

Cincinnati Public Schools

Guidelines Following Suicide

Following suicide, the intervenor not only strives to reestablish immediate coping, but also needs to minimize identification with and glorification of the suicide victim. Failure to achieve these goals creates the potential for a suicide cluster.

Steps for school intervention:

1. Verify suicide.
2. Do not dismiss school or encourage funeral attendance during school hours.
3. Do not dedicate a memorial – consider contributing to community suicide prevention efforts or establishing living memorials.
4. Utilize fact sheets to release information. Do not release information in a large assembly or over intercom. Be truthful – acknowledge that it was a suicide. Suicide raises the risk for the community and needs to be communicated so the community can plan prevention activities. Never publish the method of suicide.
5. Provide individual and group counseling for students and faculty. Counseling sessions can help students to understand the following concepts:
 - Death is permanent, and the decedent will not gain satisfaction from any of the postmortem events.
 - Suicide can be portrayed as a permanent solution to temporary problems for which help is available.
 - Many people have suicidal thoughts when a suicide has occurred in the community. Students should understand that having thoughts of suicide does not mean that they are “crazy.” Persistent and intrusive suicidal thoughts are a signal that something important is troubling the person and he or she should seek help. Teachers can provide information about available mental health resources.
 - Students can be helped to disidentify with the decedent without abusing the victim’s character. Point out how the survivors are different from the suicide victim. The student who committed suicide can be portrayed as having serious troubles and who, sadly, had not found an avenue to effectively work on his or her problems. Rather than saying the death was unexplainable, for example, “He had everything going for him”; say instead, “There were serious things troubling him that we may never know about.”
 - Suicide should not be a secret. It is better to lose a friendship than for your friend to die. Ask a parent, teacher or counselor for help.
6. Points to emphasize to media and parents:
 - Prevention is possible
 - No one thing or person is to blame
 - Help is available
7. Appropriate grief resolution strategies after suicide:
 - Contribute to community or school suicide prevention effort

- Establish a peer counseling program, “For J and A. So that no other child will make the same choice.”

Sample Letter to Staff Following Suicide

To: School Faculty

From: School Psychologist

Date:

Although the attention and concern you provide for our students is not always acknowledged, it has made a difference for countless students. In the days following the suicide of a student, it is possible that some students may show signs that they are thinking about suicide. This does not always happen but it is possible. The following are guidelines for referrals for suicidal behavior:

- ◆ Encourage students to talk to you privately but do not talk to students about suicide in front of the class.
- ◆ If a student indicates to you that he or she is thinking about suicide, call for security to cover your room while you escort the student to the office.
- ◆ If a student's writing indicates that he or she is contemplating suicide, copy the assignment and notify the office immediately.
- ◆ If you are grading papers at home and notice a warning sign, please call me at home: (Name and Phone Number). Please have the student's home phone number with you.

The following warning signs indicate a need for immediate attention:

- 1. Suicide notes.**
- 2. Threats.** These may be direct ("I want to die") or indirect ("The world would be better without me").
- 3. Making final arrangements** such as giving away prized possessions or planning for a funeral.
- 4. Efforts to hurt oneself.**
- 5. Death and suicidal themes** in class work, homework, journals or art.
- 6. Plan/Method/Access.** Any indication that the student has or is developing a plan for suicide, or has increased access to weapons, pills, or other methods of suicide.
- 7. Depression** that includes pervasive thoughts of helplessness or hopelessness.
- 8. Risk-taking behaviors** that include acts of aggression, gunplay, and alcohol or substance abuse.

The following warning signs may not always need an immediate office referral. If you see one of these characteristics and decide that the student does not need an immediate office referral, please tell one of the counselors or me by the end of the school day.

- 1. Inability to concentrate or think rationally.**
- 2. Changes in physical habits and appearance.** This includes inability to sleep or sleeping all the time, sudden weight gain or loss, or sudden disinterest in appearance.
- 3. Sudden changes in personality, friends, or behaviors.**
- 4. Previous suicide attempts.**