



Suicide Awareness, Education & Prevention

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Presentation Overview

- Suicide in the U.S., the world – How big is the problem?
- Myths about Suicide
- Risk Factors & Warning Signs
- Protective Factors/Preventive Methods
- Resources



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Why Talk About Suicide?

- Because suicide does not discriminate by gender, age, race, ethnicity, education, socioeconomic status or religious beliefs
- Because 90% of the people who die by suicide have a treatable mental or substance abuse disorder, 60% have a depressive disorder
- Because suicide is the most preventable cause of death in the US today



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Why Talk About Suicide?

In 2014 someone in the United States died by suicide every 12.3 minutes



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Suicide Statistics

Suicide is a major health problem in the United States where it is the tenth leading cause of death (2nd for ages 15-24), reflecting a continued rise for the 8th year in a row 2014

In 2014 there were 1,069,325 ER visits related to non-fatal attempts

For ages 15-24, there are 100-200 attempts for every 1 death (500,000 to 1m attempts)

In 2014 there were 42,773 suicide deaths reported (all ages)



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Suicide Statistics

- Males die at a rate of roughly 4 times that of women. Females account for 75% of attempts
- Firearms are the most commonly utilized method of completing suicide by all age groups.
- 49.9% of the individuals who took their own lives in 2014 used firearms
- 26.7% used suffocation (Hanging/pillow)
- 15.9% used poisoning (pills, carbon monoxide)



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Youth Suicide Statistics

- Youth ages 15-24 commit suicide at a rate of 11.6 per 100,000
- Youth ages 5-14 commit suicide at a rate of 1.0 per 100,000
- Majority of youth use firearms
- Suffocation was second most commonly used method
- Poisoning was third. Females more commonly use poisoning



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Youth Suicide Statistics

- Suicide is the 10th leading cause of death in the U.S., however, it is the **2nd** leading cause of death for young people ages 15-24, accidents 1st and homicides 3rd
- Suicide is the 4th leading cause of death for children age 10 - 14
- White males have the greatest number of suicides



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Teen Suicide as it Relates to the Classroom

- 5,079 youth ages 15-24 killed themselves in 2014
- 428 youth ages 5-14 committed suicide in 2014
- The U.S loses 100 teens/week to suicide or 1 young person every 1 hour & 30 minutes



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Teen Suicide as it Relates to the Classroom

- Almost 1 out of 3 students reported that they had battled the start of depression in the past twelve months (4% preschoolers are clinically depressed)
- 16% of students self reported seriously considered suicide **24% high school students report suicidal thoughts** (2006 Child Study Center NYU School of Medicine)
- 13% of students reported having made a plan to commit suicide in the past twelve months
- 8.4% of students reported having attempted suicide in the past twelve months



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Suicide Facts for Seasonal Myths



- Despite common myth, suicide rate across North America is lower during Christmas season
- Youth Suicide IS most common during the Spring months with a second peak in Autumn
- Similar seasonal fluctuations occur among individuals with bipolar illness which is most common at the time of mood shifts



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Suicide Myths

- Talking about suicide will plant the thought
- A sudden lifting of spirits means the person is no longer suicidal
- Most suicidal people never ask for help with their problems



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Suicide Myths

- People who threaten suicide are just seeking attention
- People who talk about suicide won't really do it
- There is no way to prevent suicide
- Incomplete attempts minimize future attempts
- Alcohol and drugs do not contribute
- Suicide occurs at the beginning of a crisis



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TRUTHS



- Most people do not really want to die – they just want their pain to end
- About 80% of the time, people who kill themselves have given definite signals or talked about suicide



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Reasons for Suicide

- Many factors may contribute to a young person's decision:
 - environmental/community/system
 - family factors (conflict, economic)
 - peer factors (rejection, alienation)
 - psycho-biological (predisposition)
 - lack of protective factors



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Reasons ...



- An individual's *perception* of the factors is more real to them than the actual factors
- They feel life is unbearable and they can't take another minute of it
- Feelings of helplessness, hopelessness, depression & desperation
- Impulsivity



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Contributing Factors

- Feelings of isolation, not fitting in, different than everyone else
- Serious mental or physical illness
- Incarceration
- Severe physical/sexual abuse
- Living in a violent/unstable/poor communicative home
- Drug or alcohol abuse
- Experiencing a major loss (death, divorce)



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Risk Factors

- Experiencing major life changes
- Family history of mental disorders, substance abuse or suicide
- Previous suicide attempts
- Depression/Bipolar diagnosis
- Easy Access to Guns
- Exposure to peer suicides



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Suicide Contagion?

- Teens are more likely to kill themselves if they have read, seen or heard about other teen suicide attempts
- Studies have shown that suicide can be provoked by suicide-related material in the media as evidenced by clusters of suicides within a geographic area in a limited time



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Risk Factors



- Break up with a boyfriend or girlfriend
- Death of a loved one
- Bullying
- Academic crisis or school failure
- Trouble with authorities
- Trauma
- LGBTQ higher risk



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Depression: Contributing Factors

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: Contributing Factors

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

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



Depression: Contributing Factors

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: Co-morbidity

Many adolescents 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

Drop in grades

Thoughts of death or suicide



Warning Signs

- Talks about committing suicide
- Gives away prized possessions
- Makes out a will/final arrangements
- Has trouble eating or sleeping
- Experiences drastic changes in behavior
- Withdraws from friends/social activities
- Loses interest in what interested them most



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Warning Signs

- Takes unnecessary risks
- Is preoccupied with death or dying
- Loses interest in appearance
- Increase use of alcohol or drugs



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Warning Signs

- Direct threats: “I want to die”
- Indirect threats: “You’ d be better off without me.”
- Repeated expressions of hopelessness
- Sudden & unexpected change to a cheerful attitude



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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



Prevention Methods

- Suicide Risk Assessments
- Emergency Conference
- Release Of Information
- Agreement to participate in care
- Support plan



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Protective Factors & Preventive Methods



- Supportive family, friends and community relationships
- Responsive and ongoing medical and mental health care
- Safe schools and school connectedness
- Cultural & religious beliefs that discourage suicide
- Friends/peer relationships that are supportive



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Prevention Methods

- Be direct. Talk openly and matter-of-factly about suicide
- Listen attentively without judgment
- Find a safe place to talk and allow as much time as necessary
- Get involved. Be available. Show interest and support
- Help find help



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Communicating During a Crisis

- Goal is Safety
- Goal is to make teen feel connected/that someone cares
 - “It sounds like this is really overwhelming”
 - “You are describing really sad time”



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Communicating During a Crisis

Don't Say

I understand

I know how you feel

Just calm down

You are making a big deal out of nothing

I agree

Do Say

Help me to understand

I can't imagine how you feel

You seem upset. I am here to help you

This is important to you

I hear you



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Prevention ...

- Do not act shocked, this will create distance
- Don't be sworn to secrecy
- Provide for immediate safety
- Connect with resources
- Notify School



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Prevention ...

- Make it known when you can be available
- Praise/acknowledge them for having courage to trust you and for working through the situation
- Debrief with your peers/professionals to process emotions and learn from episode



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Suicide Inquiry

(If Suicide Risk Assessment is Not Common Practice)



- Does the student have a specific plan for suicide? If yes, what is the plan?
- Does the student report doing anything today to try to act on these thoughts? If yes, what and when?
- Does the student report a specific event or stressor that is triggering the thoughts? If yes, what?
- Does the student report having command hallucinations to kill or harm self? If yes, what are they saying to do?
- Has the student written a suicide note?



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If Answered “Yes”, then

(Follow ISD Protocol and)

- Notify parent
- Maintain 1:1 with child until parent arrives
- Refer to hospital for mental health assessment
- Require signed document by mental health professional that child may return to school
- If child hospitalized or treated in day treatment, require copy of aftercare plan and medication list so you can develop a support plan upon student’s return to school



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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 Prev
- ASIST (Applied Suicide Invention Skills Training)
- QPR (Question, Persuade and Refer)
- SOS (Signs of Suicide) and Teen Screen
- 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 for Presentation



- Center for Disease Control
- American Association of Suicidology
- National Youth Violence Prevention Resource Center
- Ginsburg, Kenneth, MD and Kinsman, Sara, MD, PHD, Strength Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development
- Child Study Center NYU School of Medicine



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RESOURCES

- American Association of Suicidology
- National Center for Prevention of Youth Suicide
- National Suicide Prevention Lifeline
– 24 hr free line – 1-800-273-TALK (8255)
- 211 United Way



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