and other substance use problems
- Feelings of hopelessness, helplessness, powerlessness, or desperation
- Prior suicide attempt (significantly increases risk)
- Impulsive and/or aggressive tendencies
- History of trauma or abuse (e.g. physical, mental, or sexual)
- Fascination with death and violence
- History of bullying or interpersonal conflict
- Compulsive, extreme perfectionism

Family Risk Factors

- Family history of suicide
- Depressed and/or suicidal parents
- Alcoholic and/or drug-addicted parents
- Changes in family structure (e.g. death, divorce, remarriage, etc.)
- Financial difficulties

Community Risk Factors

- Access to lethal means, e.g. firearms
- High levels of stress
- Stigma associated with help-seeking
- Lack of access to health care, especially mental health and substance abuse services
- Lack of social support and sense of isolation
- Relational or social loss
- Exposure to, including media, and influence of others who have died by suicide
- Certain religious beliefs (e.g. that suicide is noble)
- History of bullying or interpersonal conflict
- Incarceration or loss of freedom; trouble with the law

Other Considerations Particularly With Youth:

Personal Risk Factors

- Isolation
- Confusion or conflict about sexual orientation
- Deficits in social skills (e.g. decision-making, conflict and anger management, problem solving)
- Exaggerated humiliation or fear of humiliation

Family Risk Factors

- Lack of strong bonding/attachment within the family
- Withdrawal of support

- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behavior

Community Risk Factors
- Frequent moves and changes in living situation
- Social isolation or alienation from peers
- Exposure to suicide of a peer
- High levels of stress, including the pressure to succeed
- High levels of exposure to violence in mass media

Behavioral Risk Factors
- Aggression, rage, defiance
- Running away from home
- School failure, truancy

This list of risk factors was developed by the National Center for Suicide Prevention Training. For more information go to http://www.ncspt.org

HOW TO HELP (CONNECT *WITH* THE YOUTH):
The most important part of being helpful is being *connected with* youth and keeping the lines of communication open. Pay attention to indirect communication. Some young adults will not come out and tell you directly that they are thinking of killing themselves, instead they may use indirect communication such as reckless behavior, drawings, or talking about a "friend." Be patient and observant and give individuals time to open up. Listen for themes. Use your common sense!

- LISTEN! Most youth who attempt suicide communicate their plans in advance. Listen carefully to what young people are saying.
- Observing is as important as listening.
    - Have you observed changes/warning signs (above)?
    - Is the youth's behavior inconsistent with what s/he is saying (e.g. say they are fine, but seem really tense and angry)?
    - Are they able to control themselves, or do they appear to be very impulsive?
    - Does his/her manner/style of dress or speech indicate cultural differences?
        - What does it signify?
        - What does it mean to him/her or to others?
        - Review cultural effectiveness section
- Be calm, supportive, and respectful. Let the youth know you care.
- If you are worried about the youth and want to get more information, here are some suggestions for engaging them in conversation:
    - "Is this the worst you have ever felt?"
    - "I'm worried about you, should I be?"
    - "Are you worried about yourself?"
    - "What has helped you get through rough times in the past?"
- Do not promise to keep a secret. Individuals who are suicidal are usually very relieved when someone steps in to help. If an individual is insistent about keeping his/her intentions or thoughts a secret, tell him/her, *"Your life is more important to me than our friendship."*
- It is a myth that talking openly about suicide will push someone toward suicide or increase someone's level of risk. It is much more dangerous to ignore or minimize suicidal ideas/thoughts/behaviors.
- Ask directly "*Are you thinking about killing yourself or hurting yourself*?"
    - If yes, ask directly *"How are you planning to kill yourself*?"
    - If yes (specific plan), find out if s/he has the means available, or is attempting to procure the means to carry out his/her thoughts. Ask directly, *"Where are you going to get (gun, pills, rope, car, etc.)?"*

- If yes, *"Where and when are you planning to suicide?"*
- If yes, "*Who else knows about your plans?*" (Teens and young adults sometimes engage in a suicide pact with another person. Getting this information, the name of the other person and their contact information, is critical).
- Determine if s/he is currently or has been in treatment with a mental health professional. (If so, get name and contact information.)
- If no to any of these questions, do you believe s/he is telling the truth?

- All statements indicating a desire to die should be taken seriously. Even passive or "joking" statements like, *"I wish I would just go to sleep and never wake up,"* or *"You would be better off without me…"* should be clarified and, if suicide is indicated, evaluated by a physician or qualified mental health clinician.
- DO NOT minimize the person's feelings (e.g. "*How could you possibly think of killing yourself, you have everything going for you.…*") or offer false reassurances ("*You'll feel better tomorrow*").
- VALIDATE how s/he is feeling (e.g. "*I know your boy/girl friend is a really important person in your life, you must feel really sad about breaking up.*").
- Offer a message of HOPE. Do this in a way that does not minimize or invalidate their feelings of pain and despair. *"I'm glad that you told me how bad you're feeling. This is the first step in getting the kind of support that can actually make you feel better."*
- A promise of safety (including a signed safety "contract") or not harming oneself is not a substitute for a mental health assessment. See safety no harm contract box.
- If you are concerned about the youth's immediate safety, do not leave him/her alone. Keep him/her talking (about anything) until you can get help.
- LISTEN to your gut/intuition (e.g. the person assures you s/he is "fine" but your gut tells you s/he is not).

RESPONSE / ACTION STEPS:

ALL SUICIDE ATTEMPTS SHOULD BE TAKEN SERIOUSLY

These steps apply to any staff in the school who become aware of a suicide event:

- All reported thoughts of suicide, suicide threats, or suicide attempts should be immediately reported to the crisis coordinator.
- Even superficial cuts, disclosures of suicidal thoughts, or what appear to be low lethal attempts should be reported to the coordinator.
- Do not discount or minimize observations or reports that a student may have attempted suicide, disclosed they are thinking about suicide or be involved in a suicide pact
- Teachers and school personnel should pay particular attention to student work/messages that focuses on death or suicide. This includes:
  - Artwork including doodling
  - Homework
  - Term papers
  - Journal entries
  - Notes passed between students
  - Notes crumpled up and "inadvertently" found
  - Graffiti
- It is crucial for all school personnel to understand that it is not the responsibility of an individual to assess whether or not an attempt, threat or disclosing thoughts about suicide are of a serious nature. All suicide events are to be taken seriously and reported immediately to the school counselor, nurse, administrator, or identified crisis coordinator.

SAFETY (NO HARM) CONTRACTS

Despite their widespread use, little research has been done on the effectiveness of safety contracts (a written or verbal agreement with a suicidal individual) with suicidal clients. Research studies that have examined the use of safety contracts in clinical practice have been unable to determine any statistical significance of their effectiveness. (*Kroll, J. (2000). Use of no-suicide contracts by psychiatrists in Minnesota.* ***Am J Psychiatry,*** 157*:1684-1686)*

Willingness to "contract for safety" should not by itself be a substitute for a full assessment and evaluation conducted by a trained professional. Neither does it take the place of developing a comprehensive safety plan that identifies and involves community resources and key individuals for the youth. It is also important to note that the presence of a signed "safety contract" in and of itself does not discharge liability.

Many clinicians use safety contracts as a component of risk assessment and disposition planning. Used in its proper context, it can assist in gathering important information about judgment and help seeking behavior (e.g. *What will you do if you are feeling like hurting yourself again*?) Knowing if a client is unwilling or unable to agree to seek help or keep him/herself safe is an important piece of information to have**.** ***Please refer to the Safety Plan section in the appendix for more information on safety contracts and developing a comprehensive safety plan.***

To view the entire article mentioned above go to :
http://psychiatry.jwatch.org/cgi/content/full/2000/1114/1

FIRST RESPONDER:
Any staff in the school that comes upon, or hears information about a suicide event. An event includes a student thinking or talking about suicide, a threat, an attempt, or knowledge/rumor of a suicide pact:

- Do not leave the student unattended or unsupervised (even briefly).
- Provide life-saving first aid, if indicated.
  - Involve the school nurse as quickly as possible.
- Attract as little attention as possible. Think "socially" from the student's perspective (about drawing the attention of peers).
- Have someone notify the office immediately.
- Notify or involve the crisis coordinator as soon as possible.
- Secure the area and move students and staff away. Get student to a private setting as quickly as possible.
- Take note/notice of which other students/staff observed the incident so they may be debriefed later (write down the names).

IF THERE IS ANY REASON TO BELIEVE A STUDENT HAS A FIREARM OR WEAPON:

- Have someone notify the front office immediately.
- Immediately request police/School Resource Officer back up.
- Keep students and staff a safe distance from the person.
- Do not forcibly try to disarm the person.
- Attempt to maintain verbal communication with the student, using whatever means are available:
  - Voice
  - Telephone/cell phone
  - Classroom phone
- Listen to what the student is saying.
- Validate his/her feelings: *("It sounds like you are feeling really hopeless right now").*

DUTY TO PROTECT
DUTY TO WARN

Duty to Protect In Loco Parentis: While children are in school or at school activities the school stands in the place of the parents, which includes the duty to protect, discipline, and take care of the child. This requires any school employee to take action to prevent harm from befalling a student. For example, if one student has threatened to harm another student, you should take steps to protect the child who has been threatened. You should consult with your supervisor, administrator, or legal counsel regarding specific situations where this may apply.

Duty to Warn: Under NH law, licensed mental health professionals and psychiatric nurses/practitioners have a duty to protect an individual against harm if a client has made a threat against him/her. This is commonly referred to as a "Tarasoff" warning (named after the US Supreme Court case that established the legal requirement for the warning). Typically, a warning may include direct notification of the threatened individual, and/or direct notification of the police, and/or civil commitment of the individual making threats (with information provided to the institution where committed). These warnings typically require breaching confidentiality; therefore it is best to proceed carefully and seek supervision and consultation before making the notification.

Non-licensed practitioners in NH are not necessarily held to the same standard; however, warning an individual under the guidelines of this statue or general Tarasoff practices might be a reasonable and prudent action to take. However, since they are not legally required to contact the individual, they cannot claim that breaching the client's confidentiality was to comply with the duty to warn law. Therefore, it is best to consult with a supervisor, administrator, or attorney before proceeding.

330-A:35 Civil Liability; Duty to Warn.
I. Any person licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to such licensee a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property. To read the full RSA: http://www.gencourt.state.nh.us/rsa/html/XXX/330-A/330-A-35.htm

CRISIS COORDINATOR:

- If medical treatment is indicated, notify the school nurse immediately.
    - Nurse or crisis coordinator should assess the need for medical/EMT (Emergency Medical Technician).
- Notify/request back up as indicated (School Resource Officer if available, or police as needed).
- Notify school administrator/principal as soon as possible. (School administrator should refer to protocols on how the school administration should respond to these attempts.)
- Conduct (or delegate someone to do) a "situation analysis" as soon as possible.
    - Factual information is of critical importance.
        - Get as much information regarding the incident as possible.
        - Immediately write down the information gathered.
        - Determine exactly what was said and to whom.
        - Was anyone else involved?
        - Is there a suicide pact?
            - Obtain the names of others involved.
        - Who observed or witnessed the incident?
            - Write down the names of people who witnessed the attempt.
            - Do any of them need immediate follow up or intervention?

        - Does the victim have siblings at the school?
            - Determine how and when they should be notified
    - Share *factual* information with administrators or other key personnel as quickly as possible.
- Use existing policies and procedures to determine whether an outside evaluation or assessment will need to be done.
- Contact the office to get the emergency contact information for the student.
- Contact parents (or kin listed as emergency contact) as soon as possible.
    - If the youth is a minor, you will need the parent or guardian's consent to have them evaluated (there is an exception if it is a life-threatening emergency).
    - Request written releases of information while you are speaking with parents.
    - If the parents are not available:
        - Call alternative emergency contact (use any contact forms the agency/program may have to get contact info).
        - If alternative is not available, refer to agency policies regarding emergency treatment.
        - Provide whatever response is necessary to insure the immediate safety of the child.
    - *In a life threatening situation, you do not need the permission of the parents to provide treatment.*
    - If the parents/youth agree to an evaluation:
        - See external evaluation below.
    - If the parents decide to use their own private provider, offer to call and arrange an immediate or follow up appointment with them.
        - Request parent's permission to inform the provider of information and knowledge you have regarding suicide attempt, disclosure of suicidal thoughts or threat (get a signed release).
        - Request follow up information after the evaluation is complete to insure continuity of care.
        - Only allow the youth to leave the agency when accompanied by a parent or other responsible adult.
- If the parents refuse to respond, or refuse to follow up on ANY treatment, and you believe this constitutes neglect, a report should be made to The Division For Children Youth and Families (DCYF). To report abuse or neglect call 1 800 894-5533, DCYF reporting line.
    - All NH citizens are required to report suspicion of child abuse or neglect. Seek consultation regarding the risk factor and your requirement to report.
    - If the parents refuse follow up and you believe the student is at imminent risk, you may still be responsible/liable for getting immediate medical attention. *(Seek consultation from supervisor/school administration as to level of risk and liability issues).*
    - In some situations when a school has identified/evaluated a child having a presenting problem and recommended the parents get further evaluation, and the parents/guardian fail or neglect to follow through with the examination, administrative rules allow the school physician or other qualified personnel to examine the student. For more information see: *Title XV Education, chapter 200 Health and Sanitation School Health Services Section 200:34 in the RSA/administrative rules appendix section*)
    - Do not send the student home or allow him/her to leave the school. Have the parents come pick them up, and/or consult with school administration before releasing.
- If youth is stating their intent to suicide and/or at imminent risk, police may take him/her into protective custody.
    - If the person admits s/he is thinking of harming him/herself in the presence of a police officer, the officer can immediately take him/her into protective custody with the purpose of bringing them in to be evaluated.
        - Hint: Often times this can be accomplished by having the officer present in the room with the individual while you retell what the individual said or did (be careful to use nonjudgmental tone/language). Then ask the person if this is accurate. Most times the individual will concur which allows the officer to place them in protective custody and bring them in for evaluation.
        - Be sure to explain to the person what is happening, where they are being taken, and what will happen when they get there.

        - If possible, follow the police to the evaluation site to provide support to the individual as well as information to the clinician conducting the evaluation
- If the person refuses to be evaluated and s/he has made a direct statement of intent to harm him/herself (but it is not observed by a police officer), the police can assist you in having him/her picked up and brought in against his/her will to be evaluated.
    - This process is called a Compulsory Mental Exam (CME) and is filed on a special form called "Complaint and Prayer" form. You will need to fill out forms and have them signed by a justice of the peace.
        - Contact your community mental health center for assistance in filling out the forms.
        - For more information see the involuntary treatment section in the appendix.

If AN EXTERNAL EVALUATION IS BEING DONE:

- Notify ER (emergency room) or MHC (mental health center) that you need an emergency evaluation done and you are having the person transported (write down the name of the person you spoke with). Clarify where is the best location to bring the individual (e.g. mental health center or emergency room).
- In NH, the Suicide Prevention Lifeline (24/7) 1-800-273-TALK (8255) can refer you to your local community mental health center emergency services.
- Arrange transport with police, parents, or own vehicle (depending on program/agency policy).
    - Use minimal restraints necessary to safely transport.

    Use of an ambulance is less stigmatizing than police transport.
    - When possible, accompany the client to the ER/MHC and be available while the evaluation is being conducted.
    - Request parents (if youth is under 18) to sign a two-way release of information so you may share information with ER/MHC staff and they can let you know about their findings/disposition. In the event of a life-threatening situation (e.g. suicide attempt or serious statement of intent to die), you may exchange appropriate information with caregivers without a release.

IF AN INTERNAL EVALUATION IS BEING DONE:

- See Mental Health/Substance Use Provider section for protocols on conducting a complete risk assessment.

NEXT STEPS:

- Carefully document, in writing, each of the steps which you have taken in responding to this situation.
- Request releases of information from parents/client as soon as possible. Areas to consider include:
    - Primary care provider
    - Mental health/substance use treatment provider
    - Emergency room
    - Inpatient/residential facility, as applicable
    - Other members of the client support system
    - *Be sure to follow up with the signed releases and get information out as quickly as possible.*
- The decision to IEA (Involuntary Emergency Admission) the person needs to be made in consultation with the community mental health center. (For more information, see the involuntary treatment section in the appendix.)
    - If you have direct knowledge regarding the attempt, you may be asked to attend the hearing as a petitioner (a person who has the lead role and represents the State of NH at the court hearing) or as a witness (a person who has information regarding an individual's dangerousness as a result of mental illness).
- For more information about mental illness, depression, and suicide- contact NAMI NH, The National Alliance on Mental Illness, at (603) 225-5359 or go to http://www.naminh.org.

FOLLOW UP:

- The school should have policies and procedures in place regarding guidelines for returning to school after an attempt (see "Transition Plan" in the appendix section).
- Make a determination (with other school personnel) about which follow up activities with other students or staff needs to take place as a result of this attempt.
- Determine what communication needs to take place with peers, faculty, and families.
- Offer to link family with support and education materials (NAMI NH).

RESOURCES:

A few school specific resources are listed below. This is not a comprehensive list:

The **American Association of Suicidology** provides a complete guide for developing school-based suicide prevention programs. http://www.suicidology.org/associations/1045/files/School%20guidelines.pdf

Second Growth (Robert Bryant) offers a variety of services to students and faculty, as well as communities, in NH. These include suicide and violence prevention (bullying/harassment etc), communication skills training, etc. Services also include crisis response following a traumatic event, and postvention after a suicide. Call 603-643-6603. http://www.secondgrowth.org

National Alliance on Mental Illness, New Hampshire (NAMI NH) is a statewide education, support, and advocacy organization. Resources on support groups, recovery, and wellness programs. http://naminh.org

The **State of Maine** developed a highly-regarded, comprehensive, school-based suicide prevention program. The program contains sections on prevention, intervention and postvention activities. http://www.state.me.us/suicide/

The **University of South Florida** has developed an excellent guide for school-based programs called "The Youth Suicide Prevention School Based Guide." The guide is formatted in concise and easy to read bulletins on a variety of topics related to youth suicide. For more information go to:
http://cfs.fmhi.usf.edu/StateandLocal/suicide_prevention/

Columbia TeenScreen: Information about TeenScreen's screening tools
http://www.teenscreen.org/cms/index.php?option=content&task=view&id=36&Itemid=65

Gould, M. et al. (2005). Evaluating latrogenic risk of youth suicide screening programs: A randomized controlled trial. *Journal of the American Medical Association*, 293(13), 1635-1643.
Recent research showing that discussing suicide with youth does not increase the likelihood that youth will become suicidal.

The **Youth Risk Behavior Surveillance System (YRBSS)** is administered every year to high school students both in NH and nationwide. It monitors six categories of priority health-risk behaviors. To view NH results from 2005, http://www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/2003YRBSResults.htm

The **Samaritans** strive to reduce the incidence and impact of suicide through programs that befriend, support, and educate the community, while offering anonymity and treating all individuals with care, dignity and respect. Programs include 1) educational outreach programs to the community 2) organization and facilitation of a support group for individuals whom have lost a loved one to suicide, and 3) postvention services to schools and communities after a suicide or sudden death occurs. All programs that are offered by The Samaritans are offered free of charge. Samaritans of the Monadnock Region http://www.samaritansnh.org (New Hampshire), http://www.samaritans.org (National).

In New Hampshire, **Headrest** offers a toll free teenline 24 hours per day to offer non judgmental support for suicidal individuals: **1-800-639-6095**, http://www.headrest.org/
The National Institute of Health provides a middle school curriculum supplement on mental illness that can be downloaded at http://science-education.nih.gov/customers.nsf/middleschool.htm.

See Appendix for a town-by-town breakdown of Mental Health Center Catchment Areas and contact information.