Supportive School

Lucyna Kicińska
Jolanta Palma

A GUIDE FOR TEACHERS

SUPPORTING STUDENTS AFTER A SUICIDE ATTEMPT

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The content of the guide concerns to the help system and education system in Poland. In the situation of using the guide in other countries, it is necessary to adapt it taking into account the realities in those countries and the available places and help lines.

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[1] Chapters 1 to 6 of the guide come from an article written by: L. Kicińska, J. Palma, *Szkolny system wsparcia uczniów po próbie samobójczej* (A School Support System for Students After an Attempted Suicide), Biblioteka Suicydologiczna, vol. III, Warsaw 2023.

Preface

Motto:

‘Have a heart and look into your heart…’

A. Mickiewicz

It is no accident that I began these introductory remarks with a quote from the great Poet. Only interest, attentiveness and knowledge will make it possible to identify and diagnose the problem, and then take the appropriate action.

Three entities – the Adamed Foundation, Adamed Pharma and the Life is Worth Talking About initiative – have made this Guide for teachers, **Supporting a student after an attempted suicide**, available to you.

This is a text that fits perfectly into our post-Covid times, which have been so difficult for us all, but for teens in particular. In the world of education, the work of a teacher, who is tasked not only with teaching, but transmitting skills that allow students to function alongside peers, as adults and in various roles, comes with such enormous responsibility. School is a place all of us remember and it is up to us – teachers, educators, psychologists and parents – how children and young people today will remember it in years to come.

This step-by-step guide features preventive actions and tips for talking to and supporting children, teenagers and parents in the process of coping with suicidal behaviour.

This is an extremely sensitive topic associated with the negative emotions that usually arise during a crisis – both acute and chronic situations that trigger a spiral of negative thinking and collateral actions. All this combined with a persistent conviction among young people that change is impossible.

This guide, which we entrust to teachers and educators, charts out a path for helping young people in crisis. It is divided into 14 chapters, which cover, among others, key actions to take in support of a student who has attempted suicide, practical advice, adjustments to make in the school setting, and the procedures to follow in a crisis situation.

I draw your attention in particular to Chapter 6, which is devoted to prevention and encourages every school to implement a program for the prevention of suicidal behaviour and systematic preventive measures. The latter are understood as those that identify and reinforce protective factors in the lives of children, teenagers and adults. I would like to emphasise that, in accordance with the WHO (2007) definition, the prevention of suicidal behaviour in schools means strengthening the mental health of teachers, bolstering the self-esteem of students, training students in expressing their emotions, preventing peer violence on school premises and making information available on the places and telephone numbers where help can be found.

Chapter 11 succinctly, yet in a balanced fashion that covers the most important issues, presents proposals for teachers and educators on speaking with and organising support for students in crisis in a way that precludes judgement and stigmatisation.

Information on nationwide telephone helplines and websites (Chapter 12) and a sample safety plan form (Chapter 13) are incredibly helpful.

Also worth underlining is the well-curated and professional bibliography on the basis of which this guide was written.

In reading this Guide for teachers – Supporting a student after an attempted suicide – with great care, I have come to believe that this resource is a perfect response to the current needs and challenges of children, young people and families. Since teens spend at least half of their day at school, teaching staff who work ‘at the blackboard’ certainly need this kind of support.

I sincerely believe that the endeavour of writing and publishing this guide represents an extremely valuable initiative and hope you find it to be helpful and informative!

Prof. dr. n. med.

Małgorzata Janas-Kozik

Member of the Management Board
of the Polish Psychiatric Association

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1 Introduction

Suicide attempts by young people are often described as a cry for help or an expression of human helplessness when faced with life's problems (Gmitrowicz, Makara-Studzińska, Młodożeniec, 2015). This is why it is essential for school personnel to make every effort to ensure a supportive environment for a student who returns to school after attempting suicide, as well as to implement continuous and systemic measures to bolster the mental well-being of all students and prevent self-destructive and suicidal behavior. It is also worth remembering that any suicide attempt carries an elevated risk of recurrence: one in four adolescents who have attempted to take their own life will make another attempt within the next 12 months (Gmitrowicz, Makara-Studzińska, Młodożeniec, 2015).

A suicide attempt is also an independent risk factor and may trigger the Werther effect, a phenomenon involving copycat suicidal behavior. Children and adolescents in crisis may imitate the behavior of well-known individuals they like and respect, such as popular musicians, actors, athletes or celebrities. They may also try to emulate their peers, e.g. people of the same age or sex, living in similar communities or facing similar challenges. Taking this possibility into account and seeking to prevent suicidal behavior among students, every school should hold educational sessions about emotional crises (Szymańska, 2016). These should address the following themes:

- **how to recognize a crisis in oneself and others, and how to react to it;**
- **principles of peer support;**
- **identifying adults (both from one's immediate social circle and experts) who may be approached for help;**
- **identifying places and phone numbers that provide assistance.**[2]

[2] For an *Emotional Crisis lesson plan*, visit www.zwjr.pl.

Information about toll-free hotlines and places offering relevant assistance should also be displayed within the school premises.[3] This will ensure that students can confidentially obtain information which may help to facilitate and encourage them to take advantage of available support on an anonymous basis. This is especially important for young people who, for various reasons, are reluctant to reveal the difficulties they are going through to school counselors or teachers.

[3] A list of assistance providers and telephone numbers is available at the end of this guide.

Key ways to support a student after a suicide attempt

2

Establish a crisis team (CT)

Schools may appoint crisis teams in order to ensure a swift response to crises (Ciszewska, Żyża, 2016).

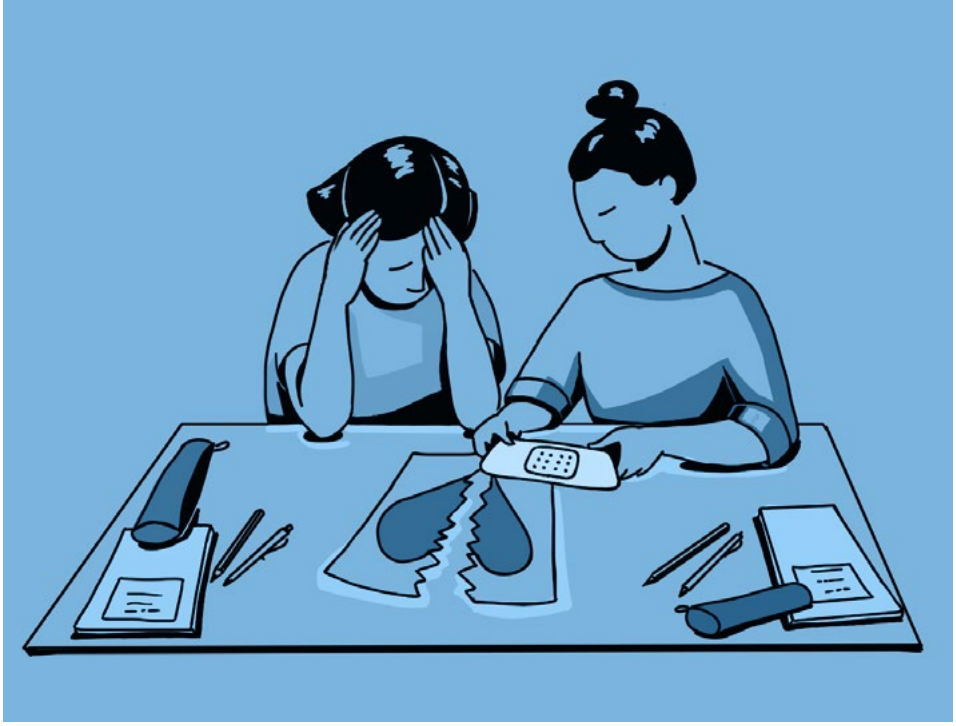
Depending on the size of the school, the team should consist of between three and eight members. It may include the school principal or deputy, the school nurse, teachers, homeroom teachers, the school counselor or psychologist. It is important for members of the crisis team to have adequate capabilities and competencies and be prepared to monitor, coordinate and implement intervention and support activities within the school. Once the team has been formed, a president should be appointed. The president is responsible for convening meetings, issuing meeting notices, settling disputes and ensuring that all stakeholders working to support students are kept properly updated. Specific tasks may also be delegated to non-members, provided that they are adequately prepared to complete them. The most important task of the crisis team is to coordinate the development of detailed procedures

for responding to specific types of emergencies (Kicińska, Łuba, Palma, Witkowska, 2022).

Crisis team members help to create a support network for the student and their parents or guardians both at school and beyond, by contacting the individuals, institutions and organizations that can help to overcome the crisis, such as:

- **a psychological and pedagogical counseling center;**
- **a community-based psychological and psychotherapeutic care center for children and adolescents;**
- **a center for the mental health of children and adolescents;**
- **a counseling center for the mental health of children and adolescents;**
- **an emergency intervention center;**
- **social welfare centers;**
- **non-governmental organizations.**

It is recommended that when a student returns to school after a suicide attempt, one member of the crisis team should be designated as a coordinator (the crisis team president may, but is not obliged, to take on this role). In the assistance process, the coordinator relies on the principle of optimal difference, assessing the resources of the person in crisis and using them to guide the appropriate selection and allocation of assistance activities. The key advantage of this solution consists in the burden on the person in crisis being reduced by the coordinator, who is involved in the decision-making process on an ad-hoc basis, offers support and helps the individual concerned feel less lonely in a difficult situation. At the same time, the coordinator's presence alleviates anxiety and promotes a greater sense of security, while at the same time making the individual in crisis more motivated to act. This goes a long way toward ensuring comprehensive resolution of all of the causes of the crisis (Palma, 2016).



Devise a re-entry support plan for students after a suicide attempt

Returning to school after a suicide attempt may be very challenging for young people. They may feel embarrassed, afraid of being judged or concerned about what other people will think about them. They may stress over their performance at school and be worried that it will be difficult for them to catch up with missed schoolwork after a prolonged absence. Re-adaptation to the school environment, and especially being successful in class, may also be a protective factor and represent a significant step in the recovery process. Therefore, the priority should be to ensure support and facilitate smooth readjustment of the student to their daily routine, in line with their current level of psychophysical functioning. Remember that school personnel may

play a significant role in creating safe conditions and a friendly atmosphere so that the student's re-entry in school is not associated with additional unnecessary stress. Therefore, the school principal should appoint a crisis team to develop a re-entry plan[4] (REP) for a student expected to return to school in the near future.

A clear division of roles and responsibilities is an important factor for the crisis team's effectiveness. Besides the coordinator, it is also a good idea to appoint one of the crisis team members to act in a supportive role, liaising with the student's parents or legal guardians, other teachers and third-party institutions, as the case may be. Ideally, they should have substantive knowledge about mental health and a good understanding of the needs of young people from the risk group.[5] Another teacher (or a specialist teacher from the crisis team) should be appointed to serve as the key contact person for the student if they require additional support during school hours. It is good practice to propose that the

[4] *Suicide Prevention Resources. Responding after a suicide attempt*, https://www.beyondblue.org.au/mental-health/suicide-prevention, p. 5 (accessed: July 22, 2023).
[5] Ibid, p. 5

student select a teacher they trust and feel they can approach for help without hesitation. If the student names an employee who does not have the necessary competences to be the key support person, find other ways to involve them in this student's re-entry plan, while appointing a different personnel member with the right substantive qualifications to provide ad-hoc support.

The idea behind the re-entry support plan is to provide optimum individualized assistance to the student after a suicide attempt. The plan should include strategies to ensure the young person's safety, offer support and facilitate contact with school personnel and peers. It should also be discussed with the student concerned.[6]

[6] Ibid, p. 5

The planning process may include:

a) planning a meeting with the student to discuss their return to school; planning a meeting with the student's parents or legal guardians, and meetings with key school personnel to discuss the young person's needs and develop the re-entry support plan. For this purpose:

- **phone the student's parents or legal guardians and invite them to the meeting;**
- **ask them about their concerns and the things they find most difficult about the child's return to school;**
- **ask them about their expectations of the school;**
- **identify the types of support the school can offer in line with the student's needs, in accordance with the Regulation of the Minister of Education on Psychological and Pedagogical Assistance;**
- **respect the wishes of the student and their parents with respect to the information that is shared with the school community;**
- **respect the recommendations given by the student's doctor and psychotherapist;**

b) recommended forms of support for the student, including:

- proposed gradual reintegration of the student until they feel comfortable enough to attend school on a full-time basis again;
- discussing any missed schoolwork the student will need to catch up on as a result of their absence and how to do it;
- avoiding exerting any pressure on the student, in order to give them time to process their emotions and thoughts, and catch up with schoolwork;
- reassuring the student that help will be provided whenever they need it and discussing specific types of assistance (e.g. help from peers, talking to teachers of particular subjects, dividing schoolwork into more manageable parts, taking tests in comfortable conditions, etc.);
- monitoring the functioning and behavior of both the student who attempted suicide and other students;
- staying in touch with the student and their parents or legal guardians to discuss progress, any concerns and developments;

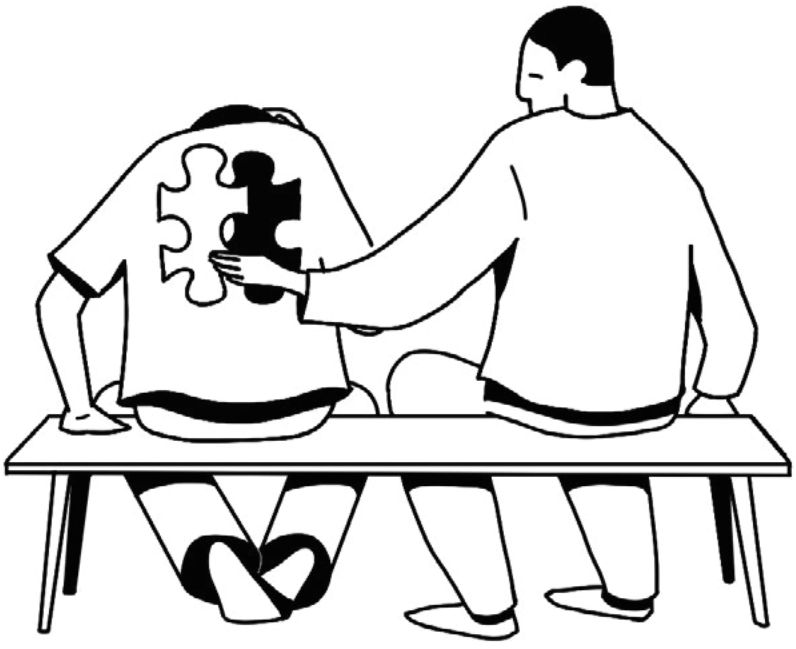
- taking note of any absences, tardiness or skipped classes and notifying the school counselor, psychologist, parents or legal guardians;

- encouraging the student to use the help offered by school specialists (psychologist, counselor, etc.) and teachers;

- talking to the student, offering feedback and appreciating the effort they put into studying;

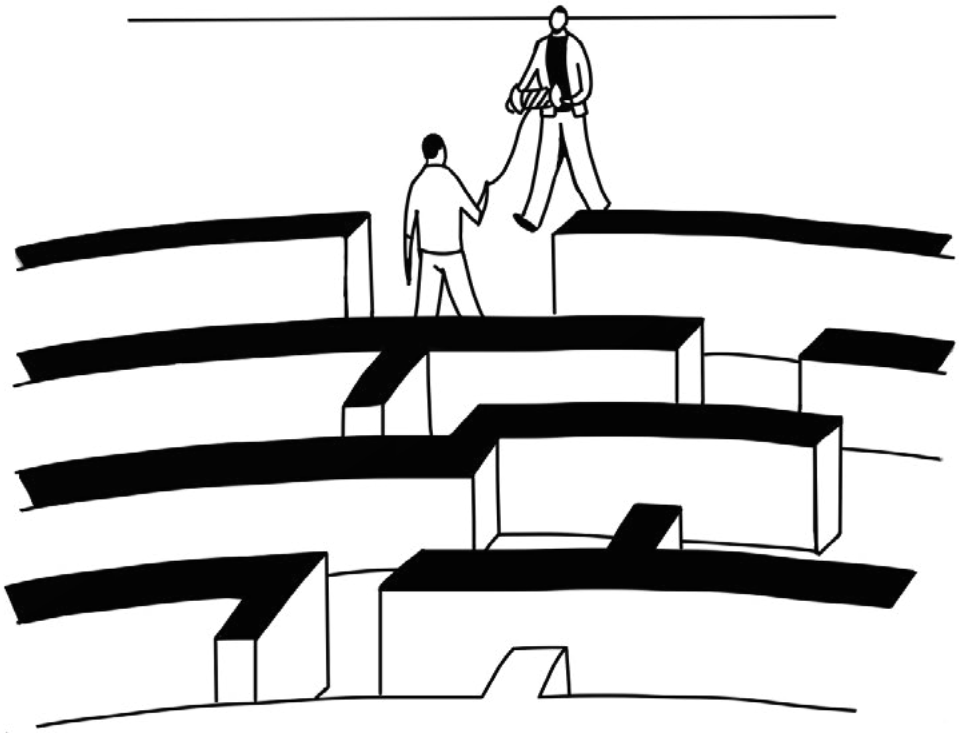
- establishing who is responsible for monitoring the student's functioning at school;

- deciding which personnel will have access to the student's information included in the school re-entry support plan;



c) **documenting the activities** (Szwajca et al., 2019), **decisions and outcomes of support.**

Regardless of the number of people involved in the implementation of the school re-entry plan, adopt a joint approach to supporting the student at school, sharing information and defining the responsibilities of particular stakeholders in the assistance process. Teachers should constitute a school support network for a student who has attempted suicide. It is essential that they monitor the situation and make sure that the student has received adequate assistance. They should monitor how the student is coping with the crisis, whether they still need other forms of support and whether they have been complying with the agreements made. Even if the crisis seems to have passed, it is worth reassuring the student that the school is there to support them at all times.



Develop a safety plan

An integral part of implementing the school re-entry support plan is involving the student in the development of a safety plan[7] to be used if their suicidal thoughts, intentions or tendencies intensify. The purpose of the plan is to establish what should be done if the student's mental health deteriorates and a suicidal trigger appears: *How can I help myself if I feel sad, desperate and frustrated and start thinking about killing myself?* When developing the plan, take account of any difficult events that might arise in the near future, as well as any previously effective ways of coping with difficulties. It is important not to impose your own ideas on the student, but to search for safe solutions together. The plan should not only be thoroughly discussed, but also written down and, as far as possible, rehearsed (Łuba, 2021). The safety plan is only one of multiple components of the intervention and not a guarantee that the student will not attempt suicide. Its purpose is to guide the student toward possible ways of coping with insistent suicidal thoughts in specific situations they find difficult.

[7] Appendix.

3 Practical tips

Contact with a student after a suicide attempt

The reaction and attitude adopted by the teacher or school counselor who talks to a student with suicidal thoughts is extremely important. If the student believes they are creating a burden, causing concern or creating difficulties for the adult, they may choose to disengage from the conversation or change the subject. Therefore, when talking to a student in an emotional or suicidal crisis,

do not:

insist on knowing the reasons why the student decided to attempt suicide or why they are in an emotional crisis: if they want and need to, they will share such information with you of their own accord;

do not:

offer advice—even if the student asks you what to do, says you are the expert or claims they would like to know what you would do in their shoes. Do not offer advice because:

- everyone is only an expert on their own life—it is your task to show the student that this also applies to them;
- no one can ever be in someone else's shoes—even if we are confronted with seemingly identical situations, they will never be exactly the same because humans are like snowflakes—no two are identical;
- this is an easy way to waste a good solution only because you are the one to propose it, rather than the person you are trying to help;

talk about your own experience—your experience is yours alone, just like your emotions, thoughts and skills. When talking to a person in crisis, focus on them—on their emotions, thoughts and skills;

do not:

use specialist language—sometimes industry jargon can unintentionally find its way into conversations. You might use it to present yourself as more of an expert or shield yourself with knowledge. In this way, your contact with the other person is only superficial and not genuine. Bear in mind that many people may simply not understand the specialist language you use;

negate what is said—sometimes the other person's reactions may seem incomprehensible or unhelpful, or you may simply disagree with how somebody behaves in a specific situation. If the student's reactions to a particular situation were effective, there would be no need to discuss them.
When talking to a student, also bear in mind that:

- your needs and coping strategies in difficult situations may be different;

- there is nothing wrong with disagreeing with somebody else's choices.

This does not mean, however, that you should bring all of that to the table when talking to a person in crisis. Everyone is entitled to their own emotions; even if you sympathize with someone or want them to feel better, denying their feelings by saying things like *"I'm sure it's not as bad as you are saying"* will not be helpful or bring them the relief they need;

do not:

demonstrate indifference by:

- remaining silent for long periods or at the wrong moments;
- not asking questions or asking questions about things the student is not talking about;
- not following up on the questions asked by the student;
- becoming repeatedly distracted;
- thoughtlessly nodding along;

preach—do not focus on pointing out the mistakes that have led to the current situation;

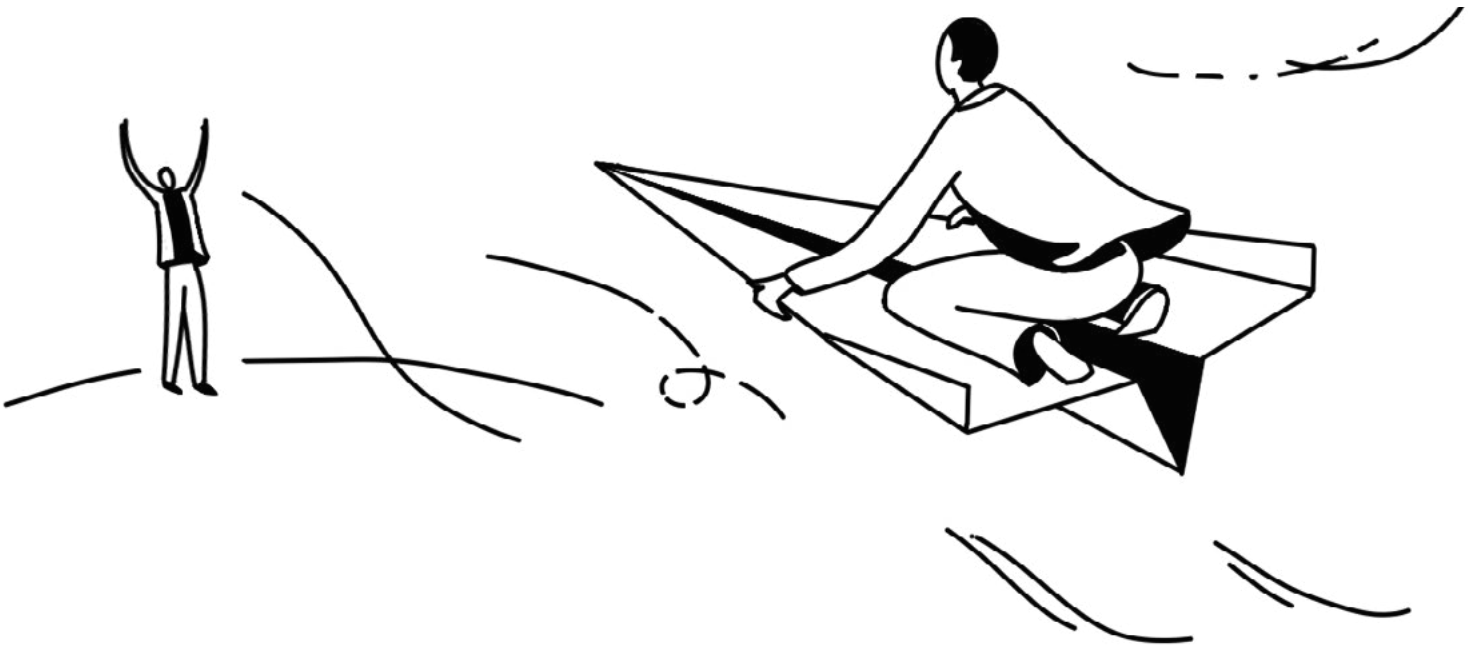
judge or impose your own point of view—when talking to a person in crisis, your perspective, opinions or worldview should not be perceptible. They should be replaced by acceptance, understanding and respect, even if you do not agree with the student's values or beliefs.

use vague, general language—this can lead to a lot of misunderstandings and, in a conversation about suicidal behavior, the student may infer that they should not bring up that particular topic.

What to do during the conversation

- ✓ Stay focused and dedicate 100% of your attention to the student.
- ✓ Remain calm, unassuming and kind. Emphasize that the conversation may help the student to cope with suicidal thoughts.
- ✓ Listen without judgment.
- ✓ Trust your gut—if you feel that you have not entirely explored the topic of suicidal thoughts, revisit it.
- ✓ Treat suicidal behavior as the key topic of the conversation.
- ✓ Refer to reliable sources of knowledge.
- ✓ Treat your own experience as a resource, rather than as a universal attitude to life.
- ✓ Do not overstep your competences and arrange appropriate assistance.
- ✓ Demonstrate confidence and trust in the future.
- ✓ Stay determined to find a solution.

If you experience intense emotions due to the student's suicide attempt, you do not need to be the one to talk to them. Let another person do it, if they feel substantively and emotionally prepared to do so.



Liaising with the student's parents or legal guardians following a suicide attempt

When preparing to meet the parents of a student who has attempted suicide, remember that they may be battling many unpleasant thoughts and emotions. When talking to them, focus on the student's needs related to their re-entry to school, as well as those related to overcoming the crisis. It is important to ask the parents whether their child is still undergoing pharmacotherapy and psychotherapy after being discharged from hospital. When necessary, provide the parents with relevant information.

Make sure that the parents or legal guardians of a student who has attempted suicide leave the meeting with the following recommendations:

- **Do not ask inquisitive questions about the causes of the child's suicidal thoughts.**
- **Do not blame the child for the crisis they are in.**

- **Do not ignore any signs of crisis (it may be necessary to discuss the impact of the crisis on emotional, cognitive, physical and behavioral functioning).**
- **Do not assume that the crisis is over only because you are not talking about it.**
- **Do not expect immediate results.**
- **Reassure the child that you will ensure their safety.**
- **Let the child express both their positive and negative emotions.**
- **Do not abruptly change the child's lifestyle; avoid being overprotective.**

While interacting with the parents or legal guardians, suggest that they should treat the child's difficulties as a situation in which the child needs help rather than punishment or discipline. Suggest that they should avoid setting overly high expectations for the child's behavior and communication to prevent the child from feeling the need to hide their difficulties out of fear of disapproval. It is also essential to educate the parents or guardians to seek help themselves, in order to understand what has happened to their child and what the consequences might be for them and the whole family.

As you take action to help a student following a suicide attempt, remember to:

- ✓ **create a school support network for the student;**
- ✓ **take initiative;**
- ✓ **monitor the situation;**
- ✓ **ensure support for the student's parents or legal guardians (through conversation, staying in touch, engagement);**
- ✓ **do not shift the burden of all assistance activities onto the parents or guardians.**

4 Adjustments at school

Schools are required to prepare specific recommendations for working with students in emotional crisis, including those returning to the education facility following a suicide attempt (Regulation of the Minister of National Education of August 9, 2017 on the principles of organization and provision of psychological and pedagogical assistance in public preschools, schools and other establishments, Journal of Laws 2017, item 159, as amended).

It is important to remember that psychological and pedagogical assistance must be provided as part of ongoing work with the student, through integrated activities undertaken by teachers and specialists, as well as in the form of:

- therapeutic classes;
- talent development classes;
- classes focusing on the development of learning skills;
- remedial classes;
- specialist classes: corrective and compensatory classes, speech and language therapy sessions, classes focusing on the development of emotional and social skills and other therapeutic activities;

- career guidance classes;
- individualized education programs;
- counseling and consultations;
- workshops.

Teachers of specific subjects may use the following adjustments in their ongoing work with the student (examples):

- use a specific preferred form of testing the student's knowledge and activity (e.g. not obliging the student to answer questions orally in front of their classmates, allowing the student to answer questions in writing);
- divide the schoolwork to be completed by the student into more manageable parts;
- allow the student to take tests outside the classroom;
- allow more time for completing tasks, assign fewer tasks to be completed in class and as part of tests;
- account for the student's difficulty with multitasking, e.g. listening and taking notes at the same time, copying text from the blackboard, finding tasks in a book;
- permit the student not to take notes in class;
- be tolerant of behaviors associated with depression;
- use positive reinforcement (for all students).

Forms of ad-hoc emotional support:

- assistance from the school's psychological and counseling team;
- the possibility to leave the classroom if the student experiences stress and tension and go to a safe space arranged for them on school premises, e.g. the school psychologist or counselor's office;
- assistance from the school nurse;
- teaching and encouraging the use of breathing techniques;
- the possibility to skip "less important" classes (to have more time to rest and recover);
- monitoring of the student's functioning by teachers, specialists and parents.

Adjustments to the education process should be introduced based on information received from the parents and external experts, and one's own observations, as well as in coordination with the student's parents or legal guardians.

Individualized education program

An individualized education program (IEP) is developed for students who can attend school, but due to difficulties, in particular resulting from their health condition, cannot participate in all educational activities with their class but require adjustments in the education process and its organization to match their special education needs. The individualized education program is intended to remove the barriers and limitations that hinder the student's functioning and participation in school life. It is developed based on an opinion issued by a psychological and pedagogical counseling center specifying the required IEP duration, which cannot, however, exceed one school year.

How to launch an individualized education program (IEP)

A parent or adult student who applies to a psychological and pedagogical center for an IEP opinion must submit their application along with an *Assessment of the situation of a child/ student who applies for an opinion regarding an individualized education program,* which is prepared by the school.

The assessment of the situation of a student who applies for an IEP opinion is issued by the school if the student's functioning has not improved sufficiently as a result of the psychological and pedagogical assistance provided so far (by teachers and specialists).

The school's assessment is prepared by a specialist from the psychological and pedagogical assistance team, who is in ongoing contact with the student and their parents, in cooperation with the student's homeroom teacher, on the basis of:

a) an analysis of the student's sessions at the school psychological and pedagogical assistance office and an evaluation of the effectiveness of the assistance strategies implemented so far;

b) an opinion issued by the student's homeroom and other teachers and an evaluation of the effectiveness of the assistance strategies implemented so far, or of the activities intended to remove any obstacles and limitations hindering the student's functioning.

The assessment issued by the school contains information about:

a) the student's past functioning at school (including identification of the student's individual development and education needs and difficulties, if any);

b) the measures adopted by teachers and specialists to improve the student's functioning at school, the forms of psychological and

pedagogical assistance provided to the student at school and their duration, as well as the effects of the measures implemented and the assistance provided;

c) the activities that should be undertaken to remove any barriers and limitations hindering the student's functioning and their participation in school life;

d) the extent to which the student is unable to take part in educational activities together with their classmates;

e) conclusions on further ways to work with the student in order to improve their functioning, including information about the educational activities and classes that should be organized for the student on an individual or hybrid basis, and the period for which the individualized education measures should be implemented.

The individualized education program should be implemented in the same way as all other forms of psychological and pedagogical assistance.

Teachers teaching particular subjects are required to adjust the methods and forms of implementation of the curriculum to the student's individual development and education needs, as well as their psychophysical capabilities.

The areas subject to possible adjustments include:

- the conditions of the education process, i.e. teaching rules, methods, forms and measures applied;
- external organization of the teaching process (e.g. asking the student to sit in the front row);
- the conditions of testing the student's knowledge and skills (methods and forms of testing and evaluation criteria).

As there are no specific regulations governing the individual organization of the education of a student covered by an individualized education program, the school can flexibly adapt the student's learning process in line with his or her specific needs, taking into account the recommendations contained in the assessment.

The school principal may take independent decisions about the organization of the teaching process for the student concerned. They may decide to, for example:

- exclude the student from selected classes;
- reduce class duration;
- provide some classes as one-on-one tutoring and others as standard group lessons, depending on the student's identified needs and limitations.

Individual tuition

Individual tuition may be allowed based on a decision recommending individual tuition issued to a student whose health condition impedes or significantly hinders school attendance. The decision is issued by a psychological and pedagogical center at the request of the student's parent or legal guardian, or an adult student themselves. The decision recommending individual tuition is issued for a period of at least 30 days but for no more than one school year.

In the decision, the competent expert team identifies:

a. any limitations on the student's functioning resulting from a disease or therapeutic process;

b. the period during which individual tuition will be necessary;

c. the recommended conditions and forms of support to enable fulfillment of the student's individual developmental and educational needs, and the realization of their psychophysical capabilities, including the conditions necessary for the development of their skills and strengths;

d. the recommended activities to support the student's integration with the school community and facilitate the re-entry process;

e. the recommended development and therapeutic goals, depending on the student's needs, to be achieved during one-on-one tuition sessions and as part of the psychological and pedagogical assistance program provided to the student and, if necessary, to their parents by the school and the psychological and pedagogical center, including identification of the recommended forms of psychological and pedagogical assistance;

f. with respect to students in vocational training—whether such vocational training can be continued, including an identification of the conditions necessary for practical vocational training.

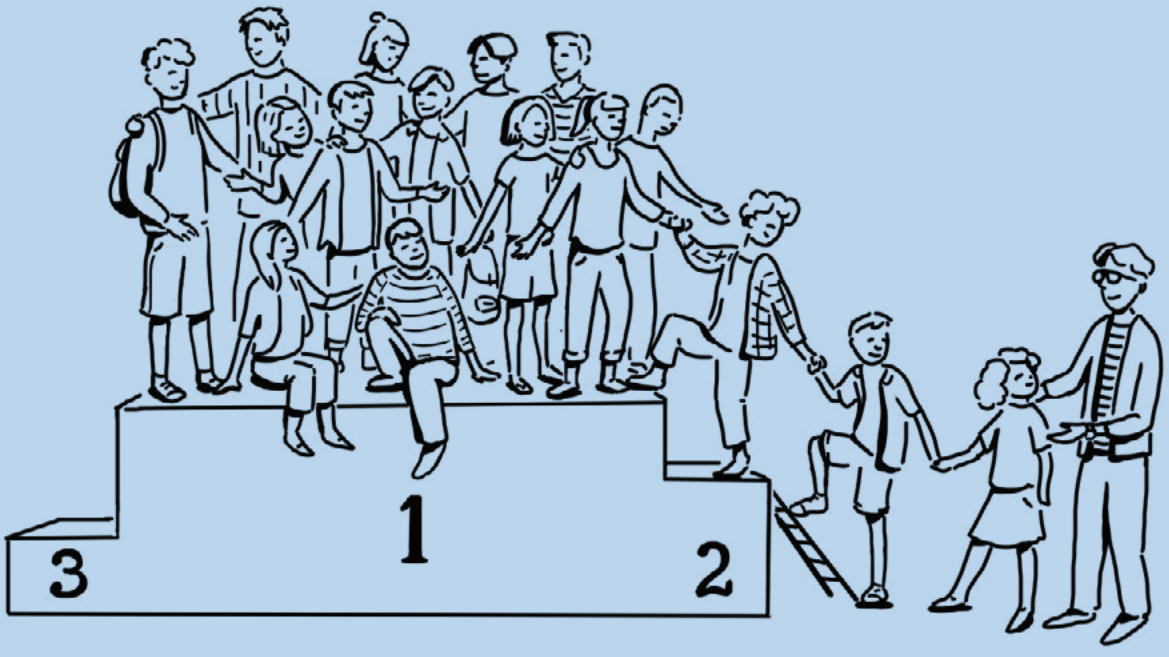
Procedures to follow in the event of a crisis situation

5

All schools and establishments should prepare for the student's return to school after a suicide attempt and develop appropriate procedures well in advance, including a specific action plan, as well as an allocation of tasks to individual staff members. Here are some sample guidelines that may serve as a starting point for schools to develop their own procedures:

- Students who have attempted suicide or undergone prolonged hospitalization due to mental or emotional disorders may only be allowed to return to school if they submit a certificate issued by a psychiatrist to confirm that there are no impediments to the child's education at school and in a group of other students.
- Before the student's re-entry into school, a psychologist or teacher should contact the student's parents or legal guardians to attempt to minimize the student's stress related to their return to school and prepare them for re-entry.
- Once the student returns to school, during the initial interactions, make sure they are offered ample support, acceptance and understanding.

- The school counselor and psychologist (working in coordination with the homeroom teacher) should offer support to the student in the form of conversations, meetings and contact with their parents. As necessary, they should identify the facilities where the student can undergo therapy and benefit from specialist care.
- The school counselor, psychologist, homeroom teacher or other designated persons should provide emotional support, and psychological and pedagogical help to the school's other students as needed (mainly the returning student's classmates and close friends).
- If there are indications that the student's health may be deteriorating, a parent or legal guardian, having been informed of this by the school, must collect the child from school and take them to see an appropriate professional.
- After every intervention, the school requires the parents to submit a certificate issued by a medical doctor to confirm that the student may safely continue learning at school.



Prevention

6

Every school should also implement a program to prevent suicidal behavior among students and regularly adopt preventive measures to enhance the effects of protective factors in children, adolescents and adults. According to the World Health Organization (WHO, 2007), preventing suicidal behavior at school involves:

- reinforcing the mental health of teachers—providing them with information and educational resources about psychological strain and detecting possible mental disorders in themselves, and in students and colleagues, as well as coping mechanisms; supervision should be organized for teachers;
- reinforcing student self-esteem, e.g. by highlighting their resources and strengths, demonstrating kindness, understanding and acceptance, and using praise;
- training students to express their emotions—teaching them to take their own emotions seriously and express them in a way that is safe for themselves and the people around them, encouraging students to talk to their parents, legal guardians and other people they trust;

- preventing violence at school—creating a safe, tolerant and supportive environment;
- sharing information about assistance centers and helplines.

In addition, in order to prevent any undesirable behavior in children and adolescents, focus on:

- educating parents and teachers about developmental needs, emotional and mental problems and parenting/teaching skills. Such knowledge and skills offer an opportunity to build constructive relationships between children and adults at home and at school;
- creating school procedures and putting them into practice in response to crises or destructive behaviors, such as violence, discrimination or rejection;
- teaching children to cope with the difficulties they are experiencing in a constructive way and telling them when, how and where they can get the help they need;
- dedicating time and attention to young people. By expressing their interest in the child, adults may help to enhance the child's self-confidence and positive thinking about their competences, as well as teach them to overcome difficulties without resorting to self-destructive behavior;
- reinforcing attitudes that enable them to distance themselves from all self-destructive activities and to concentrate on affirming life, whatever it brings (Łuba, Palma, Witkowska, 2022).

How teachers can help in 10 steps

7

01

Encourage conversation

Tell the student about the concerns you have with regard to their behavior and say what emotions it triggers in you. Invite them to talk to you:
I've noticed that you've been sad lately. I'm concerned about this and I would like to talk to you about what is going on in your life.

02

Ask questions

Ask specific and direct questions:
Have you already told someone how you feel?

03

Acknowledge and accept

Show appreciation and acceptance, encouraging the student to be open:
I appreciate your opening up to me. I suspect it must have been quite difficult for you. I would like you to do it any time you feel down.

04

Validate emotions

Validate the emotions shared by the student:
I suspect you are afraid you are never going to feel better again. Helplessness and doubt are a natural consequence of prolonged sadness.

How teachers can help in 10 steps

05

Educate

Offer psychoeducation about the student's current condition and assistance process: *The fact that you feel helpless now does not mean that it will always be like this.*
I can hear you are scared and I realize you might not know exactly how to talk about it with your parents. We can discuss it together.

06

Inform about the actions you intend to take:

I will find out when and how you can contact a psychologist and I will get back to you about that tomorrow.
I can see you are in pain. I will contact your parents and talk to them about what you are going through.

07

Speak openly

Openly tell the student what information will be shared and who will receive it. Clarify the reasons for consulting and cooperating with their parents or legal guardians:
I need to tell your parents about your problems so that we can help you together as soon as possible.

08

Be persistent

If the student refuses to accept your help—explicitly communicate your interest, kindness and care. Be persistent in trying to make contact:
You might not want to talk to me right now. We can talk when you feel more up to it. I will wait because I am worried about you and I really want to help you.

How teachers can help in 10 steps

09

Student's decision area

Clearly indicate the decisions that are up to the student:
You can talk to the psychologist on your own or we can do it together.

10

Helplines

If you do not know what to do and how to help, call a helpline.

Supplementary resources 8

Basic definitions

Suicidal behavior is a phenomenon that goes beyond suicide and attempted suicide. It can be understood as a process, which includes several elements: thoughts, plans and actions (Wasserman, 2001). The initial stages may often be marked by thoughts of resignation, which express an aversion to life and vary in both intensity and frequency (usually being fleeting and short-lived). After some time, they may take the form of suicidal ideation—either passive (feeling trapped in a life-threatening situation, e.g. after being diagnosed with an incurable disease or suffering an accident) or active (imagining specific actions leading up to death and the very moment of dying)—and become increasingly intrusive. These thoughts may be accompanied by a desire for death as such, although this is not always the case. More dominant feelings include the need to end the suffering, shut everything out, flee from difficulties or to change one's life and surroundings (Gmitrowicz, Makara-Studzińska, Młodożeniec, 2015). Other components of suicidal behavior likely to emerge as a result of suicidal ideation are planning (thinking about the manner of taking one's life, choosing a method, seeking information about it, making preparations, determining the place and time) and moving toward implementation. This stage may be followed by behaviors that can lead to death. If they do not result in death, they can be described as an attempted suicide. If they do result in death, they are referred to as completed suicide.

Completed suicide

"Suicide is an act with a fatal effect, which the deceased person planned with the knowledge and expectation of such an effect and which they performed themselves in order to bring about the desired changes" (Witkowska, 2021 adapted from: WHO, 1986).

"Suicide is the act of killing oneself deliberately, initiated and performed by the person concerned, in the full knowledge and expectation of its fatal outcome" (WHO, 2007).

Suicide attempt

"Suicide attempt—a self-directed non-fatal behavior with the intent to die as a result of the behavior" (Nock, 2014).

"Attempted suicide is understood to be a conscious and deliberate self-injurious act performed by an individual without being entirely certain that they will survive, the outcome of which was ultimately not fatal" (Hołyst, 1983).

Werther effect

—the act of identifying with suicide victims or individuals who have attempted suicide and copying their suicidal behavior. Research suggests that such acts are committed as a result of incompetent or irresponsible reporting on suicidal behavior in the public space. The Werther effect results in an increased number of attempted and completed suicides.

Papageno effect

—modeling constructive ways to cope with a suicidal crisis; the opposite of the Werther effect. Papageno is the protagonist of Wolfgang Amadeus Mozart's opera The Magic Flute, who decides not to take his own life thanks to the dissipation of his suicidal thoughts, and support and guidance which help him to solve his problems. Journalists can trigger this positive effect through appropriate media communication.

Suicide hotspot

—a territory with a relatively high number of suicides per capita or a location (usually a public place) chosen by individuals to commit suicide in.

Suicide clusters

—multiple suicides that occur close together in time and space and involve individuals who might not have any links with each other.

Myths about suicide

When you deal with somebody who implies that they are considering suicide, it is important to be aware of common myths about suicide and to be sensitive to the signals sent by a person in crisis, so as to enable an adequate reaction. Here are some of the best known myths[8]:

MYTH: A person only discusses their suicide plans to draw attention to themselves.

FACT: If somebody mentions their suicide plans or thoughts, they should always be taken seriously. Try to get as much information as you can to find out if it is only an expression of the person's extremely negative feelings they want to share with others or if there is an actual risk that the person may try to take their own life. Never dismiss such statements, but treat them as a cry for help.

[8] To find more myths, visit https://zwjr.pl/mity-na-temat-samobojstw.

Myths about suicide

MYTH: The objective of attempted suicide is to end one's life.

FACT: Most people who demonstrate suicidal behavior are ambivalent about their desire to live or die, i.e. they hesitate until the very last moment. This gives the people around them a chance to help and save them.

MYTH: Asking a person about their suicidal thoughts or directly discussing them may trigger a suicide attempt.

FACT: Research has shown that discussing suicide does not increase the risk of suicidal ideation or behavior. Quite the opposite—asking the person about their suicidal thoughts or plans may, and can even help to, save their life. Directly addressing the issue in conversation helps to prevent a person in pre-suicidal crisis from attempting suicide. It also shows them that it is possible to talk about anything, even the most difficult topics.

MYTH: If somebody survives a suicide attempt, it means that the risk is gone.

Myths about suicide

FACT: Lack of care and support after a suicide attempt is the most serious risk factor for subsequent suicidal behavior (especially during the first three months up to a year).

MYTH: If somebody is depressed, it means that they are having suicidal thoughts.

FACT: Not all depressed people have suicidal thoughts but research has shown that 60-90% of people who have committed suicide suffered from mental disorders, most frequently depression. An appointment with a psychiatrist, psychologist or psychotherapist and appropriate treatment may save the lives of most of such patients.

What to do in the event of a suicide risk

Most suicidal people send some signals, which represent a cry for help. It is important to notice them and react appropriately. We are often prevented from offering our help by misconceptions about suicide, e.g. we believe that people who tell others about their intention to kill themselves will not make good on their threats. On average, eight out of ten people who exhibit suicidal behavior will communicate their intentions, whether explicitly or implicitly.

In the event of an acute risk of suicide,

i.e. high likelihood that somebody might take their own life within the next 48 hours, when suicidal ideation intensifies and you learn that a person has developed a suicide plan, and you know that the person has a mental disorder and can access lethal means

—call the emergency number 112.

If you interact with a person and you think they may attempt to take their own life within the next days or weeks

and you hear them say things like: *My life is not worth living, I'd rather die or I'm thinking about ending it all,* you should act immediately. Make sure the person is safe and can quickly consult with a specialist. It is important to take on the role of a decision-maker, organize assistance and explain why the intervention is taking place. A person in crisis should see a mental health professional—a psychologist, psychiatrist or crisis intervention specialist. Let the person know where to look for help, support them in making an appointment and stay in touch with them after the appointment to demonstrate your care, interest and involvement.

If you are confronted with a crisis which lasts for months or years,

problems but no suicidal thoughts or if the thoughts are not detailed and precise, but the person often talks about death, shows symptoms of depression, has gone through difficult life experiences or is addicted to psychoactive substances, the best way to proceed is to develop an action plan for the near future. The plan should include getting specialist assistance, e.g. from a psychiatrist, outpatient clinic or hospital, as well as using the services of a psychological and pedagogical counseling center, a crisis intervention center or a social welfare center. Talking to the person in crisis and staying in touch with them is also extremely important. This helps to monitor their mood and notice any signs of an increasing risk of suicide.

In many cases, people do not want to end their life but are only trying to escape from their problems or from situations they are unable to cope with. Remember that offering help and supporting the person in getting the necessary help or simply talking to them about the difficulties they are facing can be the starting point for finding a healthy and safe way to overcome the crisis.

Specialist assistance

In the case of children and adolescents under 18, parents or legal guardians are responsible for making an appointment with a specialist for their child. Teachers and school specialists have a supportive role to play and can motivate the child to take advantage of such help.

They can also share the addresses and phone numbers of centers that offer free assistance to children and adolescents in crisis.

Psychologist

The objective of a psychologist's work is to help a person in crisis and support them in overcoming it. Psychologists are competent to provide psychological assistance, diagnose the patient and issue opinions. After completing additional training, some psychologists also offer psychotherapy or crisis intervention assistance. An appointment with a psychologist mainly consists in talking to the specialist about what is happening to the patient, what difficulties they are facing, what they are confronting in their everyday life and what their relationships are like.

You can prepare for the appointment by taking notes to address all of the important issues without forgetting anything. A psychologist is a specialist with the knowledge and expertise to identify the best solutions for the patient's life challenges at a specific point in time, as well as to improve their quality of life and foster their personal development. However, a psychologist is not authorized to prescribe medications or manage the patient's pharmacological treatment. If you notice worrying symptoms in yourself or your loved ones, such as depressed mood or deterioration in daily functioning, see a good psychologist who will analyze the situation and may suggest psychotherapy as a way to better cope with similar situations in future. They can also encourage a person in mental crisis to see a psychiatrist. Since it usually takes longer to get an appointment with a psychiatrist, seeing a psychologist is a good starting point in order to benefit from specialist support as early as possible. You can make an appointment with a psychologist at a Mental Health Counseling Center or at a Mental Health Center. In the case of children or adolescents, you should contact a Psychological and Pedagogical Counseling Center or a Community-based Psychological and Psychotherapeutic Care Center for children and adolescents.

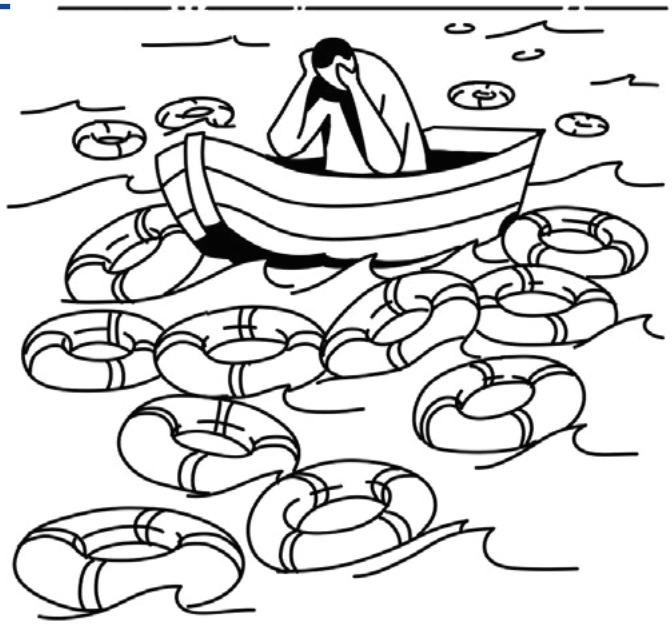
Psychotherapist

Many people believe that psychotherapy is only a good fit for people suffering from mental disorders or illnesses. However, anyone may at some point face emotional problems which are difficult to deal with on one's own or even with the help of the people around them. If you notice that you or somebody you care about has, e.g. long-term sleep or concentration disorders or intrusive thoughts, becomes irritable or exhibits self-destructive behavior, seek help from a psychotherapist or offer your loved one the opportunity to do so. Unresolved problems will accumulate, making everyday life more difficult and possibly even leading to suicidal behavior. In such situations, it is essential to focus on improving mental functioning—psychotherapy is a good way to start, as it helps to change the client's attitude, as well as to understand emotions and find effective ways to cope with them. It can increase the client's motivation to act, help them to discover and use the resources they have and improve the way they communicate with other people.

A psychotherapist is a qualified specialist with a university degree, e.g. in psychology, medicine or pedagogy, who then raises their qualifications by completing a postgraduate study program in psychotherapy. It takes at least four years to complete and successful graduates obtain a certificate of completion. Every psychotherapist in training is also required to undergo psychotherapy themselves to better understand the processes which take place in therapeutic relations with clients. To be sure that the therapist you choose is a specialist in their field, pay special attention to their qualifications, discuss the types of psychotherapy they offer and ask them about their experience. Psychotherapy sessions are organized as regular meetings held one on one, with family members, in a couple or with a group. Depending on the type of therapy involved, a session may last between 50 and 90 minutes. During this time, the psychotherapist talks with the client to discover their strategies, resources and behaviors. The psychotherapist may also recommend therapeutic tasks for the client to complete between sessions. In the case of mental disorders or illnesses, psychotherapy may be used alongside pharmacotherapy to support the treatment process.

Psychotherapy can last anywhere from a few months to a year or more. The duration depends on various factors, such as the intensity of symptoms, the type of problem addressed, individual character traits, life experience, as well as the client's intrinsic motivation to continue therapy. Some clients may require permanent therapy to function well in their everyday lives. Others decide to stay in therapy even once their condition improves in order to learn more about themselves. There are also some who occasionally need additional consultations after they finish psychotherapy to consolidate the changes brought about by the therapeutic process.

In principle, psychotherapy has a beginning and an end, and one of its primary goals is to improve the client's quality of life. Research has shown that it certainly is an effective way to treat mental disorders and emotional difficulties.



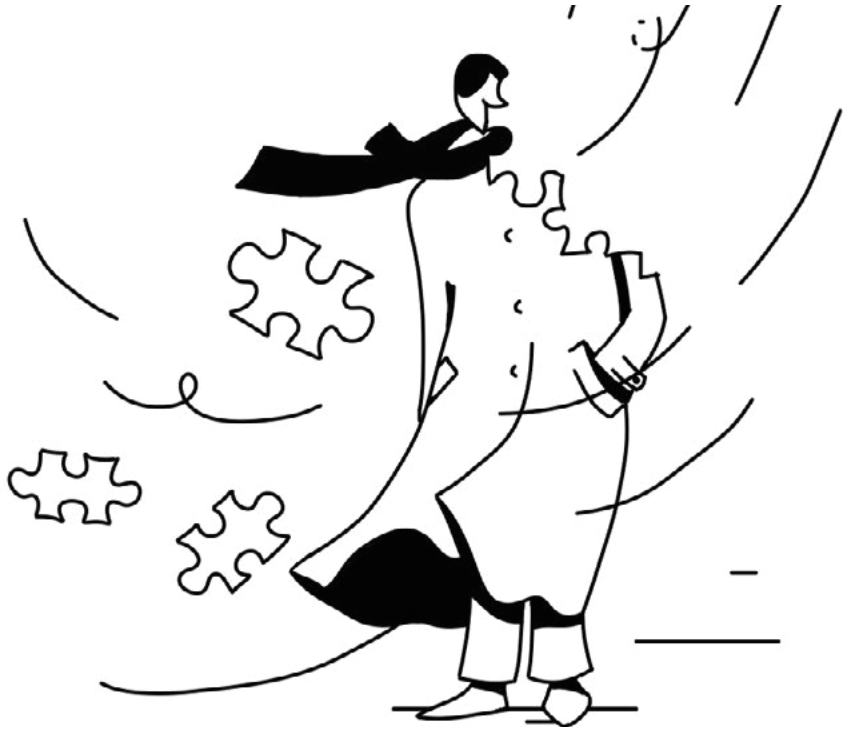
Psychiatrist

If you notice symptoms of a deteriorating mental condition in yourself or a loved one, such as long-term depressed mood, panic attacks or suicidal thoughts, you need to consult a psychiatrist.

You do not need a referral from a general practitioner to make an appointment with a psychiatrist in the public health system. You should contact a Mental Health Counseling Center or a Mental Health Center near where you live. A psychiatrist, just like any other medical doctor, can diagnose your condition, order diagnostic tests and refer you to psychotherapy or, when necessary, to a hospital day ward or inpatient department.

What can a psychiatrist ask about? During the appointment, the psychiatrist may inquire about the patient's overall mood and symptoms, as well as about any comorbidities, sleep patterns, nutrition, family and professional life. This enables them to gain a comprehensive understanding of the situation and tailor the treatment to the patient's needs. Remember that the patient and their parents or legal guardians also have the right to ask questions if they do not know something or are concerned about what is going on with their child. It is a good idea to prepare for the appointment by writing down the questions and topics you would like to discuss with the doctor. In this way, you can be sure not to forget anything.

If necessary, the doctor may suggest pharmacological treatment and prescribe medications which will improve the patient's mood and overall functioning. The doctor will also make sure that the medicines administered to the patient cause as few debilitating side effects as possible. If you have any doubts about the medications, discuss them with the doctor. Sometimes it takes time and patience to find the most suitable medicines and dosages, because every organism can react differently. If you notice any worrying symptoms during treatment, make sure you discuss them with the doctor during your next appointment. Once the medicines have been selected and you know you will need to take them on a long-term basis, you can also ask your GP for prescriptions after submitting a suitable certificate issued by the psychiatrist.



Polish nationwide helplines and websites

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„Let's talk about life"

www.zwjr.pl

„Let's talk about life" Consultations with suicidology experts on suicidal risk.

Helpline for Children and Adolescents

tel. 116 111

www.116111.pl

A toll-free 24/7 helpline for children and adolescents experiencing life challenges.

Children's Safety Helpline for Parents and Teachers

tel. 800 100 100

www.800100100.pl

A toll-free helpline for parents and teachers who need support and information about helping children and adolescents who encounter problems and difficulties.

Children's Helpline affiliated with the Ombudsman for Children

tel. 800 12 12 12

A toll-free helpline offering psychological and legal assistance for children and in matters related to children.

Blue Line

tel. 800 120 002

www.niebieskalinia.org

A toll-free anonymous support line for victims and witnesses of domestic violence.

Police Helpline for Preventing Domestic Violence

tel. 800 120 226

A toll-free helpline offering psychological and legal assistance for children and in matters related to children.

Orange Line

tel. 801 140 068

www.pomaranczowalinia.pl

A helpline for individuals who experience alcohol or drug problems and their loved ones.

Drugs—Drug Addiction Helpline

tel. 801 199 990

A helpline for individuals who experience drug problems and for their loved ones.

KARAN Association Helpline for Addicts and their Families

tel. 800 120 289

A toll-free helpline for individuals with substance abuse problems and their loved ones.

Addictions Helpline

tel. 801 889 880

www.uzaleznieniabehawioralne.pl

A helpline for individuals with behavioral addiction problems and their loved ones.

List of healthcare providers (with contact details) that offer psychiatric care services for children and adolescents within particular healthcare system referral levels:

I) Community-based psychological and psychotherapeutic care centers for children and adolescents

II) Counseling center for the mental health of children and adolescents

III) Tertiary inpatient psychiatric care centers

https://www.nfz.gov.pl/dla-pacjenta/informacje-o-swiadczeniach/ochrony-zdrowia-psychicznego-dzieci-i-mlodziezy/

Appendix 10

SAFETY PLAN

SAMPLE FORM

If you sometimes struggle with suicidal thoughts, complete the form below. When you are feeling suicidal, follow the plan one step at a time until you are safe.

Feeling suicidal is the result of experiencing extreme pain, and not having the resources to cope. We therefore need to reduce pain and increase coping resources.

These feelings will pass.

Keep the plan where you can easily find it when you'll need it.

SAFETY PLAN

SAMPLE FORM

What I need to do to reduce the risk of me acting on the suicidal thoughts:

My answer:

What warning signs or triggers are there that make me feel more out of control?

My answer:

What have I done in the past that helped? What ways of coping do I have?

My answer:

SAFETY PLAN

SAMPLE FORM

What I will do to help calm and soothe myself:

My answer:

What I will tell myself (as alternatives to the dark thoughts):

My answer:

What would I say to a close friend who was feeling this way?

My answer:

What could others do that would help?

My answer:

SAFETY PLAN

SAMPLE FORM

Who can I call:

Phone number	Phone number
Friend or relative:	Health professional:
Friend or relative:	Therapist:
Another:	Helpline:
Other:	Other:

A safe place I can go to:

Place 1: _____

Place 2: _____

Place 3: _____

If I still feel suicidal and out of control:

My answer:

I WILL GO TO A&E DEPARTMENT
OR IF I CAN'T GET THERE SAFELY, I WILL CALL 999 (112, 911)

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Subject Matter Expert: PhD Halszka Witkowska

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