

SUICIDE PREVENTION IN THE SCHOOL COMMUNITY

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WHY SCHOOLS SHOULD ADDRESS SUICIDE

Maintaining a safe school environment is part of a school's overall mission.

- Other prevention activities (e.g., violence, bullying, substance abuse, etc.) can also reduce suicide risk (Epstein & Spirito, 2009).
- Programs that improve school climate and promote connectedness help reduce suicide risk (Blum, McNeely & Rinehart, 2002).
- Activities designed to prevent suicide and promote student mental health reinforce the benefits of other student wellness programs.

WHY SCHOOLS SHOULD ADDRESS SUICIDE

Students' mental health can affect their academic performance

- Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. Only 1 out of 5 students receiving mostly A's felt sad or hopeless.
- 1 out of 5 high school students receiving grades of mostly D's or F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

WHY SCHOOLS SHOULD ADDRESS SUICIDE

- 26.1% of high school students, grade 9-12, felt sad or hopeless for two or more weeks
- 16% of high school students, grade 9-12, seriously considered suicide in the previous 12 months
- 8% of students, grade 9-12, reported making at least one suicide attempt in the previous 12 months
- 30%-40% of teens who die by suicide have made a prior attempt

WHY SCHOOLS SHOULD ADDRESS SUICIDE

Approximately 90% of youth suicide victims suffer from some form of mental illness, the majority of which have a mood disorder. Mental illness can impact student performance in the following ways:

- Difficulty concentrating
- Academic difficulties
- Disruptive behavior
- Problems with peers
- Increased irritability and aggression
- Poor judgment
- Excessive sleeping

WHY SCHOOLS SHOULD ADDRESS SUICIDE

A student suicide can significantly impact other students and the entire school community.

- Taking appropriate and timely actions following a suicide is critical in helping students cope with the loss and preventing additional tragedies.

WHY SCHOOLS SHOULD ADDRESS SUICIDE

Schools have been sued for negligence for the following reasons:

- ❑ Failure to notify parents if their child appears to be suicidal
- ❑ Failure to get assistance for a student at risk of suicide
- ❑ Failure to adequately supervise a student at risk

Preventing Suicide: A Toolkit for High Schools, 2012

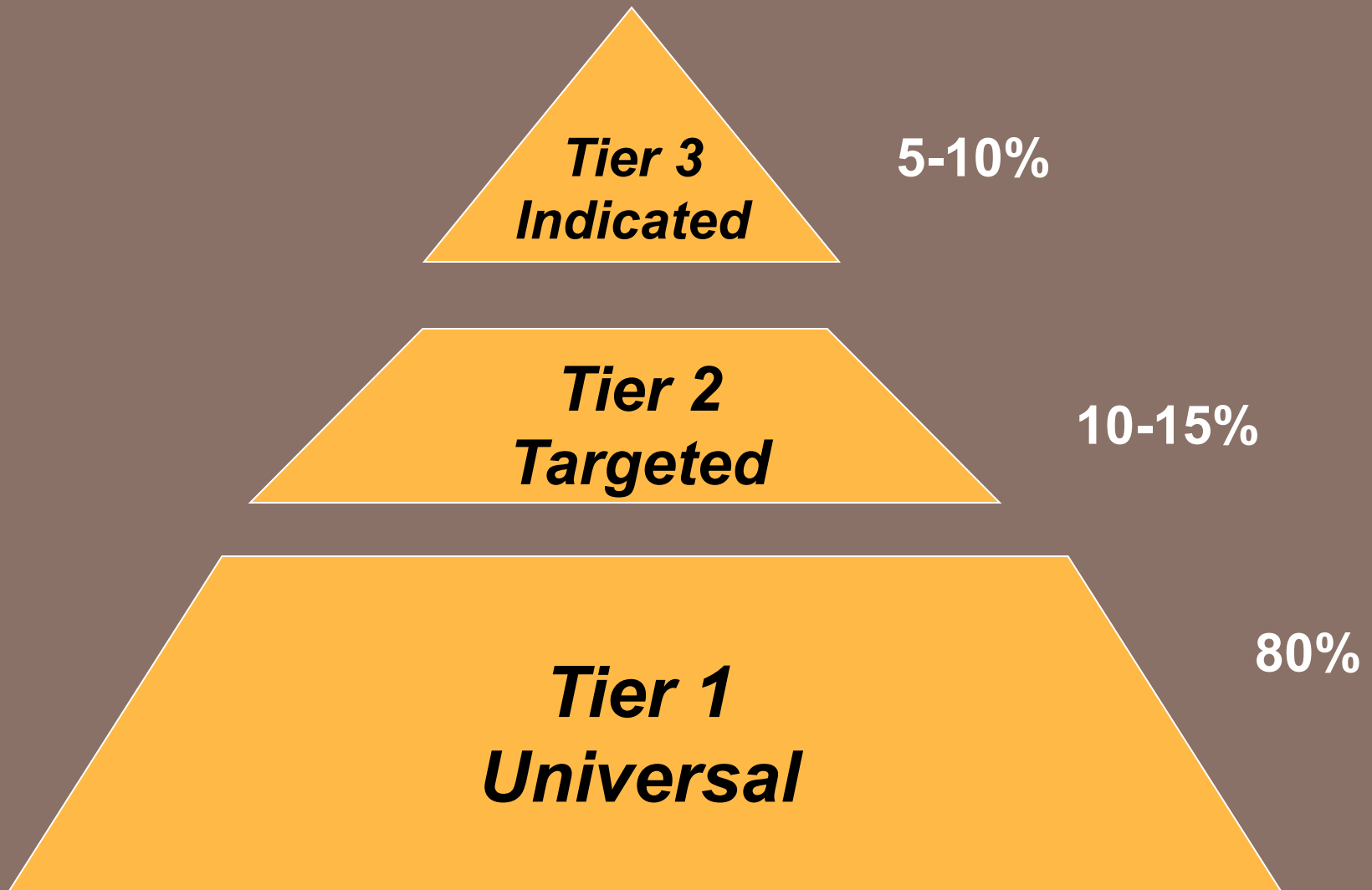
HOW SCHOOLS CAN HELP PREVENT SUICIDE

- Develop protocols for assisting students identified as at risk of suicide
- Develop procedures for responding to a suicide
- Provide staff education
- Provide parent education
- Educate students
- Assess for potential mental health concerns via screening

COMPONENTS OF COMPREHENSIVE SUICIDE PREVENTION PLANS

- Early detection and referral-making skills
- Resource identification
- Help-seeking behavior
- Professional education
- Parent education
- Universal, targeted and indicated prevention
- Postvention

SUICIDE PREVENTION COMPONENTS



UNIVERSAL PREVENTION COMPONENTS

- Skill building lessons for students
- Suicide awareness education, including knowledge of warning signs (Middle and Senior High Schools)
- Promote help-seeking
- Screening of all students
- Gatekeeper training for caregivers

TARGETED PREVENTION COMPONENTS

Counseling/educational interventions:

- Substance abusers
- Potential drop-outs
- Grieving students
- Domestic violence/abuse victims
- Depression/ other mental illness
- Bullying targets and bullies, LGBTQ students
- Postvention

INDICATED PREVENTION COMPONENTS

- Individual assessment and crisis intervention
- Supervision
- Law enforcement notification
- Parent/guardian contact
- Referral to crisis stabilization facility
- Case management, surveillance

EVIDENCE-BASED YOUTH SUICIDE PREVENTION PROGRAMS

- American Indian Life Skills Development
- SOS-Signs of Suicide Program
- Lifelines Curriculum
- CARE (Care, Assess, Respond, Empower)
- CAST (Coping, and Support Training)
- Reconnecting Youth

SUICIDE PREVENTION CURRICULA

Purpose

- Provide information about suicide prevention
- Promote positive attitudes
- Increase students' ability to recognize if they or their peers are at risk of suicide
- Encourage students to seek help for themselves and their peers.

SUICIDE PREVENTION CURRICULA

Content

- Basic information about depression and suicide
- Warning signs that indicate a student may be in imminent danger of suicide
- Underlying factors that place a student at higher risk of suicide
- Appropriate responses when someone is depressed or suicidal
- Help-seeking skills and resources

SKILL-BUILDING PROGRAMS FOR STUDENTS AT RISK OF SUICIDE

Purpose

- Build coping, problem-solving and cognitive skills
- Address related problems such as depression and other mental health issues and substance abuse

Content

- Problem- solving and coping skills exercises
- Activities to improve resilience and interpersonal relationships
- Focus on the prevention or reduction of self-destructive behavior

WHAT WE DO KNOW...

- Presenting information to students can increase knowledge, positively affect referral practices and change their negative attitudes toward suicidal youth
- Talking about suicide with youth, including warning signs, does NOT result in negative, unintended side effects
- Reliable and valid screening and assessment measures and methods are available

WHAT WE DO KNOW...

- Screening tools have been used effectively at school-wide, class-wide and individual levels
- Screening assessment measures can accurately and effectively identify at-risk and high-risk youth
- The use of screening procedures does NOT lead to an increased level of self-reported distress or suicidal behavior

WHAT WE DO KNOW

The following have lead to reductions in self- reported suicidal behavior

- Providing information to students regarding suicide awareness and intervention
- Teaching students problem solving and coping skills
- Reinforcing protective factors, while addressing risk factors

SUICIDAL BEHAVIOR: ASSESSMENT AND INTERVENTION

YOUTH SUICIDAL BEHAVIOR: ASSESSMENT AND INTERVENTION

- Conduct mental health status examination
- Conduct suicide risk behavior assessment
- Involve law enforcement, if necessary
- Contact parent/guardian
- Provide supervision
- Provide recommendations for community-based mental health resources
- Provide follow-up support
- Document the process

BARRIERS TO TREATMENT OF AT-RISK TEENS

- Neither teens nor the adults who are close to them recognize symptoms as a treatable illness
- Fear of what treatment might involve
- Belief that nothing can help
- Perception that seeking help is a weakness or a failure-stigma
- Feeling too embarrassed to seek help

FACTS ABOUT TREATMENT

- Some depressed teens show improvement in 4-6 weeks with structured psychotherapy alone
- Most others experience significant reduction of depressive symptoms with antidepressant medication
- Supplementary interventions (exercise, yoga, breathing exercises, changes in diet) improve mood, relieve anxiety and reduce stress that contributes to depression

FACTS ABOUT ANTIDEPRESSANT MEDICATION

- Medications work by restoring brain chemistry back to normal
- A small percentage of youth show agitation and abnormal behavior that may include increased suicidal thoughts and behavior
- Since 2004, FDA warning recommends close monitoring of youth taking antidepressants for worsening of symptoms, suicidal thoughts or behavior, or other changes

FOLLOWUP ACTIONS FOLLOWING TREATMENT/ HOSPITALIZATION

- ▶ Schedule a Student Support Team meeting upon return to school
- ▶ Ask parent/guardian to sign the Mutual Consent for Release of Information form
- ▶ Discuss who, if any, staff member(s) they would like to inform about the suicidal behavior event
- ▶ Adjust classroom schedule and work load to accommodate the student's needs
- ▶ Designate school support person(s)
- ▶ Be aware of any medications student is taking along with potential side effects
- ▶ Provide assistance in preparing responses to potential questions from peers
- ▶ Check on the student regularly following his/her return to school

SUICIDAL BEHAVIOR AMONG AT-RISK STUDENT POPULATIONS

SUICIDE AND BULLYING: IS THERE A CONNECTION?

- Nearly 25% of 10th grade students who reported being bullied also reported having made a suicide attempt in the past 12 months(Youth Suicide Prevention Program, 2010-2011).
- Half of 12th grade students who reported being bullied also reported feeling sad and hopeless almost everyday for two consecutive weeks (Youth Suicide Prevention Program, 2010-2011).
- In one study, researchers found a clear relationship between cyberbullying and suicide; 78% of suicide victims had been subjected to bullying at school and online (American Academy of Pediatrics, 2012).

SUICIDE AND BULLYING: IS THERE A CONNECTION ?

- A study conducted by Klomek, et al., 2011 found that exposure to bullying had relatively few outcomes for the majority of youth. The only group that showed suicidal ideation and behavior following high school was youth who suffered from depression at the time they were bullied.
- Another longitudinal study links exposure to prolonged bullying to the development of serious mental disorders (depression and anxiety) in later life. 25 % of this group reported suicidal ideation or behavior as an adult (Copeland et al., 2013).

SUICIDE AND BULLYING: IS THERE A CONNECTION?

- Children who are involved in bullying (as victims, perpetrators, or both) are more likely than those who are not involved in bullying to be depressed, have high levels of suicidal thoughts, and have attempted suicide (Annenburg Public Policy Center, 2010 & numerous other studies).
- Students who experienced bullying and also had mental health problems such as depression or suicidal thoughts had higher levels of suicidal ideations for years, as compared to high school students who were involved in bullying but did not have mental health problems (Klomek et al., 2011).

SUICIDE AND BULLYING: LIMITS TO RESEARCH FINDINGS

- Although involvement in bullying is related to a greater likelihood of suicidal thoughts and behavior, one cannot conclude that bullying causes suicidal thoughts and behaviors
- Most studies have looked at the correlation between bullying and suicide at one point in time; more longitudinal studies are needed
- Other factors, such as mental health problems and family history of suicide, play a much larger role in predicting suicidal thoughts and behaviors than bullying (stopbullying.gov, Suicide Prevention Resource Center, 2011)

SUICIDE AND BULLYING: CAVEATS

- Avoid using the term “bullycide”
- Explain and reinforce that suicide is a complex issue
- Emphasize that suicide requires a comprehensive prevention approach

SUICIDE AND BULLYING: IMPLICATIONS FOR PREVENTION

- Develop and enforce strict bullying and harassment policies and procedures
- Develop a bullying/harassment prevention curriculum that is taught to all students from Pre-K through 12th grade
- Instruct students and staff as to how to report knowledge of bullying/harassment, including an anonymous method
- Provide professional development for staff on the topic of suicide prevention, including knowledge of risk factors and warning signs
- Bullying interventions should address disciplinary actions as well as counseling services

SUICIDAL BEHAVIOR AMONG LGBTQ STUDENTS

- LGB high school students and students unsure of their sexual orientation were 3.4 times more likely to have attempted suicide in the last year than their straight peers (Garafalo et al., 1999).
- 30.1 percent of transgender individuals reported they have attempted suicide (Kenagy, 2005).
- Numerous studies cite that LGB youth have higher rates of suicide ideation than their straight peers (Massachusetts Dept. Of Education, 2006).

SUICIDAL BEHAVIOR AMONG LGBTQ STUDENTS

- Being LGBT is not in isolation a risk factor for suicidal behavior; however, stressors that they face, including discrimination and harassment- are directly associated with suicidal behavior

SUICIDAL BEHAVIOR AMONG LGBTQ YOUTH: IMPLICATIONS FOR PREVENTION

- Provide professional development for school staff about issues faced by LGBTQ youth, including the elevated risk for suicidal behavior, victimization, and family rejection
- Develop policies and procedures for responding to youth suicidal behavior and self-injury
- Create and enforce non-discrimination policies that extend equal rights to all sexual orientations and gender identities
- Develop school-based support groups for LGBTQ youth and their families

YOUTH SUICIDE PREVENTION: CULTURAL IMPLICATIONS

It is estimated that by the year 2030, minority children will outnumber white children in the United States. Therefore, the availability of quality mental health services for minorities is critical to the future of our nation (CDC, 2005).

YOUTH SUICIDE PREVENTION: CULTURAL IMPLICATIONS

- Be aware of cultural protective factors
- Understand the role of acculturation
- Determine the impact of religion and spirituality
- Understand the interpretations of distress across cultures
- Be aware of attitudes toward help-seeking, especially mental health services
- Understand the role of family in treatment
- Dispel cultural myths
- Be aware of the battle between collectivism vs. independence

Closing message

As school and community-based caregivers, we must work seamlessly to provide “best practice” prevention education and intervention services to better serve suicidal youth and their families.