In the U.S., suicide, suicidal ideation, and self-harm are public health crises among not only adults, but children and teens. What happens to returning students after being hospitalized due to a suicide-related crisis? Little is known about the current practices schools use to support student reintegration. Researchers in the UNC School of Education and School of Medicine are looking into how school systems can help returning adolescents, in hopes of decreasing suicidal behaviors and ideation in students.

**Warning Signs**

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

**CRISIS HAPPENS**

- Offer gestures of support to hospitalized students & their families.
- Offer to meet with families to prepare students for their return.
- Communicate with clinical & medical providers, following HIPAA/FERPA & respecting family privacy.

**During Hospitalization**

- Establish a re-entry plan that includes:
  - a procedure for assessing, continuing and/or modifying supports
  - safety planning interventions
  - school-related supports & interventions
  - the student’s individual needs, strengths, skills, & goals
  - key individuals to support the student
  - identifying school-related stressors
- Consider recovery over the long-term. Recovery is not linear; establish a plan for continuing support of the student.

**Following Hospitalization**

- Establish clear school reintegration procedures & disseminate to school staff, families, & clinicians.
- Provide psychoeducation about suicide-related risk & recovery from mental health crises to school community.
- Foster a positive school psychosocial climate.
- Build school-family-community partnerships.

**HAVE A PLAN**

UNC researchers have found that many schools have no re-entry plan for returning students who have been hospitalized for a suicide-related crisis. Studies have found that kids who feel connected to school are about half as likely to report suicidal attempts or ideation. Researchers from UNC have provided this chart to help schools establish or improve upon procedures for supporting students returning from hospitalization, encouraging a student-centered, strengths-based, and trauma-informed approach to re-entry.

**BEING PREPARED**

- Make the telephone number of an ongoing care provider available.
- Communicate with clinical & medical providers, following HIPAA/FERPA & respecting family privacy.
- Establish a re-entry plan that includes:
  - a procedure for assessing, continuing and/or modifying supports
  - safety planning interventions
  - school-related supports & interventions
  - the student’s individual needs, strengths, skills, & goals
  - key individuals to support the student
  - identifying school-related stressors
- Consider recovery over the long-term. Recovery is not linear; establish a plan for continuing support of the student.

**THE NATIONAL SUICIDE PREVENTION LIFELINE**

1-800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information, & local resources.