

Suicide Prevention, Intervention and Response Procedures and Guidelines

Region #19- E.O. Smith High School

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Introduction

The Region # 19 Board of Education is committed to preventing, recognizing, and responding in a supportive manner to a student who has attempted, has threatened, or is considering attempting suicide.

To this end, the purpose of this procedural manual is to recognize that:

1. Physical, behavioral and emotional health is an integral component of a student's educational outcomes.
2. Region #19-E.O. Smith High School has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
3. The school acknowledges its role in providing an environment which is sensitive to the individual and societal factors that place youth at greater risk for suicide.

The purpose of this guide is to protect the physical and mental health and emotional well-being of all students by having procedural guidelines for school staff to assess risk, intervene, and respond to suicide. To this end, we recognize a comprehensive definition of well-being includes physical, behavioral and emotional health as an integral component of our students' achieving our educational outcomes. These outcomes are described in our mission and vision statements as well as in our seven Vision of a Graduate standards. Region #19- E.O. Smith High recognizes its ethical responsibility to take proactive action to prevent deaths by suicide and create an environment sensitive to individual and societal factors that place youth at risk.

Terms and Definitions

At-risk: A student who is defined as at-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. The student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain.

Collaborative Assistance Team (CAT): A multidisciplinary team of administrators, mental health professionals, and safety professionals responsible for crisis preparedness, intervention/response and recovery.

Contagion: Suicide contagion is the process by which suicide influences an increase of suicidal behaviors of others. Guilt, modeling and identification are thought to play a role in contagion.

Imminent danger: A student who is in imminent danger poses an immediate risk to do self-harm or die by suicide. Students determined to be in imminent danger require immediate attention and are not to be left alone at any time. The student is required to receive a suicide risk assessment evaluation by a medical or mental health professional for a thorough suicidal risk evaluation.

Mental health professional: The designated staff member responsible for the immediate care of the identified at-risk student. This staff member can be a school counselor, social worker, school psychologist or nurse.

Postvention: A suicidal intervention strategy designed to reduce risk of suicidal contagion and provide support to survivors to help them cope with a suicide death and disseminate information after the suicide death of a community member.

Risk assessment: An evaluation of a student who may be at risk for suicide conducted by a mental health professional. This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, evidence of a suicide plan and its level of lethality and availability, presence of support systems, level of hopelessness and helplessness, mental status, and any other relevant risk factors.

Safety Plan: A safety plan is created with the mental health professional, student, and family with the clear goal of ways to enhance safety. This includes individualized warning signs that a crisis may be developing, healthy coping strategies and strengths to utilize when needed, and contact names and numbers for support. The safety plan also states specific plans and behaviors that the student, school, and family agree to do to prevent future occurrences.

Suicide prevention coordinator: The designated staff member responsible for planning and implementing suicide prevention and postvention policies. All staff members report students they believe to be at-risk of suicide to a suicide prevention coordinator.

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Staff Roles

All Staff: Our professional responsibilities include caring for the general welfare of all students. We do this in many ways instinctively through our observations of their physical appearance, behaviors, body language and facial expressions. **Observing** students can provide the first sign that a student needs assistance. If any of these observations appear to be a recent change or give you the intuition, this may be a sign of a youth at-risk. A next step in making this determination is **engaging** with the student. Initiating a conversation by asking them how they are feeling or to share their thoughts with you. This outreach may give you more information that could prove to be very valuable in determining if they are at-risk. **Connecting** with the student may help them feel more comfortable sharing details that could help you determine the need to get a mental health professional (counselor, social worker, psychologist, nurse, administrator) to provide you and the student with the support you need.

The Question, Persuade, Refer (QPR) strategies provide a series of questions you can ask that directly get to your potential concerns of the child being at-risk for suicide. The QPR method was designed to detect suicidal warning signs in the absence of background information on any other risk factors the child may possess.

Questioning a student about suicide could be the first action that prevents a suicide. In doing so, you may wish to start with a less direct approach such as “Have you been unhappy lately?” or “You know when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you feel that way too?” A more direct approach includes questions such as, “Have you ever wanted to stop living?” “Are you thinking of hurting yourself?” “Are you thinking of killing yourself?” The second step in risk assessment is to persuade the child to get additional help. In doing so, be sure to listen to the responses and make observations about what they say and how they say it and how they act when they are saying it. Be sure to give them your full attention, do not interrupt, do not try and dissuade. Remember that asking someone about suicide does not increase their chances of attempting it.

The next set of questions is designed to **persuade** them to agree to go to a mental health professional. “Let’s go meet with a mental health professional, this situation is deeper than just my support (or beyond my experiences).” “Which counselor here are you most comfortable with speaking to?” “Let me introduce you to a counselor I trust.” Avoid making any deals or verbal contracts with the child. Once you ask to get them help, you must be persuasive in getting them there. Other strategies for persuasion are statements that clearly give the message that suicide is not the solution and better alternatives can be found. Focus on healthy solutions to problems and collaborate with them to show your on-going support. Offer hope and tell them they will feel better.

There is no going back at this point, you need to **refer** the student for further support. Make sure you physically turn the student over to the mental health professional and be sure to follow up on the student’s progress.

Mental Health Professional: The responsibility of the mental health professional is to determine the level of risk through a risk assessment. The two levels of risk of suicide in our policy are “at-risk” and “in imminent danger”. The **risk assessment** is an evaluation of a student who may be at risk for suicide. This assessment is designed to elicit information regarding the student’s intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, level of hopelessness and helplessness, mental status, and any other relevant risk factors such as acute loss.

An additional portion of the risk assessment utilized by the designated mental health professional is the Columbia-Suicide Severity Rating Scale. The designated mental health professional will assess using the scale

in addition to the above-mentioned factors and warning signs. From this, a student will be identified as low, moderate, or high risk for suicide based on their answers.

Action steps are then decided upon based on the level of risk determined. Some of these action steps include parent/guardian contact, recommendation for students to meet with their primary care provider, communication with their current mental health provider if applicable, create a safety plan, utilize 211 for a more comprehensive evaluation, or 911. These are also listed on the confidential **Risk Assessment & Intervention Form**.

Prevention Strategies, Service Coordination and Continuum of Care

- ❑ **Policy Implementation:** Identify a suicide prevention coordinator responsible for planning and implementing suicide prevention and postvention policies. All mental health professionals report students they believe to be at-risk of suicide to the suicide prevention coordinator.
- ❑ **Safe School Climate:** A safe school climate is a physically, aesthetically, emotionally and psychologically place for students and staff. In order to maintain a safe school climate, the district Safe School Climate Specialist (Dr. DeLoreto) shall convene a Safe School Climate Committee to be charged with the responsibility of monitoring the school environment by reviewing curricular and co-curricular program offerings, relevant aggregate student behavioral data and collect perceptions of students, staff and parents on the safety and climate of the school.
- ❑ **Professional Development:** Annual training is provided for all employees with direct contact with students (administrators, teachers, counselors, instructional assistants, coaches, advisors) on risk factors, warning signs, protective factors, response procedures, referrals, postvention and resources on suicide prevention. Training will also include information on groups of students with elevated risk for suicide. Additional training in risk assessment and crisis intervention will be provided to school mental health professionals and school nurses.
- ❑ **Programming:** Developmentally appropriate education will be provided to students on 1.) the importance of safe and healthy choices and coping strategies, 2.) how to recognize risk factors and warning signs in oneself and others, 3.) help seeking strategies for oneself and others, and 4.) how to engage school resources and refer friends for help.
- ❑ **Social Emotional Learning (SEL):** Social Emotional Learning is the development of understanding of oneself, the ability to establish and maintain interpersonal skills and healthy relationships and demonstrate responsible behaviors and decision making. SEL is explicitly addressed through our active citizenship, communication and personal responsibility Vision of a Graduate standards. Specific standards of SEL learning are derived from these attributes and included in the curriculum.
- ❑ **Publication and distribution:** The suicide prevention policy is posted annually on the school website. The Suicide Prevention, Intervention and Response Procedures and Guidelines which includes a list of risk factors, warning signs and crisis response services will be distributed to parents and posted on the school website.

RISK FACTORS AND WARNING SIGNS

In order to play an active role in suicide **prevention** and **intervention**, it is important to be aware risk factors that increase the likelihood of suicide ideation or a suicide attempt. Be aware of the warning signs as you observe and engage with students as these risk factors and warning signs indicate a student may be at-risk or imminent danger.

| RISK FACTORS | WARNING SIGNS |
|---|--|
| <p>Individual</p> <p>Problems with alcohol or drugs</p> <p>Mental health conditions (depression, personality disorder)</p> <p>Insomnia or sleep deprivation</p> <p>Personality traits that create a pattern of instability (erratic behavior, unstable relationships, severe mood swings, impulsivity, aggression)</p> <p>Previous suicide attempt</p> <p>Living with a serious medical condition, disability and/or chronic pain</p> <p>Experienced a major traumatic event that carries a social stigma</p> <p>Reporting unusual thoughts and behavior or confusion about reality</p> <p>History of self-harm (cutting, burning)</p> <p>Fascination with death and violence</p> <p>Experiencing school failure, truancy</p> <p>Perfectionism</p> <p>Living in out-of-home settings (homeless, runaway, care of DCF)</p> <p>LGBTQ youth</p> | <p>Actions</p> <p>Threatening to hurt or kill oneself</p> <p>Talking about wanting to hurt or kill oneself</p> <p>Searching for ways to kill oneself (searching for weapons, pills or other means)</p> <p>Talking or writing about death, dying, or suicide (if out of the ordinary for the person)</p> <p>Acting reckless or engaging in risky behaviors (seemingly without thinking-impulsive)</p> <p>Increasing alcohol/drug use or relapse after a period of sobriety</p> <p>Withdrawing from friends, family and society</p> <p>Truancy from school</p> <p>Giving away possessions</p> <p>Experiencing unexplained dramatic mood changes</p> <p>Obtaining means (weapon, stockpiling medication)</p> <p>Sudden interest or disinterest in religion</p> <p>Abrupt or unexpected positive OR negative change in mood</p> <p>Changes in sleeping and/or eating patterns</p> <p>Reduced interest in typical activities</p> |
| <p>Family</p> <p>Family history of suicide</p> <p>Changes in family structure or relocation</p> <p>Alcohol or drug use in the family</p> <p>Financial struggles</p> <p>Abuse in the family</p> <p>Dysfunctional relationships within the family</p> <p>Significant loss of a family member</p> | <p>Feelings</p> <p>Feeling hopeless and/or helpless</p> <p>Feeling rage or uncontrolled anger or seeking revenge</p> <p>Feeling trapped, as if there is no way out</p> <p>Feeling anxious, agitated and unable to sleep</p> <p>Fear of becoming a burden to others</p> |

| Environmental | Verbal clues |
|---|--|
| Excessive stress | "I've decided to kill myself." |
| Chronic bullying/harassment | "I wish I were dead." |
| Access to lethal means | "If (such and such) happens, I'll kill myself (if the factor is a significant event)." |
| Exposure to death/suicide | "I'm tired of life." |
| Sudden loss of freedom | "My family will be better off without me." |
| Social isolation | "I just want out." |
| Recent loss of romantic or important relationship OR threat of loss (death, break-up, etc.) | "I'm tired of it all." |
| | "I'm not the person I used to be." |
| | "Soon I won't be around." |
| | "You shouldn't have to take care of me any longer." |
| | "Here take this, I won't be needing it." |

Procedures to follow if determined to be "at-risk" for Suicide

1. The suicide prevention coordinators and the principal are notified of the situation as soon as possible.
2. The designated mental health professional will conduct a risk assessment including the Columbia Suicide Severity Rating Scale. This information will be documented on the "Risk Assessment and Intervention Form."
3. The designated mental health professional shall notify the student's parent/guardian and request a meeting with them as soon as possible and assist them with an immediate referral for external supports. This may include scheduling an outpatient mental health or primary care appointment, 211 mobile crisis, or 911 emergency services.
4. When the parent/guardian arrives at school, the designated staff member shall meet with them to discuss:
 - a. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluation(s);
 - b. the need for continued monitoring of the student at home if they are released following the evaluation;
 - c. referral to appropriate professional services outside the school system; and
 - d. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.
 - e. the need to create and implement a safety plan
 - f. the staff members obligation to contact the Department of Children and Families (DCF) if the parent fails to follow through on the agreed upon referral.
5. The designated mental health professional shall document in writing the course of events, including

what transpired at the parent meeting, and the outcome.

6. If the parent/guardian does not follow through, thereby leaving the student "at-risk", a medical referral to the Department of Children and Families (DCF) should be made (if the student is less than 18 years of age).
7. The designated mental health professional will follow confidentiality guidelines of Family Educational Rights and Privacy Act (FERPA); however, it may be necessary to notify other staff the minimum amount of personal information necessary in order to ensure safety of the student and others.
8. The designated mental health professional will refer the student for follow-up to the school's Collaborative Assistance Team, Planning Placement Team, or other staff as appropriate for further consultation and planning.
9. The designated mental health professional or the team shall monitor the student's progress and shall communicate and coordinate with family, outside professionals and school staff, as appropriate.

Procedures to follow if determined to be "in imminent danger" for Suicide

1. The designated staff member shall ensure that the student is not left alone and contact a mental health professional.
2. The designated mental health professional will conduct a risk assessment including the Columbia Suicide Severity Rating Scale. This information will be documented on the "Risk Assessment and Intervention Form."
3. The designated mental health professional shall notify the parent/guardian and request that the student be picked up at school and taken to a medical or mental health professional for thorough suicidal risk evaluation.
4. When the parent/guardian arrives at school, the designated mental health professional shall meet with them to discuss:
 - a. the need for an immediate suicide risk evaluation at a medical or mental health facility, or other appropriate evaluations such as 211 (Emergency Mobile Psychiatric Services);
 - b. the need for continued monitoring of the student at home if he/she is released following the evaluation;
 - c. referral to appropriate professional services outside the school system; and
 - d. a request for the parent/guardian to sign a release of information form permitting communication between the school and the facility to which the student will be taken, the student's therapist and other appropriate individuals.
5. The designated mental health professional shall document in writing the course of events, including what transpired at the meeting, and the outcome.
6. The designated mental health professional shall inform the principal of the course of events and the outcome.
7. The designated mental health professional will follow confidentiality guidelines of Family Educational

Rights and Privacy Act (FERPA); however, it may be necessary to notify other staff the minimum amount of personal information necessary in order to ensure safety of the student and others.

8. The designated mental health professional will refer the student for follow-up to the school's Collaborative Assistance Team, Planning Placement Team, or other staff as appropriate for further consultation and planning.
9. If the parent/guardian is unable to come to school:
 - a. The designated mental health professional will notify the parent/guardian of his/her intent to and arrange transport of the student to an appropriate evaluation/treatment site by means of emergency vehicle (e.g., ambulance or police cruiser).
 - b. Police may be notified if the student poses a threat to the safety of him/herself or others, or as dictated by other circumstances.
 - c. The designated mental health professional shall inform the suicide prevention coordinator and the principal of the course of events and the outcome.
 - d. The designated mental health professional shall document in writing the course of events and the outcome.
10. If the parent/guardian does not agree with the school's determination that the student is in imminent danger or for any other reason refuses to act:
 - a. The designated mental health professional shall meet with the suicide prevention coordinator and the building principal to develop an immediate plan focused on protection of the student.
 - b. The designated mental health professional shall notify the parent/guardian of the plan and shall either a) inform the parent/guardian that the Department of Children and Families (DCF) will be contacted and a medical neglect referral made, if the parent/guardian remains uncooperative and the student is less than 18 years of age; or b) inform the parent or guardian and student that the police will be called if the parent or guardian or student remains uncooperative.
 - c. The designated mental health professional shall arrange for an emergency vehicle to transport the student to the hospital or an appropriate mental health facility; shall inform hospital staff of the situation; shall plan follow-up in relation to hospital staff or mental health facility staff decisions as to how to proceed.
 - d. The designated mental health professional shall consult and cooperate with DCF and/or the police as necessary.
 - e. The designated mental health professional shall document in writing the course of events and the outcome.
11. When a student assessed to have been "in imminent danger" returns to the school, the designed mental health professional or the appropriate school-based team (if such referral has been made) shall coordinate a support plan with outside professionals, supportive services in school, and changes in the instructional program, when necessary in order to coordinate supports in place. A safety plan will be drafted at a meeting upon the child's return to school.




Risk Assessment & Intervention Form
(Confidential)

| | | |
|------------------------------|-----------------------------|---|
| Student Name: | Date: | Student DOB: |
| Parent/Guardian Name: | Student referred by: | Designated Mental Health Professional: |

Reason for referral:

Complete the Columbia Suicide Severity Rating Scale (Attached: *Screen Version – Recent*).
Include additional details if necessary (You may also consider: What is wrong? What is the emotional pain and suffering? Why now? With what? Where and when? When and how in the past? Who is involved? Why NOT now? Information related to recent ideation and behavior (last 6-8 weeks), past suicide ideation and behavior (8+ weeks ago), and immediate suicide ideation and behavior (now)).

Action Steps – Circle level of risk and check off action steps once complete:

| | | |
|---|---|--|
| <p style="text-align: center;"> Low Risk</p> <ul style="list-style-type: none">● Parent/guardian contact● PCP recommendation OR● Contact current provider (if a release/obtain is signed) | <p style="text-align: center;"> Moderate Risk</p> <ul style="list-style-type: none">● Parent/guardian contact● PCP recommendation OR● Contact current provider (if release/obtain is signed)● Create Safety Plan | <p style="text-align: center;"> High Risk</p> <ul style="list-style-type: none">● Parent/guardian contact● PCP recommendation OR● Contact current provider (if release/obtain is signed)● Create Safety Plan● 211 or 911 contacted |
|---|---|--|

| SUICIDE IDEATION DEFINITIONS AND PROMPTS | | Past month | |
|--|--|---------------|----|
| Ask questions that are bolded and <u>underlined</u> . | | YES | NO |
| Ask Questions 1 and 2 | | | |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | Low Risk | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | Low Risk | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | | |
| 3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." | | Moderate Risk | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them." | | High Risk | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u> | | High Risk | |

| | | YES | NO |
|---|--|-----------|---------------|
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> | | | |
| Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. | | High Risk | Moderate Risk |
| If YES, ask: <u>Was this within the past three months?</u> | | | |

- Low Risk
- Moderate Risk
- High Risk

Student Safety Plan

| | | |
|------------------------------|-----------------------------|---|
| Student Name: | Grade: | Date: |
| Parent/Guardian Name: | Parent Phone number: | Designated Mental Health Professional: |

Warning Signs that a crisis may be developing (thoughts, images, moods, situations, behaviors, physiological, triggers, etc.):

Coping Strategies (relaxation, distraction, physical exercise, self-care, distancing, etc.):

Strengths (interests, talents, hobbies, characteristics, connections to others, mindset, motivations, beliefs, etc.):

People to contact for support (parent, therapist, school staff, coach, etc.):

| | |
|-----------------|----------------------|
| 1. Name: | Contact Info: |
| 2. Name: | Contact Info: |
| 3. Name: | Contact Info: |

Steps to prevent future occurrences and reduce anxiety around this incident (list actions and specify people involved).

Student will:

School will:

Family will:

Student signature:_____ **Date:**_____

Parent signature:_____ **Date:** _____

School signature:_____ **Date:**_____

Safety Plan Review Date: Ongoing

See Reverse for resources and contact numbers

Emergency Services

Emergency Services:

Call 9-1-1

Emergency Mobile Psychiatric Services:

Call 2-1-1 for youth and adult mobile crisis services

Text "CT" to 741741

www.211ct.org

National Suicide Prevention Lifeline (24 hours day/7 days a week):

Call or text 9-8-8 or call 1-800-273-TALK (8255)

Text Hello to 741741

<http://www.suicidepreventionlifeline.org> or <http://www.988lifeline.org>

United Services Crisis Response Services (24 hours day/7 days a week):

Call (860) 456-2261

Connecticut Crisis Lines (by town):

Click on 24 Hour Crisis: <http://www.ct.gov/dmhas>

1 Word 1 Voice 1 Life

<https://www.preventsuicidect.org>

American Foundation for Suicide Prevention

www.afsp.org

Now Matters Now

<https://www.nowmattersnow.org/>

Suicide Prevention Resource Center

<https://www.sprc.org>

The Trevor Lifeline (for LGBTQ youth):

Call 1-866-488-7386

<http://www.TheTrevorProject.org>

Zero Suicide in Health and Behavioral Healthcare

<http://zerosuicide.edc.org>

Postvention Steps

The following steps serve as a guide in the event of a suicide. A meeting with the Collaborative Assistance Team (CAT) will initiate the postvention steps to be taken and take into consideration the specific situation and circumstances surrounding the death.

- 1.) **Verify the death**: A representative from CAT will confirm the death and determine the cause of death through the CT State Coroner's Office. If the cause of death has been confirmed to be a suicide but the parent/guardian does not want the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
- 2.) **Assess the impact**: The CAT will meet to prepare a postvention response to determine 1.) the level of severity the death is likely to affect other students, 2.) which students are most likely to be affected, 3.) how recent traumatic events and the time of year will likely impact the effect on students, and 4.) the scale of prevention activities needed.
- 3.) **Share information**: The principal or his/her designee will inform the faculty that a sudden death of a student has occurred. CAT will distribute a statement for staff to read to their classes, which will include 1.) basic facts of the death and known funeral arrangements (if known), 2.) recognition of sorrow of this news will cause, 3.) information about resources available to help students cope with their grief, 4.) a letter (with parent permission) to email to parents that includes facts about the student's death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- 4.) **Avoid suicide contagion**: Clearly communicate to staff the purpose for providing resources is to prevent another death. The CAT will establish a list of students who are most likely to be substantially affected by the death. At the staff meeting, the suicide prevention coordinator will review the suicide warning signs and procedures for reporting students who generate concern.
- 5.) **Initiate support services**: Students who are identified as being more likely affected by the death will be assessed by a staff mental health professional to determine the level of support needed. Parents will be called immediately and informed of the assessment. Individual or group counseling will be provided as needed.
- 6.) **Develop memorial plans**: The school will not create on-campus physical memorials, funeral services or other visual displays as they may sensationalize and encourage suicide contagion. CAT members will be present at any memorial services held in the community to provide support for students (if known).
- 7.) **Assign a media liaison**: The superintendent or his/her designee will be responsible for all media communications. Staff will refer all media inquiries to the superintendent. The superintendent will keep the principal and suicide prevention coordinators informed about media communications, prepare a statement for the media that includes factual information, and conduct all interviews. The superintendent will inform the media of the concern for suicide contagion and encourage the publication of suicide risk factors, warning signs and resources available.

Resources

Connecticut

National Suicide and Crisis Lifeline Dial 9-8-8

Emergency Services- Dial 9-1-1

Emergency Mobile Psychiatric Services- Dial 2-1-1 Youth and adult mobile crisis services - www.211ct.org or Call 211, or Text "CT" to 741741.

1 Word 1 Voice 1 Life <https://www.preventsuicidect.org>

CT crisis Lines by town – Click on 24-hour crisis <http://www.ct.gov/dmhas>

Department of Children and Families (DCF) Careline- 1-800-842-2288

United Services- Crisis Response Services (860) 456-2261 (7 days a week and 24 hours a day)

National

American Foundation for Suicide Prevention www.afsp.org

National Suicide Prevention Lifeline- 1-800-273-TALK (8255) Crisis text line text the word TALK to 741741.
<http://www.suicidepreventionlifeline.org>

Now Matters Now <https://www.nowmattersnow.org/>

Question, Persuade, Refer (QPR). [The QPR Institute](http://www.qprinstitute.org).

Suicide Prevention Resource Center <https://www.sprc.org>

The Trevor Lifeline (for LGBTQ youth) 1-866-488-7386. <http://www.TheTrevorProject.org>.

Zero Suicide in Health and Behavioral Healthcare <https://zerosuicide.edc.org>

Adverse Childhood Experiences Study ([ACES](http://www.acesstudy.org))