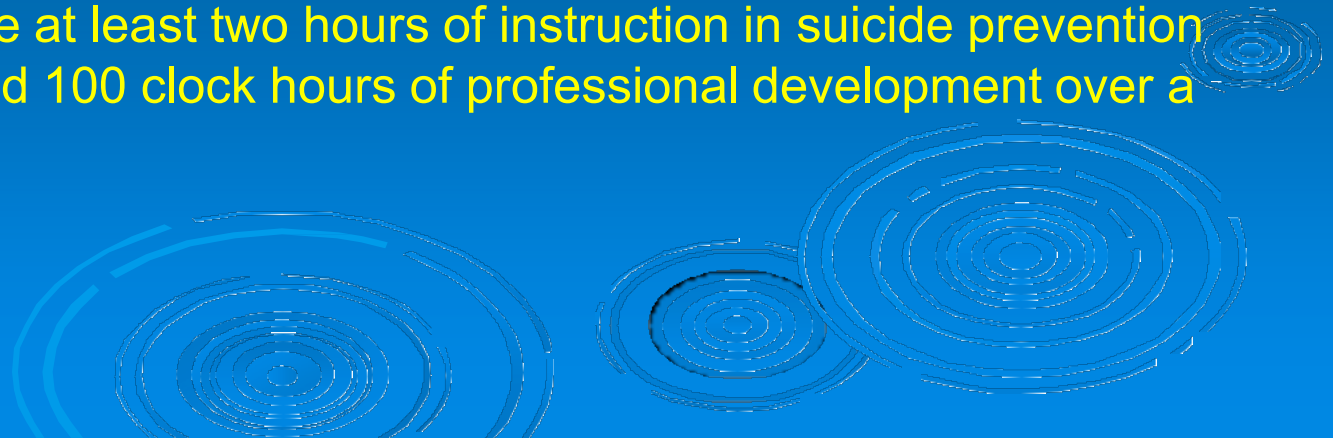



Understanding Suicide: Prevention and Intervention in our Schools

N.J.S.A. 18A:6-111 became law, requiring all public school teaching staff members to complete at least two hours of instruction in suicide prevention as part of the required 100 clock hours of professional development over a period of five years.



Objectives :

- Know symptoms of depression in adolescents
 - Understand that suicide is a public health problem
 - Identify ways to protect yourself and others from suicide
 - Identify suicide risk factors
 - Know the red light warning signs for suicide risk
 - Are comfortable offering help to someone at risk for suicide
 - Have resources for post-intervention after a student threatens suicide
- 

Defining Suicidal Behavior

Childhood and Adolescence can be stressful times for children. Children may feel depressed, or they may have feelings of fear and confusion. When problems grow, many children and adolescents feel their only solution is suicide.

Suicide is the third leading cause of death for 15 to 24 year olds in the United States.

Suicide is the sixth leading cause of death for 5 to 14 year olds in the United States.

Approximately 12 young people die every day of suicide.

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, is positioned in the bottom right corner of the slide. The circles are white and vary in size and opacity, creating a subtle, artistic background element.

Defining Suicidal Behavior

The professional's ability to convey a non-judgmental understanding of the student's right to view suicide as a rational solution may introduce the rapport that is needed to help the student choose another solution. The irony is just one of the many contradictory elements of suicide which include the fact that so few people do it.

Roughly 1% of people who have had suicidal ideation go on to kill themselves.

Shea, S.C. The Practical Art of Suicide Assessment. 2002.

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.

Defining Suicidal Behavior

Most people kill themselves because they *decide* to kill themselves. A given individual can present with very few risk factors, but if that person has decided to kill himself or herself, that person will-and the absence of risk factors be damned.

Generally, the decision to kill oneself is made after a complex and stressful weighing of the pros and cons by reflective people who would not choose death as the answer if life provided better solutions.

Shea, S.C. The Practical Art of Suicide Assessment. 2002.

[An Article on Defining Suicidal Behavior and Risks for Children and Adolescents](#)



Defining Suicidal Behavior

- Probably during no other period of human development are individuals more apt to be savaged by public humiliation and peer denigration than in the ego-vulnerable years of adolescence.
- Shame and humiliation may be generated in relation to the perception that one has failed one's parents' expectations, or has been repeatedly humiliated by violence and abuse within the home, or is regarded as an outsider by one's peers.
- Physical attractiveness and homosexuality may also result in aggressive taunting and violence.

Shea, S.C. The Practical Art of Suicide Assessment. 2002.

Teen Depression



Teenagers, especially young teens, may exhibit several symptoms of depression and yet be unaware that they are suffering from depression.

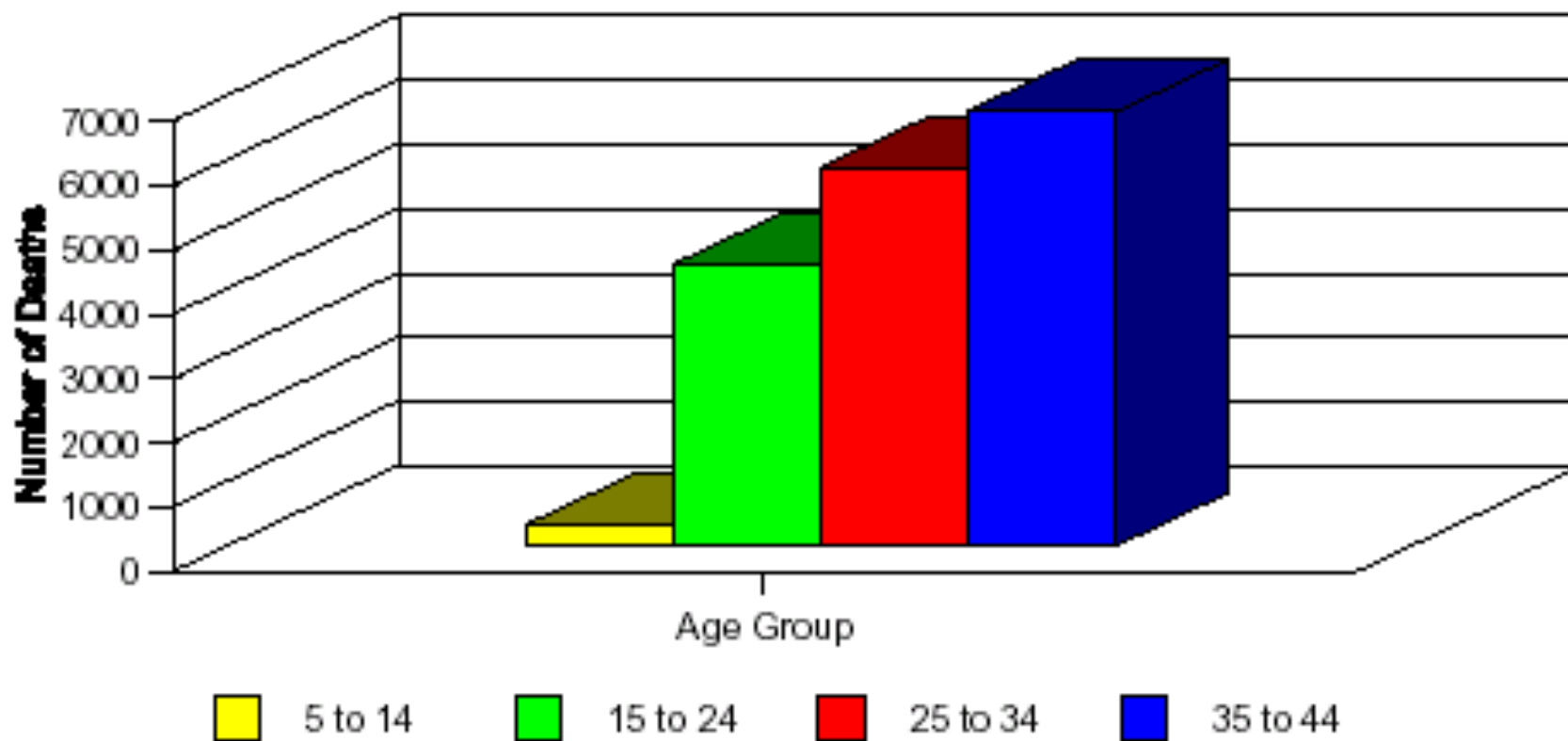
“If I were to die before tomorrow,
I wonder if there would be no sorrow.
Living in a world of misery and pain,
I wonder if I’m normal or insane.
My family won’t talk
And my friends don’t understand
Even though they want to give a hand.
It’s hard to explain the way I feel,
I can’t figure out if this feeling is real.”

Given by a 16 year old girl to her best friend two weeks before her
suicide attempt.



□ *The Strongest risk factors for attempted suicide in youth are depression, alcohol or other drugs use disorder, and aggressive or disruptive behaviors.*

SUICIDE DEATHS in the US (US National Vital Statistics Report, 1996 data)



Although suicide is the 11th leading cause of death for the overall population, it is the 3rd leading cause of death for 15-24 year olds.

Adolescent Anxiety

- Excessive worries
- Worries about school performance
- Difficulty making friends
- Isolative
- Perfectionistic
- Rigid thinking and behavior patterns
- Phobias



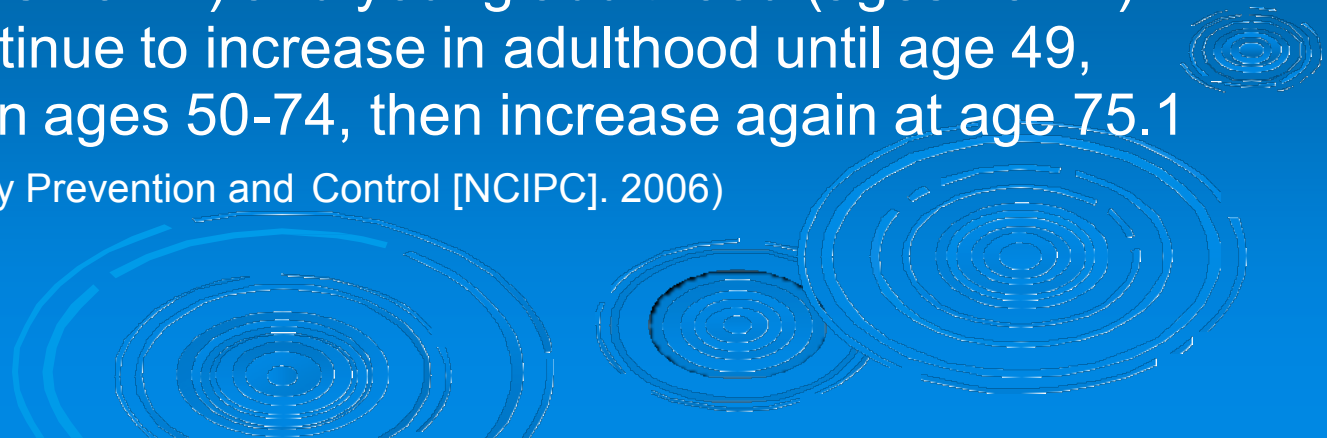
Adolescent Depression

- Sad, blue, irritable and/or complains that nothing is fun anymore
- Trouble sleeping, low energy, poor appetite and trouble concentrating
- Socially withdrawn or performs more poorly in school
- Can be suicidal

National Institute of Mental Health, Treatment of Adolescent Depression Study (TADS)

Defining Suicidal Behavior

- Suicide is one of the most pressing public health concerns. Suicide is the third leading cause of death among young people ages 15 to 24. In 2001, 3,971 suicides were reported in this group. (Anderson and Smith 2003)
- It has been estimated that a suicide occurs every 20 minutes. In the age group of 15-25 years, suicide is the third leading cause of death. (Shea, S.C. The Practical Art of Suicide Assessment. 2002)
- In 2003, the rate of suicide increased ten-fold between early adolescence (ages 10-14) and young adulthood (ages 20-24). Suicide rates continue to increase in adulthood until age 49, decrease between ages 50-74, then increase again at age 75.1 (National Center for Injury Prevention and Control [NCIPC]. 2006)



Defining Suicidal Behavior

In 2003, 4,232 adolescents and young adults ages 10-24 took their own lives, resulting in a suicide rate of 6.8 per 100,000.

Suicide accounted for 11.2% of all deaths for adolescents and young adults, making it the third leading cause of death for this age group after motor vehicle accidents and homicide.

National Center for Injury Prevention and Control [NCIPC]. (2006).

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Groups at Risk

- Assuming that suicide only strikes certain “types” of youths is a mistake. Research demonstrates that self-inflicted deaths occur within all social, ethnic, and economic classes.

- Adolescents who have the “right” friends and are academically and athletically successful, kill themselves.

- So do youths who come from divided families, have few friends and are failing in school related activities.

- There is a growing body of research based upon identifying certain risk factors which may be more reliably correlated with people who commit suicide than with person’s who do not.

Risk Factors

The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that persons will harm themselves. However, risk factors are not necessarily causes. Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Among the factors cited as unique to adolescents which may impact their suicidal behavior are:

- They usually make more prior attempted suicides.
- They tend to have lower self esteem.
- They engage in more risk taking behaviors which eventuate in death.
- They have fewer perceived life accomplishments to fall back on as options.
- There is a more common link with romantic or idealistic themes in their suicide attempts.
- Their suicides are more often impressive and or revenge motivated.

People in crisis attempt suicide. No matter how diverse one's repertoire of coping skills might be, there are certain situations that will be encountered for which no back log of experience seems totally sufficient. Being upset can be displayed as frustration, anger, helplessness and anxiety. Specifically, anxiety is a physiological response which produces marked physiological manifestations; such as:

Extreme thinking: "It's the end of the world if I don't get into the college I want!"

Either/or thinking: "Either I accomplish...or I am a total failure!"

Tunnel Thinking: "There's only one way out ...there's nothing else I can do!" "I've tried everything!"

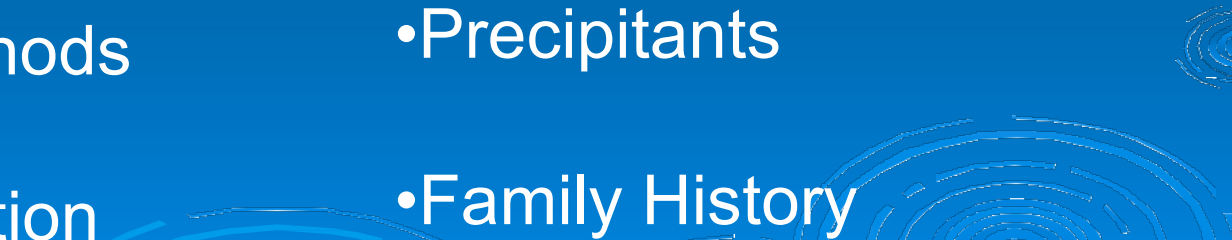
Young people are particularly susceptible to having their thinking compromised by anxiety. They lack enough prior experiences to understand that critical periods in one's life will eventually pass.

Adolescents frequently act as if they will “never get over” their current crisis.

Governor's Advisory Council on Youth Suicide Prevention 1989

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The following categories and risk factors have been identified in American teenagers:

- Age
 - Gender
 - Ethnicity
 - Geography
 - Suicide Methods
 - Risk & Imitation
 - Suicide attempts and later suicide
 - Biological markers
 - Associated mental health problems
 - Precipitants
 - Family History
- 

Age: Very few children under age 12 commit suicide, although many threaten and some make some attempts. In 2003, the rate of suicide increased ten-fold between early adolescence (ages 10-14) and young adulthood (ages 20-24). Suicide rates continue to increase in adulthood until age 49, decrease between ages 50-74, then increase again at age 75.

Gender: Adolescent and young adult males ages 10-24 have a consistently higher suicide rate than their female peers, averaging more than five times the rate of same-age females. This is a long-standing trend: from 1981 to 2003, 84.1% of 10- to 24-year-olds who committed suicide were male.

National Center for Injury Prevention and Control [NCIPC]. (2006).

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide. The circles are white and vary in size and opacity, creating a layered effect against the blue background.

Ethnicity: Suicide rates in whites are higher than blacks at all ages. Native Americans are 20 fold higher than national averages.

Geography: Total youth rates are highest in Western states and Alaska & lowest in Southern, North, Central & Northeastern states.

Governor's Advisory Council on Youth Suicide Prevention 1989

Suicide Methods: Drug overdose by far is the most common method in the total age range population, with firearms being the most lethal among both genders.

Risk and imitation: Suicide attempt and completion rates increase after a high profile incident is publicized.

Governor's Advisory Council on Youth Suicide Prevention 1989

Suicide attempts and later suicide: A minority of teenage suicide attempters go onto completed suicide, but their rate is considerably higher than the general population.

Governor's Advisory Council on Youth Suicide Prevention 1989

Biological markers: serotonin (5-HT), dopamine (DA), and nor-epinephrine (NE) have been identified as possible biochemical markers of depression and suicide. In conjunction with known environmental and behavioral indicators of suicide, neurotransmitter balance could be a factor in determining the severity of depression and the possible suicidal ideation in patients.

[Journal of Clinical Psychology Volume 46 Issue 1, Pages 106 - 116 Published Online: 21 Feb 2006 Copyright © 2008 Wiley Periodicals, Inc., A Wiley Company](#)

Associated mental health problems: A small portion of suicides appear to be free of psychiatric symptoms prior to death. Depression, substance abuse, anti-social behavior and learning disorders are most frequent underlying factors.

Governor's Advisory Council on Youth Suicide Prevention 1989

Precipitants: Data suggests that many teenagers commit suicide in the context of an acute disciplinary crisis or shortly after a rejection or humiliation. Due to the short time between stresses and suicide, the opportunity for preventative interventions based solely upon this type of precipitant risk factor is greatly limited.

Family history: A high proportion of suicides appear to have occurred within families in which a first or second degree relative had previously attempted or committed suicide.

Governor's Advisory Council on Youth Suicide Prevention 1989



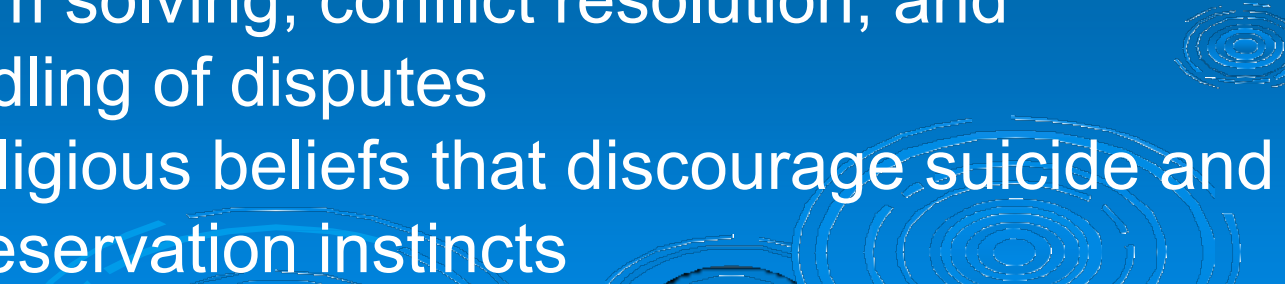
Alcohol and Suicide

- Alcoholics have a suicide rate 50 times higher than the general population
- Alcohol dependent persons make up 25% of all suicides
- 18% of alcoholics eventually complete suicide
- States with the most restrictive policies toward alcohol have the lowest suicide rates (Lester, 1993)



Protective Factors

Protective factors buffer people from the risks associated with suicide. A number of protective factors have been identified (DHHS 1999):

- Effective clinical care for mental, physical, and substance abuse disorders
 - Easy access to a variety of clinical interventions and support for help seeking
 - Family and community support
 - Support from ongoing medical and mental health care relationships
 - Skills in problem solving, conflict resolution, and nonviolent handling of disputes
 - Cultural and religious beliefs that discourage suicide and support self-preservation instincts
- 
- A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide. The circles are white and vary in size and opacity, creating a layered effect against the blue background.

Substance Use & Suicide

- Between 40 and 60% of those who die by suicide are intoxicated at the time of death. An estimated 18-66% of those who die by suicide have some alcohol in their blood at the time of death.
- An estimated 1-6% of individuals with alcohol dependency will die by suicide.
- People who are addicted to alcohol are at higher risk if they also suffer from depression. At the time of death by suicide, 50-75% of alcohol-dependent individuals are suffering from depression.
- Adolescents who die by suicide are more likely to use a firearm than another method if they have alcohol in their blood at the time of death.
- Suicide rates among 18-20 year-olds were found to decrease among several states where the minimum legal drinking age was raised to 21.

Other Substance Use Disorders

- Intoxication by drugs or alcohol may increase suicide risk by decreasing inhibitions, increasing aggressiveness and impairing judgment. Additionally, substance use such as alcohol increases the lethality of some medications, making it more likely that a suicide attempt via overdose will be lethal.

- Research suggests that adolescents who use marijuana and/or cigarettes are at increased risk of suicide. Studies have also found that as many as 20% of those who die by suicide have used cocaine in the days prior to death.

Self Injury & Suicide

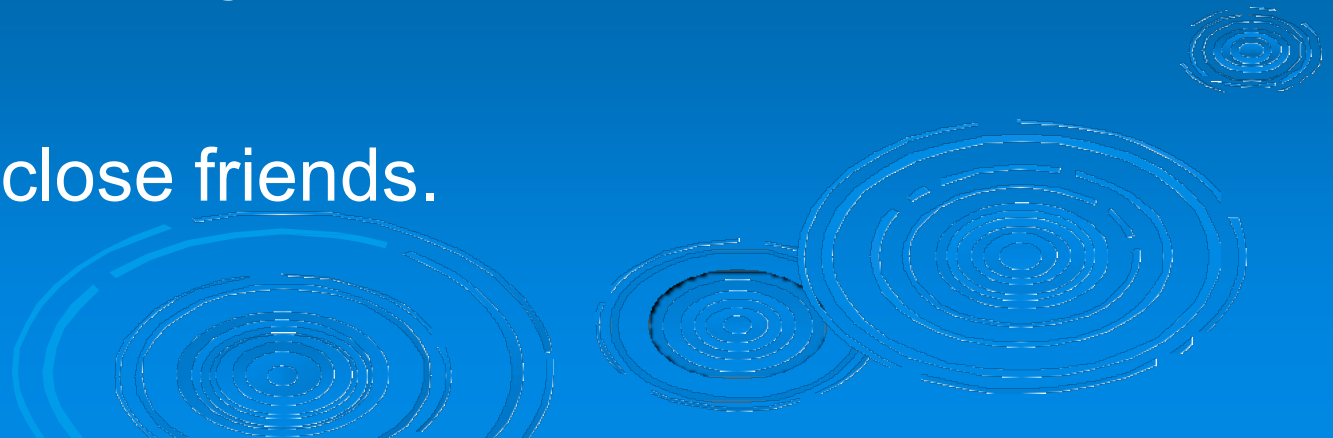
- Self-injury, self-inflicted violence, self-injurious behavior or self-mutilation is defined as a deliberate, intentional injury to one's own body that causes tissue damage or leaves marks for more than a few minutes which is done to cope with an overwhelming or distressing situation.
- The number of young people who participate in acts of self-mutilation is growing. Although self-harm is rarely a suicidal act, it must be taken seriously because accidental deaths do occur.

http://www.helpguide.org/mental/self_injury.htm



Those Who Self-Injure:

- Are not the ones that get piercing and tattoos.
- Are often hard to identify.
- Rarely participate in activities that require changing clothing.
- Have few close friends.



Self Injury & Suicide

Self-injury is usually not suicidal behavior but rather a way to reduce tensions. Inflicting physical harm on oneself is a poorly learned coping mechanism which is used to communicate feelings and self-soothe.

Self-injury is strongly linked to a poor sense of self-worth, and over time, that depressed feeling can spiral into a suicidal attempt.

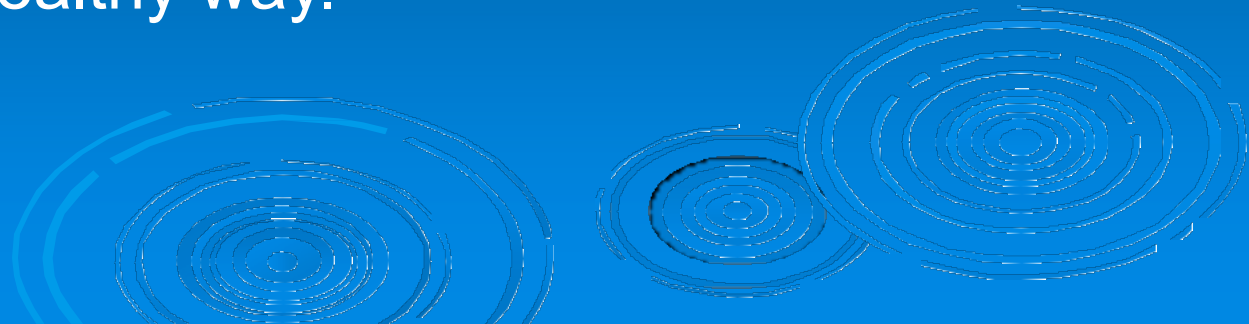
Sometimes self-harm may accidentally go farther than intended, and a life-threatening injury may result which is why intervention and professional help is required sooner rather than later.

http://www.helpguide.org/mental/self_injury.html

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, rendered in a light blue color against the dark blue background. The circles are of varying sizes and are scattered across the bottom half of the slide.

Self Injury

- Even though it is possible that a self-inflicted injury may result in death, self-injury is usually *not* suicidal behavior.
- The person who self-injures may not recognize the connection, but this act usually occurs after an overwhelming or distressing experience and is a result of not having learned how to identify or express difficult feelings in a healthy way.



- Sometimes the person who deliberately harms themselves thinks that if they feel the pain on the outside instead of feeling it on the inside, the injuries will be seen, which then perhaps gives them a fighting chance to heal. They may also believe that the wounds, which are now physical evidence, prove their emotional pain is real.


- Although the physical pain they experience may be the catalyst that releases the emotional pain, the relief they feel is temporary.

- These coping mechanisms in essence are faulty because the pain eventually returns without any permanent healing taking place.

For some, self injury can:

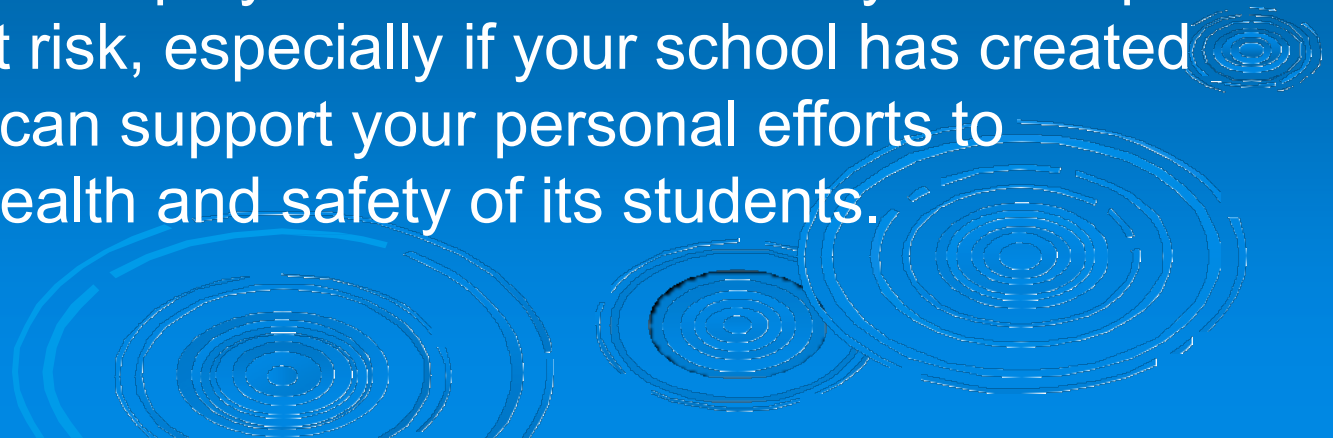
- Regulate strong emotions
- Distract from emotional pain
- Express things that cannot be put into words
- Exert a sense of control over your body
- History of physical, sexual and emotional abuse
- Self-soothing behavior

People who self-injure have some common traits:

- Expressions of anger were discouraged while growing up
 - They have co-existing problems with obsessive-compulsive disorder, substance abuse or eating disorders
 - They lack the necessary skills to express strong emotions in a healthy way
 - Often times there is a limited social support network
- 

What can I do?

- As a teacher, you have day-to-day contact with many young people, some of whom have problems that could result in serious injury or even death by their own hand.
- You are therefore well-positioned to observe students' behavior and to act when you suspect that a student may be at risk of self-harm.
- There are specific steps you can take to identify and help young people at risk, especially if your school has created a structure that can support your personal efforts to safeguard the health and safety of its students.



Be Prepared to Act

You need to know what to do if you believe that a student is in danger of harming him- or herself. Our schools have procedures for this situation. Teacher will call an administrator immediately.

- Escort the student to the office, where appropriate.
- The student will be interviewed by appropriately certified personnel, such as a member of the Child Study Team, counselor, school nurse, or crisis counselor to determine the severity of the problem.
- If the student is not considered to be at risk, the parent will be notified and appropriate counseling recommended.
- If the student is considered at risk, the parent will be contacted to remove the student from school and arrange for an immediate evaluation from a mental health specialist.
- *If the parent is unwilling or unable to assist in the process, the student will be transported via ambulance accompanied by two staff members

Do Not Leave a Student at Imminent Risk of Suicide Alone

If you have any reason to suspect that a student may attempt suicide or otherwise engage in self-harm, you need to remain with the student (or see that the student is in a secure environment, supervised by caring adults) until professional help can be obtained. The student's well-being supersedes any promises of confidentiality you may have made to the student. Let the student know that you care, that he or she is not alone, and that you are there to help.

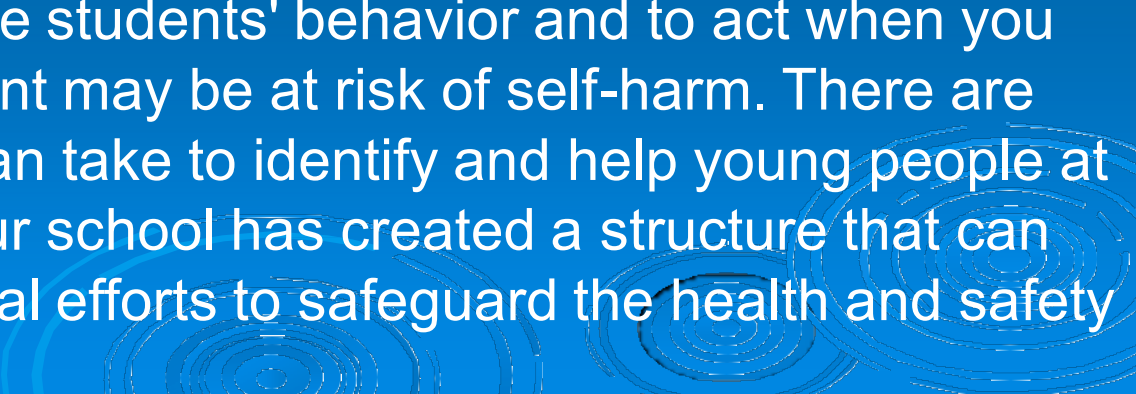
Get Help When Needed

If you believe that the student is in imminent danger and is uncooperative, you, or another member of the school staff, should call the school nurse and 911. Tell the dispatcher that you are concerned that the person with you "is a danger to him- or herself" or "cannot take care of him- or herself." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make this call if you suspect that someone may be a danger to him- or herself.

Legal Aspects of Reporting

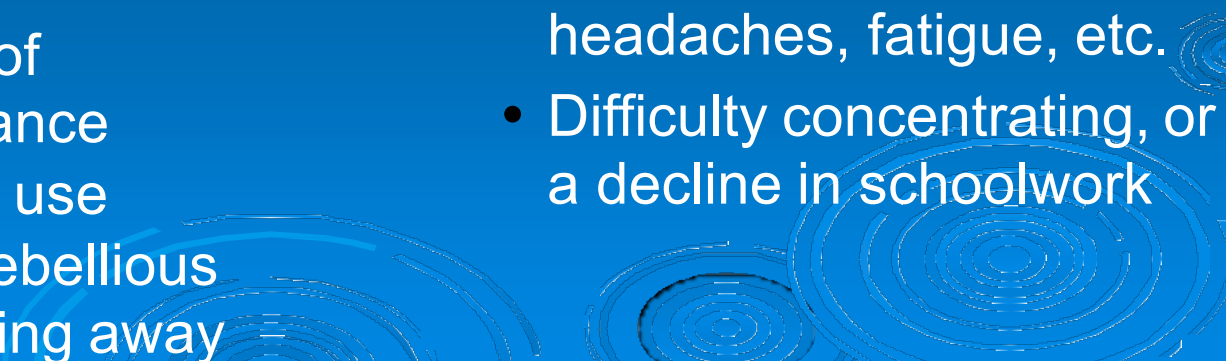
- **School policy:** All teachers have been provided the school policy in their orientation packets.
- **Hold Harmless:** Any teacher that reports an individual who may injure themselves, is protected under the law.

Very few of suicides or suicide attempts, take place in schools. But many young people who are at risk of suicide attend school and exhibit warning signs that, if recognized and acted on, could prevent death or injury and reduce emotional suffering. As a teacher, you have day-to-day contact with many young people, some of whom have problems that could result in serious injury or even death by their own hand. You are therefore well-positioned to observe students' behavior and to act when you suspect that a student may be at risk of self-harm. There are specific steps you can take to identify and help young people at risk, especially if your school has created a structure that can support your personal efforts to safeguard the health and safety of its students.



Warning Signs

The American Academy of Child and Adolescent Psychiatry lists the following warning signs of suicide:

- Withdrawal from friends, family, and regular activities
 - Change in eating and sleeping habits
 - Unusual neglect of personal appearance
 - Drug and alcohol use
 - Violent actions, rebellious behavior, or running away
 - Personality change
 - Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
 - Difficulty concentrating, or a decline in schoolwork
- 

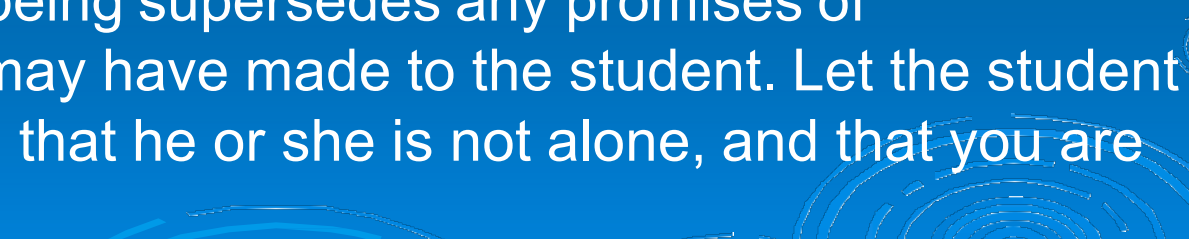
Responding to warning signs

Documenting and making referrals:

Do Not Leave a Student at Imminent Risk of Suicide Alone

If you have any reason to suspect that a student may attempt suicide or otherwise engage in self-harm, you need to remain with the student (or see that the student is in a secure environment, supervised by caring adults) until professional help can be obtained. Report this to your building principal, and/or student assistance counselor.

The student's well-being supersedes any promises of confidentiality you may have made to the student. Let the student know that you care, that he or she is not alone, and that you are there to help.



Responding to warning signs

Get Help When Needed

If you believe that the student is in imminent danger and is uncooperative, you, or another member of the school staff, should call the school nurse and 911.

Tell the dispatcher that you are concerned that the person with you "is a danger to [him- or herself]" or "cannot take care of [him- or herself]."

These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make this call if you suspect that someone may be a danger to him- or herself. It could save that person's life.

