

Safeguarding Youth: Signs of Suicide Program Information Session

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Myths

- **Talking about suicide or asking someone if they are suicidal encourages feelings of suicide.**
 - *False - In fact this opens up communication that can lead to getting help. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.*
- **Attempted and completed suicides happen without warning.**
 - *False - There are always warning signs when looking back. Depression, withdrawal, giving away belongings, preoccupation with themes of death, change in behavior*
- **Once a person is intent on suicide, there is no way of stopping them.**
 - *False- Helping to make plans for a future, staying with them, averting attention away in a crisis can all help*
- **People who threaten suicide are seeking attention.**
 - *False - All threats should be taken seriously. Counselors are trained to assess the level of risk.*

Myths Cont.

- **It is normal for teenagers to be moody; teens don't suffer from "real" depression.**
 - *False - Depression can affect people at any age or of any race, ethnicity, or economic group.*
- **All suicidal young people are depressed.**
 - *False - While depression is often present, it is not always present*
- **The only effective intervention for suicide comes from a trained mental health professional.**
 - *False - Anyone who comes in contact with a suicidal adolescent can provide support and encouragement.*
- **Only certain types of people are suicidal.**
 - *False - Everyone has the potential for suicide. Evidence of predisposed risk factors are more likely to attempt/succeed.*

Vocabulary

- Risk factor: an attribute that is associated with increased risk of suicidal behavior
 - Risk factors are NOT causes
- Warning signs: a verbal or behavioral cue that an individual may be experiencing depression or thoughts of suicide.
- Protective Factor: a personal trait or environmental quality that can reduce the risk of suicidal behavior.
 - Protective factors do not imply that anyone is immune to suicidality but help reduce the risk
- Precipitating event: is a recent event that serves as a trigger, moving an individual from thinking about suicide to attempting to take his/her own life.
 - No single event causes suicidality; other risk factors are typically present

Risk Factors

- Family History of Mental or Substance Abuse
- Family History/Exposure of Suicide
- Family History of Abuse/Neglect
- Family History of Violence
- Firearm in Home
- Impulsivity
- Previous Suicide Attempt
- Identity Issues

Warning Signs

- Verbal or Written Threats
- Previous Suicide Attempts
- Personality Changes
- Sleep Disturbances
- Changes in Eating Habits
- Drop in School Performance
- Homicidal threats/ideations

Warning Signs cont.

- Themes of Suicide, Death, or Depression in Essays or Artwork
- Withdrawal from Family, Friends, or Prior Interests
- Use of Drugs or Alcohol
- Giving Away Possession
- Feelings of Hopelessness or Helplessness
- Risky Behaviors (self injury)

SOS Program



Goals of the Program

- Decrease the incidence of self-injury, suicide attempts, unrecognized depression, and the number of youth who die by suicide
- Increase knowledge and adaptive attitudes about depression, suicidality, and self-injury
- Encourage individual help-seeking behaviors
- Link suicide and self-injury to mental illness that, like physical illnesses, require treatment
- Address risk factors for self-injury and suicide

Goals of the Program cont.

- Engage parents and school staff as partners in prevention
- Reduce stigma associated with mental health problems by communicating that they are treatable conditions
- Increase self-efficacy and access to mental health services for at-risk youth and their families
- Increase school/community-based partnerships

Topics Covered with Students

- Video about depression, signs of suicide, and steps for students to take if they, their friend, or a loved one is at risk
- Discussion of video
- A depression screening
 - Does not determine if a student has depression but may indicate that they may need to speak to an adult
- Instructions on how to score the screening form
- Information for getting further help for themselves or a friend/loved one

ACT

Acknowledge that a friend or classmate has a problem, and that the symptoms are serious.

Care: let that friend know they are there for them, and want to help.

Tell a trusted adult about their concerns

Video Clip

BRIEF SCREEN FOR ADOLESCENT DEPRESSION (BSAD)

These questions are about feelings that people sometimes have and things that may have happened to you. Most of the questions are about the LAST 4 WEEKS.

Read each question carefully and answer it by circling the correct response (No/Yes).

1. In the last 4 weeks, has there been a time when nothing was fun for you and you just weren't interested in anything?
2. Do you have less energy than you usually do?
3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?
4. **Do you think seriously about killing yourself?**
5. **Have you tried to kill yourself in the last year?**
6. Does doing even little things make you feel really tired?
7. In the last 4 weeks has it seemed like you couldn't think as clearly or as fast as usual?

Talking with Your Child about Suicide

How Do I Talk to My Child About Suicide?

Listen and show support:

- Do not let yourself get angry or they will shut you out
- Let them know you care

Talk openly and ask questions

How Do I Talk to My Child About Suicide?

(continued)

Ask them to explain the thoughts/feelings they have been having.

- Have you ever thought about hurting yourself?
- What did you think would happen if you tried to hurt yourself?
- What did you want to have happened?

How Do I Talk to My Child About Suicide?

(continued)

Assess the motivations for suicidal behaviors:

- What was happening at the time you thought about harming yourself?
- Why do you want to harm yourself?
- Did you want to frighten someone?
- Did you wish someone would rescue you before you tried to hurt yourself?
- Did you feel rejected?
- Were you hopeless?
- Did you hear voices telling you to harm yourself?
- Do you know of someone who either thought about, attempted, or committed suicide?

How Do I Talk to My Child About Suicide?

(continued)

How long have they had these thoughts/feelings:

- How long ago/recent did you have these thoughts/feelings?
- One time or more than once?
- Have you already talked to someone about this?

How Do I Talk to My Child About Suicide?

(continued)

Do they have a plan?

- Did you already try to harm yourself?
- If you did want to harm yourself, how would you do it?
 - Is the plan detailed? (materials, means and method)
 - Is the plan specific? (time and location)
 - Is the plan viable? (can access means and enact plan)

How Do I Talk to My Child About Suicide?

(continued)

Create a support system and establish resiliency:

- Who do you trust that will support you?
- Who can you talk to about this?
- Discuss who the people are that love them.
- Who would miss you when you're gone?

Establish a connection to the future:

- What is something you look forward to doing?
- Is there a specific event that you are excited about?

What to do?

1. **COMMUNICATE YOUR CONCERN FOR YOUR CHILD'S WELL-BEING!**

2. **Assess risk:**

- Low risk
- Moderate risk
- High risk

What to do? (continued)

Low risk:

- Thoughts/feelings of sadness, rejection, anger; history of depression
 - Thoughts of suicide only in the past
 - No plan and no access to means
 - No recent losses
 - No previous attempts
 - Child identifies support and has things to look forward to
 - No substance abuse
 - Has positive coping skills
-
1. Tell them how much you care about them
 2. Refer them to the school counselor when they return to school and/or seek outside mental health support

What to do? (continued)

Moderate risk:

- Thoughts/feelings of sadness, rejection, anger with a duration of thoughts of suicide present
 - Lacks viable intent, ideation and/or plan; maybe has a plan but child does not have the means
 - Previous conversations with you about suicide
 - They may/may not identify support & may/may not have things to look forward to
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1. Tell them how much you care about them
 2. Keep a close watch on your child; must be constantly supervised until seen for follow-up assessment by either school- or community-based mental health professional, to occur within 24 hours.

What to do? (continued)

High risk:

- Mental health history
- Has a plan and the means (access to weapons)
- Current thoughts about suicide; current sense of hopelessness
- Previous conversations/attempts about suicide
- They are not able to identify support & may/may not have things to look forward to
- Reckless, impulsive behavior
- Substance abuse
- Precipitating events, such as loss of loved one, traumatic event, or feelings of victimization.

What to do if High Risk is determined:

1. Tell them how much you care about them.
2. Call 911 or drive them to the ER!
3. DO NOT LEAVE THEM ALONE FOR A SECOND!

Mental Health Resources

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Thank you!

Please use the QR Code to access a brief survey about the information session. Feel free to leave any questions or feedback.

