



IMPORTANT PARENT INFORMATION

Our school participates in RESPONSE, a comprehensive high-school-based suicide prevention program. Monroe High School actively supports suicide prevention. Your son/daughter's safety is important to us.

**Suicide is the 2nd leading cause of death in Oregon
among youth aged 15-24.**

RESPONSE is a comprehensive high school-based program that increases awareness about suicide among high school staff, students and parents. All of the program components are designed to heighten sensitivity to depression and suicidal ideation, as well as offer response procedures to refer a student at risk for suicide. For more information, visit The Center for Suicide Prevention at ColumbiaCare Services, Inc.'s website at www.columbiacare.org.

Through RESPONSE, school staff and students are encouraged to learn how to recognize and assist a depressed and/or suicidal student and where to get help. One of the ways students can get help is by going to their own or another student's parents. If your son or daughter comes to you with concerns about him/herself or another student, here are some initial steps to take:

6 Steps to Help Your Teen if You Suspect S/he is Suicidal:

1. Start a conversation. Convey the signs you have observed.
2. Ask the question, "Are you thinking about suicide?"
3. If "yes," then do not leave him/her alone.
4. REMOVE LETHAL MEANS including guns, prescription medications, and potentially lethal over-the-counter drugs such as acetaminophen.
5. Offer some comforting things to say (examples below).
6. Contact a crisis provider (numbers listed below).

Some Comforting Things to Say

- Showing concern (ex. "What you're saying really concerns me.")
- Taking action (ex. "I want us to try to get you some help.")
- Empathizing (ex. "Things sound really bad right now.")
- Suggesting alternatives (ex. "You can find another way out of this.")
- Expressing affection (ex. "I care about you, and I want you around.")
- Acknowledging pain (ex. "I am sorry you are in so much pain.")

Resources for Help

Depression/Suicidal Ideation

Benton County Crisis Line: 1-888-232-7192

Lane County Crisis Line: 1-800-422-7558

Oregon Youth Line: Text "teen2teen" to 839863

Parent Help Line: 1-800-345-5044

Crisis Hotline for Youth and Families: 1-800-999-9999

Crisis Hotline for Youth: 1-800-448-4663

Trillium Family Services: 1-888-333-6177

National Crisis Line:



Note: Parents are often unaware that their son or daughter is considering suicide. In fact, one study¹ revealed that as much as 86% of parents were unaware of their child's suicidal behavior. Many teens consult with a peer rather than an adult when they are thinking of suicide.² The number one reason teens don't come to an adult is that they don't know what to say.³

Risk Factors/Warning Signs for Suicide

- Thinking, talking or writing about suicide (Ideation)
- Plan – Method, Location and/or Time
- Increasing or persistent depression
- Withdrawal from friends, family, or society
- Expressing feelings of being trapped
- Feelings of hopelessness or purposelessness
- Unbearable pain often associated with loss
- Perceived lack of internal or external resources
- 42-66% of adolescent suicide victims experienced mental illness - primarily major depression
- Previous suicidal behavior
- Family history of suicide
- Bullying and/or harassment.
- Sexual/Physical abuse
- Social isolation and loneliness
- Problematic family environment

Signs of Depression

If depression is treated early, suicide is often preventable. Please seek professional help when you first notice signs of depression, or if the school contacts you with concerns about your son or daughter.

Here are some things to look for (signs of major depression):

Summarized from the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition

A. The person experiences a single major depressive episode:

1. For a major depressive episode a person must have experienced at least five of the nine symptoms below for the same two weeks or more, for most of the time almost every day, and this is a change from his/her prior level of functioning. One of the symptoms must be either (a) depressed mood, or (b) loss of interest.
 - a. Depressed mood. For children and adolescents, this may be irritable mood. Anger is also fairly common in depressed teens.
 - b. A significantly reduced level of interest or pleasure in most or all activities.
 - c. A considerable loss or gain of weight (e.g., 5% or more change of weight in a month when not dieting). This may also be an increase or decrease in appetite. For children or teens, they may not gain an expected amount of weight.
 - d. Difficulty falling or staying asleep (insomnia), or sleeping more than usual (hypersomnia). Sleeping longer than 8 hours is normal for teens, but if your teen is sleeping because s/he wants to escape life or pain, it is most likely a sign of depression.
 - e. Behavior that is agitated or slowed down. Others should be able to observe this.
 - f. Feeling fatigued, or diminished energy.
 - g. Thoughts of worthlessness or extreme guilt (not about being ill).
 - h. Ability to think, concentrate, or make decisions is reduced.
 - i. Frequent thoughts of death or suicide (with or without a specific plan), or attempt of suicide.
2. The person's symptoms do not indicate a mixed episode.
3. The person's symptoms are a cause of great distress or difficulty in functioning at school, home, work, or other important areas.
4. The person's symptoms are not caused by substance use (e.g., alcohol, drugs, medication), or a medical disorder.
5. The person's symptoms are not due to normal grief or bereavement over the death of a loved one, they continue for more than two months, or they include great difficulty in functioning, frequent thoughts of worthlessness, thoughts of suicide, symptoms that are psychotic, or behavior that is slowed down (psychomotor retardation).

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- B. Another disorder does not better explain the major depressive episode.
- C. The person has never had a manic, mixed, or a hypomanic episode (unless an episode was due to a medical disorder or use of a substance).

Technology Considerations: Harassment/cyberbullying and “right to death” internet sites have been linked with suicidal behavior. If it has been confirmed that your son or daughter is at risk for suicide, you may want to ask him/her about their use of technology. Some questions are:

Are you being bullied, stalked or harassed through chat rooms, text messaging, websites, blogs, or social networking sites?

Are you getting “support” for suicidal behavior/ideation on-line?

DISCLAIMER: No suicide prevention program can guarantee that it will prevent all suicides. Adherence to the activities in RESPONSE will not ensure a successful outcome for every individual, nor should RESPONSE be construed as including all proper methods of care or serve as a standard of care. Accordingly, this program is not to be considered as a suicide “cure” or a definitive preventative set of measures.

References

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