

Finding Hope: Suicide Prevention for Our Youth



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Suicide and Our Youth

According to the CDC, Suicide is now the ~~third~~ **SECOND** leading cause of death among our youth.

Each day there are approximately 12 youth suicides

Most common method is firearms(boys) followed by suffocation(girls)


Males complete 4 times more than females; females attempt four times more than males.




Research shows that most adolescent suicides occur after school hours and in the teen's homes

Most adolescent suicides are precipitated by interpersonal conflict

Within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt within the last year.



Sexual Identification

- ▶ Lesbian, Gay, Bisexual, and Transgender youth are 1 ½ – 7 times more likely to have reported ideation.
 - ▶ LGBT Youth in multiple studies are found to be 3–4 times more likely to attempt suicide.
 - ▶ 58% of LGBT youth who had attempted suicide reported they really hoped to die vs. 33% of heterosexuals who attempted and reported really hoping to die.
 - ▶ LBGTQ youth have elevated risk factors and lower protective factors
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SUICIDE- Risk Factors, Warning Signs, Imminent Warning Signs

RISK FACTORS- characteristics that may make it more likely that an individual will consider, attempt, or die by suicide

WARNING SIGNS: Unlike risk factors, warning signs are generally changes in emotions, moods or behaviors. These may be new or increases or decreases in emotions and behaviors. There could also be a change in life circumstances.

IMMINENT WARNING SIGNS- Behaviors that indicate signs of immediate risk and possible intent



Risk factors-characteristics of an individual or his/her life that are associated with an elevated risk of suicide

Risk Factors can be separated into six categories:

- ▶ Personal or personality characteristics
- ▶ Health characteristics
- ▶ Mental and Physical
- ▶ Behavioral characteristics
- ▶ Historical
- ▶ Environmental (home and school)

People affected by one or more of these risk factors may have a greater probability of suicidal behavior. There is no single, agreed-upon list of risk factors. This list summarizes the risk factors identified by and compiled from the most recent research.



PERSONAL/PERSONALITY

- Impulsive or aggressive tendencies
- Feelings of hopelessness
- Isolation, lack of belonging
- Low self-esteem
- Loneliness
- Self-perception as very underweight or very overweight
- Recklessness
- Low stress and frustration tolerance
- Poor problem solving or coping skills



HEALTH

- ▶ Mental health conditions (diagnosed or to be assessed) ex. depression, bipolar, schizophrenia, borderline personality disorder, psychotic disorders, conduct disorder, anxiety disorder, ADHD
- ▶ Substance use, abuse or dependence
- ▶ Mental health treatment and/or psychotropic drug use
- ▶ Serious or chronic health condition/physical illness
- ▶ Note: The presence of multiple behavioral health disorders, especially the combination of mood and disruptive behavior problems or substance use, increases suicide risk



BEHAVIORAL

Alcohol or drug use

Delinquency

Aggressive/violent behavior

Risky sexual behavior

Withdrawing from normal
activities



HISTORICAL-SELF

Previous suicide attempts or ideation

Self-injury (without intent to die)


Experience of abuse (physical or psychological) or neglect

Unwillingness to seek treatment/help


Bullying, either victim or perpetrator




Historical–Family (occurred in the home):

- ▶ Suicide attempts or ideation
 - ▶ Child maltreatment
 - ▶ Domestic violence
 - ▶ Care–giver/parent incarceration
 - ▶ Mental health disorders
 - ▶ Alcohol or substance abuse
 - ▶ Death in family
 - ▶ Loss (parent or other family member left, or loss of home, or financial stability)
 - ▶ Physical illness
- 


ENVIRONMENTAL-HOME

- ▶ Stressful life events in the family/home which may include a death, divorce, or job loss
 - ▶ Access to lethal means including firearms and drugs
 - ▶ Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
 - ▶ Barriers to accessing mental health or physical health treatment
 - ▶ Local occurrence of suicide, especially of someone with whom child identifies or has relationship (e.g. schoolmate, friend)
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ENVIRONMENTAL-School:


- ▶ Exposure to stigma and discrimination based on sexual orientation or gender identity, race and ethnicity, disability, or physical characteristics (e.g. overweight).
 - ▶ Prolonged stress factors which may include harassment, bullying, relationship problems
 - ▶ Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
 - ▶ Lack of acceptance of differences
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SCHOOL-con't

- ▶ Expression and acts of hostility
 - ▶ Lack of respect and fair treatment
 - ▶ Limited access to mental health care
 - ▶ Limitations in school physical environment
 - ▶ Weapons on campus
 - ▶ Poorly lit areas conducive to bullying and violence
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WARNING SIGNS: Unlike risk factors, warning signs are generally changes in emotions, moods or behaviors. These may be new or increases or decreases in emotions and behaviors. There could also be a change in life circumstances.

Changes in mood:

- ▶ Rage
 - ▶ Irritability
 - ▶ Humiliation
 - ▶ Anxiety
 - ▶ Loss of interest
 - ▶ Low self-esteem
 - ▶ Low self confidence
 - ▶ Aggression
 - ▶ Hopelessness
- 

Changes in behavior:

- ▶ Difficulty getting along with others
- ▶ Not engaging with others, withdrawing from social and/or family connections
- ▶ Decrease in school performance
- ▶ Bullying
- ▶ Being bullied
- ▶ No longer participating in hobbies or activities previously enjoyed
- ▶ Acting recklessly
- ▶ Recent loss (through death, divorce, separation, social connections/friendships ending)




Changes in Behavior:

- ▶ Suspicious accidents (especially in younger children)
- ▶ Self-harming
- ▶ Increased use of alcohol or drugs
- ▶ Changes in eating habits (loss of appetite/weight or overeating)
- ▶ Changes in sleep patterns (insomnia, oversleeping, nightmares)
- ▶ Looking online or otherwise for ways to kill self (materials or means)




Identification: All school faculty and students need to be able to identify the red flags and warning signs of suicidal and/or homicidal behaviors. Education needs to be provided in various formats to reach all populations.

Strategies for educating students and faculty:

- ▶ **Health Classes:** A clinician trains all 9th graders on the signs and symptoms of depression and red flags of suicide/homicidal behaviors and gives clear steps on how to get self or friend to help.
 - ▶ **Anonymous Reporting System:** Check into apps for smart phones. Anonymous reporting of any at-risk behavior observed by students or experienced themselves.
 - ▶ **Faculty Staff Meetings:** A trained clinician gives a short training on how to identify warning signs and gives clear steps on how to link student to help.
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Identification Strategies con't

- ▶ Have a web page dedicated to education and access to care.
 - ▶ Social Media: Use social media as a tool to identify at-risk behaviors. Many youth use this as a way to reach out for help. Student Support Team members need to monitor social media.
 - ▶ Students also write how they feel. Train English teachers to look out for warning signs in writing.
 - ▶ Post Suicide Hotline numbers around the school.
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“You Can Count On Me ...”


A Strategy for Understanding Role Expectations

It's a Team Approach!!

It's an Accountability Approach



Keep in Mind...

- ▶ Everyone is responsible for knowing if the school has a **suicide prevention and intervention protocol**, what it is, how it works, and **their role** within that protocol. Identify someone to disseminate all information to school personnel along with the appropriate training. School personnel should be clear about the steps as outlined by the protocol and ask any questions in order to clarify the differing school roles and the accompanying expectations.
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Warning Signs:Imminent



- Acquiring a gun or stockpiling pills
- Talking about wanting to die or kill oneself
- Impulsivity/increased risk taking
- Giving away prized possessions
- Self-destructive acts (i.e., cutting)
- Increased drug or alcohol abuse
- Talking about no reason to live

Warning Signs of Imminent Risk of Suicide: The experience, what they might say what they might do...

The experience:

Being a burden to others

Feeling that they need to say their good-byes

Feeling trapped

Experiencing unbearable pain

Can't state a reason to live

Feeling no one really cares



What youth might say:

“I might as well be dead” or “I wish I were dead”

“You won’t have to worry about me ever again”

“Everyone would be better off without me”

“No one would

“Nobody cares



really miss me”

about me anyway”

“Will God forgive me?”

“I hate my life, I just want out.”

“I just need it to stop”

“Who cares if I’m dead anyway.”

Guiding the Conversation

It's possible a student may unexpectedly confide in an adult who is not a school counselor. guide the conversation in a planned way to get the student to a school counselor, or other designated crisis team response member as quickly as possible and without the situation escalating


Strategies can be used by school personnel that find themselves in a revealing conversation with a student. or discover information about what is occurring within the student's experience that may necessitate an immediate conversation.

it is important to be prepared with a conversational strategy that will help the student receive any support needed but will also help guide you in the event that conversations with students reveal suicidal intent. Remember your school counselor will do any formal suicide assessments,


Do not leave the student alone!

Approaching A Student

Strategies for Engagement and Response

1. You may decide to contact the school counselor first to make them aware of the situation.
 2. Before engaging with the student, **pause, breathe and exhale slowly.**
 3. Do a **quick assessment of your own thoughts and feelings in this situation.** Make sure you focus on helping to create a calm, trusting and empowering space for them to be open and to share with you.
 4. **Reflect on the information you have about the student.**
 5. Before you approach, intentionally choose **compassionate, calm energy.** This helps offset the energy the student may be experiencing.
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During your response and assessment of the situation...


6. Know your plan in guiding the conversation.
 7. listen with intention and understanding.
 8. Acknowledge their feelings
 9. Remember the **important role you have** within the school and **in support of the student**, as well as others in and out of school that may give support. The **school counselor** will continue to assess further and determine next steps.
 10. Calmly breathe...again. 😊
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Low Risk Level of Suicide – The student demonstrates warning signs but does not have a plan. (student should not be left alone at any point)


► Initial contact:

- Calmly talk to the student. You may choose to send someone to contact the appropriate designated person/people in your school, such as the school counselor, student risk response coordinator, or crisis team coordinator.
- You may decide to escort the student yourself to the School Counselor's office after you have initially discussed their concerns.
- While with the student and waiting for the designated person for your school's suicide response plan, it's important to address what they are experiencing.

For example, *“while it may not feel like it in this moment, there are always answers and solutions to situations that help make things easier. Speaking to the counselor may just open up possible solutions that perhaps you have not thought of”.*



Low Level Risk–Engagement and response:

- Possible beginning statements or responses by you could include:
 - *"You seem sad. Would you like to talk about it? Maybe I can help."*
 - *"It seems like things have been stressful for you lately"*
 - *"I see. You must really be hurting inside."*
 - Listen attentively and with understanding
 - Allow the person to talk as much as he or she wants/needs to.
 - Listen closely and with intention so that you can be as supportive as possible and learn what might be creating these feelings.
 - Let the person express emotion in the way that he or she wants.
 - Allow the person to do what is necessary to release the emotion. However, do not allow the person to become violent or harm himself, herself or others.
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Finding Hope...

As you are with the student, remember to offer hope after they have expressed their feelings to you.

For example explain that these feelings they may be currently having can begin to feel heavy, like a darkening rain cloud. Creating possible solutions are like shafts of light through the dark cloud. Tell them, “you may just begin to see that there are different things that can be done to help the situation and begin to feel that things might be possible”.


- Let them know that talking to someone like the teacher and or school counselor are good steps in finding solutions.



(Document: Once the student is safely with the school counselor, take the time to document what happened and your thoughts. This will be helpful in providing insight and tracking the situation.)

Medium to High Risk Level of Suicide – A student demonstrates suicidal ideation, or behavior with an intent or desire to die and has a plan for suicide and potentially the means to carry it out.


(Typically the school counselor, crisis coordinator, or other designated person would engage the student at this point.)

- “Are you feeling so bad that you are thinking about hurting yourself?”
 - "Are you feeling so bad that you are thinking about killing yourself(suicide)?"
 - If the answer is yes, ask, "Have you thought about how you would do it?"
 - If the answer is yes, ask, "Do you have what you need to do it?" or “Do you have a way to do that?”
 - If the answer is yes, ask, "Have you thought about when you would do it?"
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Contact additional personnel as necessary.

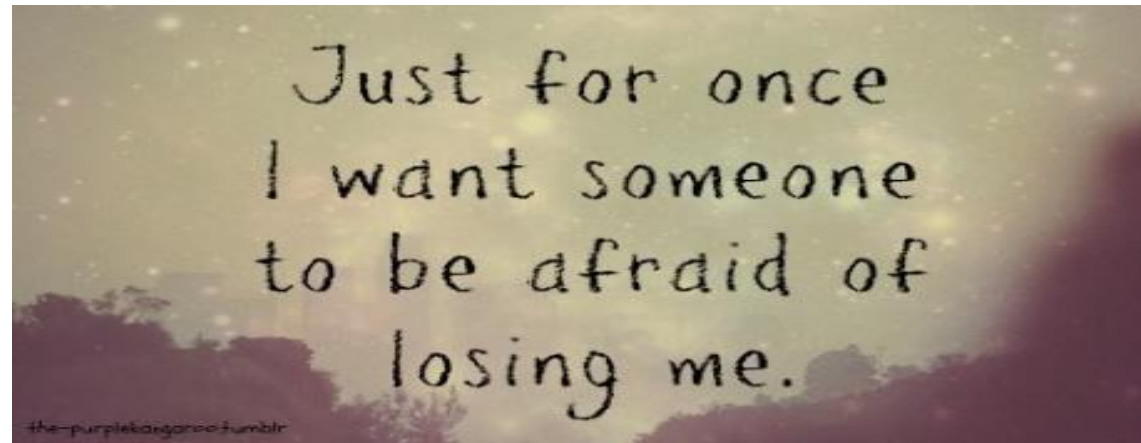
These may include school principal, other administrators, the school nurse, social worker, psychologist, and other school staff, as well as community crisis service providers, emergency personnel, and or law enforcement

Contact the student's parents to tell them what has occurred with their child. Make arrangements to meet at the appropriate location, for example, the school counselors or school psychologist's office, or if warranted the emergency room of the local hospital.




Screening


- ▶ Once the problem(s) has been identified, it is essential to intervene. Many fail to bring their concerns to authorities because of the many perceived barriers (mental health stigmatism, bystander effect, fear, etc.)
- ▶ Schools need to identify one or two school faculty who will receive these referrals, provide a screening which will determine urgency, and link the student to care.




Screening Suggestions:


- ▶ Guidance counselors and social workers are common screeners, however, school nurses are also equipped with screening skills. The important issue here is that everyone needs to know who this person is and how to access them.
 - ▶ Advertise who the screener is and how they can receive referrals: email, note, face to face are some forms of communication. It is recommended to allow all forms of communication to gain the most information.
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Routine, Urgent, Emergent


- ▶ Once the referral is given, the screener needs to use some type of screening tool that will allow them to determine disposition: Routine, urgent, or emergent. If a situation is routine, this means the student is experiencing some mental health issue and would benefit from care within the next two weeks. If a situation is urgent, this means the situation could escalate if care isn't provided within the next 24 hours. If a situation is emergent, the student needs care within the next two hours.
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- ▶ Screenings: There are all sorts of screening tools that can be utilized. Choose one that is user friendly and includes questions to ferret out harm to self or others.
 - ▶ Gather information from a variety of sources to help make determination of disposition: Interview friends, teachers, and parents to help determine course of action. Review social media. The grapevine often has valuable information
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Notifying and Engaging Parents(Guardians)

- ▶ When: Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide.
 - ▶ Who: The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family.
 - ▶ How: Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking
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Parents–con't

- ▶ When the parents arrive at the school, explain why you think their child is at risk for suicide.
 - ▶ Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
 - ▶ If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
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- ▶ Ask the parents to sign an acknowledgement form confirming that they were notified of their child's risk and received referrals to treatment.
- ▶ Tell the parents that you will follow up with them in a few days.
- ▶ If this follow up conversation reveals that the parent has not contacted a mental health provider:
 - Stress the importance of getting the child help
 - Discuss why they have not contacted a provider and offer to assist with the process
 - If the student does not need to be hospitalized, release the student to the parents.


(If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.)



Access to Care: Linking to care is essential when the students show a disposition for urgent or emergent


Steps to consider:

- ▶ Contact parents immediately to invite them to the school. If the disposition is urgent or emergent, the parents will need to consent to care.
 - ▶ Contact mobile crisis team or the local youth mental health provider who can meet the disposition timelines of 24 hours (if urgent) or 2 hours (if emergent.) Schools need to develop a working relationship with their local mobile crisis or youth mental health provider to ensure these services are accessible within these timelines. Contact information to access care needs to be clear and efficient.
- 


- ▶ Provide direct supervision of student until linkage to care has been successful either on campus or off campus. If off campus, instruct parent to provide 'eyes on' supervision of the student until care is accessible. Provide parent with safety precautions if assessment is within the following day. Safety precautions include the following (eyes on at all times, removal of any weapons/pills that could cause harm, clear routine for the next 24 hours, activities to keep the student occupied are all helpful measures. A written safety plan that includes the input of the student also is beneficial.)
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- ▶ Ask the parent to sign a release of information for the referring faculty so they might be able to communicate with the mental health provider about the outcome of the assessment and other ways the school can help the student be successful.

Identifying Protective Factors and Increasing Resiliency

- ▶ Protective factors are personal or environmental characteristics that reduce the probability of suicide and or other mental health issues. Actions by school staff to identify and enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure
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There IS HOPE!!

- ▶ There are treatments for underlying mental health problems that could contribute to feelings of sadness and or suicidal ideation.
 - ▶ We want students to know that effective treatments for illnesses like depression and addiction are available AND getting treatment is an important way to prevent suicide and begin the road to health
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4 Key Components in Identifying Protective Factors

1. Individual Characteristics and Behaviors

2. Family and Other Social Support

3. Mental Health and Healthcare Providers and Caregivers

4. Restricted Access to Means



Individual Characteristics and Behaviors

Psychological or emotional well-being, positive mood

Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions

Adaptable temperament

Internal locus of control

Strong problem-solving skills

Coping skills, including conflict resolution and nonviolent handling of disputes

Self-esteem

Frequent, vigorous physical activity or participation in sports

Spiritual faith or regular church attendance

Cultural and religious beliefs that affirm life and discourage suicide

Resilience: ongoing or continuing sense of hope in the face of adversity

Frustration tolerance and emotional regulation

Body image, care, and protection



Family and Other Social Support

- ▶ Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- ▶ Close friends or family members, a caring adult, and social support
- ▶ Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- ▶ Family support for school

Family and Other Social Support–con't

Positive school experiences

Part of a close school community

Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)

Adequate or better academic achievement

A sense of connectedness to the school

A respect for the cultures of all students



Mental Health and Healthcare Providers and Caregivers

Access to effective care for mental, physical, and substance abuse disorders

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

Restricted Access to Means

Restricted access to firearms: guns locked or unloaded, ammunition stored or locked

Safety barriers for bridges, buildings, and other jumping sites

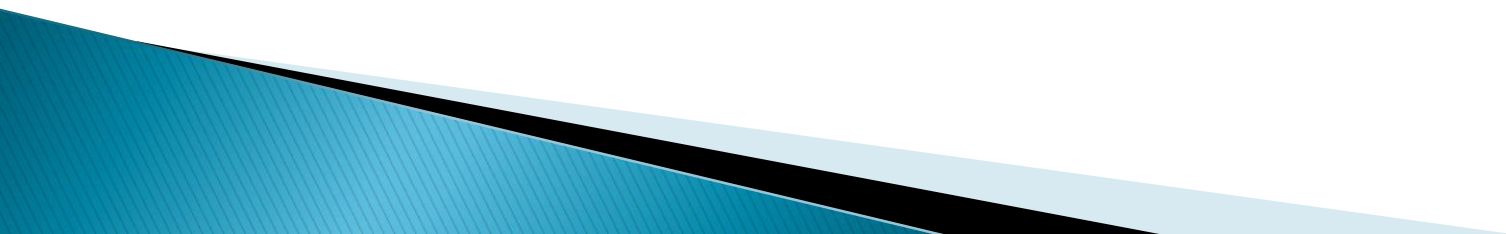
Restricted access to medications (over-the-counter and prescriptions)

Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

Reducing the Chance of Contagion


Any death can have a profound effect on young people, especially the unexpected death of a peer or someone they know. The death of someone their own age can threaten the adolescent sense of invulnerability and can leave them susceptible to suicide contagion

An effective response to a suicide may help schools avoid the infrequent but very real phenomenon of suicide contagion.



Keep informed of the types of information—and misinformation—students may be sharing in the wake of a suicide or attempted suicide.

Responses may include:

- posting comments that dispel rumors
 - reinforcing important information such as the connection between mental illness and suicide
 - offering resources such as for mental health care (American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC), 2011).
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- ▶ Identify students who may need help in coming to terms with the event.
- ▶ To the extent possible, social media sites that should be monitored include the following:

- ✓ Online condolence pages that many funeral homes provide to clients
- ✓ Blogs that many newspapers use to display readers' comments on their stories
- ✓ Social networking sites (including the deceased student's page)

Provide students with hotline numbers and other information that they could post on their personal Facebook pages.

One school's example:

After a suicide, one school district with the help of the funeral director monitored its students' use of social media to prevent additional tragedies.

They

watched these social media channels closely to identify youth who might be at risk of suicide or need additional support

- Facebook
- A website designed for expression of feelings
- Funeral home's condolence page

The school counseling director, mental health coordinators, and funeral home director, maintained close contact and closely followed the emotional outpouring of students through the sites.

Creating Hope: Strategies for Reaching and Helping

**THE APPLICATION
OF KNOWLEDGE**

IS...

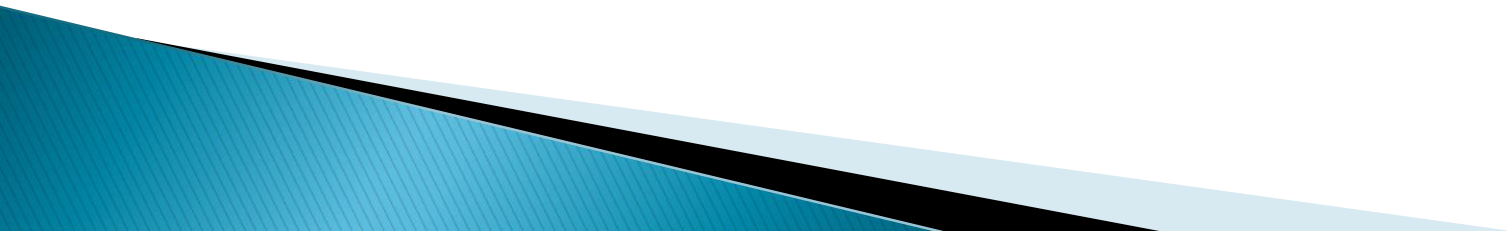
TRUE POWER

EMOTIONAL MASKS



The Power of Interpretation:

A Strategy



"The beauty and the pain of our lives is that the experiences we go through are open to interpretation. We can interpret any experience in a way that causes us to suffer or we can interpret it in a way that allows us to comprehend it's beauty."

-Teal Swan-





Rabbit or Duck?





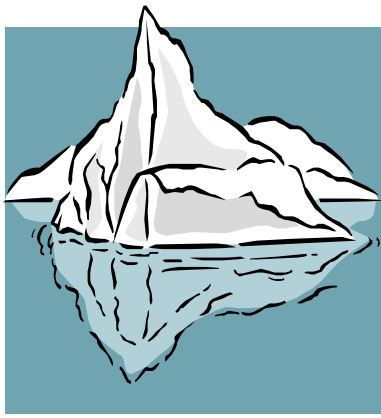
Face or Written Word?



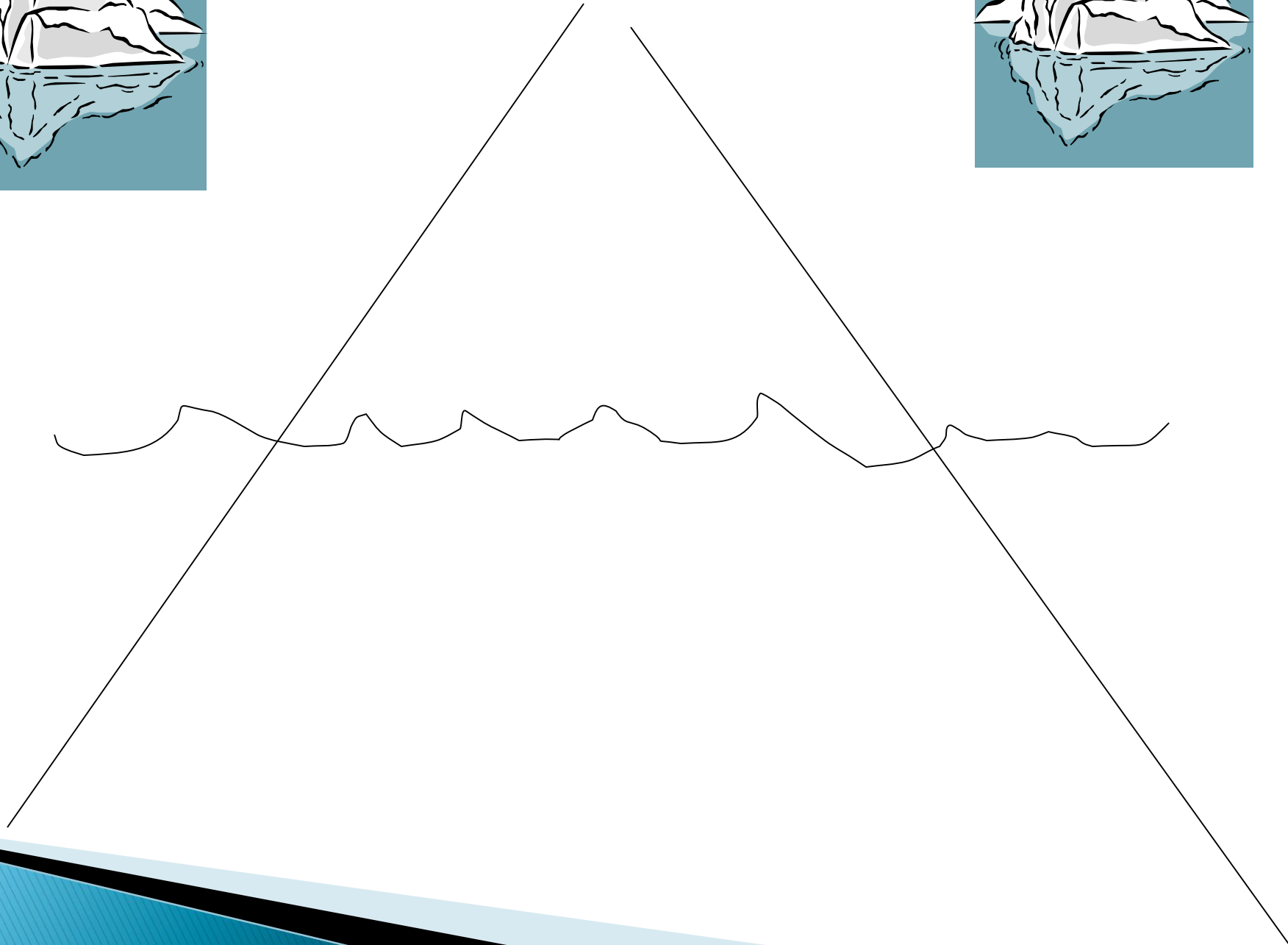


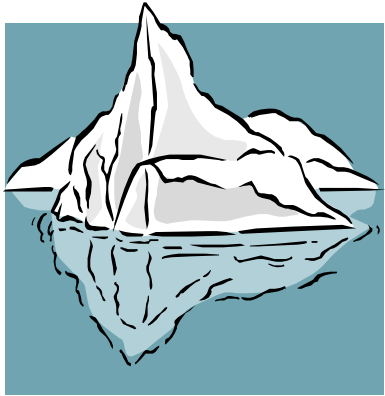
Peaceful lake scene or
a Baby in a tree?





ICEBERG METHOD





ICEBERG METHOD



CONTENT

PROCESS

What I think/feel
about
what happened

Look at situation
objectively

It's About Choice!

It's about choosing how you relate to your experiences.

How you choose to interpret those experiences.

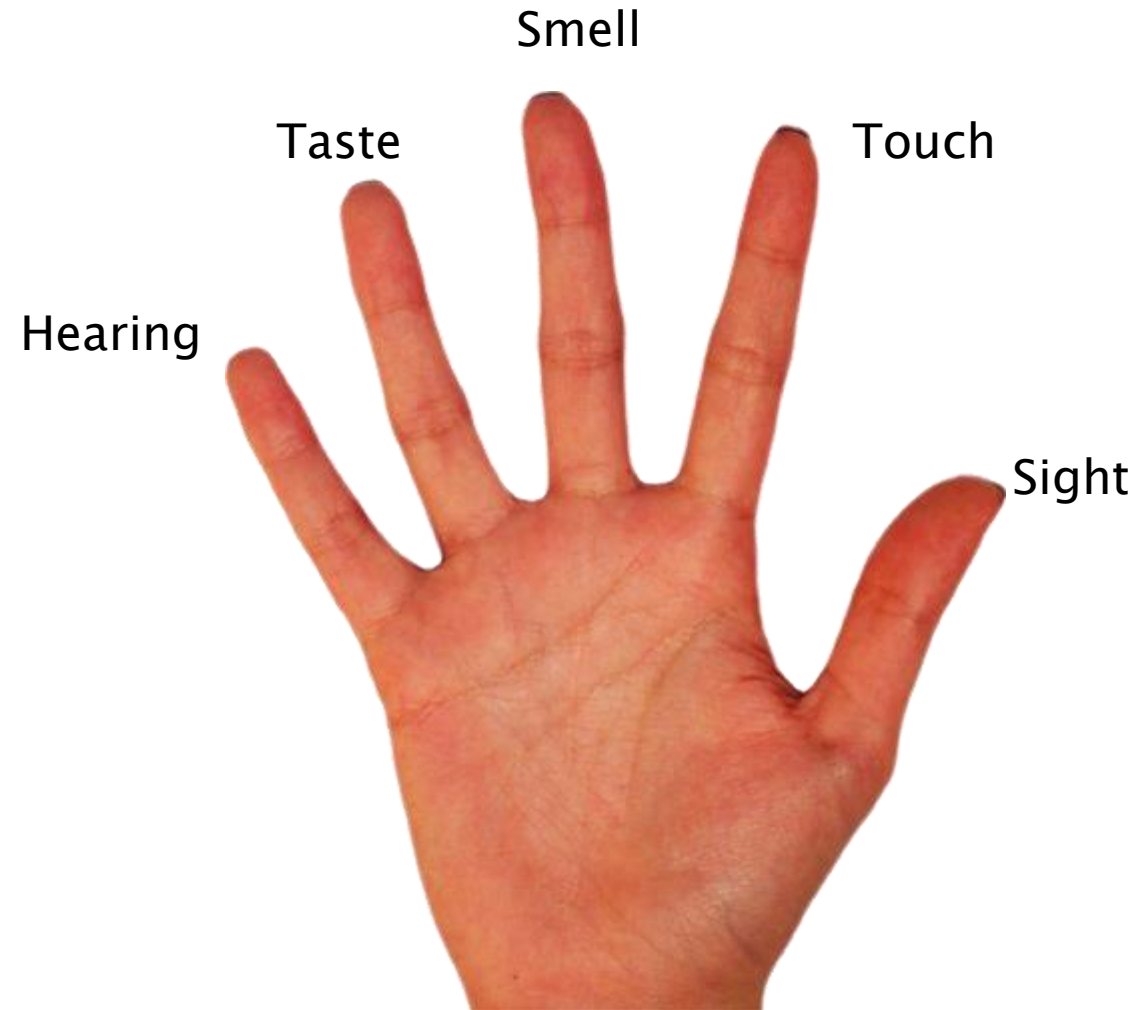
How you choose to respond rather than react

Being aware and intentional about what you contribute
to your life and those around you.

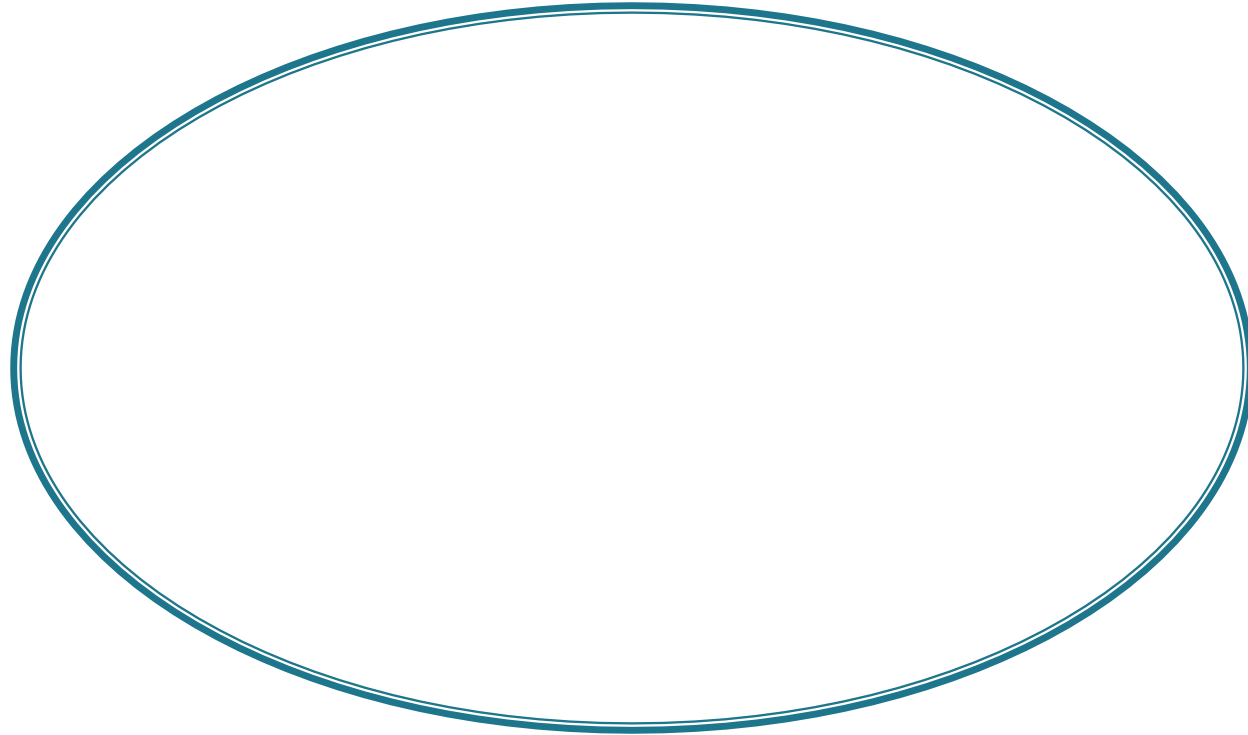
Make choices that support your goals!



Healing Sensory Grounding Activity



A Possibility Context



What will it take from you to create this? _____
