

# ***Protecting Our School Community***

## ***Essential Information for Families and Trusted Adults about Youth Suicide***

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# Why Are We Here?



1. To raise awareness about youth suicide and related issues
2. To recognize the critical role of “gatekeepers” in suicide prevention
3. To summarize next steps in this process at MPA

# Myths and Facts Quiz: Suicide

(True or False)

1. If you talk to people about their suicidal feelings, you will cause them to commit suicide.
2. When people talk about killing themselves, they're just looking for attention. Ignoring them is the best thing to do.
3. People who talk about killing themselves rarely die by suicide but those who do die by suicide almost always 'talk' about it to others.
4. All suicidal people want to die and there is nothing that can be done about it.
5. If people attempt suicide, they will always entertain thoughts of suicide.
6. Once people try to kill themselves and fail, the pain and humiliation will keep them from trying again.

# An Evidence-Based Framework for Preventing Suicide

(American Foundation for Suicide Prevention, 2011)

1. Gatekeeper training
2. Suicide information sharing (“psychoeducation”)
3. Restriction of lethal means (e.g., guns, illicit substances)
4. Provide mental health treatment to individuals with, or who are at-risk for, depression and/or anxiety disorders



# Magnitude of the Problem

(2015 National Data)

- What is the likelihood of a completed youth suicide?
- Young people are about 450 times more likely to die by suicide than by school-associated homicide.
- More males (5 to 18 years) die by suicide – about twice as likely as females.
- Firearms and suicide
  - Firearms are involved in about 33,000 deaths in the U.S. annually; about two-thirds of those are suicides.
  - 41.5% of 14-18 year old suicides due to a firearm.
  - Lock up firearms or otherwise remove access.

# Beyond completed suicides: Suicidal Ideation

(2015 National Data)

- Suicide among high school students in 2015<sup>1</sup>
  - 17.7% seriously considered suicide
  - 14.6% made a suicide plan
  - 8.6% attempted suicide
  - 2.8% attempt required medical attention
- 100 to 200 attempts for each suicide death.<sup>2</sup>

# OK... so what now?

- Let's turn to prevention and intervention...
  - Be aware of risk factors
  - Be aware of warning signs
  - Be aware of protective factors
  - Be aware of resources
  - Be proactive

# Risk Factors

*(Factors that may make someone more vulnerable to consider or to attempt suicide)*

## Internal

- Perceptions of isolation or aloneness
- Expressions of hopelessness, significant impulsivity, hallucinations, delusions
- Substance use/abuse
- LGBTQ+ identity
- Being male
- Physical health problems
- Previous episodes of self-harm



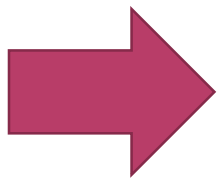
## External

- Access to means, including firearms in the home
- Interpersonal conflict (break-ups, peer group issues, other rejections)
- Bullying, cyberbullying
- Family conflict or dysfunction
- Changes in personal security (e.g., threat of deportation)
- Increased community violence



# Risk Factor Cautions

- **Why have some researchers suggested that understanding and screening for risk factors is not useful?** <sup>1</sup>
  - Some risk factors are fairly common (e.g., being male, previous episodes of self-harm), limiting their predictive ability.
  - Most “high risk” individuals will NOT die by suicide.
- However, the goal is NOT to predict exactly who will die by suicide. Rather, the goal is systematic prevention.
- Understanding and reducing risk factors can aid prevention.



**FOCUS:** *Prevention NOT Prediction*

# Warning Signs of Suicidal Ideation



- Warning signs are clues that suicidal ideation may already be present regardless of risk factors
- Four out of five suicide victims display warning signs, often providing verbal clues

# Examples of Verbal Warning Signs

1. *"Everybody would be better off if I just weren't around."*
2. *"I'm not going to bug you much longer."*
3. *"I hate my life. I hate everyone and everything."*
4. *"I'm the cause of all of my family's/friends' troubles."*
5. *"I wish I would just go to sleep and never wake up."*
6. *"I've tried everything but nothing seems to help."*
7. *"Nobody can help me."*
8. *"I want to kill myself but I don't have the guts."*
9. *"I'm no good to anyone."*
10. *"If my (father, mother, teacher) doesn't leave me alone I'm going to kill myself."*
11. *"Don't buy me anything. I won't be needing any (clothes, books)."*

# Examples of Behavioral Warning Signs

## General

- *Writing of suicidal notes (posting on social media)*
- *Making final arrangements*
- *Giving away prized possessions*
- *Reading, writing, and/or art about death*
- *Increased risk-taking*
- *Increased heavy use of alcohol or drugs*

## Symptoms of Depression

- *Sudden withdrawal from usual interests (i.e., isolating)*
- *Change in self-esteem*
- *Difficulty concentrating*
- *Sleep issues*
- *Sudden changes in appetite*
- *Increased irritability*
- *Abrupt changes in personality or attitude*

# What if a Suicide Does Happen?

## Preventing Suicide Contagion

### Suicide contagion

- “...a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide.”
- “The effect of clusters appears to be strongest among adolescents.”



# Suicide Contagion

## □ Exposure to schoolmate suicide

- 12 to 13 years old – 5x more likely to have suicidal ideation
  - 7.5% attempted suicide after a schoolmate's suicide vs. 1.7% without exposure
- 14 to 15 years old - 3x more likely to have suicidal ideation
- 16 to 17 years old – 2x more likely to have suicidal ideation
  - By this age, 24% had a schoolmate die by suicide
  - By this age, 20% personally knew someone who died by suicide

# Preventing Suicide Contagion

- Publicize hotline numbers (such as Lifeline: 1-800-273-8255) and information about school and community mental health resources
- Avoid romanticizing or glamorizing the victim or the suicide
- Avoid permanent memorials in schools (instead, consider *living memorials*)
- Provide facts and dispel rumors BUT avoid publically detailing the methods used
- Develop a plan for anniversaries
- Partner with media outlets to ensure the above
- See *After a Suicide: A Toolkit for Schools*  
<https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf>

# Be Aware: *13 Reasons Why*

- **Easy access**
  - Netflix's most popular show of all time
  - Most tweeted show of 2017 to-date
  - Most popular show on social media
- **Concerns**
  - Romanticizes suicide
  - Portrayal of adult ineffectiveness
  - Graphic, realistic issues and imagery
  - Modeling of ineffective coping
  - Contagion concerns
- Be aware; monitor; discuss; seek help!
- Season 2 to be released spring 2018
- <https://www.jedfoundation.org/13-reasons-why-talking-points/>





# Key Protective Factors



- ✓ School emphasis on a positive school climate and “psychological safety” (e.g., connectedness, collaboration, resiliency, respect for diversity)
- ✓ Caregiver awareness and vigilance: know the risk factors and warning signs
- ✓ Caregiver willingness to talk about challenging issues such as mental health and bullying

# What Else Can We Do?

- If you suspect your child or someone you know is suicidal...
  - Provide constant supervision
  - Listen and avoid judgment
  - Do not agree to keep the issue a secret
  - Remove any means of self-harm
  - Reassure the child there is help
  - Ask directly if they are thinking about suicide
  - Seek assistance from MPA or community-based mental health professionals
- Consider the *Preventing a Suicide Toolkit* (DiCara, O'Halloran, Williams, & Canty-Brooks, 2009)
- <https://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>
- **Recommendations include:**
  - Schools should educate school staff, students, and families on youth suicide/suicidal behaviors
  - Schools should have screening programs in place

# Next Steps at MPA

- Ongoing gatekeeper training and psychoeducation
- Depression and suicide risk screenings
- Your school-based mental health professionals are:
  - Molly Fischer [Lower School-Middle School (grades 5-6)]
  - Ashley Cooper [Middle School (grades 7-8)-Upper School]
  - Dr. Jules Nolan (School psychologist)
  - Dr. Steve Kahn (Psychologist on-call)

# Questions?



# Presenter Contacts

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