



Student Stress,
Anxiety, Depression,
- Oh My!

Suicide Prevention - Oh Yes!

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Student Stress & Their Reality



Stressors

School Demands
Exploring identity
Problems with Peers
Changes in their Bodies

Negative thoughts or feelings about themselves
Separation/Divorce of parents
Unsafe living environment
Chronic illness within the family
Death of a loved one
Moving or changing schools
Being involved in too many activities
Family financial problems

Stressors: Ways to Help



- 1) Be vigilant about how the stresses a student's life are affecting his or her health, behavior, thoughts or feelings. If you notice a drastic change in any of these areas, have parents seek medical attention.
- (2) Keep the lines of communication open. Never turn down a request to chat, no matter how busy you may be. Listen carefully to his or her concerns and remember what may seem trivial to you, may feel like the proverbial end of the world to them.



Stressors: Ways to Help

(3) Model stress management skills and help parents model these skills at home. How we react to everyday stressors provides the model for how students think they should act.

(4) Support involvement in sports or other pro-social activities. Physical activity is also a good reliever of some forms of stress.



Anxiety

Key Causes of Anxiety:

- Genetics
- Environmental Factors
- Situational Factors



Anxiety

Common Types of Anxiety Disorders:

- General Anxiety Disorder
- Separation Anxiety
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder



Anxiety

Some Signs & Symptoms of Anxiety Disorders that May Be Cries for Help:

- Withdrawing from family & friends
- Purposely hurting themselves
- Having severe disruptive behaviors
- Demonstrating unrealistic phobia or fear
- Losing ability of self control
- Using or abusing drugs



Anxiety

- Excessive fears or worries
- Feelings of inner restlessness
- Physical symptoms such as headache, stomach pain, fatigue, muscle tension/pain



Anxiety: Ways to Help

Listen carefully and respectfully

By helping him trace his anxiety to specific situations and experiences, you may help him reduce the overwhelming nature of his feelings

Point out that you are proud of his ability to act in the face of considerable anxiety

If fearfulness begins to take over their life and limits his activities, or if the anxiety lasts over six months, have parents seek a mental health professional's advice



Depression: Some Causes

- The normal process of maturing and the stress that occurs with it
- Poor diet
- Environment
- The influence of hormones
- Independence conflicts with parents
- The death of a loved one
- A breakup with a boyfriend or girlfriend
- Failure at school



Depression: Some Causes

Teens who are most likely to become depressed when they experience stressful events:

- Have low self-esteem
- Are very critical of themselves
- Feel little control over negative events



Depression: Some Causes

Adolescent girls are twice as likely as boys to experience depression.

A family history of depression also puts teenagers at greater risk.



Depression: Some Causes

The following events or situations can cause depression:

Bullying or harassment

Child abuse - both physical and sexual

Lack of social skills

Learning disabilities

Long-term illness

Poor parenting or care giving

Stressful life events



Depression: Some Causes

Many with depression may also have:

Anxiety disorders

Attention deficit hyperactivity disorder (ADHD)

Bipolar disorder

Eating disorders (bulimia and anorexia)



Depression: Symptoms

Loss of interest in activities

Drinking/Drugs

Withdrawing from family & friends

Apathy

Lack of hygiene/appearance

Changes in eating or sleeping habits

Irritability, angry or hostile

Restlessness & agitation

Feelings of worthlessness & guilt



Depression: Symptoms

Lack of enthusiasm and motivation

Fatigue/lack of energy

Tearfulness or frequent crying

Difficulty concentrating

Thoughts of death or suicide



Depression: Ways to Help

Parents should seek help for their child from a mental health professional if they see one or more of these behaviors



What Self Harm Is.....

- Causing deliberate hurt to one's own body
- Occurs at times of extreme anger, distress or low self esteem
- May be done as self punishment
- Most commonly occurs as cutting, but can include other behaviors



What Self Harm Is NOT...

- An attention seeking behavior
- Painless
- A behavior which occurs independently
- Psychosis
- A failed suicide attempt
- An attempt to manipulate others
- Something to ignore



Red Flags

- Cut or burn marks on arms, legs or abdomen
- Finding knives, box cutters, razors, etc. in their possession, locker or room
- Peers have evidence of self harm



Red Flags

- Others report they are self harming
- Regularly locking themselves in their room after fighting with peers, family, others



Self Harm

Ways to Help

- Development of a trusting & safe relationship
- Learn to self soothe & care for themselves in a healthy manner, then explore underlying issues
- Encouragement to become involved in activities
- Do not keep the secret of self harm
- Involve other support systems



Self Harm

Ways to Help

- Work with them to identify alternatives to cutting
- Use validation strategies. Encourage, don't respond in anger or shaming
- Ask direct questions
- Teach problem solving techniques
- Teach to use distraction, avoidance or talking with others vs. self harm



Suicide Awareness & Warning Signs

A Student's story

- A football star
- Most popular student
- His home always filled with multiple friends
- Made excellent grades
- Showed one warning sign of slightly withdrawing
- Committed suicide

The First Step

AWARENESS

“The prevention of suicide has not been adequately addressed due to basically a lack of Awareness of suicide as a major health problem.”



World Health Organization 2009 Report
on Suicide

In the United States

Each year, how many youth do we lose to
suicide?



Each Year We Lose over 5,000
young people to suicide in the
United States

Each week in our nation...

We lose approximately
100+ young people to the
“Silent Epidemic”
of youth suicide

Each day in our nation...

An average of over
5,400 suicide attempts
are made by young people
ages **12-19**

Fact

Girls attempt suicide
over three times more
than boys. Why?



Fact

However, boys complete suicide almost four times as often than girls.

The reason for the difference...

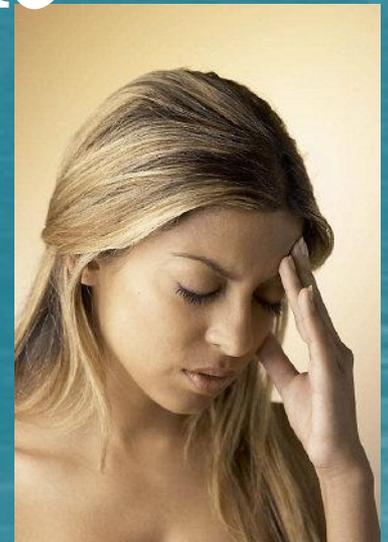
Choice of Means

According to the CDC,
girls generally choose drugs or, more recently, they have shown an increase in suffocation attempts. These methods can provide a “window of opportunity” for intervention.

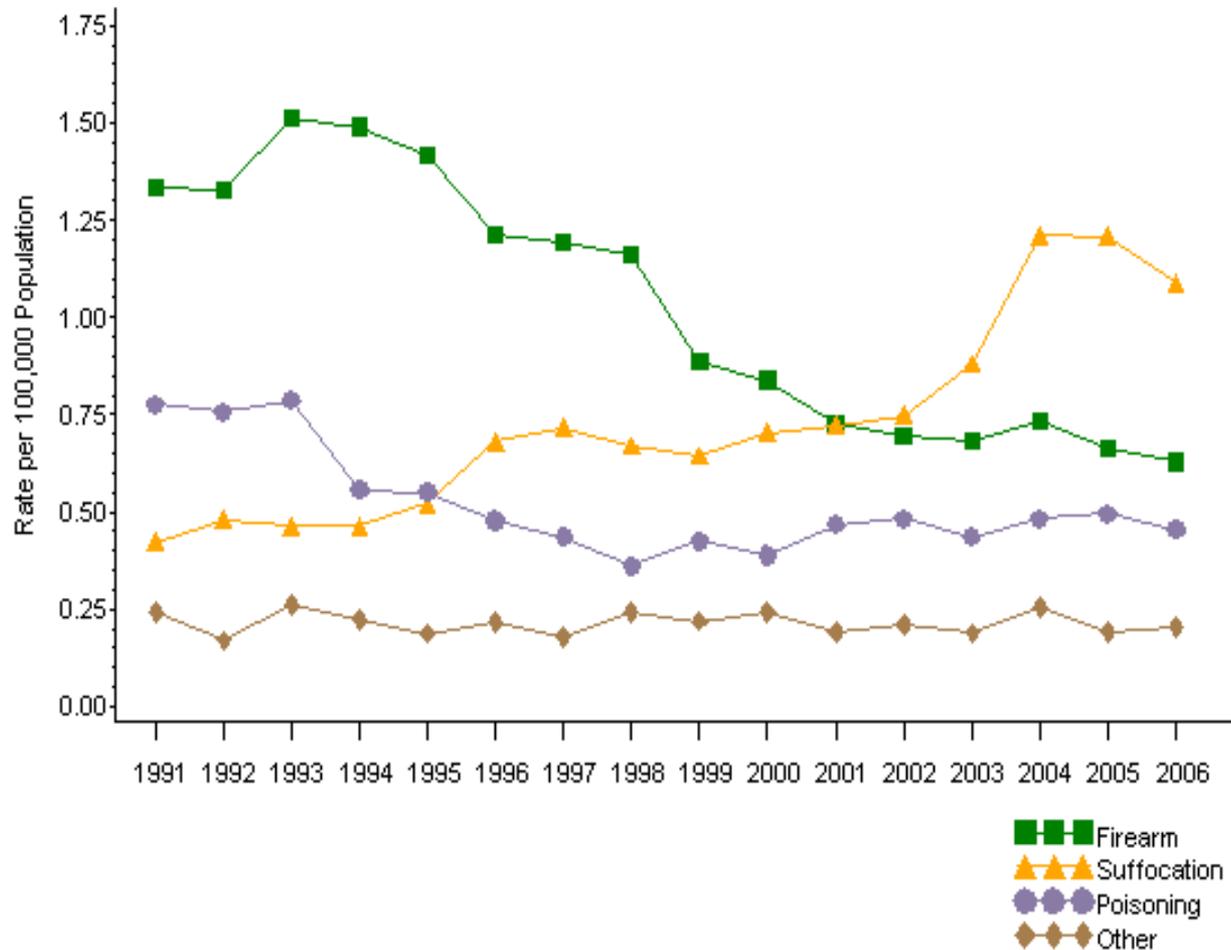
Boys usually choose firearms, which are more lethal.

A current trend

Girls are turning to more lethal means at an alarming rate. If this continues, the number of completed suicides will rise at an even higher pace.



Trends in Suicide Rates among Females 10-24 years, by mechanism





Dispelling Myths

- Suicide happens without warning.
- There is always a note left behind.
- If you mention suicide to someone, you are planting the idea in his or her mind.
- Someone who talks about suicide is just trying to get attention.
- Only depressed people attempt suicide.



FACTS

- Eight out ten people who kill themselves give some type of warning or clue to others.
- Actually, in most cases, there is no suicide note.
- Talking about suicidal thoughts will surface the problem. Discussing it openly can actually help, not hurt.
- More than 70% of people who kill themselves have previously threatened to do so or actually attempted. Always take this seriously!
- Suicidal feelings/thoughts or even attempts can occur whether you are clinically depressed or not.

Texas Suicide Fact Sheet on Hispanic Americans

More Hispanic female students report suicidal ideation and behaviors than their non-Hispanic, white or black female counterparts

Of particular concern for Texas is that the Texas Hispanic, female student attempt rate is higher than that of the U.S. overall

Provided by the Texas Department of State Health Services

Texas Suicide Fact Sheet on Hispanic Americans

- 24.2% reported having seriously considered attempting suicide (vs. 21.5% white; 17.1% black)
- 18.5% reported having made a suicide plan (vs. 15.4% white; 13.5% black)
- 14.9% reported having made a suicide attempt (vs. 9.3% white; 9.8% black)
- 3.7% reported having made a suicide attempt that required medical attention (vs. 2.7% white; 2.6% black)

Provided by the Texas Department of State Health Services

**Rank of Suicide
As Leading Cause of Death By Race
Texas Youth 15-19**

**African
American**

**Males-3rd
Females-5th**

Caucasian

**Males-2nd
Females-2nd**

Hispanic

**Males-3rd
Females-2nd**

Fact

Suicide is the
THIRD
leading cause of death for
youth ages 10 to 24.

Fact

Suicide is now the
SECOND
leading cause of death for
college-age youth.

Did you know?

More teenagers and young adults die
from suicide than from:

Cancer

Heart Disease

Pneumonia

AIDS

Stroke

Influenza

Birth Defects

Chronic Lung Disease

COMBINED

Youth Risk Behavior Survey

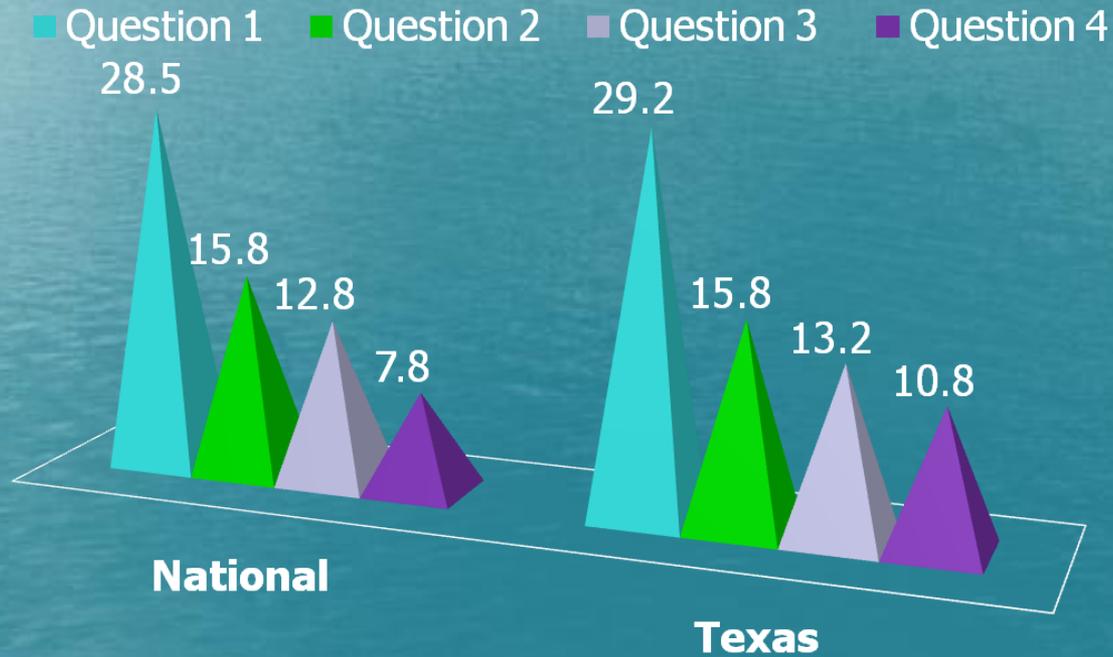
The Youth Risk Behavior Survey (YRBS) covers a broad range of questions concerning behavioral actions and thoughts from our youth.

Every two years, it is presented to public school students in grades 9-12 – some districts choose to include grades 7-8.

Texas' Students

1. Almost 1 out of 4 battled the start of depression
2. Almost 1 out of 6 seriously considered suicide
3. 1 out of 8 made a plan to commit suicide
4. 1 out of 9 attempted suicide

Comparison National and Texas



What does that mean in real lives for Texas??

- Beginning Depression – 592,121
- Seriously Considering Suicide – 320,394
- Will Make a Plan – 267,671
- Will Make an Attempt – 219,004 or an average of **600** young people each day!

Utilizing 2009/10 Student Population and the 2011 YRBS for State



According to the National
Mental Health Association

**Four out of five
completed suicides gave
“clear warning signs”
before the attempt!**



Remember –

Many times, signs of concern can be considered part of normal adolescent growth unless:

- They persist over a long period of time.
- There are several signs evident at once.
- The behavior is “*out-of-character*” for the individual as you know him/her.



Learning the Warning Signs of Suicide

- Suicide Threats - saying things like “It would be better if I weren’t here”
- Talking about suicide or killing one’s self
- Unexpected switch from being very sad to very calm
- Previous Suicide Attempts
- Losing interest in things they used to care about
- Out of Character Behavior
- Final Arrangements or calling people to say goodbye
- Putting affairs in order, tying up loose ends, changing will



Learning the Warning Signs of Suicide

- Clinical Depression: Deep sadness, loss of interest, trouble sleeping or eating that gets worse
- Always talking or thinking about death
- Tempting fate by taking risks that could lead to death
- Making comments about being hopeless, helpless or worthless



Previous Suicide Attempts

- One out of three completed suicides are not the first attempt by the victim.
- Take even so-called “half-hearted” attempts seriously. These are serious calls for help!
- Never keep an attempt secret from parents/school officials (counselors).



Out-of-Character Behavior

- Abrupt changes in attendance
- Deteriorating academic performance
- Sudden failure to complete assignments
- Lack of interest and withdrawal
- Sudden changes in appearance
- Changed relationships with classmates
- Increased irritability or aggressiveness
- Preoccupation with death and suicide
- Despairing attitude
- Abrupt changes in eating and sleeping habits



Important!

It is important to note that these represent a few general signs of concern and are not to be considered a comprehensive list that always indicates suicidal intentions. When in doubt, always seek **professional** help!

Risk Factors

- Previous attempts
- Low self esteem
- Clinical or Situational Depression
- Loss of close attachment/relationship
- Abused, molested or neglected youth
- Hopelessness
- Chronic Physical Illness
- Incarceration
- Family history of suicide or exposure to it
- Family history of mental disorder or substance abuse
- Loners/Isolation
- Bullying
- Learning~Disabled
- **Impulsivity**
- Abusers of Drugs/Alcohol

Risk Factors

Although there is really no suicidal type of young person, the statistics on youth suicide do suggest that there are certain behaviors or characteristics that can alert you to an elevated risk of possible suicidal ideation.

Elevated Risk Factors

- Perfectionists
- Depressed Teens
- Loners
- Low Self-Esteem
- Changes in School Status
- Abused, molested, or neglected youth
- Bullying
- Gay/Lesbian Youth
- Learning Disabled
- Students in Trouble
- Abusers of Drugs/Alcohol

Suicide Risk Highest When:

- The person sees no way out and fears things may get worse.
- The predominant emotions are hopelessness and helplessness.
- Thinking is constricted with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of alcohol or other substances.



Now what?

Do we believe their threat could be serious enough to respond?

What keeps us from responding?



Basic Rule to Remember

If you have any doubt of a young person's intentions or any concern about their behavior, get professional help for them immediately!



Three Easy Steps You Can Take Daily

1. Notice

2. Ask

3. Get help



Steps to Take

Learn the emergency protocol for your organization.

Does your organization have a plan for helping young people who are at risk?

Does your school perform suicide risk assessments?

Who are the key people to contact if a person needs help?

Be prepared to ask questions.

If you feel a person may really be at risk, be ready to ask the hard question: “Are you thinking of killing yourself?”

Identify staff and resources for help.

Know who to contact first in your organization, then in your community. This is not a problem anyone should handle alone.

Be sure the individual's parents are appropriately notified

NEVER keep a suicide threat or attempt secret from parents.



Prevention

Suicide Prevention

- 211
- 911
- National Action Alliance for Suicide Prevention
- ASIST (Applied Suicide Invention Skills Training)
- QPR (Question, Persuade and Refer)
- SOS (Signs of Suicide) and Teen Screen
- Jason Foundation Incorporated
- Yellow Ribbon International



Local Resources

Intervention

- 211
- 911
- The Excel Center of Fort Worth
- Hospitals
 - Millwood
 - Cook Children's
 - JPS
 - Sundance
 - Harris Springwood
- MHMR/MCOT (Crisis line and mobile crisis team)



What will you do?

Be prepared for questions or for the moment you realize a young person you know may be at risk



We Must Not Be Afraid to Respond

You may just have saved a life or
at the very worst: Made them
feel someone cares



The Difference Maker is ...

YOU



References:

Cobb, N. (2007). *Adolescence: Continuity, change, and diversity*. Boston: McGraw Hill.
Texas Department Health & Human Services
Centers for Disease Control
Dr Hemant Day, Child Trained Psychiatrist, The Excel Center of Fort Worth
American Academy of Child & Adolescent Anxiety
The New York Times May 28, 2013
School Response to Non-Suicidal Self Injury
National Action Alliance for Suicide Prevention