

SAMPLE PARENT COMMUNICATION

In cases where a school community experiences a student loss to suicide, staff are typically available at the school to provide accurate and developmentally appropriate information to students about the student death, typical reactions, effective coping, and resources to support processing of the student death. Many children will effectively process a tragic event and be able to use effective coping mechanisms, with adult and peer support. Some children will require additional support, and may be in need of continued monitoring for a period of time after the crisis event.

When schools are under normal operating procedures and children are physically attending school, school staff continually assess student needs to determine needs for ongoing support. However, because schools are closed due to COVID-19, school staff will not have the opportunity to directly observe student reactions. Therefore, it is especially important that parents, guardians, and care providers are aware of, and remain vigilant of, suicide warning signs and risk factors with their child so that appropriate protective action can be provided, and necessary resources can be consulted as needed. Please see below for warning signs of suicide risk, as well as risk factors associated with suicide risk.

SUICIDE WARNING SIGNS AND RISK FACTORS:

- **Suicidal Ideation** - Thoughts of being dead or of killing oneself.
- **Suicide Notes** – A *very* real sign of danger and should be taken seriously
- **Threats**
 - Direct Statements: “I want to die,” “I’m going to kill myself.”
 - Indirect Comments: “The world would be better without me,” “Nobody will miss me anyway.”
 - Indirect Clues: Offered through joking, comments in school assignments, through creative writing or artwork, acting-out, and violent behavior which is sometimes accompanied by threatening or suicidal comments.
- **Previous Attempts** – If a student has attempted suicide in the past, there is a greater likelihood that he or she will try again. Be especially observant of any student who has previously attempted suicide.

- **Depression** – When a student’s symptoms of depression include *helplessness* and/or *hopelessness*, they are possibly at a greater risk for suicide. Be especially aware of comments or behavior that indicates the student is feeling overwhelmed by sadness or has pessimistic views of their future.
- **“Masked” Depression** – Risk-taking behaviors may include acts of aggression, gunplay, and alcohol/substance abuse. Though the student may not outwardly act “depressed,” these types of behaviors suggest that the student is not concerned about their own safety.
- **Final Arrangements** – This behavior may take many forms. It may include giving away prized possessions such as jewelry, clothing, journals or pictures.
- **Efforts to Hurt Oneself** – These behaviors may include running into traffic, jumping from heights, and scratching/cutting/marketing the body.
- **Inability to Concentrate or Think Clearly** – This problem may be reflected in the student’s behavior, homework habits, academic performance, and overall concentration. If a student starts skipping work assignments, getting poor grades, acting up at home, forgetting or poorly performing tasks or talking in a way that suggests they are having trouble concentrating, these may be signs of stress and risk for suicide.
- **Changes in Physical Habits and Appearance** – Changes may include an inability to sleep or sleeping all the time, sudden weight gain or loss, and a disinterest in appearance or hygiene.
- **Sudden Changes in Personality, Friends, and Behaviors** – Changes may include withdrawing from friends and family, skipping work assignments, loss of involvement in activities that were once important, and avoiding connecting with friends.
- **Death and Suicidal Themes** – These themes may appear in classroom drawings, work samples, journals or homework.
- **Plan/Method/Access** – A suicidal student may show an increased interest in guns and other weapons, may seem to have an increased access to guns, pills, etc., and/or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.¹

STEPS TO KEEP YOUR CHILD SAFE:

- Under *no circumstance* is a child exhibiting suicidal thoughts and/or behaviors to be left alone.
- Reassure the child that help is available to him or her.
- Reach out to your lead school based mental health partner or your child’s primary care physician to discuss your

concerns. Go to www.mindpeacecincinnati.com to find the contact information.

Grief Support Resources

[Companions on a Journey- Grief Support](http://www.companionsonajourney.org/resources/grief-and-the-covid-19-virus/)- 513-870-9108- Offers support to anyone who has suffered the death of a loved one.

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[Fernside- Supporting Children and Families Through Grief](http://www.fernside.org/grief-resources/)- 513-246-9140- Offers groups for children and teens ages 3-18, who are grieving the death of a family member or friend. <http://www.fernside.org/grief-resources/>

For a Mental Health Crisis or Emergencies Parents Should:

1. Contact their current mental health provider first. This allows the mental health provider, who knows their patient best, to provide support and direction.
2. If your school has a mental health partner, and the student is experiencing a non-life threatening mental health crisis, the guardian or parent is encouraged to contact the lead school-based mental health partner. Find them at www.mindpeacecincinnati.com.
3. If your school does not have a mental health partner, and the student is experiencing a non-life threatening mental health crisis, you or the parent are encouraged to contact the Psychiatric Intake Response Center (PIRC) at Cincinnati Children's Hospital Medical Center 513.636.4124. The PIRC staff will help you to decide the most effective level of intervention for your child's mental health crisis – which may include an urgent psychiatric assessment in the PIRC Bridge Clinic.
4. Contact your local mobile crisis team to provide an immediate assessment of the person in crisis (see contact information below).
5. The guardian/parent should call 911 or go to the emergency department if you are experiencing a medical emergency, a life-threatening mental health crisis, or are directed to go there by a medical provider. This will help limit the spread of the virus in our community and allow our emergency departments to care for patients with the most critical needs first.

Crisis Contact Information

PIRC- 513-636-4124. The Psychiatric Intake Response Center (PIRC), located within Cincinnati Children's, is the admission and evaluation center for all psychiatric services.

Mobile Crisis Teams- mobile crisis teams are available to physically go to a person/student in crisis and do an assessment if needed

Butler County Mobile Crisis- 844-427-4747

Butler, Clinton, Preble and Warren County Mobile Response Stabilization Services (ages 0-21)- 513-785-2160

Clermont County Mobile Crisis- 513-528-7283

Hamilton County Mobile Crisis- 513-584-5098

County Crisis Hotlines

Butler County Crisis Hotline-844-427-4747- A 24-hour crisis hotline and heroin helpline. Service also coordinated with the butler county mobile crisis team.

Clermont County Crisis Hotline- 513-528-SAVE (7283)- This is a free and confidential hotline available 24/7. This is also the same number for the Mobile Crisis Team in Clermont County.

Hamilton County – 281-CARE- Call 513-281-CARE (2273) or text *4Hope* to 839863 for help. Emergency phone lines are staffed 24 hours a day, seven days a week, offering crisis intervention, information, and referral services.

Northern Kentucky Crisis Hotline- 859-331-3292 or 877-331-3292- A 24/7 crisis hotline for residents of the 8 northern counties in Kentucky.

Warren and Clinton Counties Hotline- 877-695-NEED (6333)- A 24-hour crisis hotline servicing both Warren and Clinton Counties.

National Suicide Prevention Lifeline- 800-273-8255 or text HOME to 741741