Suicide Awareness in the School Setting

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1/25/2022

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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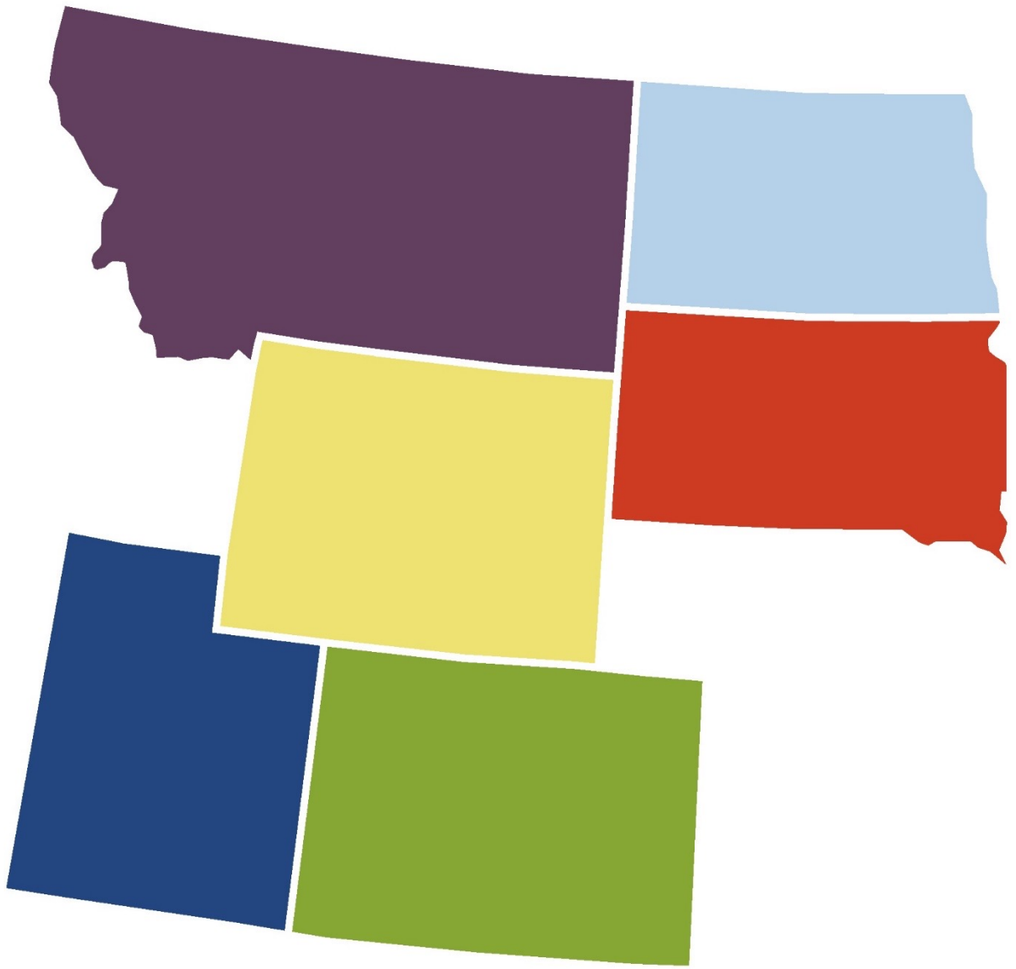
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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This in-service is not intended to replace advanced training in suicide response and risk assessment. Please refer to resources at the end of this training for programs

Definitions

Suicide: Death by self-directed injurious behavior with an intent to die

Suicide Attempt: Non-fatal self-directed (potentially) injurious behavior with an intent to die

Suicidal Ideation: Thoughts of suicide. May or may not include a plan

Let’s Talk Stigma

What is stigma?

- Misperceptions that those with mental illness are weak, lack will power, they only need to ___ more, etc. instead of acknowledging the data proving a physical connection exists

Why do we need to address this?

- Reduce feelings of shame and secrecy
- Normalizing. It’s ok not to be ok!
- Increase access to appropriate care

Reevaluating our Thoughts on Suicide

Misconception: Asking someone about suicide will introduce the idea.

What we Know: Asking about suicide doesn't give them the idea. It's important to talk about suicide because you'll learn more about their mindset and intentions, and allow them to diffuse some tension that's causing their suicidal feelings

Misconception: When people who are suicidal feel better, they are no longer suicidal.

What we Know: Sometimes people feel better because they've decided to die by suicide and may feel a sense of relief that the pain will soon be over.

Reevaluating our Thoughts on Suicide

Misconception: People who are suicidal want to die.

What we Know: Most don’t want to die. They‘re in pain and want to stop the pain.

Misconception : When people become suicidal, they’ll always be suicidal.

What we Know: Most people are suicidal for a limited time period, but suicidal feelings can recur.

Reevaluating our Thoughts on Suicide

Misconception : People who talk about suicidal are trying to manipulate others.

What we Know: No. People who talk about suicide are in pain. People often talk about suicide before dying by suicide. Always take talk about suicide seriously. ALWAYS.

Misconception : People who are suicidal don't seek help

What we Know: Many who are suicidal reach out for help.

Data and Demographics

- Suicide is the second leading cause of death for youth ages 10-24 in 2019 (19.7%)[2]
- Rates increased 61.7% between 2009-2018 [2]
- For each suicide death among young people, there may be as many as 100–200 attempts (McIntosh, 2010) [5]

Data and Demographics

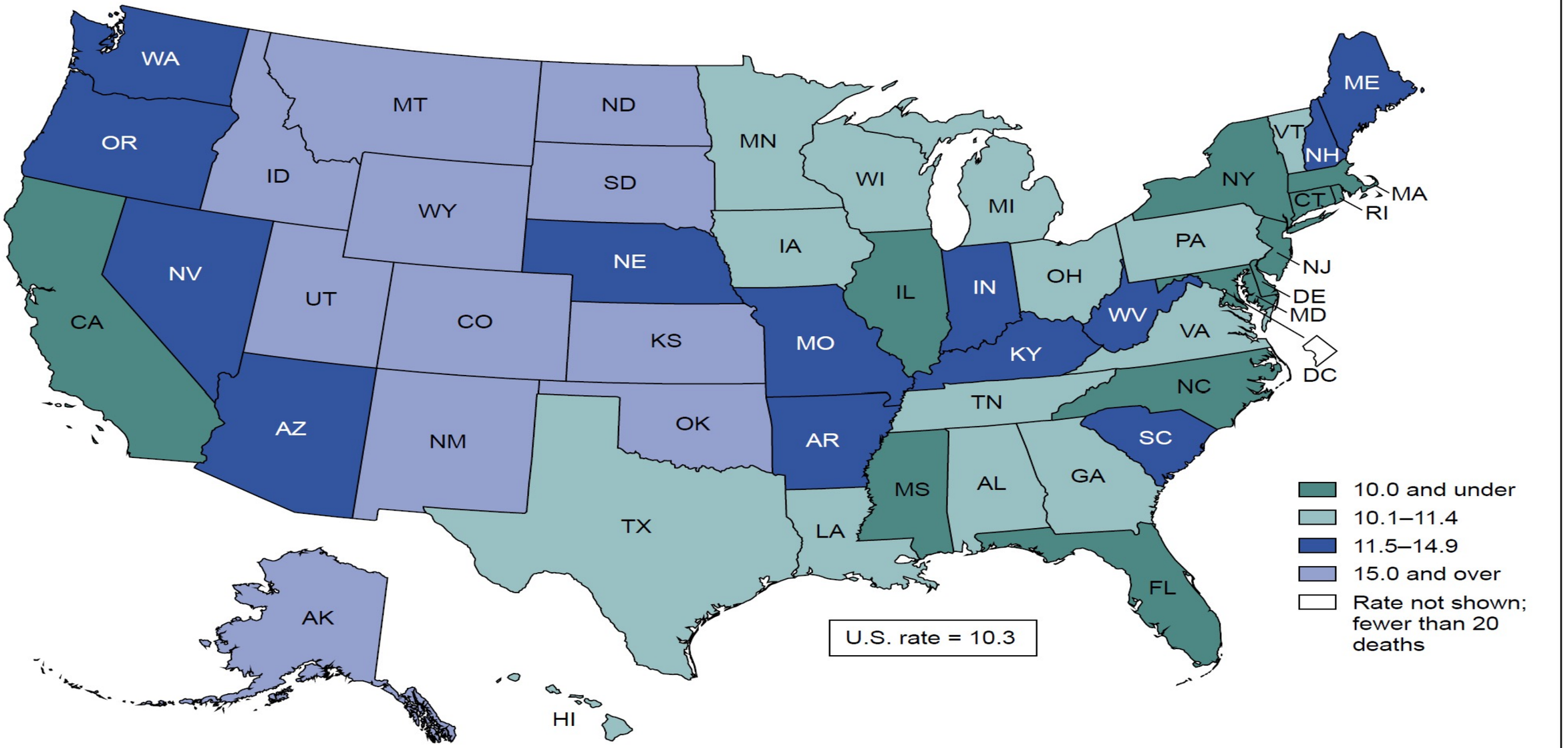
- 18.8% of high schoolers report seriously considering suicide in 2019; rates increase significantly for LGBTQ (46.8%) [2]
- Suicide is the 2nd leading cause of death for AI/AN youth and young adults ages 10-34[3]
- 1.5x higher for AI/AN adolescents and young adults [3]
- Higher rates for Hispanic youth in grades 9-12 for ideation, having a plan, and attempts in comparison to white and black students [3]
- Attempts are significantly higher with females; 11.0% compared to 6.6% of males. Females also experience higher levels of ideation and planning[2]

Data and Demographics

- In 2018, about 95,000 youth (ages 14-18) were admitted to the ER for self-harm injuries[7]

- Since the pandemic:[7]
  - Increase in anxiety and attempted suicides, especially among girls;
  - In 2020, we saw a 31% increase in ER visits for all youth per the CDC (Yard et al.).
  - ER visits for suicide attempts increased for teens aged 12-17, especially girls

Figure 2. Suicide death rates for persons aged 10–24: United States, 2016–2018



NOTES: Rates are 3-year averages of suicide deaths in 2016–2018 per 100,000 population of persons aged 10–24 in each area. Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Curtain, 2020

Contributing Factors in Mountain States

While it is impossible to know the exact cause of the increased rates of suicide in this region, several things have been proposed as contributing risk factors. Some possible reasons for the higher rates of suicide may include:

- Decreased access to mental health resources
- Easier access to firearms due to higher rates of gun ownership
- Increased tendency to not access resources due to stigma
- Increased economic stressors related to stressful work and decreased employment options

Risk Factors

Individual Risk Factors[5,6]:

- Previous suicide attempts, esp. within the year
- Mental Health (Depressive/Anxiety/Personality Disorders)
- Hopelessness, low self-esteem
- Impulsive or risk-taking tendencies
- Poor problem-solving or coping skills
- Low stress and frustration tolerance
- Social alienation or isolation, non-conforming
- Body Image
- Perception of burdening others
- Loss
- History of abuse, bullying others, or being bullied by others

Risk Factors

Risky Behaviors:[5]

- Alcohol or drug use
- Non-suicidal self-injury such as cutting*
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior
- Exposure to suicidal behavior of others via media or other

Risk Factors

Family Characteristics:[5,6]

- Family history of suicide
- Parental mental health problems
- Family stress and dysfunction
- Stressful life event/loss or a situational crisis (breakups, abuse, divorce, death of a loved one, etc.)
- Lack of social/familial support
- Death of loved one
- Familial financial difficulties
- Under/overprotective parenting

Risk Factors

Environmental Factors:[5,6]

- Exposure to suicidal behavior of others
- Negative social and emotional environment at school
- Expression and acts of hostility
- Lack of respect and fair treatment (including that of culture)
- Limitations in school physical environment, including lack of safety and security
- Access to lethal means
- Exposure to stigma & discrimination
- Limited access to mental health care

Signs of Depression in Youth[4]

Young Children	Other Children/Teens
• Frequent tantrums, intense irritability • Often talks about fears or worries • Somatic complaints • Very active except with TV or videogames • Sleeps too much/little. Frequent nightmares or seems sleepy during the day • Little interest playing with others or trouble making friends • Struggles academically or recent decline in grades • Repeat actions or check things many times out of fear something bad may happen.	• Loss of interest in things previously enjoyed • Fear of gaining weight; diet or exercise excessively • Periods of highly elevated energy/activity; requires much less sleep • Sleeps too much/little. Seems sleepy throughout the day. Low energy • Increased isolation; avoids social activity • Self-harm behaviors (e.g., cutting or burning their skin) • Risky or destructive behaviors. Substance use

General Warning Signs[5,6]

Warning Signs: Changes in behaviors, feelings, & beliefs about self. Most signs last 2+weeks, but can occur impulsively

- Anxiety, agitation, dramatic mood changes
- Reckless or engaging in risky activities
- Unable to sleep or sleeping all the time
- Increased alcohol or drug use
- Withdrawal from friends, family, and society
- Feeling trapped, like there's no way out
- Rage, uncontrolled anger, seeking revenge

Warning Signs for Youth (<25 yrs) [5]

- Talking about or making plans for suicide
- Hopeless about the future*
- Severe or overwhelming emotional pain or distress
- Worrisome behavioral cues or marked behavioral change:
  - * Withdrawal or changes in social connections
  - * Changes in sleep (increased or decreased)
  - * Anger that seems out of character or context
  - * Recent increased agitation or irritability

Acute Warning Signs[5,6]

- Threatening to hurt or kill self or talking about wanting to die (sometimes this is seen as verbal clues)

- Looking for ways to kill self by seeking access to lethal items

- Talking or writing about death, dying, or suicide. Artwork?
  - *Is there a detailed plan for attempt (how, where, when)?*

Note: Be cautious of sudden improvement after a period of being very sad and withdrawn because a decision may have been made to escape problems by ending life

Warning Signs for Youth (<25 yrs) [5]

The risk for Suicide increases if the warning sign is:

- New and/or
- Has increased, and
- Possibly related to an anticipated or actual painful event, loss, or change

Protective Factors[5]

Individual Characteristics

- Emotional well-being and emotional intelligence
- Adaptability, resilience, internal control of one's environment
- Strong problem-solving, coping, conflict resolution skills
- Frequent, vigorous exercise or participation in sports
- Spiritual faith. Cultural beliefs that affirm life
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Note: doesn't shield a child from risk if they are already actively suicidal, but they are very helpful in safety planning

Protective Factors[5]

Social Supports

- Connections. Close supportive bonds with family, caring adults, and peers. Parental involvement.
- Parental pro-social norms
- Family support for school

Protective Factors[5]

<u>School Supports</u>

- Positive school experiences- safe and respectful climate
- Adequate or better academic achievement
- **Connectedness** to school. Part of a close school community

Consider:

- Internal: ability to cope with stress, religious beliefs, frustration tolerance
- External: responsibility to others, positive therapeutic relationships, social supports

Why is Understanding This Important?

- Increasing mental health education and suicidal awareness, including the ability to identify & understand risk factors, protective factors, and warning signs for suicide can help to decrease rates of suicide

- National trend towards teaching youth and teachers suicide awareness and referral steps at a school-wide level as a universal type of intervention.

- Allows us to be proactive and intervene much earlier, before a situation becomes a crisis and get students the help they deserve

Resources

24/7 National Crisis Support Lines

1. National Suicide Prevention Lifeline
   1-800-273-TALK (8255) or 1-888-628-9454 (Spanish)

2. Crisis Text Line
   Text HOME to 741-741

3. Trevor Lifeline (For LGBTQ Youth)
   1-866-488-7386

4. Trans Lifeline
   1-877-565-8860 or translifeline.org

In-Service Training for Other Staff

1. Kognito At-Risk for High School Educators – 1-hour, online, interactive gatekeeper training program that teaches how to identify signs of psychological distress; approach students to discuss concerns; and make referrals to school support services. https://highschool.kognito.com
2. Mental Health First Aid - 8-hour course that builds mental health literacy, and helps to identify, understand, and respond to signs of mental illness. https://www.mentalhealthfirstaid.org
3. SafeTALK Curriculum– a 4-hour workshop that teaches how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support https://www.livingworks.net
4. Question, Persuade, Refer (QPR)- evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. https://qprinstitute.com/

General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Rural Health Information (RHI) Hub - https://www.ruralhealthinfo.org/toolkits/suicide
4. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
5. Suicide Prevention Resource Center – http://www.sprc.org
6. Zero Suicide – zerosuicide.edc.org

COVID Supports for Caregivers & Educators

1. MHTTC. Mental Health Resources for K-12 Educators during COVID-19- https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-k-12-educators-during-covid-19

2. MHTTC. Mental Health Resources for Parents and Caregivers during COVID-19 - https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-parents-and-caregivers-during-covid

3. National Association of School Psychologists. COVID-19 Family and Educator Resources. https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/family-and-educator-resources

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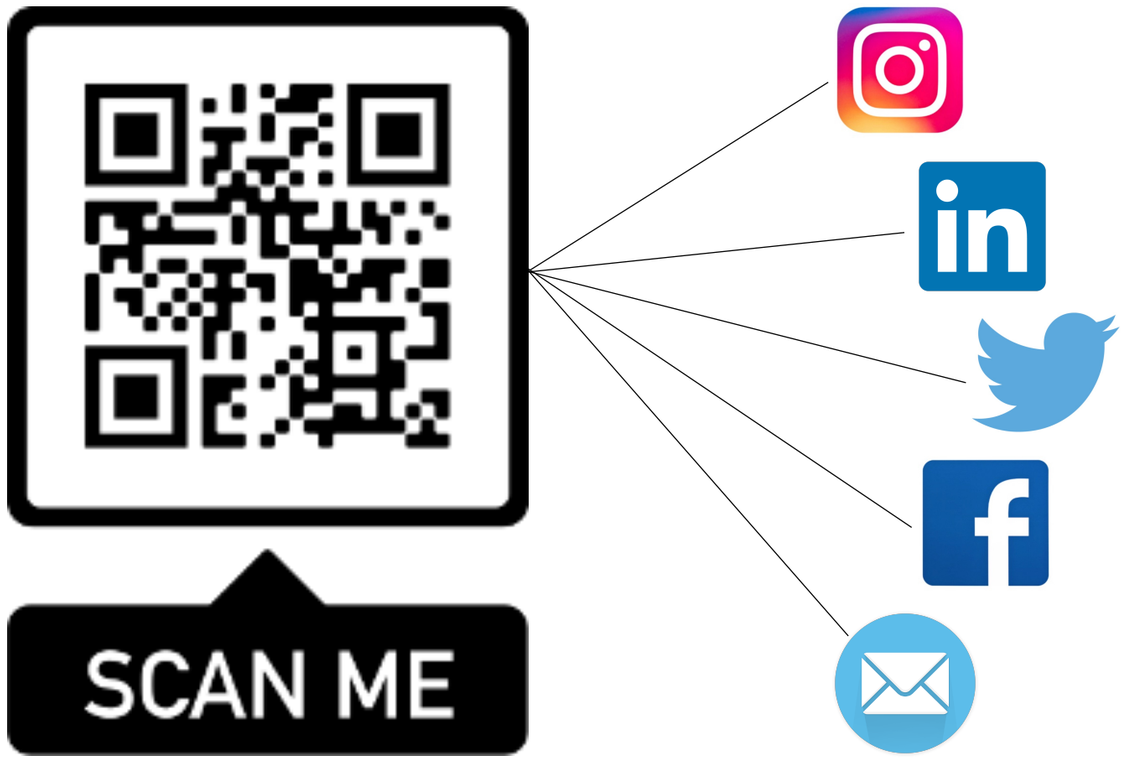

Thank you for joining!

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