

SUICIDE: RISK FACTORS AND HOW TO HELP

Conversations about suicide can be difficult, particularly when they concern children and adolescents. However, such discussions are crucial and can ultimately be lifesaving. It is important for educators and school staff to know the risk factors of suicide and strategies for preventing suicide and supporting at-risk students.

By the Numbers

The Centers for Disease Control and Prevention (CDC)¹ reports the following statistics regarding youth suicide:

- Suicide is the third leading cause of death among 10- to 24-year-olds.
- The highest rates of death occur among Native American/Alaskan Native youth.
- LGBTQ youth are at a heightened risk for suicide as well.
- Females are more likely to attempt suicide; however, 81% of deaths are males and 19% are females.
- Compared to other racial and ethnic groups, suicide attempts occur at a higher rate among Hispanic youth.

The following signs may indicate that a child or adolescent is at risk for attempting suicide:

Risk Factors

- History of family mental illness or suicide
- Individual mental illness
- Abuse of drugs or alcohol
- History of trauma
- Exposure to a stressful event(s), including loss of a loved one, incarceration, violence, and illness

- Knowing an individual who has attempted or committed suicide
- Access to means that could result in death (e.g., firearms, drugs)
- Previous attempts of suicide by the child or adolescent

Symptoms

- Discusses committing suicide (in conversations, writing, art, social media)
- Exhibits unusual changes in appetite or mood
- Sleeps too much or too little
- Engages in risky behaviors
- Withdraws from social interactions
- Demonstrates diminished interest in usual activities
- Attempts to access methods that could result in death (e.g., firearms, drugs)
- Offers possessions to others
- Has communicated feeling, or appears to feel, hopeless
- **In an Emergency** the following numbers can be helpful:
 - 911
 - Local mental health center
 - ✓ Name:
 - ✓ Phone:
 - National Suicide Prevention Lifeline
 - ✓ 1-800-273-8255 available 24/7
 - ✓ [suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org) to chat

How Schools and Educators Can Help

If it is suspected that a student is in immediate danger, follow your building's crisis procedure for suicide prevention.

Education

Education is instrumental in times of crisis. Although to some degree it may be difficult to predict when a student is going to contemplate suicide, understanding risk factors, symptoms, and how to talk to students about their feelings and plans can prove critical if the need does arise.

Programs such as **Youth Mental Health First Aid**, the **American Foundation for Suicide Prevention** (More Than Sad Program), and **The Society for the Prevention of Teen Suicide** (free online training) can provide educators with training and the information needed to assist students during times of crisis. Schools may also consider revisiting their crisis management plans to identify areas that can be strengthened with respect to student suicide.

Prevention

Identify supports and positive role models. Connection is key in supporting students. If a student appears to be having a difficult time, identify a supportive adult that the student can speak with (this may be particularly important for males who may feel a stigma about discussing their emotions or difficulties).

Increase education and decrease the stigma surrounding mental illness. School mental health professionals (SMHPs) can provide age-appropriate lessons or individualized support on mental health disorders to further understanding, identify potential risk factors, and decrease the stigma of diagnosis or requesting help. School staff also play an important role in supporting students and reducing stigma within their classrooms or hallways, and can partner with their SMHPs to develop appropriate lessons or interventions.

Intervention

Don't be afraid to ask students about suicidal thoughts. It is a common myth that asking somebody if they are contemplating suicide will cause them to consider it, if they were not already. If concern about a student is experienced, privately asking the student about these concerns (or identifying a trusted adult with whom the student has a positive relationship) is an important first step. Phrases such as "Do you feel safe with yourself?" or "Are you considering harming yourself?" can be helpful openings and expressions of support.

Assess the situation for signs of urgency. If a student is contemplating suicide, it is important to know if he has developed a plan (how, when, and with what means). Although these topics are difficult to discuss, they can assess the urgency of the student's needs. If a situation appears to be critical, the student should not be left alone, and additional help should be requested. Seek the support of your school and community-based mental health professionals.

Develop a plan to support the student. Regardless of whether the student has expressed having a plan, all discussion of suicide should be taken seriously. If a student indicates that she is considering harming herself, immediately notify individuals who are professionally trained to address the situation (such as an SMHP or school nurse) and who can work with family and school staff to develop a plan.

Suicide Prevention Programming: An Opportunity for Partnerships

Beginning in January 2017, Kansas schools will be required to provide one hour each calendar year of suicide awareness and prevention programming to all school staff and make the training materials available for parents as well. Known as the Jason Flatt Act, this mandate provides a focal point around which meaningful partnerships between schools, parents, community mental health agencies, and law enforcement can take root.

Community Mental Health Centers (CMHC) are an important safety net for their catchment area for children and families, and can be a valuable community agency with which schools can partner. For example, school building crisis plans for suicide prevention and intervention should include steps for ensuring students at imminent risk are either assessed by their CMHC or a hospital with psychiatric services. If a medical emergency is also in progress, the student should go straight to a hospital emergency room.

Follow-up care and crisis recovery plans in collaboration with the CMHC or treatment provider are also important. In some cases, CMHCs provide professional development to districts on topics such as how to recognize suicide ideation and what to do, as well as interventions and recovery supports. Mental Health First Aid is an evidence-based course that many CMHC staff are trained to provide to the community, including schools.

Inviting parents, parent-teacher organizations, and board members to attend this type of “gatekeeper” training alongside school staff can be a powerful awareness-raising and community-building activity that creates a safety net for children. Parents are essential in the assessment, intervention, and crisis recovery aspects of suicide prevention. School staff should never dismiss suicide ideation, whether deemed high risk or not, and have

an obligation to notify parents and provide referrals and assist parents in reaching out for more in-depth mental health treatment for their child.²

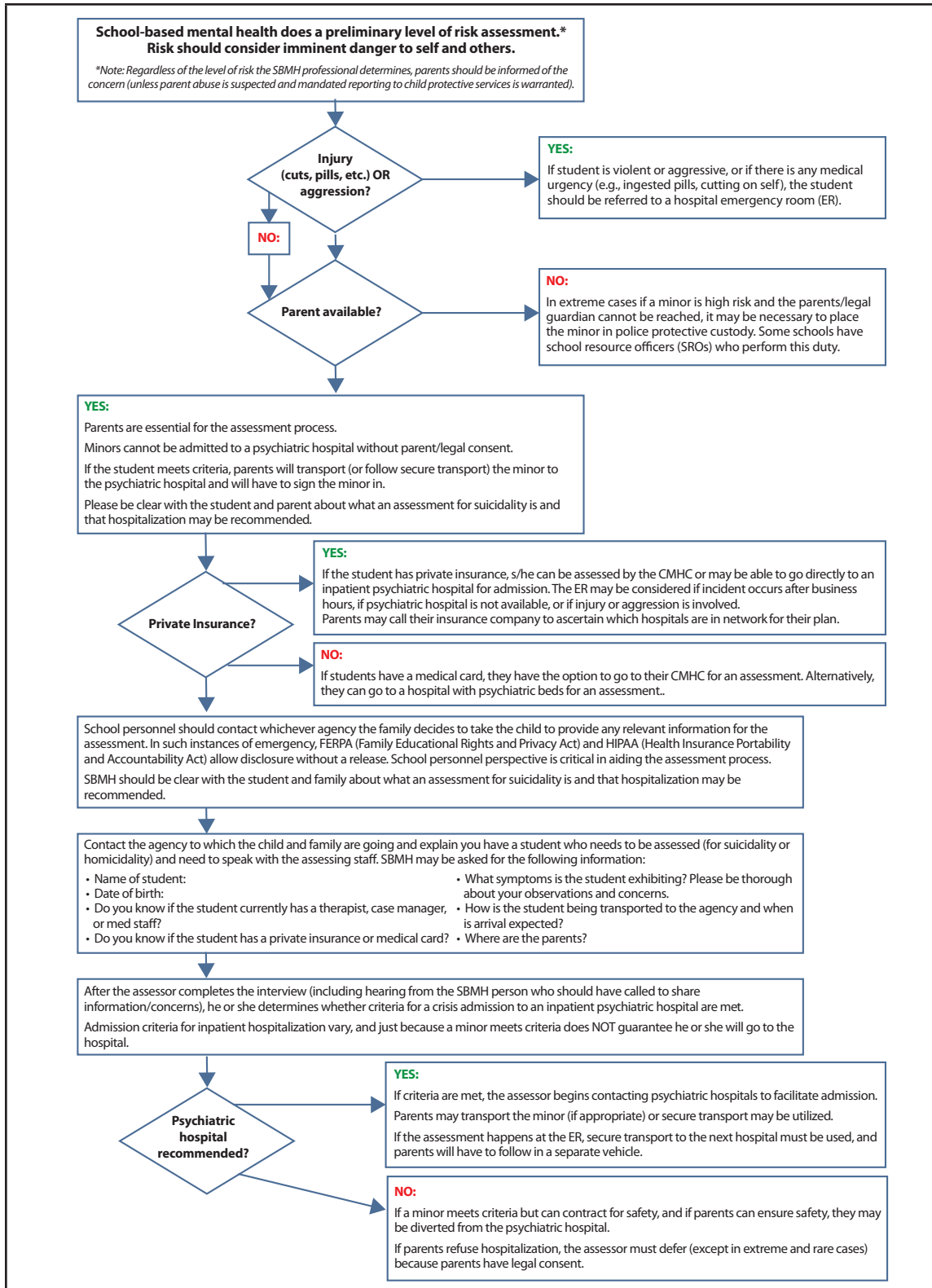
Law enforcement is another important potential partner for schools as they create their crisis protocols. In instances when parents cannot be reached, or a student is aggressive or flees school, police can aid in transporting a child to the emergency room for assessment. It is important to connect suicide prevention training concepts to the broader educational framework of each district. It is an opportunity to remind staff of the value of implementing their core with fidelity to ensure the protective factors that caring relationships, social-emotional learning, and positive behavior supports create for all students, and especially for students who are struggling.

Assessment for Hospitalization: What to Expect

Teachers and other school staff are well positioned to detect the risks outlined in this section and take action to protect children. School personnel must consider any talk of suicide a serious warning sign and SMHPs must determine whether the child and family should seek assessment for hospitalization for safety. Although suicide and homicide are the two crises that most readily come to mind, there are other examples of danger to self or others that schools have witnessed that could require the need for hospitalization.

On the occasions when a school-based mental health staff assesses that a student is a danger to him/herself or others, the SBMH staff will need to refer the student for an assessment for hospitalization. It is critical that staff independently convey to the assessor their observations and concerns, as it is not unusual for children to be more reticent or anxious in the assessment process, and important information can be left unsaid and, therefore, remain unknown to the assessor. In instances when school personnel refer a student for assessment, the following is a generic flowchart of what typically can be expected.

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Children in this type of crisis may either be hospitalized or provided intensive community services to maintain safety and stability, but the providers of those services may not always be able to communicate the details of these outcomes to the school once the emergency of imminent danger is over, if parents refuse to sign a release. Parents may also refuse services altogether.

Formal partnerships between schools and CMHCs can be beneficial in establishing protocols that can better facilitate supporting students who experience mental health crises and support their transition back to school. Students who have mental health issues (e.g., depression, anxiety, schizophrenia, bipolar, conduct disorder, or substance abuse) can at times of crisis become a danger to themselves or others. Those who have had a prior attempt of suicide, or have been exposed to suicide, have a heightened risk.

Good follow-up care is essential for these students, which includes coordination with hospital and therapeutic staff. Students with behavioral, emotional, and other mental health needs that severely interfere with functioning may require a referral to a modified program designed to accommodate their needs, may need a period of modified workload or schedule, or in some other type of intervention. School-based counselors, psychologists, social workers, nurses, and other staff should coordinate with therapists and treatment goals and can often provide the supportive educational services required by these students, as well as consultation to their teachers.

References

- ¹ Centers for Disease Control. (2015, March 10). *Youth suicide*. Retrieved from http://www.cdc.gov/violenceprevention/suicide/youth_suicide.html
- ² Lieberman, R., Poland, S., & Cowan, K. (2006, October). Suicide prevention and intervention in secondary schools. *Student Services*, 11-15 (Produced in collaboration with National Association of School Psychologists). Retrieved from www.naspcentr.org/principals

Resources

- **Centers for Disease Control and Prevention**
http://www.cdc.gov/ViolencePrevention/suicide/youth_suicide.html
- **American Psychological Association**
<http://www.apa.org/topics/suicide/signs.aspx>
- **National Institute of Mental Health**
https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml#part_149721
- **National Suicide Prevention Lifeline**
<http://www.suicidepreventionlifeline.org/>
- **American Foundation for Suicide Prevention**
<https://www.afsp.org/>
- **Society for the Prevention of Teen Suicide (SPTS)**
<http://www.sptsusa.org/>
- **Suicide Awareness Voices of Education (SAVE)**
http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=1
- **Preventing Suicide: A Toolkit for High Schools (SAMHSA Publication)**
<http://store.samhsa.gov/product/SMA12-4669>
- **What to Do if You're Worried About Suicide (Parent's Guide)**
<http://www.childmind.org/en/posts/articles/2013-11-12-what-do-when-worried-about-suicide>
- **Coping With a Parent's Suicide (Child Mind Institute)**
<http://www.childmind.org/en/posts/articles/2012-5-18-helping-children-cope-parents-suicide>
- **Youth Mental Health First Aid USA**
<http://www.mentalhealthfirstaid.org/cs/>