

Suicide Prevention & Awareness for Parents



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LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

CalMHSA
California Mental Health Services Authority



Los Angeles County
Office of Education

Serving Students ■ Supporting Communities ■ Leading Educators

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Partnerships

Outline: Core Components of Parent Training

- Common myths about suicide
- Just the facts
- Protective factors
- Risk factors & warning signs of youth suicide
- Who is the highest at risk?
- Suggestions for responding to suicide risk
- Appropriate ways to interact with at risk youth
- If your child experiences a loss by suicide
- Resources

Myths: A Brief Quiz

- True or False?
 - If a student is really intent on killing themselves, there is nothing anybody can do to stop them.
 - *FALSE!! Suicide is preventable. A suicidal youth just wants the pain to end and death seems to be the only way out. Any act of kindness can potentially save a life!*
- True or False?
 - If we talk about suicide, we may give students the idea to kill themselves?
 - *FALSE!! Research shows talking about suicide effectively lessens a young person's anxiety and does not put "ideas" in their heads*

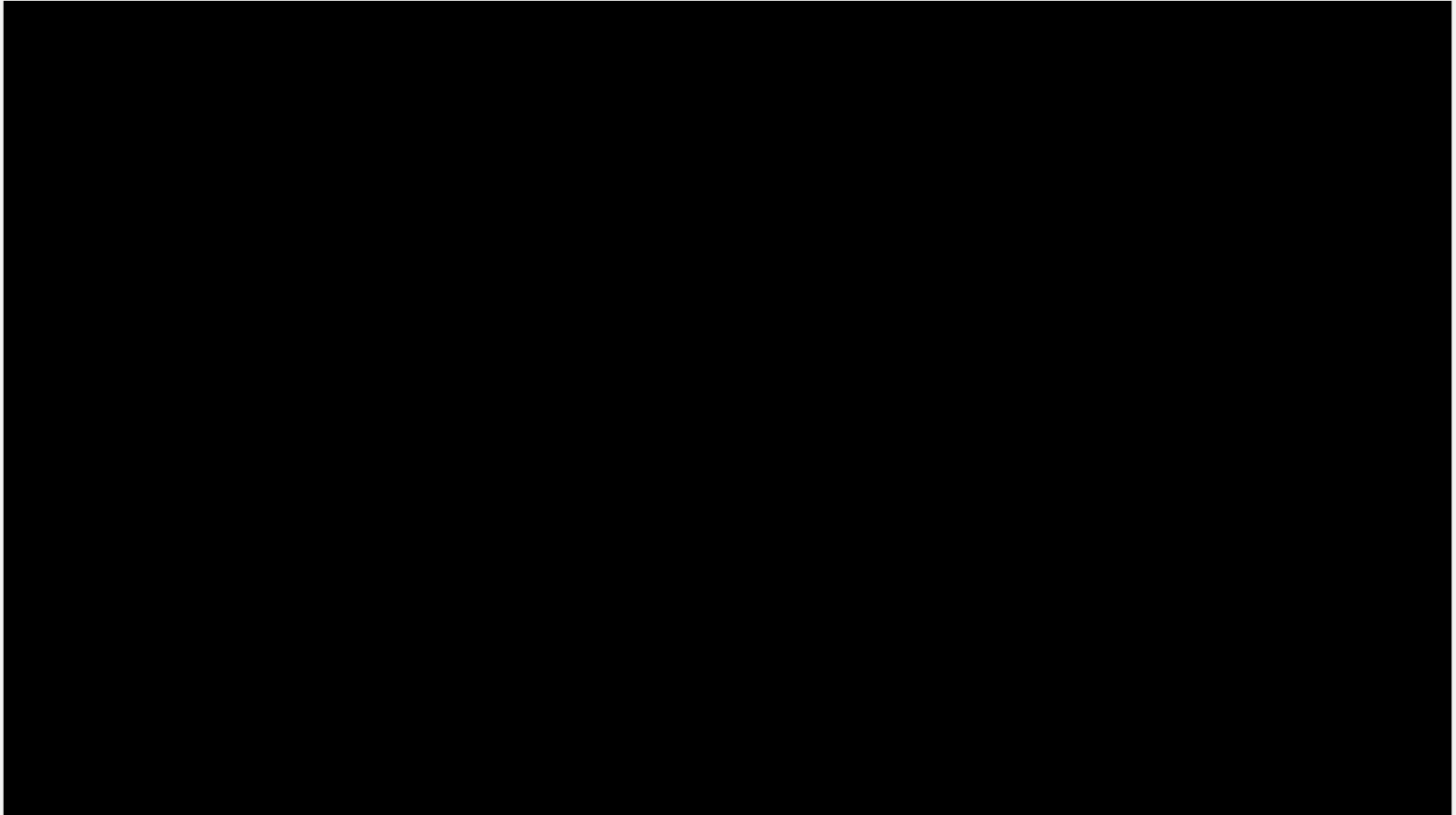
Myths: A Brief Quiz Continued

- True or False?
 - Those who talk about suicide are “all talk” and are just looking for attention?
 - *FALSE!! Most suicidal individuals do give some warnings that they are in emotional pain and are thinking of hurting themselves. Even if they are seeking attention, they are doing so because they are IN NEED OF HELP! WE can help them.*
- True or False?
 - Only experts can prevent suicide.
 - *FALSE! You too can save lives. That is the purpose of this presentation....to provide you with information about suicide awareness and warning signs. You see the students on a daily basis...we rely on you!*

A Few More Myths

- Those who attempt suicide really want to die.
- Those who have attempted suicide are at low risk of actually dying by suicide.
- Most suicides occur with little or no warning.
- Improvement following a suicidal crisis means that the risk is over.
- Others?

I JUMPED OFF THE GOLDEN GATE BRIDGE



<https://www.youtube.com/watch?v=WcSUs9iZv-g>

Overview: Youth Suicide

Los Angeles

Youth Risk Behavior Surveillance Survey 2017

<u>US</u>		<u>LA MS</u>
31.5	30.5% felt sad or hopeless	
17.2	13.1% seriously considered suicide	25.0
13.6	11.4% made a plan	15.3
7.4	8.4% made one or more attempts	10.0
2.4	2.8% actually got to medical help	

QUARANTEENS

Quaranteens

Brooke Brody, Ashna Parekh, Katie Kim,
Daisy Batemen

Woodbridge High School
Orange County

Megan Humphreys
Suicide Prevention



<https://vimeo.com/517338114>

Youth Suicide in CA:2017

- 2nd leading cause of death for 10-24 year olds
- Over twice as many people die by suicide than by homicide in CA
- Rate all ages 10.9 #46 in US (14.5)
- Rate 10-24 10.5 #45 in US (14.0)
- Steady increases since 2007
- Roughly one in ten suicides in the US occur in CA
- Most common method: strangulation
- Highest Risk Youth: Hispanic & White; LGBTQ

Just the Facts

- Suicide is a leading cause of death for 10-24 year-olds in CA and has been rising steadily since 2007 (CDC, 2017).
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**.
- Males are 4x more likely to die by suicide, females 3x more likely to attempt.
- For every death by suicide of a young person, 200 youth attempt.
- **Four** out of **Five** teens who attempt suicide have given clear warning signs.

Risk Factors of Youth Suicide

- There is no single predictor of youth suicide.
- Risk factors come together in a perfect storm.
 - Eight Risk Factors:
 - Alcohol & substance abuse
 - Accessibility to means (firearms)
 - Depression/Co-morbidity
 - Previous suicidal behaviors
 - History of trauma, adverse childhood experiences (ACES)
 - Hopelessness
 - Impulsivity
 - History of Nonsuicidal Self-Injury

High-Risk: Cultural Perspectives

Caucasians

- Males

Native American/Alaskan Native youth

- American Indian/Alaskan Natives have the highest rates of depression and suicide in the US
- Although suicide rates vary widely among individual tribes, it is estimated that 14 to 27 percent of AI/AN adolescents have attempted suicide.

Hispanic youth

- Latina
- Highest in reporting of suicidal thoughts and behaviors

African American youth

- The suicide rate among Black children ages 5 to 11 doubled 1993-2013.

Asian American youth

- Higher rates of depression in Asian adolescent girls strongly associated with acculturation, family/academic expectations

High Risk Youth as Defined by AB2246

- Exposed to Suicide
- Depressed; Mental Illness
- Alcohol/Substance Abuse
- Bullies and victims
- Youth with Disabilities
- Lesbian, Gay, Bisexual, Transgender, or Questioning Youth
- Engaged in NonSuicidal Self-Injury (NSSI)
- Traumatized
- Youth Experiencing Homelessness or Youth in Foster Care

“What causes suicide?”

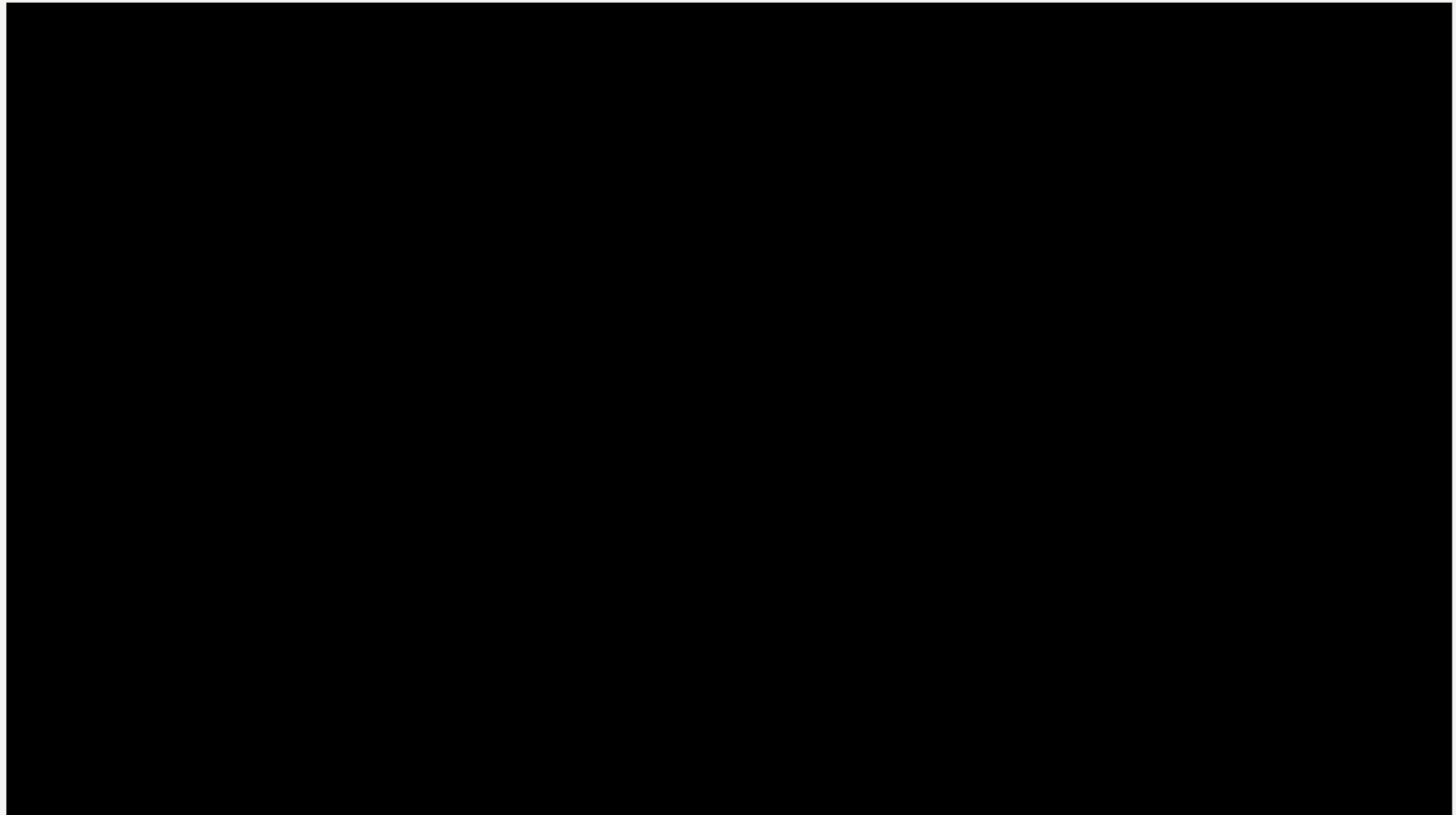
- There is no one cause of suicide and kids are not suicidal 24/7 so we must be vigilant in responding to students at all levels of risk.
- Typically there are two factors that come together to propel a kid down a self destructive path

A chronic factor such as mental illness, depression or substance abuse that acts as the fuel...and a precipitating event that ignites it.

Situational Crises/Precipitating Events

- Loss (Death, divorce, transience, romance, dignity)
- Victimization/exposure to violence
- School crisis (disciplinary, academic)
- Family crisis (abuse, domestic violence, running away, argument with parents)
- Exposure to suicide

I AM NOT ALONE



<https://vimeo.com/517922977>

Protective Factors

Protective factors include...

- ✓ having social supports*
- ✓ feeling connected *
- ✓ being cognitively flexible
- ✓ willing to obtain treatment
- ✓ strong spiritual or religious ties*
- ✓ being physically healthy*
- ✓ participating in extra-curricula activities
- ✓ ***being hopeful, having coping strategies creates RESILIENCE.***

Factors that Can Help Reduce Youth Suicide Attempts

- Trusted Adults:
 - Youth who have an adult to go to for help are 3.5x LESS likely to attempt suicide.
- School Safety:
 - Youth who feel safe at school are 3.2x LESS likely to attempt suicide.
- Extracurricular Activities:
 - Youth who participate are 1.7x LESS likely to attempt suicide.

Positive Connections at School

- Enhances your child's internal resources
 - More likely to seek help
 - Enhanced ability to regulate emotions
- Enhances your child's external resources
 - More likely to have peers/adults notice
 - More likely to ask for help of trusted adults
- Access to resources at school and community

Screenagers

- Kids spend an average of 6.5 hours a day on screens.
- **No screens in the bedrooms:** 75% of teens get inadequate sleep.
- **Family meals without devices:** face to face interactions increase empathy.
- **Set time goals for studying and reward with breaks that include devices:** multitasking is poor for retention and academic outcomes.
- **Phones & devices away in the car & crosswalks:** more than half of kids report watching parents text while driving.

TIPS FOR PARENTS

- Online activities are not just your child's business.
- Discuss online behavior with them and what information is appropriate to share.
- Demand to know the online communities and your child's password.
- Be upfront that you will investigate their postings, profiles, website etc. because you care! Take charge!
- Numerous programs allow parents to monitor cell phone and internet activity.

Parents are “Gatekeepers”

Four out of five youth say something, do something. write or draw something that comes to the attention of an adult or peer. If your child displays any of these suicide warning signs, please turn to the school immediately!

Warning Signs of Youth Suicide

- Suicidal notes/texts/social media posts
- Threats
 - Direct: “I want to die” “I am going to kill myself”
 - Indirect: “No one will miss me” “The world will be better without me”
- Depression/Hopelessness
 - Loss of energy/lack of enthusiasm for life
 - Risk-taking behaviors such as drinking and driving, gun play, alcohol and substance abuse
- Plan/method/access
- Giving away prized possessions/making final arrangements

Warning Signs of Youth Suicide-Cont'd

- Intense feelings of being a burden
- Isolation and a lack of belonging/connections
- Sudden changes in behaviors, personality, friends
 - Changes to eating or sleeping habits
- Death and suicidal themes in writings, readings, websites
- Elementary school age children may:
 - Threaten to run into traffic
 - Jumping from high places
 - Cutting/scratching or marking the body

Wanting the pain to end...

- Suicide is seen by some teens as the ONLY way of ending their emotional pain...
- They do not want to die and research says they are ambivalent up until the very last moment...
- Suicide is Preventable!
 - If ANY of these warning signs are present, follow district procedure for referral and intervention.

Let's review your Role in the process.....

- Do not be afraid to talk to students about suicide
- Know the risk factors & warning signs
- Go with your child to the school or community mental health professional
- Tighten the “Circle of Care” around your child
- **Remove all lethal means. Get the gun out of the house.**
- If you have concerns and are unsure what to do call the Suicide Prevention Lifeline .
- If it is an emergency call 911 or take your child to the nearest hospital.

****Respond Immediately!***

What to say when you bring them to guidance...

Listen to what your child says and does:

- *"I'm concerned about how you feel and cannot let anything happen to you..."*
- *"I care about what happens to you and I need help in dealing with this..."*
- *"Thank you for confiding in me. I do not want you to hurt yourself..."*
- *"I'm on your side and we'll get you help..."*
- *"Thank you for trusting me..."*
- *"I am so sorry this has happened to you."*
- *"I am here if you want to talk."*

HLPUSD Protocol

- Counselors and School Psychologists are trained to conduct an initial assessment for students expressing suicidal ideation.
- After student has been assessed, staff will determine the next steps in providing the student with support, resources.
- Higher risk cases we contact a Psychiatric Mobile Response Team (PMRT) to assess need for further assessment
- Parents will always be notified if a student is expressing thoughts of self harm or suicide.

When your child experiences a loss by suicide...

- Connect through interaction, activities and resources
 - *“I will help you reach out to the family and I will go with you to the funeral if you want to go.”*
- Model & teach about normal reactions to traumatic events
 - *“Everyone reacts to shocking news differently. Some may look numb, some angry, some may cry and some may even act silly.”*
 - *“If you are concerned about one of your friends, please tell me or another adult you trust to help you get help.”*

“You can be a Lifesaver.”

- Suicide is preventable: Prevention may be a matter of a caring person with the right knowledge being available in the right place at the right time. A teacher is often this person.
- One caring adult in the life of a child is the greatest protective factor there is!
- There are treatments for all the risk factors of youth suicide, kids are resilient and can get better
- Everyone in school plays a role in suicide prevention. We rely on you for these timely referrals.

National Resources



MORE RESOURCES



CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential

You are not alone. There are resources available 24/7 to help.

www.SuicidelsPreventable.org

Know the Signs >> Find the Words >> Reach Out >>

Local Resources



**American
Foundation
for Suicide
Prevention**

**KNOW
THE SIGNS**



310-855-4673
or text TEEN to 839863

Teens Helping Teens
6pm-10pm Nightly

Didi Hirsch Crisis Line
answers all other hours

District and Local Resources

- District Website – navigate our website
- Mental Health Providers:

Contact Care Solace 24/7/365

888-515-0595

caresolace.com/hlp

to start an anonymous search

Please note, Care Solace is not an emergency response service or mental health services provider. In the event of a life threatening emergency, please call 9-1-1 or the National Suicide Hotline 1-800-273-8255.

If you have any additional questions regarding Care Solace, please contact Equity & Access Parent Engagement at (626) 933-5302.



MENTAL HEALTH COLLABORATIVE

Hacienda La Puente Unified School District

care-solace
Calming the Chaos of Mental Health Care



USC
Suzanne Dworak-Peck
School of Social Work

 **Foothill Family**
Founded in spring 2009

ENVI Health and

Research Systems, Inc.

Local Resources

Please see handout

- Alma Family Services
- ENKI Health & Research Systems
- Foothill Family Services
- Pacific Clinics/Family Center
- SPIRITT Family Services
- USC Telehealth
- Psychiatric Mobile Response Team (PMRT)
- Suicide Prevention Center: English & Spanish
- Crisis Text Line



References

Adapted from: Lieberman & Poland (2018)

Erbacher, T. A., Singer, J. B., and Poland, S.(2015), *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge.

Lieberman, R., Poland, S., & Kornfeld, C. (2014). Best practices in suicide intervention. In A.Thomas & P. Harrison (Eds.), *Best practices in school psychology*. Bethesda, MD: National Association of School Psychologists.



FOR QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CONTACT:

- Equity & Access Family Engagement
(626) 933-5302
- Equity & Access Website

https://www.hipschools.org/e&a_home

