

Suicide in Our Schools



WHO IS AT RISK AND HOW TO HELP

September 3, 2015

Mental Health



- As of 2010 it was reported that 13% of 8 to 15 year olds (1 out of 8), had a mental health condition in the past year. (Kognito, 2015)
- If you teach 150 students, 20 of them may have or develop a mental health condition within the year. (Kognito, 2015)
- Of those 20 students, an estimated 17 would likely suffer severe impairment in their ability to function at home, at school, in the community, or with peers. (Kognito, 2015)

Suicide Data



- Suicide is the **THIRD** leading cause of death among youths ages 10-14, and **SECOND** among ages 15-24 (CDC, 2013)
- Each year, more than 150,000 youths between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S. (CDC, 2015)
- Boys are more likely than girls to die from suicide, but girls are more likely to report attempting suicide than boys are (CDC, 2015)
- Centers for Disease Control and Prevention surveyed high school students in 2009, they found that 14% had seriously considered suicide in the past year, and over 6% had attempted suicide (CDC, 2013)

Fact or Fiction: Suicide Edition



- True or False: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

✦ **FALSE!**

- True or False: Young people who talk about suicide never attempt or complete suicide.

✦ **FALSE!**

Fact or Fiction: Suicide Edition



- True or False: Attempted or completed suicides happen without warning.

✦ **FALSE!**

- True or False: If a person attempts suicide and survives, they will never make a further attempt.

✦ **FALSE!**

Fact or Fiction: Suicide Edition



- True or False: People who threaten suicide are just seeking attention.
✦ **FALSE!**
- True or False: Marked and sudden improvement in the mental state of an attempter following a suicidal crisis or depressive period signifies that the suicide risk is over.
✦ **FALSE!**

Fact or Fiction: Suicide Edition



- True or False: Most suicidal young people never seek or ask for help with their problems.
✦ **FALSE!**
- True or False: Suicidal young people are always angry when someone intervenes and they will resent that person afterwards.
✦ **FALSE!**

School Involvement



- **Why should schools address suicide?**
 - Safe Environment
 - Academic Performance
 - School Community
 - Legality
- **How can schools help to prevent suicide?**
 - Protocols for helping students at risk of suicide
 - Protocols for responding to suicide death
 - Staff education training
 - Parent education training
 - Student education

Identify, Approach, Refer



- **IDENTIFY**

- Notice what is going on with your students.

- **APPROACH**

- Let students know that you are concerned.

- **REFER**

- Refer the student to the counselor, refer the counselor to the student, or both.

*** If you are not comfortable with “approaching”, skip ahead to refer. It is better to go from identifying to referring than it is to do nothing at all!**

Identify



- You are the front lines!
- You often know your students better than anyone else in the school, so if you notice a concerning change, do something, so say something!
- Be aware of:
 - Worrisome behaviors
 - Changes in behavior.
 - Psychological distress

Psychological Distress and Suicide



- Being in psychological distress could just mean that a student is going through a rough time, that things at home or in their social life are causing them pain, or it could mean that the student is starting to show signs of a mental disorder like anxiety, depression, disruptive disorder, or substance abuse.
- The following “worrisome behaviors” are symptoms associated with depression and should not be ignored.
- Worsening, unidentified depression and untreated psychological distress can result in a student’s tendency to respond unhealthily to stressors and can lead to suicidal thoughts or actions.
- But what exactly are “worrisome behaviors”?

What To Look For: Universal



- Depressed mood
- Irritability
- Sadness/tearfulness
- Low energy/decreased energy
- Worthlessness
- Changes in appetite
- Loss of interest
- Change in grades
- Rapid weight changes
- Negative thoughts about:
 - Self, the world, the future
- Repeated thoughts or discussions about suicide, death, and/or dying.

What To Look For: Elementary School



- Worthlessness
- Irritable mood
- Social withdrawal
- Complaints of physical illness
- Talking about running away/plans to run away
- Extreme sensitivity to rejection or failure
- Mood swings
- Extreme picky eaters*

What To Look For: Middle School



- Chronic boredom
- Increased risky behaviors
 - Drug/alcohol use, sexual risk-taking, physical risk taking
- Unexplained physical complaints
- Defiance/agitation
- Inability to make decisions, trouble concentrating
- Self-blame, guilt
- Failure to recognize success

What To Look For: High School



- Inability to feel pleasure
- Excessive tiredness/sleeping
- Decreased ability to concentrate
- Worse mood in the morning
- Excessive guilt
- Early morning awakening
- Psychomotor agitation
- Delusions

Suicide Risk and Protective Factors



- **RISK FACTOR:** personal or environmental characteristics that are associated with suicide.
 - Environment includes social and cultural environment as well as the physical environment
 - People affected by 1 or more of these risk factors *may* have a greater probability of suicidal behaviors.
- **PROTECTIVE FACTORS:** personal or environmental characteristics that reduce the probability of suicide.
 - Protective factors can buffer the effects of risk factors

Risk Factors



- **Personal Characteristics**

- Hopelessness
- Loneliness
- Social alienation
- Low stress and frustration tolerance
- Impulsivity
- Poor problem solving skills
- Poor body image

- **Family Characteristics**

- Family history of suicidal/suicidal behavior
- Parental mental health problems
- Divorce
- Death of a parent or other relative
- Problems in parent-child relationship

Risk Factors



- **Environmental Factors**

- Lack of acceptance of differences
- Lack of respect and fair treatment
- Limitations in school environment (safety and security)
- Limited access to mental health care

- **Stressful Life Circumstances**

- Interpersonal difficulties or losses
- Bullying
- School problems
- History of physical/sexual/psychological abuse

- **Risky Behaviors**

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Students at Elevated Risk



- Students living with mental and/or substance abuse disorders
 - While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90% of deaths by suicide
- Students who engage in self-harm or have attempted suicide
- Students living in out-of-home settings.
 - Juvenile Justice System- youth suicide rate that is about **four** times greater than among youth in the general population.
 - Child Welfare System- youth in foster care were more than **twice** as likely to have considered suicide and almost **four** times more likely to have attempted suicide than their peers not in foster care.
- Students experiencing homelessness.

Students at Elevated Risk



- Students who identify as LGBTQ (lesbian, gay, bisexual, transgender, queer/or questioning)
 - The CDC finds that LGB youth are **four** times more likely, and questioning youth are **three** times more likely, to attempt suicide as their straight peers.
- Students bereaved by suicide.
 - Students who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.
- Students living with medical conditions and disabilities.
 - Elevated risk of suicidal behavior associated with conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations

Protective Factors



- **Individual Characteristics**
 - Emotional intelligence
 - Psychological/emotional well-being
 - Adaptable temperament
 - Strong problem solving skills
 - Coping skills
 - Self-Esteem
 - Physical activity/participation in sports
 - Spiritual faith/religion
 - Resilience
 - Frustration tolerance and emotional regulation
- **Family and Other Social Supports**
 - Family support and connectedness to family
 - Close friends or family members, a caring adult
 - Parental pro-social norms
 - Family supports for schools

Protective Factors



- **School Factors**

- Positive school experience
- Part of a close school community
- Safe environment at school
- Adequate or better academic achievement
- A sense of connectedness at school
- A respect for the cultures of all students

- **Mental Health**

- Easy access to care and support through ongoing medical and mental health relationships.

- **Access to Means**

- Restricted access to firearms
- Restricted access to medications
- Restricted access to drugs and alcohol

NASP Warning Signs of Youth Suicide



- According to the National Association of School Psychologists (NASP), the following warning signs of youth suicide should not be ignored and should be taken seriously:
 - Suicide notes
 - Suicide threats
 - Previous attempts
 - Marked or masked depression
 - Final arrangements
 - Efforts to hurt oneself
 - Inability to concentrate or think rationally
 - Changes in physical habits and appearance
 - Sudden changes in personality, friends, and/or behavior
 - Death and suicidal themes
 - Plan/method/access

IF YOU SEE SOMETHING, SAY SOMETHING!



- Not all students who exhibit depressive symptoms or are exposed to risk factors are suicidal.
- However, most students who are suicidal have exhibited depressive symptoms and have been exposed to risk factors.
- **Be aware of changes in your students and don't be afraid to say something either to the student, or support staff in your building.**

Approach



- Shows students that you care
 - Allows you to better understand their actions and their struggles.
 - Follow your instincts.
 - Don't automatically assume there is a crisis.
 - Keep a neutral tone, and mention only specific, observable behaviors.
 - Empathize
 - Paraphrase
- * If you are not comfortable with “approaching”, skip ahead to refer. **It is better to go from identifying to referring than it is to do nothing at all!**

Approach: Note



- * At the elementary level, the “approach” step can and should involve a parent, as younger students may struggle in providing accurate information about changes in their recent changes in behavior.

Approach



- When you approach the student he/she will:
 - Have a reasonable explanation that alleviates your concerns,
 - Make comments that cause you to remain concerned,
or
 - Say nothing, push you away, and refuse to talk.
- No matter what the outcome, the student now knows that there is at least one person that cares about them.
- After approaching the student (or when you first notice something worrisome), then you can refer.

Approaching a Student



- **Effective Techniques**

- Discuss specific, observable behaviors instead of exaggerating, generalizing, or negatively labeling.
- Use “I” (“I think”, “I feel”, etc.) statements to soften your observations.
- Paraphrase what you think the student is saying, thinking, or feeling.

- **Ineffective Techniques**

- Give advice.
- Judge the student or their actions.
- Disagree or try to change the student’s mind.

Building Resiliency by Approaching



- **Resiliency:** an individual's ability to cope with stress and adversity.
- **Students with resiliency are able to:**
 - Maintain perspective
 - Feel empowered to solve their problems
 - Feel comfortable asking for help if necessary
 - Know that they are connected to a support system of at least one friend, teacher, or family member that they can go to for help.
- **You can help build resiliency by helping them to:**
 - Maintain perspective
 - Feel empowered to cope with stress and adversity
 - Feel connected to others who care about them

Refer



- **Refer the student to school support staff.**
 - Ask the student if they are familiar with support staff in your building.
 - Ask their opinion about the referral, (for example: “what do you think about stopping in to chat with _____?”)
- **Refer school support staff to the student.**
 - Stop by their office, leave a note, or make a phone call and let them know you are concerned.
- **Ideally, try to do both.**
 - This way, if one party is less invested in the idea, there is a backup plan.

Who to Contact: **ALL SCHOOLS**



- School Psychologist
- Adjustment Counselor
 - School Nurse

Now What?



- Suicide prevention training will be a mandatory part of staff training in the state of Massachusetts in the very near future.
- As new data emerges, it is imperative that crisis plans in our district change to reflect current research.
- During the school year, school psychologists, adjustment counselors, guidance counselors and school nurses will be working together to create developmentally appropriate protocols for referring a student at risk at the elementary, middle, and high school levels.

KOGNITO Demo



- Assisting helpers in having challenging conversations about health through science driven, research based interactive modules.
- <https://www.kognito.com/>
 - “DEMOS” in top right corner
 - Scroll down and choose a demo on the right side of the screen.
 - Provide required information.
 - Check email for link to the demo.
 - THE LINK IS ONLY GOOD FOR 24 HOURS!

PK-12

At-Risk for High School Educators
Gatekeeper training



Listed in NREPP*

At-Risk for Middle School Educators
Gatekeeper training



At-Risk for Elementary School
Gatekeeper training



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