

Suicide Awareness for Staff, Parents, and Students

Suicide is death caused by self-directed injurious behavior with an intent to die as a result of the behavior. It is the 10th leading cause of death in the US and the SECOND leading cause of death for ages 10-24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease COMBINED.

SUICIDE IS PREVENTABLE

Warning Signs

Observable behaviors that may signal increased risk in the short term (minutes, hours, days). Warning signs may be seen as a “cry for help” or “opportunity to intervene” and require direct questions about thoughts.

- Threat or desire to hurt or kill oneself
- Suicide notes and plans
- Hopelessness, sadness, helplessness
- Rage, uncontrolled anger, revenge seeking
- Withdrawing from friends, family, society
- Anxiety, sleep disturbance
- Dramatic mood changes
- Acting reckless or engaging in risky behavior
- Making final arrangements (giving away possessions, texting or posting plans)

Risk Factors

Observable behaviors that may signal increased risk in the long term (months, years, lifetime). Alone, these factors are not signs of suicidal thinking, but do signal the need for additional support.

- Difficult or stressful life events (loss, negative relationships, gender identity issues, getting in trouble at work or school)
- History of depression, substance or alcohol misuse/abuse
- History of suicide in the family or close friend
- History of mental illness in the family
- Access to means (medication, firearms, knives, etc.)
- Exposure to suicide of peer

If you are concerned about a student or adult:

- LISTEN non-judgmentally and ask open-ended questions
- TELL them you are concerned and want to help
- Stay with the individual until help arrives
- Contact counselor, intervention specialist, LSSP, administrator
- Contact an administrator, student support services personnel or crisis hotline (817) 335-3022 after hours
- Call 911 if the threat is imminent

Community Mental Health Resources

No appointment needed—Assessments conducted 24 hrs/7days a week unless specified

- Cook Children’s Medical Center: Emergency Room (ages 2-12 years) 682-885-4093
801 Seventh Ave., Fort Worth, TX 76104 (upon arrival, go to the Emergency Department)
- John Peter Smith Hospital: Psych Emergency (ages 13 years and older) 817-927-4151
1500 S. Main St., Fort Worth, TX 76104 (upon arrival, go to 10th floor for assessment)
- Millwood Hospital, Crisis & Intake (ages 5 and older) 817-261-3121
1001 N. Cooper St., Arlington, TX 76044
- Mesa Springs (ages 12-17) 817-292-4600
5560 Mesa Springs Dr., Fort Worth, TX 76123
- Sundance Behavioral Health, Crisis & Intake (ages 10 years and older) 817-583-8080
7000 Hwy 287 S., Arlington, TX 76001
- Texas Health Resources-Springwood (ages 13-17) 817-355-7777
1609 Hospital Parkway, Bedford, TX 76022 (assessments M-F 9 a.m. to 4 p.m.)

Hotline Numbers

MHMR of Tarrant County, ICARE Call Center (all ages) 817-335-3022
National Suicide Hotline 1-800-273-8255
Teen Suicide Hotline 1-866-628-7494

Suicide Awareness for Staff, Parents and Students

Fort Worth ISD chose the research and evidence-based *Lifelines* program as a way of becoming a “competent community” and engaging the entire District in suicide prevention. The goal is to develop the school-based expertise and supports for responding to the problem of child and adolescent suicidal behavior. Counselors & Intervention Specialists work together to provide campus training to all campus employees, parents and students. The objectives of the *Lifelines* program are to:

- Readily identify potentially suicidal students
- Know how to respond to potentially suicidal students
- Know how to rapidly obtain help for identified students
- Be consistently inclined to take action
- Make students aware of helping resources so they will seek help as alternative to suicidal behavior

What to say if someone you know is thinking about suicide?

Remain calm and rational. People of all ages, races, faiths, cultures, and income levels who are depressed or have trouble coping with feelings may consider suicide if they don't have other coping skills. People who are popular, well-connected and even those who are less well-off die by suicide. It is important to know that suicidal behavior knows no boundaries. LISTEN without judgement. If you hear something concerning, ask for more information by saying, “tell me more. . .” Other ideas are:

I'm sorry.

I didn't know you were hurting so much.

I never thought we would be talking about suicide. It's a topic

I've never really understood or been comfortable with.

We are going to get help.

Thank you for sharing.

I love you and cannot imagine my life without you.

Trust that you are going to be okay.

I will make sure you get the help you need.

Please let me know what you need and how you feel.

I will do my part to make sure we are all healthy again.

We can get through anything together.

You are not alone.

Please keep sharing how you feel.

You are brave and capable, you will get the help you need to be even stronger.



Fort Worth
INDEPENDENT SCHOOL DISTRICT

KNOW THE FACTS

Myth: Talking about suicide or asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.

Fact: Talking or asking about suicide does not plant the idea. In fact, asking someone if they are suicidal can actually help by giving them an opportunity to open up and share. Asking can help alleviate pain and isolation. It can begin the journey to help the person be open to solutions.

Myth: Most suicides happen without any warning signs.

Fact: There are almost always warning signs, but awareness helps us know what to look for and how to recognize those warning signs. Most people who die by suicide have communicated intent beforehand.

Myth: Someone who makes a suicidal threat is just looking for attention.

Fact: Individuals who talk about suicide or express thoughts about wanting to die are at risk and need attention. All threats should be taken seriously. A “cry for help” is that—please be a lifeline and help.

Myth: Talk therapy and/or medications don't help a suicidal individual.

Fact: Finding the best treatment can take time, but the right treatment can greatly reduce the risk of suicide. Treatment for mental illness like anxiety disorder, depression, bipolar disorder, substance abuse is one of the best ways to prevent suicide.