

Parent Resource Guide

Information regarding various community resources is available in this packet. The pages that follow are provided by Peak View Behavioral Health. Please note that by sharing these community resources, Academy District 20 does not recommend or endorse these outside service providers. We encourage parents to conduct their own research in order to make a well-informed choice regarding which health care provider to select for their child.

Numbers at a Glance

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| <input type="checkbox"/> Crisis Stabilization Unit at Aspen Pointe | 572-6100 |
| <input type="checkbox"/> Cedar Springs Hospital | 633-4114 |
| <input type="checkbox"/> Highlands Behavioral Health | 720-348-2805 |
| <input type="checkbox"/> Peak View Behavioral Health | 444-8484 |
| <input type="checkbox"/> Colorado Crisis and Support Line | 844-493-8255
Text TALK to 38255 |
| <input type="checkbox"/> National Suicide Prevention Lifeline | 800-273-TALK (8255) |
| <input type="checkbox"/> Trevor Lifeline for LGBTQ Youth | 866-488-7386 |
| <input type="checkbox"/> Local Emergency Room | |
| <input type="checkbox"/> 911 in Case of Emergency | |

MORE SUICIDE-SPECIFIC RESOURCES

Pikes Peak Suicide Prevention..... (719) 573-7447
www.pikespeaksuicideprevention.org 704 N. Tejon St, 80903

Free and confidential support groups for adults and adolescents with thoughts or actions toward suicide. Support groups for family members of attempters. Children Left Behind by Suicide: weekly grief support groups for youth who have lost someone to suicide. Please call or check website for group meeting days and times.

Colorado Crisis Services (24 hour hotline)..... (844) 493-TALK (8255)
 Or text "TALK" to 38255

Heartbeat
www.heartbeatsurvivorsaftersuicide.org (719) 337-6640
 Monthly support groups for adults who have lost someone to suicide from 7-9pm on 1st Tuesday of each month at East Methodist Church 1505 E. Monument St, 80903

INPATIENT / OUTPATIENT SERVICES

Peak View Behavioral Health..... (719) 444-8484
www.peakviewbh.com 7353 Sisters Grove, 80923

Inpatient and outpatient care for youth 9-17, adults, and seniors. Free needs assessments offered 24/7. Provides school and senior community mobile assessments.

Crisis Stabilization Unit..... (719) 572-6100
www.aspenpointe.org 115 S. Parkside Dr., 80910

Open 24-hours-a-day, seven days a week and is available for all ages, regardless of ability to pay. Access to licensed professional counselors, peer specialists and care coordinators.

Cedar Springs Hospital..... (719) 633-4114
www.cedarspringshospital.com 2135 Southgate Rd, 80906

Programs treating all ages. Offers acute and residential inpatient psychiatric treatment, medical detox and rehab, and outpatient services. School mobile assessments. Tricare-certified and most insurance. 24/7 free assessments.

NEARBY INPATIENT/ OUTPATIENT SERVICES

Highlands Behavioral Health (Littleton, CO)..... (866) 974-4445
www.highlandsbhs.com 8565 South Poplar Way, 80130

Parkview Medical Center Behavioral Health (Pueblo, CO) (719) 595-7891
www.parkviewmc.com Provides inpatient treatment of mental health and substance abuse. Short-term crisis intervention, evaluation and stabilization for acute mental health admissions as well as medical detoxification, medication management and substance abuse treatment for those suffering from drug/alcohol abuse or dependence.

MILITARY-SPECIFIC RESOURCES

Peak Military Care Network..... (719) 955-0742
<http://www.pikespeak.co.networkofcare.org/veterans>

Extensive directory of all local services, and state and national resources, for veterans, active duty personnel, National Guard and Reserve members, and their families.

Military 1 Source (hub for all military related services)..... (800) 342-9647

ADVOCACY/ SELF-HELP/ SUPPORT GROUPS

Pikes Peak Suicide Prevention..... (719) 573-7447

Depression and Bipolar Support Alliance (DBSA)..... (719) 477-1515

National Alliance of Mental Illness (NAMI)..... (719) 473-8477

Empower Colorado (support groups for families with children) (866) 213-4631

HOTLINES

24-hour Hotlines: For emergencies (Medical/Police) CALL 911

Colorado Crisis Services (Any crisis) (24 hour hotline). (844) 493-TALK (8255)
Or text "TALK" to 38255

Alcoholics Anonymous..... (719) 573-5020

Domestic Violence/Sexual Assault (TESSA)..... (719) 633-3819

Aspen Pointe Lighthouse..... (719) 572-6340

Self-Injury Hotline (800) DON'T CUT..... (800) 366-8288

Suicide Prevention (National)..... (800) 273-TALK (8255)

The Trevor Project..... (866) 488-7386
www.thetrevorproject.org

The only national 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people (ages 13-24). Or text "TREVOR" to (202) 304-1200

National Veterans Crisis Line..... (800) 273-8255 /press 1

Vets 4 Warriors (answered 24/7 by veterans)..... (855) 838-8255

Safe2Tell..... (877) 542-SAFE (7233)

DETOX

El Paso County Detox..... (719) 390-2046

2721 E. Las Vegas St. 80906

24/7, call/walk in, for those under the influence or experiencing

Family and Friend's Guide to Helping a Loved One Who is Suicidal



www.peakviewbh.com

www.pikespeaksuicideprevention.org

You are not alone.

Supporting a loved one who is struggling with thoughts of suicide can be difficult, but you can have a positive impact on your loved one's wellness. Help your loved one cope before, during and after and help them find the best treatment.

Get support.

What you can say to help:	What not to say:
How are you feeling today? You are important to me. Your life is important to me.	It's all in your head.
Tell me what I can do now to help you.	We all go through times like this.
You are not alone in this. I'm here for you.	You'll be fine. Stop worrying.
I understand you have an illness, and that's what causes these thoughts and feelings.	Look on the bright side.
I'm not sure how I can help in this situation, but I promise to stick with you through it.	You have so much to live for? Why would you want to end it all? To die?
I may not be able to understand exactly how you feel but I care about you and want to help.	I can't do anything about your situation.
When you want to give up, tell yourself you will hold on for just one more day, hour, minute — whatever you can manage for today.	Just snap out of it.
I am here for you. We will get through this together.	Stop acting crazy.
How is your relationship with your counselor? When is your next appointment?	What's wrong with you?
Will you agree to talk with me if the suicidal feelings return? If not, is there someone else you can talk to?	Shouldn't you be better by now?

Important Information about Suicide

The act of suicide is a desperate attempt to end the emotional or physical pain felt by an individual in crisis.

Take all suicide threats seriously.

DO NOT:

- Keep a secret
- Treat lightly or dismiss the threat
- Offer or suggest drugs or alcohol
- Try to be a counselor
- Leave the person alone
- Offer simple solutions
- Judge

Common Warning Signs:

- A previous suicide attempt
- Verbal threats — “I wish I were dead.” “I just want to end it.”
“There is nothing worth living for.”
- Behavioral changes — unusual risk taking or more reserved
- Making unusual purchases, such as a rope or weapon
- Giving away possessions
- Abusing alcohol or drugs
- Problems in school or work
- Isolation from others
- Themes of death
- Sudden, unexpected happiness
- “Taking care of business,” such as making final plans, preparing a will or saying goodbye



How should I talk to my loved one in crisis?

- Stay calm. Talk slowly and use reassuring tones.
- Realize you may have trouble communicating with your loved one. Ask simple questions and repeat them if necessary, using the same words each time.
- Understand that the crisis may cause your loved one to say hurtful things. Try not to take these insults personally.
- Say “I’m here. I care. I want to help. How can I help you?” not “Get over it.”
- Call family, friends, neighbors, and people from your place of worship or from a local support group to help you. This situation is too large to handle alone.
- Use 911 when you or others are in immediate danger.

How to Help a Family Member or Friend

1. Be patient and accepting. Believe in the person's ability to get well.
2. After a hospitalization or treatment, help with health care and daily responsibilities. Offer to take them to appointments, do housework or grocery shopping until the person is well enough to do these tasks on their own.
3. Offer to help them find or communicate with health care providers.
4. Find contact information for the person's doctor, therapist, psychiatrist, hospital and other friends or family members who could help if needed.
5. Give hope by focusing on their strengths.
6. Help the person restore a positive self-image. Help them realize that their symptoms are not their true personality.
7. Recognize the person's symptoms and when they may be having trouble communicating their concerns or feelings.
8. Empower the person to take care of themselves by:
 - Keeping with a consistent sleep and wake schedule.
 - Eating nutritionally balanced meals.
 - Getting regular exercise or physical activity (take a walk together).
 - Encouraging your loved one to stay away from alcohol and illegal drugs.
 - Recommending some type of support group attendance.
 - Be present, take them to a new environment.
9. Help identify things they want to change. Assist in developing future goals.
10. Help them identify ways to incorporate the things they enjoy back into their lives (i.e., playing an instrument again).

Self-Injury

Self-injury, Self-harm & Cutting — Defined as deliberate injury to oneself through cutting, burning, carving, hair pulling or self-poisoning. Self-injury is...

- Merely a coping method to deal with other emotional problems — the cry for help that something else is wrong in the person's life. Fifty percent of self-injurers are using the behavior to cope with childhood abuse.
- The fifth leading reason for emergency room visits.
- A repeated, addictive behavior. Self-injury becomes addictive because of the endorphins released by the body during the cutting behaviors.
- Evidenced by major depression, anxiety disorders, mood disorders such as bipolar or personality disorders such as borderline.
- Often accompanied with an eating disorder.
- NOT necessarily a suicide attempt. However, 40% of self-injurers will develop suicidal ideas and/or attempt suicide.

Why do people self-injure?

- To regain control over their body.
- Physical representation of self-hatred, shame and guilt.
- To escape feelings of tension, anxiety, loneliness, numbness or inadequacy.
- Provides a brief relief from intense emotional pain.
- Inability to verbally express emotions. To communicate pain physically.
- To experience a "high" from a biochemical release during self-injury.

Treatment of Self-Injurious Behaviors

- Most effective treatments include cognitive behavioral therapy*, family therapy, medication and, in severe cases, hospitalization.
- Self-injury is often the only part of their lives they perceive they can control. Allowing the injurer to have choice and power in the decision-making process for treatment is vital to its success.
- Recovery is a multi-step process. Do not get angry with the person for continuing to engage in self-injury. Anger only adds to the feelings that make them want to self-injure. It will take time for the self-injurer to replace that coping skill with more healthy options.
- They will learn new ways to handle and express painful emotions (i.e., shame, betrayal, rage, sadness).
- Appropriate coping behaviors must be developed. Replacement behaviors such as tearing phone books in half or hitting a punching bag can be good alternative releases for intense emotions.
- Art therapy and writing therapy also can be good replacement behaviors that encourage healthy emotional expression.
- Once less harmful coping skills are developed, the underlying issue of abuse or other issues causing the pain can be explored. Do not try to address the causes of the pain until they have learned new coping skills.



Frequently Asked Questions

What biological factors increase risk for suicide?

Researchers believe that both depression and suicide can be linked to decreased serotonin in the brain. Scientists have learned that serotonin receptors in the brain increase activity in persons with major depression, which explains why medications that desensitize receptors have been found effective in treating depression. Currently, studies are underway to examine to what extent medications can reduce suicidal behavior.

Can the risk for suicide be inherited?

There is growing evidence that familial and genetic factors contribute to the risk for suicidal behavior. Major psychiatric illnesses, including bipolar disorder, major depression, schizophrenia, alcoholism and substance abuse, and certain personality disorders, which run in families, increase the risk for suicidal behavior. This does not mean that suicidal behavior is inevitable for individuals with this family history; it simply means that such persons may be more vulnerable and should take steps to reduce their risk, such as getting treatment at the first sign of mental illness.

Do suicides occur more frequently around the holidays?

Nationally, suicides are not more frequent during the holidays. Suicide rates tend to be highest in April and the summer months of June and July.

Who is at highest risk for suicide in the U.S.?

Males aged 35-55 experience the highest rates for suicide, which increase significantly with age. Males use more lethal methods (i.e., firearms) and are less likely to talk about their plans. Teen girls, ages 15-19 years, have the highest rates of suicide attempts.

Are gay, lesbian, bisexual, transgender youth at high risk for suicide?

Regarding *completed suicide*, there are no national statistics for suicide rates among gay, lesbian, bisexual, transgender or questioning (GLBTQ) persons. Sexual orientation is not a question on death certificates. Sexual orientation is a characteristic that people can, and often do, choose to hide. This is a problem when considering GLBTQ youth, who may be less certain of their sexual orientation and less open. GLBTQ youth also face additional stigma and trials because of their sexuality. State and national studies indicate that high school students who report to be homosexually or bisexually active have higher rates of suicidal thoughts and attempts in the past year compared to heterosexual youth.

What is the most frequent method of suicide?

Eighty percent of all people who complete suicide do so with a firearm, accounting for more than 18,000 deaths each year in the U.S. Firearms are now the most frequent method of suicide for men and women of all ages, including boys and girls ages 10-14 years.

Apart from encouraging a suicidal person to go for counseling, what else can we do?

Going with someone to the counselor often helps. If the person won't listen to you, you may need to talk to someone who might influence him or her. Saving a life is more important than keeping their intentions a secret. There are support groups and services listed on the "Resources for Help" page.

People often get uncomfortable when someone discloses suicidal thoughts. What can be done to reduce the stigma of suicidal thoughts or depression?

Attitudes about suicide will begin to change as people begin to recognize that suicidal behavior is a symptom of a medical illness, not a sign of weakness or character defect.