

## Global Compliance Network

# Suicide Prevention

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According to Centers for Disease Control and Prevention, suicide is the second leading cause of death for 15 - 24 year olds. There is one death by suicide in the US every 12.3 minutes (CDC). According to National Institute of Mental Health (NIMH), death by suicide occurs 1 in 100,000 for children aged 10 to 14, 7 in 100,000 for youth aged 15 to 19, and 12.7 in 100,000 for young adults aged 20-24. Written by GCN's Researcher/Writer Brittany Gage, in this tutorial, you will learn the objectives shown on screen. You will learn: -Basic Suicide Facts -Risk Factors -Relationship between Suicide and Bullying -Warning Signs: Early Signs -Warning Signs: Late Signs -Prevention Overview -Reducing the Risk of Suicide in High-Risk Students -Prevention: Protective Factors -Intervention -Resources for help -Handling an Attempt on School Premises -Postvention

### Slide 1: Introduction

During childhood and adolescence, students are presented with many drastic changes and pressures. It is common for them to experience anxiety and depression from events such as bullying (both in-school and online), stressful home situations (divorce, parental unemployment), difficulty in school, and/or struggles with personal identity (personal beliefs, sexual orientation). However, it is important to respond to warning signs of suicide as it is preventable in a majority of cases.

### Slide 2: Objectives

In this tutorial, you will learn the objectives shown on screen. You will learn: -Basic Suicide Facts -Risk Factors -Relationship between Suicide and Bullying -Warning Signs: Early Signs -Warning Signs: Late Signs -Prevention Overview -Reducing the Risk of Suicide in High-Risk Students -Prevention: Protective Factors -Intervention -Resources for help - Handling an Attempt on School Premises -Postvention

### Slide 3: Basic Suicide Facts

According to Centers for Disease Control and Prevention, suicide is the second leading cause of death for 15 - 24 year olds. There is one death by suicide in the US every 12.3 minutes (CDC). According to National Institute of Mental Health (NIMH), death by suicide occurs 1 in 100,000 for children aged 10 to 14, 7 in 100,000 for youth aged 15 to 19, and 12.7 in 100,000 for young adults aged 20-24.

### Slide 4: Basic Suicide Facts (Cont.)

While females are 2-3 times more likely to attempt suicide, males are far more likely to complete the task. This is largely due to the methods preferred. Females tend to attempt suicide by ingesting pills, while the trend among males is to turn to firearms. For this reason all students with access to guns are at a much higher risk of suicide completion, regardless of gender or race. Whether an individual dies of suicide or not, it is a traumatic experience for the individual, fellow students, family and staff.

### Slide 5: Basic Suicide Facts (Cont.)

Asking an individual if he or she feels suicidal does not increase the risk of suicidal thoughts and/or acts. Not all suicides can be prevented but opening up lines of communication can and does save lives. It is important to note that suicide is the result of life conflicts that appear to have no other solution. It is not true that "once someone is suicidal, he or she will always be suicidal." With the proper help and support, an individual can overcome suicidal thoughts and urges.

### **Slide 6: Risk Factors**

Common risk factors associated with suicide victims include: Previous suicide attempts; suicidal threats; suicide attempts by friends or family; plans detailing how, where, and when to attempt suicide; depression, anxiety or psychosis lasting more than two weeks; alcohol and drug use; isolation/alienation from friends/family; serious family conflicts and/or abusive behavior from parents; conduct disorder; feeling hopeless, helpless, or very unhappy; and perceived multiple losses or failures are some major risk factors in cases of suicide attempts and deaths.

### **Slide 7: Risk Factors (Cont.)**

Among these risk factors, previous suicide attempts are the most significant. It is estimated that an individual that has attempted suicide in the past is 50% more likely to try again. Repeat attempters often have difficulty coping with stress and resort to suicide when problems arise.

### **Slide 8: Who are High-Risk Students?**

Student populations that may have a high-risk of suicide include: -Students with psychological or emotional problems -Gay, lesbian, bi-sexual and transgender students - Students that have physical health problems -Students going through stressful life events - Students with an unstable family life -Students that are bullies or the targets of bullies

### **Slide 9: Relationship between Suicide and Bullying**

Studies show that bullying behavior in students is associated with depression, thoughts of suicide, and suicide attempts. Some studies also show that bullies have higher levels of suicidal thoughts than in students not involved in bullying. Moreover, targets of bullies consistently exhibit more depressive symptoms than non-targets; they have high levels of suicidal thoughts and are more likely to attempt suicide than non-targets.

### **Slide 10: Relationship between Suicide and Bullying (Cont.)**

While it is important to acknowledge the relationship between suicide and bullying, it is imperative that this awareness not be over-emphasized which could send the wrong message. Over-emphasizing the connection can inadvertently suggest that suicide is the only option when being bullied. Students need to know that there is always hope to stop the situation and they should be taught the skills to end the bullying.

### **Slide 11: Warning Signs: Early Signs**

Early signs to look for include but are not limited to the following: Difficulties in school; feeling sad and/or angry; eating and sleeping changes; restlessness and anxiety; pessimism; difficulty concentrating; and preoccupation with death. Many of these signs will last for about two weeks but some more aggressive individuals may act more impulsively. At times it is difficult to separate these signs from natural phases of depression, or "growing pains" that occur in late childhood- adolescence.

### **Slide 12: Warning Signs: Late Signs**

Suicidal intentions become more apparent and imminent with the following warning signs: Talk of suicide and death; dropping out of usual activities; isolating from family and peers; refusing help; feeling hopeless; making a will; giving away or promising favorite possessions; offering verbal clues about a wish to die; sudden improvement directly following a period of sadness and being withdrawn-sometimes an indication that he or she has decided on suicide as a solution. Please note that these warning signs are not all-inclusive.

### **Slide 13: Prevention Overview**

There are many things that can be done to prevent an individual from resorting to suicide: Promote students' well-being by creating a positive environment. Strengthen self-esteem through positive reinforcement and patience; choosing reasonable goals for the student. Encourage emotional expression. Children and adolescents should be taught to take their own feelings seriously and should be encouraged to confide in parents and other adults, such as teachers, school doctors or nurses, friends, sport coaches, and religious advisers. Work to prevent bullying and violence at school. Provide information about care services.

### **Slide 14: Reducing the Risk of Suicide in High-Risk Students School-based Approach**

Effective prevention of student suicides starts with the reduction of suicide risk factors. This can be achieved by using a School-based prevention program. The process to develop this program includes: -Administrative support -Development of a suicide-prevention policy - Training for school staff -Development of a school-crisis response team -Parent education - Implementation of social support programs for students. Each of these will be reviewed on the next several slides.

### **Slide 15: School-based Suicide Prevention Program Administrative Support**

Successfully implementing a suicide-prevention policy greatly depends on the support provided by the school district administrators, school site administrators and the school board. Studies show that suicide-prevention programs with strong administrator support have greater success rates.

### **Slide 16: School-based Suicide Prevention Program Suicide-Prevention Policy**

Districts need to develop and implement a district-wide youth suicide-prevention policy. The policy should be adopted by the school board and should demonstrate the administration's commitment to a proactive school-based suicide-prevention approach.

### **Slide 17: School-based Suicide Prevention Program Training for School Staff**

Districts need to provide suicide prevention awareness instruction for all faculty and school staff. With training, staff will have the skills necessary to: -Assist minors in positive emotional development (connectedness) -Detect conditions which could indicate suicidal tendencies -Provide the proper action to take if a student is contemplating suicide

### **Slide 18: School-based Suicide Prevention Program School-Crisis Response Team**

Districts need to establish and train a school crisis response team. The diverse group should include: -Administrators -Faculty Members -Parents -Students -Representatives of Community Agencies The group should designate a team leader which should be

alternated periodically. The team leader should schedule suicide intervention training and provide time for practice.

### **Slide 19: School-based Suicide Prevention Program Parent Education**

Districts need to establish parent/guardian youth suicide education. Teaching parents and guardians about how to recognize depression or emotional instability will make them more likely to address their concern or get help from others.

### **Slide 20: School-based Suicide Prevention Program Social Support Programs for Students**

Districts need to establish social support programs for students. These programs can be tailored for the: -General Population -At-risk Groups -High-risk Students The programs should enhance the resilience of the student in any situation they encounter.

### **Slide 21: Prevention: Protection Factors**

Some positive conditions that reduce the risk for youth suicide include: close family bonds; strong sense of self-worth; a sense of personal control; good impulse control; stable environment; responsibilities and/or duties to others; best friends; opportunities to participate in activities and projects; and lack of access to lethal means.

### **Slide 22: Intervention**

If you encounter a student who is displaying any of the warning signs discussed in slides 8 and 9 or otherwise exhibits sudden out-of-character behaviors, it is essential that you take the matter seriously. Never assume that the student is just trying to get attention. Take every suicide threat seriously. Initiate open dialogue with the individual. Let him or her know that you are concerned and listen without interrupting. Be careful to not sound judgmental or dismissive. Directly ask, "Are you thinking about suicide?"

### **Slide 23: Intervention (Cont.)**

Let the individual know that he or she is not alone and that you will get them the help needed. Never offer advice that you are unqualified to give; leave that to trained personnel such as the school counselor. Do not preach or patronize the student. Do not make promises of secrecy.

### **Slide 24: Resources for Help**

While identifying and addressing a suicidal student can be the difference between life and death, do not take on the task alone. He or she will not be thinking rationally and could become aggressive. An up-to-date list of school personnel trained to respond to suicide threats should be maintained. These contacts include: school administrators; school nurses; school gatekeepers (individuals trained to recognize and respond to suicidal behavior); social workers and counselors; school resource officers; and psychological service providers. Also keep a list of local and state authority contacts handy.

### **Slide 25: Handling an Attempt on School Premises**

If a student attempts suicide while on school premises, intervene as appropriate, assuring the student he or she is not alone. Inform the building administrator. Prevent other students from witnessing a traumatic event. Contact the school counselor, the school nurse and call 911. At this point it is important to listen to directions given to you by a trained crisis control professional to avoid personal harm.

### **Slide 26: Handling an Attempt (Cont.)**

Remain calm. Permit other students to leave school only with documented parental permission and carefully track attendance. Keep an informal time and procedures log of crisis response activities. Work with the crisis team to document activities and file a report in the principal's office. Debrief with the crisis response team and other school personnel for further instructions.

### **Slide 27: Postvention**

After a suicide attempt (on or off of school premises), careful watch must be employed in the case of re-attempts or attempts by other students affected. It is important to stay professional, discrete, empathetic, and alert. Discuss with trained personnel your continued role in supporting the student. The student will be given a personalized re-entry plan that outlines changes to his or her schedule as appropriate.

### **Slide 28: Postvention (Cont.)**

In the event that the student was to complete the suicide, grief-counseling should be readily available for students and staff affected by the event. A staff debriefing meeting will cover how you should announce the tragedy to other students. Allow students to be dismissed to speak with school counselors as needed.

### **Slide 29: Conclusion**

Pressures of childhood and adolescence can mount quickly and make students feel like they have run out of options. Promoting a positive environment, responding to warning signs, and encouraging counseling can help save lives.

### **Slide 30: Question 1**

Asking a student if he or she is thinking about suicide will give him or her the idea.

**FALSE**

TRUE (incorrect)

This answer is False. Research shows that it does not increase the risk and is a direct way to open up the conversation.

### **Slide 31: Question 2**

It is solely your responsibility to keep a student from dying by suicide.

**FALSE**

TRUE (incorrect)

This answer is False. It is important for you to note warning signs, encourage the student to seek counsel, and tell a trained staff member. Trying to fix the problem on your own could result in avoidable harm to both you and the student.

### **Slide 32: Question 3**

Someone who has previously attempted suicide is at an increased risk of trying again.

**TRUE**

FALSE (incorrect)

This answer is True. It is estimated that an individual that has attempted suicide in the past is 50% more likely to try again. Repeat attempters often have difficulty coping with stress and resort to suicide when problems arise.