

FAQ from March 1, 2017 Webinar

“Coming Together as a DCC Community in Times of Crisis: The Importance of Hope in Our Community” Conducted by Dr. Scott Poland and Mr. Rich Lieberman

Would you define our recent suicides as 'cluster' suicides?

Cluster suicides are defined as more suicides than we would expect in a geographical area in a short space of time. We do believe that the number of youth suicides in the Academy District 20 area fits the definition of cluster suicides. There are estimates that approximately 5% of all youth suicides involve cluster or contagion, and unfortunately, adolescents are more likely than any other age group to imitate suicidal behavior. Clusters of suicides have not only occurred in the adolescent age range, but also in prisons and in psychiatric hospitals.

Why have so many students committed suicide in DCC? That has not happened at such a high level in other schools.

The answers to why so many DCC students have died by suicide are extremely complex and involve multiple factors. The Center for Disease Control has conducted epidemiology studies in a number of communities where suicide clusters have occurred. Those studies have highlighted a number of factors which are the following: substance abuse, academic stress, mental illness, intimate partner violence, and young people who simply did not receive needed mental health services. When an adolescent has died by suicide the most basic statement is that it was untreated or undertreated mental illness. Clusters of youth suicides have been occurring in the United States for decades. Most recently, both Rich Lieberman and Scott Poland have responded to youth suicides in Palo Alto, California and Fairfax County, Virginia. No community is immune to having a suicide cluster. Our experience has been that clusters sometimes have gone undetected, as communities and schools have not wanted to recognize what is happening.

Any insight on why a district like 20 is having this issue?

Academy District 20 has provided an excellent and very comprehensive response to the youth suicides at DCC. Everything in the literature, and especially from the Center of Disease Control, emphasizes that it takes an entire village to stop a suicide cluster. Essentially, that means that the collaborative community response must include mental health, clergy, law enforcement, community and school leaders, and survivor groups. Additionally, it is very important to involve the medical community as the vast majority of those who died by suicide had visited their family physician shortly before their death. There is a national recommendation that every adolescent seeing a physician for any reason should fill out a short questionnaire about joy of life, depression, and thoughts of suicide. The questionnaire should be scored before the adolescent walks out of the physician's office so that assistance can be provided if they are depressed. We want to emphasize that Academy 20 has provided excellent interventions with a system wide suicide prevention program and increasing the mental health focus. But, the entire community and all of the various entities just mentioned have to be working together to be able to stop the suicide cluster.

Do you believe in the power of suggestion, or the theory that suicide is contagious?

There are two primary types of suicide clusters. The first type is a mass cluster. This is a concern when we have a celebrity or a person with a national presence who dies by suicide. This is known in the literature as the “Werther Effect” going all the way back to a book in Germany many years ago. Irresponsible media reporting after a suicide especially influences mass clusters. This reporting should avoid sensationalizing the suicide; avoid explicit details, front-page coverage, as well as pictures of the deceased. The literature does not really support the existence of mass clusters and media reporting of

celebrity suicides. The literature does support the second type, which is a point cluster. This type involves a limited geographical area and the suicides occur in a short space of time. Specifically, the number of suicides would be dramatically more than we would expect in a particular period of time in that age group. There is growing concern that exposure to suicide greatly increases the risk of further suicides. Specifically, it is believed that when the suicide of an adolescent occurs, the chances of adolescent death by suicide goes up three-fold. The social learning theory would describe the imitative nature of this and recommends that we be very aware of the survivors who were very close to the victim(s). However, it is not necessary to have known the suicide victim to be at increased risks. An adolescent may have already had thoughts of suicide and now that someone has actually done it, it lowers barriers and inhibitions. Vulnerable young people with pre-existing mental health conditions often find each other, especially through social media today. We believe that the impact of a youth suicide is greater than ever before because of the existence of social media.

After this most recent suicide, there was a giant impromptu memorial on Monday organized by a local church group that many students attended. Are these helpful? I am worried these may be making things worse and not better, even if the intentions are good. They may be giving too much attention to suicide. Can you give these “outside of the school” groups some guidance on how to help?

There is much research on religiosity as a protective factor and we have talked about this in our webinars and presentations. The research indicates that these memorials make things better for those youth who choose to be there. The following recommendations may be found in the “After a Suicide: Toolkit for Schools” by the Suicide Prevention Resource Center and American Foundation for Suicide Prevention:

“In a memorial observance for a young person who has died by suicide, service leaders should address the young people in attendance very directly, since they are most prone to imitate or model the suicide event. The death of their peer may make them feel numb or intensely unsettled. Regardless of how disturbing this sudden loss may be, impart a sense of community to the audience, highlighting the need to pull together to get through this. Make specific suggestions that will unite the community around the purpose of caring for one another more effectively. Also, ask the young people to look around and notice adults on whom they can call for help in this or other times of crisis, such as teachers, counselors, youth leaders, and coaches. Consider pointing out specific adults who are known to be particularly caring and approachable. Note the desire of these adults to talk and listen to anyone who is feeling down or depressed or having thoughts of death or suicide. In the course of this discussion, endeavor to normalize the value of seeking professional help for emotional problems in the same way one would seek professional help for physical problems.

Focus attention on the hope of a brighter future and the goal of discovering constructive solutions to life’s problems—even when these problems include feelings of depression or other signs of mental or emotional pain. Encourage the youth to reach outside themselves to find resources for living their lives to the fullest and to talk with others when they are having difficulties. Additionally, it is critically important that the young people who are present watch one another for signs of distress and that they never keep thoughts of suicide a secret, whether those thoughts are their own or a friend’s. Stress the importance of telling a caring adult if they even think one of their friends may be struggling with these issues.”

After a suicide, is it normal for students to pit friend groups against each other, essentially taking sides as to which friend group the deceased was better friends with? If so, why? And what can we do to help students navigate this as it is causing division among the student body?

After a traumatic loss, it is quite common for youth to experience a wide range of emotional reactions and generally, after the “veil” of shock and numbness lift, the initial two emotions youth generally express are anger and fear. It is not unusual for “sides” to develop as kids struggle with why this horrible thing happen and simplified causes are proposed. Adults should reinforce calmly that suicide is complex, and no one thing or person was to blame. Youth can also experience the more complex emotions of grief, guilt, and shame. The role of the adults that surround children and teens is to educate them about the wide range of reactions that people experience in aftermath of loss, normalize each child’s response, and help them to seek common and helpful ways to navigate their grief.

After the most recent D20 suicide, students have shared on social media a note written by a D20 student calling the suicide victim and his choice to end his life "brave." If this is a pervasive theme among students, how do we address this? Is this concerning? What should we do?

We can think of many words to describe the suicide victims but “brave” is not among them. Troubled, isolated, in intolerable pain may be better descriptors. Yes, we would be concerned about this comment on a social media platform in particular, because it might increase the chance that kids will identify with these victims and model their behaviors. This is the perfect opportunity for an adult or well-prepared student to insert some safe messaging here: Suicide is very complex and often the result of many risk factors working together; there are treatments for all the risk factors of suicide; kids are resilient and very capable of recovery.

How do we know when to send our kids to counseling outside of our schools? How do I find a good mental health practitioner specifically for tweens & teens?

There are many mental health practitioners that specialize in working with children and adolescents. Our recommendation is to contact the counseling department at your child’s school as the school counselors are very familiar with practitioners who specialize in working with upper elementary students and adolescents. There are a number of clear warning signs of teenage depression. Parents have reported that they are often confused as to whether it is really depression or typical teenage moodiness, irritability, and angst. Here are the key things that parents need to be looking for. First, is this pervasive? That means, is it affecting all aspects of your child’s life? School and academic performance? Peer and social relationships? Family relationships? Is this behavior persistent? That means, has it gone on for two or three weeks or more? The next thing the parent needs to consider is whether their child has dropped out of activities that were previously pleasurable to them. For example, your son enjoyed playing basketball for years but this year, he’s decided not to go out for the team. Or, your daughter has enjoyed playing volleyball or has been on the dance team for years and now suddenly, she has lost interest in those activities. We believe it is vitally important that parents be involved in all aspects of their child’s life and, if you pay attention to these factors, we do not think that an adolescent is going to be able to hide their state of depression from you. If they are isolating themselves in their room and they are having problems with their sleep cycle, and they don’t want to have meals with the family or they are not involved in social activities at the level previously, then you know, as a parent, something is wrong. Please, do not hesitate to seek professional help for your child. It is estimated that 20% of all teenagers suffer from depression at some point during those tumultuous years. It is also concerning that a review of the literature says that 80% of depressed teenagers never receive any treatment whatsoever. The treatment needed, very likely, will involve cognitive behavior or talk therapy but also in addition, antidepressant medications. Many professionals, including us, believe that the “black diamond warning” on antidepressants for adolescents has resulted in many adolescents

who desperately needed those medications not receiving them. We also believe that not receiving needed medication has contributed to the increase in suicide rates for adolescents, as it is now their 2nd leading cause of death. This may be affected by parental reluctance for their child to receive antidepressant medication and a lack of information about their effectiveness. We believe strongly that a careful diagnosis of depression needs to be made and medication needs to be monitored frequently. We specifically request that medications be monitored weekly for the first month after an adolescent starts taking an antidepressant. If your child is on an antidepressant and you or your child are not pleased with the medication, please go back and talk to the prescribing physician and share your concerns.

If we as parents are a little scared of this suicide issue, can we admit that to our kids?

It is very understandable to be anxious about these tragic suicides as suicide has largely been a taboo subject in our society and many people are uninformed that the vast majority of suicides can be prevented. All national recommendations stress the need to talk more openly about suicide prevention in our homes, schools, and churches. Several questions and answers in this FAQ have addressed the importance of talking openly with children about suicide at various developmental ages.

At what age is it appropriate to discuss suicide with my children? They are ages 7 and 8, and I can't imagine introducing them to this problem, but don't want to be naive.

It's a challenge to figure out when we should talk to a young person about suicide, both in our homes and in our schools. In our families we need to tell the truth when we have lost a loved one to suicide. It is important to use developmentally appropriate language and to state the facts and then wait to see what questions the child may have. Be careful not to overwhelm them with information and remember that the best estimate we have of when children understand the finality of death is approximately age 9 when they realize death is biological and permanent. Upper elementary school counselors all across this country have emphasized that more and more 5th graders have expressed suicidal thoughts. However, most adults have never thought we need to talk to 9 and 10 year olds about the problem of suicide.

Scott Poland was involved in a case in Blue Springs, Missouri where sadly a 10-year-old child drew a picture of him hanging and wrote, "If someone doesn't stop me, I will hang myself at 4:35 today." He handed that note to a 5th grade classmate. We are sorry to tell you that the classmate did not alert an adult because no one had ever talked to her about suicide and no one had ever anticipated her being in that position. Tragedy was the result. Most programs on the Best Practices Registry, are middle school and high school programs. The only program mentioned at the elementary level is the Good Behavior Game, which focuses on appropriate behavior and social skills, not on suicide prevention directly, but it has demonstrated promising results for suicide prevention. We believe strongly that we have to teach elementary students that if something doesn't feel right, something is giving them a bad headache, or a feeling in the pit of their stomach because something really bad could happen, they need to get adult help. It is our hope that in the next few years, at least for upper elementary, evidenced based suicide prevention programs will be developed. We also need to emphasize that 1-800-suicide is a national crisis helpline that can be called every moment of the day. Frankly, the majority of calls to the helpline are not about suicide. They are from kids who are experiencing trauma, bullying, loss, don't know where their parents are, there's nothing to eat in their home, their electricity has been turned off, or they've had a really bad day at school. We would like to see the national crisis help line shared with elementary students.

How do you walk the fine line between holding your child accountable for choices and not causing that "precipitating event" (getting caught, getting in trouble, etc.)?

The most common precipitating events before a suicide are a severe argument with parents, the breakup of a romance, a humiliation, or school/legal discipline issues. The young person has thought about suicide before and the precipitating event causes them to take action on their suicidal thoughts and plans. As a parent, you are in the best position to know the extent of your child's depression or mental health issues and to avoid the situation escalating to a severe argument. Clearly emphasize that their worth as a person is never in question but that you are disappointed with a specific behavior or choice that they have made. It is important for parents to stay calm when providing discipline and not to make any pronouncements about lasting consequences and punishment that your child might feel are overwhelming and never ending. If you are truly worried about your child's response to the reasonable discipline you are providing, then do not hesitate to ask them questions such as, "will you be able to handle this? I love you but you need a consequence". If you are still worried about your child's ability to handle the discipline, then get counseling assistance and advice from the school counseling office or a private mental health practitioner in the community.

Have we investigated environmental factors? With the fires, we had slurry dropped on homes and our community. With depression studies looking into inflammation, could this be a contributing factor?

The complex public health problem of suicide among our nation's youth could only be aided by more research in the area of environmental factors such as inflammation and the impact of altitude. Clinicians in Colorado are aware that medical conditions associated with inflammation and infections can be linked to symptoms of depression and suicidality. Clinicians should attempt to establish whether any underlying potentially treatable condition is present in patients presenting with suicidal ideation or history of suicidal behavior. Treatable somatic conditions linked to depressive and suicidal symptoms include chronic infections, autoimmune disease, and certain vitamin deficiencies. While there is evidence from both clinical and experimental settings that inflammation can lead to depressive and suicidal symptoms in both clinical and experimental settings, there is still not sufficient data from placebo-controlled trials indicating that eradicating inflammation will actually reduce the risk of suicide.

What does the school do during the day with students to prevent suicide?

Over the past year, DCC High School has implemented a new suicide prevention curriculum (Signs of Suicide) as well as a new social-emotional curriculum (RULER). DCC High School is also in the process of implementing "Sources of Strength" as a way for students to strengthen protective factors and become involved with supporting suicide prevention.

What is the best way for teachers to handle this topic and recent suicides with students? Should we openly discuss this in classrooms and with students? Students keep saying they need to grieve and talk openly about this, but it still seems like a forbidden topic in schools and in classrooms particularly. What is your advice to teachers on how to talk to students about this or how to handle this in our classrooms?

It does seem like talking about suicide is a forbidden topic in schools, possibly because of the strong myth that talking about it will cause it to happen. Essentially, when kids are talking about it, school mental health personnel should be there to help guide these discussions along with school staff. Teachers play a critical role in the aftermath of a student death by suicide, but the most important thing is to first realize that teachers are human and grieve as well. Staff reactions should be addressed first because staff need to know that how they respond, in the eyes of the children, is very important and has a great impact particularly on elementary aged students. Here are some initial guidelines for staff DURING the crisis:

- Staff need to provide accurate information to students through fact sheets
- Staff could be provided current information
 - Information about suicide contagion
 - Suicide risk factors and warning signs
 - Referral procedures
 - Specific activities/responsibilities
- Allow for crisis reactions/release from classroom for impacted staff
- Grieving staff should attend funeral with no crisis team responsibilities
- Seek help through Employee Assistance Program or community mental health/bereavement services

Here are some suggestions for staff for the days that follow the loss:

- Replace rumors with facts and honor the family's request for privacy
- Encourage the ventilation of feelings
- Stress the normality of grief and validate the wide array of stress reactions children demonstrate
- Discourage attempts to romanticize the suicide
- Temporarily adjust academic expectation
- Allow for expression of sadness and grief in classroom
- Encourage participation in grief activities
- Identify students at risk for an imitative response
- Make the appropriate referrals
- Facilitate students' social support systems
- Provide information on grief and grieving
- Prevention messaging

As a teacher, what are some strategies to help support kids but also keep them accountable and hold them to a high standard?

We believe strongly that a close relationship between students and teachers is very preventative and we encourage teachers to let students know how much they care about them. Academic stress and sleep deprivation have both been associated with hopelessness and depression for adolescents and they are arguably under more pressure today than any group before and part of that stress is the high standards that have been set for admission to state flagship universities. We often share our examples of missteps in both high school and college to indicate that things rarely go as perfectly as planned with college and careers. One specific recommendation for schools is to keep track of the number of hours that students spend on homework and to evaluate as a school whether the amount is excessive and to coordinate between departments so that homework is not from several subject areas on the same night. There is a national movement to focus on the social and emotional wellness of students and we are aware that this is a major focus for Academy 20. Sleep deprivation is a major issue for adolescents due to early start times for many secondary schools and the fact that adolescents are not wired to go to sleep early. Their technology devices often interfere with sleep and we recommend that their parents take away those devices at bedtime to ensure a peer in the middle of the night does not awaken their child.

If your child has high anxiety, are they more likely to have suicidal thoughts?

If your child has been diagnosed with an anxiety disorder, they are at greater risk to think about suicide than their peers who do not have a mental illness. But it is important to realize that it is NOT their destiny to become suicidal particularly if they are receiving treatment. In a 2013 study, researchers

examined suicide attempts among a group of individuals diagnosed with an anxiety disorder, whom they followed for up to 12 years. Six percent of this group made a suicide attempt at some point in the study. The authors identified factors that increased suicide risk among this group, finding evidence that “mood disorders and past history of suicide attempts are the most powerful predictors of a future suicide attempt” in people experiencing anxiety disorders. Results also indicated that when post-traumatic stress disorder (PTSD) co-exists with depressive disorder, particularly in veterans and the military, the risk for suicide attempt increases significantly.

Has there been any discussion regarding contacting the CDC regarding an epidemiology study of teen suicide clusters at DCC and TCA?

While there have been discussions of an epidemiology study on the current cluster in El Paso County, no formal arrangements have been made with the CDC at this time.

Most of the suicides that have occurred have been with kids who have not shown obvious signs of depression or been on the radar as at risk for suicide, so what other things do we need to identify with these kids?

First, it is important to note that not all the details about each student are known and it is not uncommon for “pieces of the puzzle” to be revealed to survivors in the days, weeks, and months that follow a death by suicide. The warning signs for youth suicide can oftentimes be very subtle and depression in youth can look very different from depression in adults. The risk factors for suicide are well documented:

- Alcohol and substance abuse
- Presence of a firearm
- Internal vulnerabilities such as mental illness, history of suicidal behaviors, or traumatic loss
- Exposure to suicide
- Hopelessness
- Impulsiveness (particularly in elementary and middle school students)
- History of non-suicidal self-injury

There are also “distal” risk factors that are currently being studied such as adverse childhood experiences, sleeplessness, and obsession with social media.

What are ways that we can unite and be helpful as a community?

It’s important to remember that the suicide of an adolescent was the result of many factors and never one thing or one person. We believe strongly that the biggest obstacle to preventing suicide is not talking about it enough at school, in our churches, and in our homes. Discussions at school after a suicide must take place to address the reactions that many students have which are often shock, grief, and confusion. These discussions very importantly focus on the future and how we can all work together to prevent further suicides. These discussion or presentations are best provided in a typical size classroom so that students will ask questions and so that the adults can carefully monitor and observe their mood state. We believe these discussions/presentations are most effective when led by a trained counselor, psychologist, or social worker that is assisted by the classroom teacher.

Most of this answer has focused on things that we need to do in the school and that is extremely important. However, it is very important that the entire community be involved. We would especially like to emphasize the critical role that physicians can play in suicide prevention. Specifically, the literature indicates that the vast majority of individuals who die by suicide actually went to see the family physician shortly before their death. This means that physicians who are well trained and

comfortable with responding to suicidal thoughts can make a significant difference. Specifically, a national recommendation from 2009 emphasized that every adolescent between the age of 12 and 18 seeing a physician for any reason should fill out a short questionnaire about energy level, joy of life, and thoughts of depression. It is very important that physicians in the Colorado Springs area follow that national recommendation.

Is it important for our kids to talk to one another (peers) about all that is going on? I have 6th graders heading to junior high next year and I have chosen to discuss all that has happened with them. Obviously, they are scared to go into this new world. But, for obvious reasons, these aren't discussions we are able to have in the classrooms. What is a good place/forum for these younger kids to process this? Just with parents?

Crisis counselors are available to talk with affected students in all Academy 20 schools and classroom discussions are necessary in the immediate aftermath of a tragedy. Teachers have been trained to identify students who need ongoing assistance beyond a few days of support after a tragedy and to refer them to the school counseling office for additional support. Here are some tips for parents. Keep in mind that how a parent responds to crisis has a profound impact on children so always model the values of empathy, communication, optimism, coping, and collaboration.

- Don't be afraid to talk, you will not put ideas in their heads. Be their trusted adult to whom they can bring difficult conversations and concerns about their friends.
- Timing is everything so know when the best time is to approach your child. Then book the time!
- Think about what you want to say and prepare by reviewing the risk factors of youth suicide and knowing the troubling warning signs that require immediate actions.
- If you are concerned your child may be thinking of suicide, ask directly and clearly, "Many adults and kids have thought about suicide at some time, have you ever thought of killing yourself?"
- Be honest when questions are asked.
- When your child is concerned about their friend, ADVOCATE and TAKE ACTION.
- If your child knew anyone who has died by suicide, particularly a family member, they can be comforted by other survivors or at the appropriate time, by participating in a survivor group.
- Always respond with calm, compassion, and caring.
- If you are concerned about your child, respond immediately.
- Turn to school for help.

Is hearing suicide jokes from students common or a cry for help?

We have talked about the wide array of crisis reactions that teens may exhibit after a traumatic event and acting silly or making inappropriate jokes is included. While humor can go a long way in helping ease the discussion of difficult topics, inappropriately timed suicide jokes may indicate the individual is in a state of denial and having a very difficult time coping in the face of tragedy. Essentially, the answer to your question is yes.

Does D20 support Gay Straight Alliance in the schools (esp. at high schools)?

Secondary school students are permitted to organize and conduct meetings of non-curriculum-related student organizations on school premises during non-instructional time. A Gay Straight Alliance organization is an example of a non-curriculum-related organization. A student wanting to initiate any non-curriculum-related organization, such as a Gay Straight Alliance, should ask a school administrator for the procedure to request permission to initiate a student organization.

Does the easy availability of marijuana in Colorado contribute to the issue at hand?

This is a very relevant question and Colorado is amassing much data on the subject of marijuana's impact on youth. A new survey from the Colorado Department of Public Health and Environment showed rates of marijuana use among Colorado's teenagers are essentially unchanged in the years since the state's voters legalized marijuana in 2012. In 2015, 21 percent of Colorado youths had used marijuana in the past 30 days. That rate is slightly lower than the national average and down slightly from the 25 percent who used marijuana in 2009, before legalization. The survey was based on a random sample of 17,000 middle and high school students in Colorado. "The survey shows marijuana use has not increased since legalization, with four of five high school students continuing to say they don't use marijuana, even occasionally," the Colorado Health Department said in a news release.

Youth however, are at special risk for harm:

- Brain development isn't complete until age 25. For the best chance to reach their full potential, youth shouldn't use marijuana.
- Youth who use marijuana regularly are more likely to have a hard time learning, problems remembering, and lower math and reading scores. These effects can last weeks after the last time they used marijuana.
- Marijuana is addictive. It's harder to stop using marijuana if started at a young age.
- Youth who start using marijuana, alcohol, or other drugs may be more likely to continue using later in life

For more information on health effects, legal and responsible use, resources, and help for parents, use the following link: <https://www.colorado.gov/pacific/marijuana/effects-youth>

At what age should we begin discussing this with our kids?

It is certainly going to be up to each parent regarding when they will talk to their children about suicide. Our experience has been that parents have hesitated to talk about this or have even withheld the exact cause of death of someone known to the child. Always, young people find out later about the exact cause of death and feel misled or even lied to. We believe that everything happening to young people today is accelerated, meaning that they are getting information at an earlier age than ever before. By the time you think that you need to talk to your child about something, they may have already gotten a lot of information from another source.

What about the parents who don't want their 6th graders to know about the suicides? Does that mean no classroom conversation even with a crisis counselor?

A previous answer addressed some of this issue and the need for classroom assistance and discussion after a suicide. The major focus of all of our training sessions for school staff and parents has been to stress that we must talk about it more. A parent who does not want their child to know about the suicides will have a very difficult time keeping the fact of these suicides from their child for many obvious reasons. The problem has been the myth that talking about suicide causes suicide when in fact, having a chance to talk about it, provides the opportunity to unburden themselves and to get the help that is needed. No young person is suicidal every moment and the intervention of a friend or trusted adult who is knowledgeable about resources can make all the difference in the world. Our U.S. Surgeon General stressed the need to talk more about suicide prevention in our homes, schools, and churches!

The school day starts at 7:45 am. Is there anything you can say about moving the start time later? Could this be something the school could do to help respond to this, especially based on everything you said on sleep deprivation?

Beginning with the 12-13 school year, Academy District 20 implemented new start times for all high schools of 7:45 am. Previous start times were as early as 7:05 a.m. One of the primary reasons for this change was to allow students to sleep later.

What would a teacher do if a student says he wants to kill himself? What would be the school procedures?

The teacher would immediately contact an administrator. The administrator would contact the student's counselor and a suicide risk assessment would be conducted. Based upon the assessed risk level, the Crisis Response Team (CRT) may be called in for further evaluation. If the CRT is not available, the school will call 911 and ask for an evaluation. The at-risk student may be transported to the Emergency Room for further evaluation or may be taken directly to a support facility.

Please address "shame". Feeling ashamed or embarrassed about seeing a counselor, psychologist, psychiatrist, etc. for help with suicide contemplation, mental health issues or reference to sadness, peer pressure, etc.

Feeling ashamed or embarrassed about seeking mental health services is quite common. Sometimes dispelling the common myths about mental illness that prevent us from seeking counseling can help us work through the resistance to deal with pain openly and honestly. Stigma comes from negative and incorrect beliefs, or stereotypes, about groups of people. Fear of being left out or picked on because of who you are is a part of stigma. The effects of stigma can make you feel sad, ashamed, or alone. People with mental health challenges sometimes experience stigma. They get called "crazy" or "mental" or "emo." These labels are based on stereotypes, not on fact. You can help break down stigma by learning and sharing the truth about mental health. Here are some myths and facts from Each Mind Matters in California <http://www.eachmindmatters.org/>

Myth: Kids can't get depression and anxiety disorders, only adults can.

Fact: Kids can develop a mental illness, like depression and anxiety disorders. This can happen to anyone at any age.

Myth: Kids only get a mental illness because they have bad parents.

Fact: Mental illness is not caused by doing something wrong. Also, you can't cause someone else to have a mental illness. Doctors think that mental illness is caused by a mix of what's going on in your body and what's happening around you.

Myth: Having a mental illness means you're a wimp who can't handle life.

Fact: Your personality or ability to handle your feelings does not cause mental illness. Mental illness isn't just "in your head" or something that goes away if you try hard. The right combination of what helps is different for each person. Once they find something that helps them, most people with a mental illness live healthy, full lives.

Myth: People with mental health challenges have to take special tests to get a job or go to college.

Fact: People with mental health challenges do not have to take special tests to get into college, get a house, or get a job. They can work and learn and do all the things that people without mental health challenges can do.

Myth: When people have mental illnesses, they will never get better.

Fact: People diagnosed with mental illnesses can get better. Every illness is different. Some people feel better when they talk to someone, like a friend or a doctor, or take medication. Most people need help from friends and family to talk and figure out how to live with their illness. Not all people have to take medicine or see a therapist for the rest of their lives

What do you suggest to families that aren't associated with a religious organization? It seems that these groups could unintentionally be exclusive due to differing culture and beliefs of the families and students. Could you comment on this?

The World Health Organization has identified religious involvement as a very protective factor for young people. It is very important that all of our schools and communities be very embracing of all students regardless of their ethnicity, race, religious views, or sexual orientation. The hallmark characteristic of a Christian community should be acceptance and support of all community members regardless of their religious affiliation or the level of their beliefs. We believe it is very important that the community be embracing and reach out to all students and let them know that they are accepted. It is our greatest hope that all religions in the various communities will embrace all lifestyles and all religious beliefs. In addition to religion, there are many other protective factors for young people. Those include access to mental health services, living in stable families, having a close relationship with their parents that involves the ability to communicate and most importantly, to be listened to by their parents.

Additionally, young people with positive connections in school and community programs are provided opportunities to build positive relationships with both peers and adults. These connections might involve art, athletics, or community service. These connections, most importantly, provide an excellent opportunity to develop trusting relationships with adults in the community.

What kinds of community events have been successful in bringing awareness? For example, school led events for students?

For community events that have been successful in bringing awareness to the public health problem of youth suicide, we must turn to the non-profit agencies that have dedicated their lives to advocating for suicide prevention and supporting survivors. Those groups include the American Foundation of Suicide Prevention who sponsors many events such as Out of the Darkness walks. Also active in Colorado are the National Alliance on Mental Illness at <https://namicoloradosprings.org/>; The Trevor Project <http://thetrevorproject.org/>; and the Suicide Prevention Coalition of Colorado <http://www.suicidepreventioncolorado.org/>

The texts started flying between the students and spread like wildfire before the school even had a chance to send out notice of the suicides. I watched my daughter become more and more agitated (and upset) as the hours of continuous texts between the kids passed. I decided to take the phone but that further escalated her because she felt cut off and unable to support or get support. Ideas?

It is clear that we have a new generation of adolescents and the ability to talk to friends by cellular phone, text friends, and all of the various social media networks and postings are extremely important to young people. Schools must move much quicker today in responding to a crisis. Their response time is shortened because of the mass communication that adolescents engage in, distributing messages quickly to virtually every peer when something tragic has happened. As parents, we must recognize how important peer communication is to our children. It is certainly understandable that your daughter would become very agitated when hearing about another death of someone in her school community. We suggest that her agitation would have escalated whether she is talking with her friends or not. As we look back at issues that we handle with our children, it might have been best to have said to her something like, "I know it's not me you want to talk to right now, so for the next hour continue to

communicate with all of your friends but, at the end of an hour, we are going to turn off the technology because I am here and I want to help you. Most importantly, I want to be here to listen to you. Please, let me know in an hour how I can best support you as your parent.”

Is there a peer suicide hot line that kids can call? Not an adult on the other line but a trained teenager?

Kids can talk to trained high school teenager at TEENLINE, which is based in California. Essentially, a kid can talk, text, email between the hours of 6-10p but remember that is California time so you must adjust 1 hour later. They also have a message board available. The website is: <https://teenlineonline.org/> Another website for kids where they can participate in moderated discussions is REACHOUT. <http://us.reachout.com/>

I am a student at TCA and I can say that personally, I feel that teens are more so willing to share thoughts about suicide with their friends than their parents. Rather than parents reaching out, how can students unite together to prevent suicide?

We couldn't agree more that teens are so willing to share thoughts about suicide with their friends before they will go to their parents or other adults. Actually, it is well documented in the literature as well, which is why students can be powerful gatekeepers to their peers. In many communities after a teen has died by suicide, teens have come together with the common goal to prevent the next suicide. Here are just some of the ways that teens advocate for suicide prevention:

- Reach out to the survivors and the families of those who have lost loved ones.
- Contribute to a suicide prevention effort in the community.
- Advocate for “living memorials” or programs that address risk factors for youth in Colorado Springs.
- Spread the word: Do not hold secret any suicidal intention on behalf of a peer. Stay with them and tell a trusted adult.
- Advocate for Safe2Tell!

We are always heartened when students want to get more involved in suicide prevention. If more kids had a complete circle of caring adults and peers around them, the better they would be able to cope with the stresses of life.

How can we differentiate between teenaged mood swings vs. depression? As parents, knowing the reason behind why some kids made this decision is important. Is there a way you can communicate this while keeping identities hidden? This will help mitigate reasons and means.

First, we would like to answer the question about distinguishing typical teenage moodiness and angst from serious depression. There are a number of clear warning signs of teen depression. Parents have reported that they are often confused as to whether it is really depression or typical teenage moodiness, irritability, and angst. Here are the key things that parents need to be looking for. First, is this pervasive? That means is it affecting all aspects of your teen's life? School and academic performance? Peer and social relationships? Family relationships? Is this behavior persistent? That means, has it gone on for two or three weeks or more? Next, consider whether they have dropped out of activities that were previously pleasurable to them. We believe it is vitally important that parents are involved in all aspects of their teen's life and, if you pay attention to these factors, then a teen is unlikely to be able to hide their state of depression from you. Please, do not hesitate to seek professional help for your teen. It is estimated that 20% of all teenagers suffer from depression at some point during those tumultuous years. It is also concerning that a review of the literature indicates that 80% of depressed teens never receive any treatment whatsoever.

The second part of your question is seeking answers and specifics about factors that might have been involved in the suicide deaths of a young person in your community. We always caution everyone not to make a sweeping conclusion based on what you know or think you know about an individual tragedy. Our work has emphasized that when a suicide occurs, it was largely the result of untreated or under treated mental illness. The literature review in studying thousands of youth suicides that occur every year, in addition to mental illness, emphasizes that some suicide victims have experienced the following; living in poverty, suffering abuse, having experienced many traumatic losses, and having a problem with substance abuse. The key thing for all of us to remember is that, unfortunately, thousands of youth suicides occur every year. In the ten to twenty-four year old population, there were more than 5,300 last year. The focus always needs to be on identifying the warning signs of suicidal thoughts and making sure the young person receives the needed mental health treatment.

What is the plan at DCC to address the suicide contagion?

Over the past year, DCC High School has implemented a new suicide prevention curriculum (Signs of Suicide) as well as a new social-emotional curriculum (RULER). DCC High School is also in the process of implementing “Sources of Strength” as a way for students to strengthen protective factors and become involved with supporting suicide prevention.

Have we asked our young people at DCC what they would find helpful after a suicide?

Yes. Students have stated that they want honest and open conversations around suicide. In addition, they want to be a part of the solution and thus, DCC High School is implementing “Sources of Strength” as a way for students to become involved with supporting suicide prevention.

What is developmentally appropriate to tell a 5th grader regarding the current situation?

Several questions in this FAQ have addressed developmental issues. Our experience has been that often, when a parent thinks it is time to discuss a tough issue with their child, they have already received a lot of information from other sources. We believe that given the tragic suicides in your community, it is time to talk with your 5th grader. We encourage you to acknowledge that suicides of young people have happened in your school community, provide your child the opportunity to talk about it and ask you questions, and assure your child that if they or a friend ever are depressed and viewing life as hopeless that you are there for them!

How do you discipline a child when their reaction to the punishment is you are making me a social outcast and what is the point of living? You need to be the adult and let them know their actions have consequences, but you are terrified of their response.

A parent providing discipline to a child may result in additional stress and perhaps precipitate the child’s thoughts that they no longer see the point of living. We certainly understand that there needs to be consequences for behaviors. We have described how those consequences need to be carefully planned and specific to the circumstances. It’s also very important that parents never make comments or sweeping statements like, “You’re not going to be able to _____ again!” or “ You’re not going to be able to continue your relationship with THAT friend!” or “ You are grounded for a long period of time!” It’s very understandable that the parents in the DCC area are anxious about the number of suicides that have occurred and are worried about how to interact with their own children. Specifically, the counseling office, in addition to all of the webinars provided, is intended to give you guidance. If you are extremely concerned about your child’s response to the discipline that you have provided, then seek an opinion from the counseling office or from private practitioners in the mental health field in your area.

It is very important for young people to be in communication with their peers today through all those various forms of technology. We suggest instead of taking the technology away totally, a compromise would be to limit the hours. For example, your child no longer has 24 hours of technology access but is limited to a more restricted number of hours until grades improve, or a specific behavior improves that concerns you as a parent.

Our latest suicide left several of us more scared since the family seemed to do everything right. What comfort/thoughts/words can you offer us?

It's very understandable that many parents in the DCC area are very concerned and anxious about the suicides that have occurred. We have responded to and provided many ideas for parents related to this question in this FAQ. We would again like to emphasize that a young person who has died by suicide has traveled a very long road. The choice they made was very complex. No one person and no one thing was to blame. Young people who have died by suicide have represented a wide array of family circumstances. No family is immune, regardless of how caring and wonderful the parents are. Please remember that the suicide of an adolescent is almost always going to be the result of untreated or under-treated mental illness. The entire community must rally together to identify young people who are at risk and make sure they receive the needed mental health services.

I took my son to counseling but he wouldn't talk to the counselor at all. What do you do?

We have been asked this question many times as kids may take a long while to connect and trust a therapist. Our advice is to stick with it and give it a little time. Trust the therapist to work it out. Offer to go with your child to therapy and work with the therapist to find the right avenues to assist your child to open up. Utilizing artwork, drama, music, role-play, or participating in a group can also be helpful. Talk therapy can address so many issues such as the impact of negative thinking, stormy relationships, and poor coping styles. If it is determined between therapist, parent, and child that the match is not a good one and would present an insurmountable challenge to repair, you could always ask your child to describe the desirable characteristics of a good therapist and have them take an active role in finding a replacement. In addition, ask your child which adults at school and in the family they would trust to approach in a time of need to talk.

What about older teens when it comes to technology? 17 & 18 year old seniors. Any good material on what's appropriate and how to help them get ready for college?

Teens and technology and the college application process as well as subsequent acceptance can be irrevocably linked. You should discuss with your teenager that they carefully review their Facebook page and any other media sites where they have a presence. Make sure they understand that the posting of some of the things they have chosen may not be viewed as funny and may even be viewed as alarming by university admission staff who are working on building their community of students. It is hoped that you can have a good discussion with your teen about the importance of this issue. It would be our greatest hope that you are very aware of the social network media that your child uses, that you have access, and monitor what they are posting and how they are presenting themselves to the world. In addition, we would like to stress that all colleges and university have counseling centers that provide free mental health resources for your child.

If you are concerned about your child and exposure to suicide and you are concerned about your child's mental health and they are about to attend college in the fall of 2017, then it is important that you are aware of the college services. You should discuss them with your child and monitor his/her adjustment to college carefully. As a parent, you are always provided the opportunity to call the counseling center at your child's college and ask questions. You may be disappointed with the amount of information that

they will share with you. However, they will listen to what your concerns are and will make a note. In particular, we would suggest that DCC students going off to college in the fall of 2017 who were close to the suicide victims would greatly benefit from having counseling and mental health services provided at the college/university counseling center.

How does the administration talk to the middle school kids about a suicide at the high school level?

When a suicide has occurred at the high school level, middle school staff have been especially vigilant to look for any students who might be showing signs of depression, distress, or grief so that they may receive counseling support. Counselors have used the “Signs of Suicide” and “Look, Listen, Link” curricula to teach middle school students about suicide prevention and strategies for how to handle stress.

What is being done on the student level? There was an affluent high school in Utah that was going through a similar crisis and implemented a program on the student level with great success. They stressed that the key was training/teaching and empowering peers.

DCC High School is in the process of implementing “Sources of Strength”, which is a program that directly involves students in suicide prevention efforts. Both students and adults are trained in the “Sources of Strength” program.