

### **Dear Parent or Guardian,**

Receiving information that your child is thinking about suicide can produce a wide range of emotions including disbelief, anxiety, sadness, guilt, and anger, to name a few. All of these reactions are normal and common in a situation such as this. Fortunately, there are services and supportive professionals willing to step forward to offer information and a helping hand.

**So, what happens next?** After you receive the phone call from school staff informing you that your child is at risk, you will be provided with some recommendations and requirements for additional assessment. *The safety of your child is our first priority.*

***If a Litchfield student discloses suicidal thoughts along with a plan to act on these thoughts, it is district procedure that they be evaluated by psychiatric professionals to determine the level of risk to their safety. The assessment must be completed before your child will be allowed to return to school. We generally utilize the services of the ACCESS team in Nashua (see below) for psychiatric assessment. You should also know that it is procedure to have your child transported to ACCESS by ambulance.***

**ACCESS or Acute Community Crisis Evaluation Services System**  
(603) 577-2728 at Southern NH Medical Center conducts 24 hour crisis assessment and referral for appropriate level of care.

**Community Council of Nashua - Emergency Services**  
(603) 889-6147 or 1-800 762-8191 at 440 Amherst Street in Nashua provides 24 hour crisis assessment, triage, and referral to appropriate level of care.

### **Protective Factors** (not a complete list):

Protective factors are the positive conditions and resources that promote resiliency and reduce the potential for youth suicide. These include: close family bonds, a strong sense of self worth, a sense of personal control, a reasonably stable environment, best friends, responsibility to others, activities, pets, lack of access to lethal means.

### **Suicide Warning Signs** (not a complete list):

- Talking about death and dying in general
- Talking about suicide or wanting to die; talking about means or methods to kill oneself; obtaining a weapon or other means
- Isolating self from friends and family
- Feeling life is meaningless; feeling hopeless, helpless
- Putting life in order or giving away possessions
- Picking fights, arguing, irritability, increased anger
- Refusing help, feeling beyond help
- Sudden improvement in mood after being down or withdrawn
- Neglect of appearance, hygiene
- Sleep and/or appetite changes
- Dropping out of activities
- Direct Verbal Clues such as “I wish I were dead,” “You’ll be better off without me,” “I’m so tired of it all,” “Pretty soon you won’t have to worry about me,” or “No one will miss me when I’m gone.”

If you observe any of these signs or have other reasons to suspect your child may be at risk for suicide, ASK THEM. Say, “I’m concerned about you. You’re not yourself lately. Are you thinking about killing yourself?” **DO NOT LEAVE YOUR CHILD ALONE.**

**Other considerations:** Children are at far greater risk for suicide when medications or guns are accessible in the home. Lock them up. Other factors may increase suicidal behavior such as previous attempts, alcohol and substance abuse, mental illness, a family tragedy, and exposure to other young people who have experience with suicidal thinking/behavior. Grief and loss issues such as the death of a relative, friend, or pet, or a breakup of a relationship can trigger thoughts of dying. We also need to pay special attention to those young people who are exploring or questioning their sexual orientation because this can be a significant factor in assessing increased risk.

