An Educator’s Role in Youth Suicide Prevention

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www.yspp.org
Networks for Life: An Educator’s Role in Youth Suicide Prevention

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Youth Suicide Prevention Program

Mission

• To reduce youth suicide attempts and deaths in Washington State.

Vision state where:

• Youth suicide is a rare event,
• Young people are nurtured and supported
• Individuals & families are aware of risk factors & actively seek help from community resources.
• We break the taboo that suicide is something you shouldn’t talk about: and
• Change the public's resistance by acknowledging the problem with pro-active awareness and prevention efforts.
Everyone has stress and problems

Some people have depression and other mental health issues

Fewer people think about suicide

Even fewer people attempt suicide

Fewer people die
Knowing the issue

Key Prevention Strategy
Normal adolescent behavior

- Testing rules and limits
- Touchy if asked too many questions
- Moody at times
- Easily embarrassed
- Amplified emotions and reactions
- Moving away from family – peer-oriented and motivated by peers' approval
Risk and protective factors

- **Risk factors** increase the risk of a negative outcome like suicide.
- **Protective factors** reduce the impact of risk factors.
## Some common risk factors

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
<th>Experiences</th>
<th>Health and Mental Health</th>
<th>Personality and Outlook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of a vulnerable identity group (gender, race, disability, location)</td>
<td>ACEs</td>
<td>Depression</td>
<td>Hopelessness</td>
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<tr>
<td>Sexual orientation</td>
<td>Loss (death, breakup)</td>
<td>Substance use</td>
<td>Feeling like a burden</td>
</tr>
<tr>
<td>Family history of mental health problems, psychiatric hospitalization, substance abuse</td>
<td>Humiliation (bullying, public failure)</td>
<td>Other mental health disorders (anxiety, schizophrenia, bipolar disorder, eating disorders)</td>
<td>Perfectionism (especially combined with depression)</td>
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<tr>
<td></td>
<td>Sudden stress (violence, unplanned pregnancy, arrest, failing a test)</td>
<td>Personality disorders</td>
<td>Black and white thinking</td>
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<td></td>
<td>Instability (frequent moving, unstable family)</td>
<td>Physical disability or chronic illness</td>
<td>Poor problem solving</td>
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<td></td>
<td>Social isolation</td>
<td>Cognitive impairment</td>
<td>Feeling trapped</td>
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<tr>
<td></td>
<td>Exposure to suicide</td>
<td>Traumatic brain injury</td>
<td></td>
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<tr>
<td></td>
<td>History of attempts</td>
<td>Psychological pain or distress</td>
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</tbody>
</table>
### Some common protective factors

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>School or Organization</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good physical and mental health</td>
<td>Supportive adults</td>
<td>Supportive adults</td>
<td>Adequate and accessible health and mental health care</td>
</tr>
<tr>
<td>Willingness to seek help</td>
<td>Safe and stable home environment</td>
<td>Access to peer support</td>
<td>Safe spaces</td>
</tr>
<tr>
<td>Problem-solving skills</td>
<td>Restricted access to means in the home</td>
<td>Connection to a network of resources</td>
<td>Opportunities for youth to contribute positively</td>
</tr>
<tr>
<td>Self-soothing and coping skills</td>
<td>Responsibilities (pets, for example)</td>
<td>Responsibility and future orientation</td>
<td>Sense of belonging</td>
</tr>
<tr>
<td>Self-esteem and self-worth</td>
<td>Strong family connections</td>
<td>Opportunities for participation and skill building</td>
<td></td>
</tr>
<tr>
<td>Risk avoidance</td>
<td>Family support of identity</td>
<td>Safe place, supported by policies and culture</td>
<td></td>
</tr>
<tr>
<td>Belief system that discourages suicide</td>
<td>Reasonable expectations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Youth Suicide Prevention Program**

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The more risk factors and fewer protective factors...

- The higher a person’s risk of depression and other mental health issues
- The higher the person’s risk of suicide
Youth depression: some facts

• One in every 8 adolescents may have depression. Major depression is more common in higher-risk groups.

• The majority of children and adolescents with depression do not get help they need.

• Depression is a treatable illness that is not the person’s fault.

• Treatment for depression could include counseling, medication, or both.
Youth depression: some signs

- Irritability
- Anxiety and/or persistent feelings of sadness
- A drop in school performance
- Problems with authority
- Indecision, lack of concentration
- Overreaction to criticism
- Frequent physical complaints
Nonfatal self-inflicted injuries
(Washington State youth 2008-2012)
N = 4354

- cut/pierce
- firearm
- poisoning
- suffocation and obstructing
- other
Fatal suicide means

(Washington State youth 2008-2012)

N = 617
Fatal suicide means
(Washington State youth 2008-2012)

Female youth
ages 10-24
n=108

Male youth
ages 10-24
n=509

- Poisoning
- Suffocation
- Drowning
- Firearms
- Jump/fall
- Other

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Networks for LIFE
Populations at higher risk

• Youth living with mental health issues

• Youth experiencing stresses (current or past) like poverty, abuse, violence, racism or living in low-resource communities

• Youth in vulnerable identity groups, including:
  • LGBTQ youth (worse with family rejection)
  • Native American youth
  • Latina adolescent girls
  • Foster care youth and alumni
  • Homeless youth

• Youth who abuse alcohol or other substances

• Youth who have attempted suicide before
Experiences that may increase risk

- The death or illness of a family member, friend or community member, including another teen suicide in the community
- A loss or sudden change in circumstances
- A problem with peers, like a breakup, bullying or conflict with friends
- A major stress like failing a test, unplanned pregnancy, family conflict or being arrested
- Being abused
- Being or feeling socially isolated
- Having access to firearms or other lethal weapons
Elements of suicide prevention in school settings include:

- Prevention
- Intervention
- Postvention
Policies and procedures for prevention

- Schedule of and responsibility for suicide awareness and prevention training for students, families, and school staff
- How, when and by whom suicide prevention is taught in the classroom
- How a preventive culture is reinforced in the school
- When and how school faculty and staff are trained and updated on intervention and postvention protocols
Policies and procedures for creating a supportive environment

- Create strong, consistently enforced rules against **bullying and harassment**
- Require timely, **appropriate referrals for youth facing difficult circumstances**
- Require **training for all staff** on suicide prevention, mental health, and crisis situations common among your participants
- Establish **clear policies and procedures around suicidal ideation and suicide attempts**
How does your school create a supportive and preventive environment?

What actions do you take to create a supportive, preventive environment?
Teaching about suicide prevention

- Make sure you have permission
- Make sure your institution is prepared
- Make sure mental health resources in your community are prepared
- Make sure you are prepared
YSPP’s classroom curriculum modules

**Riding the Waves**
for late elementary school

**Look, Listen, Link**
for middle school

**H.E.L.P. for high school**

Listed on Best Practice Registry

Youth Suicide Prevention Program

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Intervention: When to step in
Policies and procedures for intervention

- How students at risk are identified and with whom the information is shared
- What tools and procedures are used to assess risk
- Clear action steps and chain of command for disclosures of suicidal thinking
- Guidelines for what interventions are handled by the school and when to refer out
- Up-to-date community referral list


**Signs of suicidal thinking: The FACTS**

**Feelings**

Sad, lonely, hopeless, in pain, moody, irritable, increased depression

**Actions**

Pushing away friends and family, giving away important possessions, using alcohol or drugs, making unsafe decisions, making or researching suicide plans, making art or writing about death, saying goodbye

**Changes**

Changes in school performance, changes in appearance or hygiene, changes in personality or attitude, just not seeming like themselves

**Threats**

Saying they’re going to kill themselves, saying goodbye

**Situations**

Has the person had a crisis or trigger situation, especially in the last couple of weeks?
Scenario for review
Early in the fall, your student Carlos’s father was very ill. During that time, Carlos spent a lot of time in the principal’s office, in trouble for minor disciplinary infractions. His behavior has improved, but you have noticed him acting quiet and serious in class, and he told you that he was going to drop out of his community soccer team because there was too much on his mind.

For about a month, Carlos has been dating his classmate Jamie. He was very invested in the relationship, and you heard him say he would want to die if the relationship ever ended. Today you learn that Jamie broke up with Carlos.
What are the **FACTS?**

- **F**eelings
- **A**ctions
- **C**hanges
- **T**hreats
- **S**ituations

Are you concerned Carlos may be at risk of suicide?
Youth Suicide: Intervention Steps

- Show you care
- Ask the question
- Call for help
Show you care

• “I have noticed that _____, and I feel concerned about you because ____.”

• “I want to help. Tell me more about what’s happening.”

• “I care about you and how you’re holding up.”
  – Use with care and within appropriate boundaries.

• “We can work together to get through this.”

• Follow with open-ended questions
Ask the question

- “Sometimes when ____ happens to people, it makes them think about suicide. Are you thinking about it?”
- “When you said ____, it made me wonder if you were thinking about ending your life. Are you?”
- “Have you thought about how you would do it?”
- “What thoughts or plans do you have?”

Remember: Asking the question does not cause suicide
Call for help

- “I know where we can get some help.” (Mention specific resource people in the school.)
- “Do you want someone to come with you to the counselor’s office.”
- “You’re not alone. Let me help you.”
- “Who are the 3 people in your life that you trust the most?”
- “Together we can figure out how to make you feel better.”
Suicide risk and confidentiality

• Suicide risk is a confidentiality exception even when you’re otherwise legally or ethically bound to confidentiality.

• Never promise that a student’s writing or what they tell you will be confidential in all cases.

• If you need to break confidentiality to protect the student, explain why.
Tailoring referrals to needs

Selection of appropriate referral determined by:

- Resources available in the community
- Level of risk
- Intensity of stressors
- Family’s culture and language
- Student’s identity
- Student’s age and ability to consent/family availability
- Mental health and treatment history
Where to get information & help

- The youth’s therapist, psychiatrist, case manager, family, treatment team or trusted service provider
- Your county crisis line
- 211
- Your district’s or organization’s crisis resources
- A crisis phone hotline (1-800-273-TALK, or for LGBTQ focus, 1-866-4U TREVOR)
- Resources through your local community center, religious institution or school
- The hospital emergency room/911
Discussion

What local resources do we recommend?

What are local referral limitations/challenges?
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For about a month, Carlos has been dating his classmate Jamie. He was very invested in the relationship, and you heard him say he would want to die if the relationship ever ended. Today you learn that Jamie broke up with Carlos.
How would you:

- Show you care
- Ask the question
- Call for help
Postvention: After a suicide
Policies and procedures for *postvention*

- Procedure and phone tree for alerting faculty and staff in the event of a crisis
- Policies on staff planning and communication with students and families in the event of a crisis
- Names, contact information, and activation procedure for district care team
- Day-of and week-of procedures in the event of a suicide, including identifying and supporting the most vulnerable students
- Media and communications guidelines in the event of a crisis
- Detailed plans for ongoing student support
When adolescents lose a friend or peer to suicide

- It may be their first experience of loss – how to grieve may be unclear or confusing
- Extra devastating because of peer orientation
- Feelings of guilt, magical thinking (“I could have prevented this”). Amplified for youth who were involved or close to the person.
- Feelings of anger or fear
- Questioning spirituality or existential crisis
- Acting out (impulsive behavior, substance use) or acting in (sadness, depression, fixating)
Who is at highest risk after a peer's death?

• Peers who witnessed or were near the incident

• Youth who identify with the deceased peer – teammates, those who share an experience or subculture, classmates, peers who looked up to them

• Youth who were emotionally close to the deceased peer – friends, relatives, dating partners, those in the same clique or social circle

• Peers who are already vulnerable for another reason
Postvention best practices

• All faculty and staff plus care team meet to debrief the situation and plan on day 1

• One statement read by all teachers in classrooms – no loudspeaker announcement

• School counselor or care team member follows deceased student’s schedule

• Safe room open & staffed for at least the week of the suicide

• Solicit input about most affected students and provide immediate assessment and support
Postvention best practices

• Continue staff communication and debriefing at each day’s beginning and end

• Manage messages – do not sensationalize, glamorize or use messages that tacitly support suicide

• Interventions include faculty and staff, students, families, other schools in the district, and community

• Return to normal but be flexible

• No school vigils or permanent memorials

• Ongoing services and improved infrastructure sustained after the incident
What is a crisis response plan for suicide?

• A document explaining the school’s policies and procedures around suicide prevention, intervention and postvention

• A structure in place before a crisis that will help everyone in the school handle it appropriately and consistently

• A living document that should be updated and re-trained at least once a year