

Suicide & Violence Prevention

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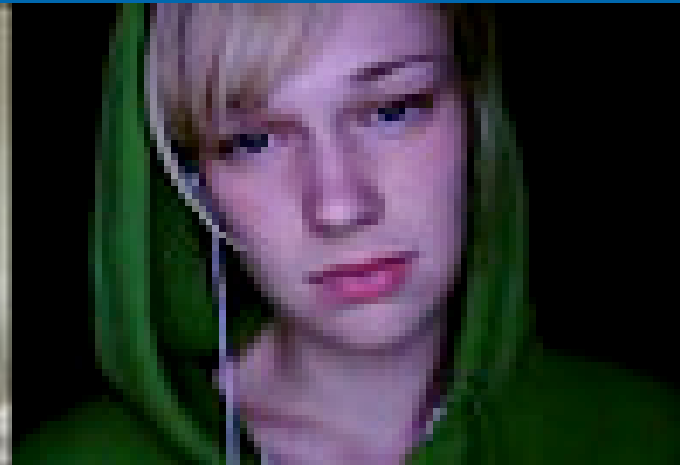
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NYS PREVENTION AGENDA

- Priority Area: Promote Mental Health
- Goal 2.3: Prevent suicides among youth and adults.
- Objective 2.3.1: By December 31, 2017, reduce the percentage of adolescents (youth grades 9 - 12) who attempted suicide one or more times in the past year by 10% to no more than 6.4%
- Objective 2.3.2: By December 31, 2017, reduce the age-adjusted suicide rate by 10% to 5.9 per 100,000

Comprehensive District-Wide School Safety Team and Plan

- **NYSSBA Policy #8130**
- *The plan must now address threats made by students against themselves, including suicide, as well as contacting parents/guardians in the event of such a threat by a student against him/herself.*

Important Terms:

SUICIDE: The deliberate termination of one's own life - "completed suicide."

SUICIDE ATTEMPT: A failed, premeditated or spontaneous attempt to terminate one's own life. The attempt was incomplete due to a miscalculation by the individual, or by intervention of a second party, or by the individual changing his/her mind part-way through the attempt.

SUICIDAL GESTURE: An action by an individual to hurt themselves but without the direct desire to terminate their life. Such a gesture may involve an overdose or some other type of self-destructive behavior, but not of a serious enough nature to cause death.

SUICIDE THREAT: Threatening orally or in written form to take one's own life without the presence of any action to carry out this threat.

SUICIDAL IDEATION: Thinking or fantasizing to take one's own life without the presence of any action to carry out these thoughts.



Youth Statistics:

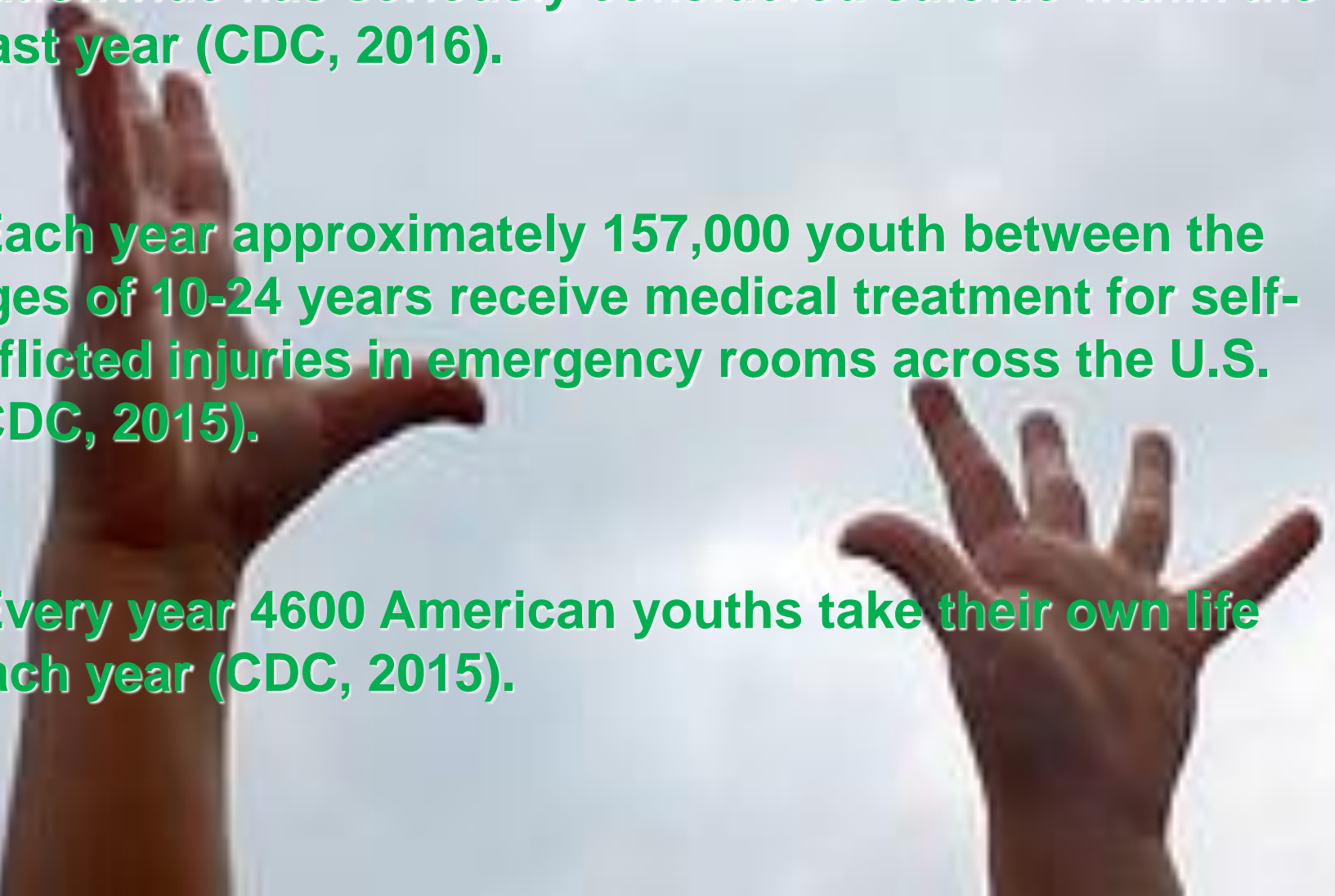
According to Center for Disease Control (2015).

Suicide is the 3rd leading cause of death for youth ages 10-24.

Each day there are approximately 12 youth suicides.

Males complete suicide 4 times more than females; females attempt suicide four times more than males.

Statistics Continued:

- Approximately 1 out of 6 students in grades 9-12 nationwide has seriously considered suicide within the past year (CDC, 2016).
 - Each year approximately 157,000 youth between the ages of 10-24 years receive medical treatment for self-inflicted injuries in emergency rooms across the U.S. (CDC, 2015).
 - Every year 4600 American youths take their own life each year (CDC, 2015).
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- The background of the slide features two hands raised against a light, cloudy sky. The hand on the left is positioned higher and further to the left, while the hand on the right is lower and further to the right. Both hands are open, with fingers spread, and appear to be reaching upwards. The lighting is soft, and the overall tone is somewhat somber due to the subject matter of the text.

Sexual Identification

- Lesbian, Gay, Bisexual, Transgendered youth are at an increased risk for suicidal thoughts, behaviors and attempts.
- The rate of suicide attempts is four times greater for LGBT youth and two times greater for questioning youth than that of straight youth (CDC, 2016).

Individual Risk Factors:

- Ideation – Threatened or Communicated
- Substance Abuse – Excessive or increased
- Loss of Purpose – No reasons for living
- Anxiety – Extreme agitation
- Feeling Trapped – Feeling there is no way out
- Hopelessness - Feeling nothing will get better
- Withdrawal – From friends, family, society
- Anger – (uncontrolled) Rage, seeking revenge
- Recklessness – Risky acts, acting without thinking
- Mood Changes – Dramatic changes in mood

Environmental Risk Factors:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Lack of social support
- Bullying
- Major physical illness

Behavior Changes That May Indicate That a Student Needs Help:

- Looking for a way to kill oneself, such as searching online, acquiring a gun or stockpiling pills.
- Talking about wanting to die or kill oneself.
- Impulsive, unsafe, or high risk taking behavior.
- Giving away prized possessions.
- Increased drug or alcohol abuse.
- Sudden changes in mood, personality, eating, and/or sleeping habits. For example, a student may look depressed, anxious, agitated, unfocused, preoccupied, or may be unable to concentrate.
- Withdrawal, social isolation, or sudden changes in friends. Loss of interest or withdrawal from school activities.
- School refusal or changes in attendance.
- Complains often of headaches, stomach aches, illnesses, or other somatic complaints.
- Changes in personal appearance (for example, looking unusually unkempt).
- Change in their quality of school work, lack of homework, not completing classwork/assignments, sudden drop in grades, or depressive themes/ suicidal ideation in writing or artwork.



Bullying:



1. **Intentional**—behavior is deliberately harmful or threatening
2. **Repeated**—a bully targets the same victim again and again
3. **Power Imbalanced**—a bully chooses victims he or she perceives as vulnerable

Cyberbullying



- Distance
- 24/7
- Multiple methods
 - Text messages; video clips; Websites; Social Media; IM; Emails; Chat rooms
- Anonymous
- Expanded Audience

SUICIDE: Common Myths

Myth: Confronting a person about suicide will only make them angry and increase the risk of suicide.

Fact: Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

Myth: Those who talk about suicide don't do it.

Fact: People who talk about suicide may try, or even complete, an act of self-destruction.

Myth: If a suicidal youth tells a friend, the friend will access help.

Fact: Most young people do not tell an adult.

What to do – Be Genuine

- Listen and don't show shock or disapproval.
- Show that you care, it is more important than saying “the right thing.”
- Avoid trying to explain away the feelings...(saying things like “you have a lot to live for” or “you are just confused right now”).

Information

- American Foundation for suicide prevention:
<http://afsp.org/>
- www.suicidology.org
- www.sprc.org
- www.afsp.org
- www.spanusa.org
- www.wvaspen.com
- www.wvsuicidecouncil.org
- www.jasonfoundation.org

Resources

***Response of Suffolk County
Crisis Hotline: 631-751-7500***

***24 hour telephone crisis intervention and suicide prevention
hotline, concerned with all mental health issues.***

www.responsehotline.org

1-800-SUICIDE (1-800-784-2433)

1-800-273-TALK (1-800-273-8255)

****Press 2 for Hotline in Spanish***

LGBT Youth Suicide Hotline 1-866-4-U-TREVOR

Long Island Crisis Center (24 hour Hotline) 516-679-1111

Pride for Youth – LGBT Support 516-679-1111

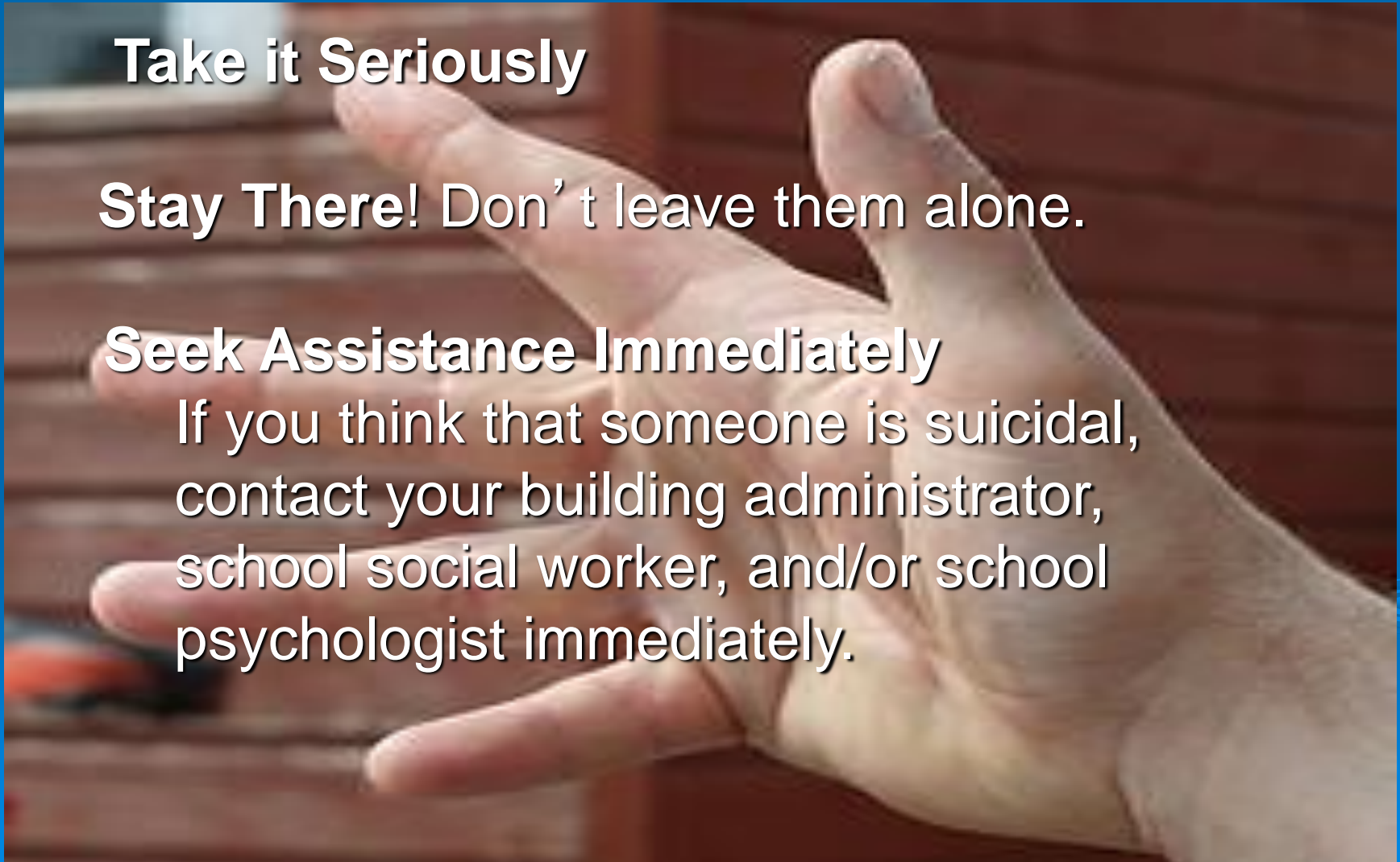
What to Do for the Student in Need

Take it Seriously

Stay There! Don't leave them alone.

Seek Assistance Immediately

If you think that someone is suicidal, contact your building administrator, school social worker, and/or school psychologist immediately.





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