

SUICIDE PREVENTION AWARENESS SESSION APPROPRIATE FOR ALL SCHOOL PERSONNEL

A one and one-half to two-hour workshop provides enough time to share basic information, teach and practice basic suicide intervention skills. All school personnel will benefit from having this basic information.

This section outlines the contents of the basic youth suicide prevention workshop. Training and resource materials to conduct a session are available from the **MYSPP**.

The Problem of Youth Suicide in California

- Suicide is the 2nd leading cause of death for American youth ages 15-25, exceeded only by unintentional injury (mostly car accidents).
- In 2010, there were 150 suicides among youth ages 15-19 in California: 114 males and 36 females.
- In 2010, there were 279 suicides among youth ages 20-24 in California: 227 males and 52 females.
- In 2011, there were 6,341 non-fatal suicide attempt ER visits (treat and release or transfer to another care facility) among youth ages 15-19 in California: 2,249 males and 4,092 females. In Santa Clara County, there were 235 visits: 73 males and 162 females.
- In 2011, there were 2,004 non-fatal suicide attempt hospitalizations for youth ages 15-19 in California: 678 males and 1,326 females. In Santa Clara County, there were 81 hospitalizations: 23 males and 58 females.
- In 2011, there were 4,512 non-fatal suicide attempt ER visits among youth ages 20-24 in California: 2,060 males and 2,452 females. In Santa Clara County, there were 156 visits: 63 males and 93 females.
- In 2011, there were 1,900 non-fatal suicide attempt hospitalizations for youth ages 20-24 in California: 889 males and 1,011 females. In Santa Clara County, there were 73 hospitalizations: 27 males and 46 females.

Source: California Department of Public Health Epicenter, California Injury Data Online

A Few Basic Facts About Suicide

- Contrary to popular belief, talking about suicide or asking someone if they feel suicidal will NOT put the idea in their head or cause them to kill themselves.
- Research has demonstrated that in over 80% of suicides, warning signs were given.
- Suicide crosses all socioeconomic backgrounds.
- It is NOT true that "once a person is suicidal, s/he is always suicidal." People can receive help to make other choices.
- Suicide IS often preventable. Not every death is preventable, but many are.
- Suicidal behavior should not be dismissed as "attention getting" or "manipulative"; it may be a serious cry for help. People who talk about suicide DO kill themselves.
- We must take every threat seriously.
- Most suicidal youth do not really want to die; they want to escape their pain and may see no other alternative course of action.
- Youth who are discriminated against or victimized because of physical differences, sexual orientation, or other reasons are at higher risk for attempting suicide.
- Any trained individual can greatly increase the likelihood of a youth getting the help they need and may very well make the difference between life and death.
- A previous suicide attempt is the single greatest predictor of future suicidal behavior.

A Complicated Human Behavior

Suicide is a rare event. While many think about it, far less than 1% of the population kill themselves. This information is important and reassuring because it provides us with a measure of hope. If we can learn to recognize the warning signs, and gain confidence in our ability to intervene with suicidal youth, we may be able to prevent many youth suicides.

Here Is What We Know:

- There is no typical suicide victim.
- There are no absolute reasons for suicide.
- Suicide is always multi-dimensional.
- Preventing suicide must involve many approaches and requires teamwork.
- Most suicidal people do not want to die; they do want to end their pain.

Suicidal People Share Some Unique Characteristics:

- A suicidal person sees suicide as the "solution" to his or her problems.
 - Efforts to discuss alternative solutions can be lifesaving.
- A suicidal person is in crisis. Suicidal people are experiencing severe psychological distress. They need help in handling the crisis.
- Almost all suicidal people are ambivalent, they wish to live, AND they wish to die. We MUST support the side that wants to live and acknowledge the part that wants to die. Talking about these mixed feelings lowers anxiety. Listening and caring may save a life.
- Suicidal thinking is frequently irrational. Depression, anxiety, psychosis, drugs, or alcohol often distorts the thought process of people when they are feeling suicidal.
- Suicidal behavior is an attempt to communicate. It is a desperate reaction to overwhelming circumstances. We need to pay attention!

Warning Signs

Listen and look for these warning signs for suicidal behavior. Warning signs are the earliest detectable signs that indicate heightened risk for suicide **in the near-term** (i.e., within minutes, hours, or days), as opposed to risk factors which suggest longer-term risk (i.e., a year to a lifetime). Note that aside from direct statements or behaviors threatening suicide, it is often a group of signs that raises concern, rather than one or two symptoms alone. These are presented in a hierarchical manner, organized by degree of risk, and were developed by an expert working group convened by the American Association of Suicidology.

Warning signs are things you can see or hear that tell you someone may be suicidal today. If you notice any of these things you need to act quickly. In all cases, do **NOT** leave the person alone.

Take immediate action and call the Santa Clara County Suicide and Crisis Hotline (1-855-278-4204) if:

Someone makes a threat to kill themselves by saying:

- I wish I were dead
- If such and such doesn't happen, I'll kill myself
- What's the point of living?

Someone is looking for a way to carry out a suicide plan

- They are looking for a gun, pills or other ways to kill themselves
- They have a plan about where they can get these things

Someone is talking or writing about death or suicide

- In text messages
- On social networking sites
- In poems, music

Call 911 if:

- A suicide attempt has been made
- A weapon is present
- The person is out of control

Get professional help if you notice any of the following:

Signs of Depression:

- Mood: sad, irritable, angry
- Withdrawing from friends, family, activities
- Significant change in sleep, appetite or weight
- Hopelessness: sees no chance of improvement
- Feeling worthless or excessively guilty
- Unable to think or concentrate

Anxiety: Restlessness, agitation, pacing

Feeling like a burden, people would be better off if I were dead

Alcohol or Drug use is increased or excessive

Feeling trapped with no way out of the situation

Neglecting appearance

Drop in grades or increased absences

These are all signs that something is wrong and that help is needed.

Risk Factors

Risk factors are stressful events, situations, or conditions that exist in a person's life that may increase the likelihood of attempting or dying by suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors DO NOT cause suicide. Many things can increase someone's risk for suicide. "Risk Factors" may be things that happened in the past or are happening now that cause stress and make it hard to cope. Suicide is not caused by just one thing and these risk factors affect everyone in different ways.

Risk factors most strongly linked with suicidal behavior are:

- One or more suicide attempts (this is strongly linked to future suicide risk)
- Mental illness
- Exposure to suicide
- Access to firearms or other lethal means
- Loss of any kind
- A history of abuse or trauma

Other common risks factors are:

- Acting on impulse
- Bullying and harassment
- Substance abuse
- Lack of coping or problem solving skills

Protective Factors:

Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential for youth suicide as well as other high-risk behaviors. For youth these can be:

Coping Skills and Personal Traits

- Decision making, anger management, conflict resolution, problem solving and other skills
- A sense of personal control
- A healthy fear of risky behavior and pain
- Hope for the future

Connections

- Religious/spiritual beliefs about the meaning and value of life
- Positive relationships with family, friends, school, or other caring adults
- Responsibilities at home or in the community

Health and Home

- A safe and stable environment
- Not using drugs and alcohol
- Access to health care
- Taking care of self

HELPING SUICIDAL YOUTH

Three Steps to Help a Suicidal Person:

1. Show you care

- Listen carefully, remain calm, don't judge
- "I'm concerned about you... about how you're feeling."
- "You mean a lot to me and I want to help."

2. Ask about suicide

- Be direct and caring
- "Are you thinking about killing yourself?"
- "When people are in as much pain as you seem to be, they sometimes think about suicide. Are you thinking about suicide?"

3. Persuade the suicidal person to get help and make sure that they get it

- Never leave a suicidal person alone
- "I know where we can get some help."
- "I can go with you to get help, you're not alone."

If you believe a person might be in danger of suicide, make sure they receive the help they need. Call the Santa Clara County Suicide & Crisis Hotline 1-855-278-4204 for an evaluation or 911 to ensure their immediate safety.

WHAT IS NOT HELPFUL WHEN WORKING WITH SOMEONE WHO MIGHT BE SUICIDAL

- **Ignoring or dismissing the issue.** This sends the message that you don't hear their message, don't believe them, or you don't care about their pain.
- **Acting shocked or embarrassed.**
- **Panicking, preaching, or patronizing.**
- **Challenging, debating, or bargaining.** Never challenge a suicidal person. You can't win in a power struggle with someone who is thinking irrationally.
- **Giving harmful advice,** such as suggesting the use of drugs or alcohol to "feel better." There is a very strong association between alcohol use and suicide.
- **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping that someone will recognize the pain and help, even though they may verbally contradict this.

Resources for Help

It is necessary to maintain lists of resources available for use by school personnel so that they know exactly who to contact when they are working with a student who might be suicidal. Generate your own list with local and state contact information. Update this list regularly.

It's important to get a suicidal person help so that they:

- Get through the crisis without harm
- Know that hope exists
- See that there are other options
- Identify and obtain available help

School Resources for Help

- School Administrators
- School Nurses
- School Gatekeepers (trained to recognize and respond to suicidal behavior)
- Social Workers & Guidance Counselors
- School Resource Officers

Community Resources

- **Santa Clara County 24/7 Suicide and Crisis Hotline 1-855-278-4204**
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- Mental Health Agencies
- Private Clinics/facilities
- Hospital emergency rooms
- Police
- Local Religious Leaders
- Emergency Medical Services

Examples of SF Bay Area Crisis Resources

SELECTED SF Bay Area RESOURCES ON MENTAL HEALTH AND RESILIENCE

HELPFUL NUMBERS

24-hour Suicide and Crisis Line (Santa Clara County) 650-494-8420 or 408-279-3312

Uplift (EMQ) Crisis Team (Santa Clara County) 408-379-9085 or 877-412-7474

Star Vista Crisis Line (San Mateo County): 650-579-0350

NAMI Santa Clara Warm line: 408-435-0400, option 1

NAMI San Mateo Warm line: 650-638-0800

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance.

Rape Crisis Hot Line (24 hour): 650.493.7273

MENTAL HEALTH ORGANIZATIONS AND RESOURCES

HEARD Alliance (heardalliance.org): Collaborative among healthcare agencies, schools and providers in the SF Bay Area; Contains useful resources and websites on mental health

Project Safety Net Palo Alto (psnpaloalto.com)

Jed Foundation (Devoted to college mental health & suicide prevention): <http://www.Jedfoundation.org>

NAMI (Nat'l Alliance on Mental Illness) {nami.org; family support and advocacy}

American Foundation for Suicide Prevention (AFSP): <http://www.afsp.org/>

Suicide Prevention Resource Center (SPRC): <http://www.sprc.org/>

SELECTED RESOURCES ON MENTAL HEALTH AND RESILIENCE

Stanford Center for Youth Mental Health and Wellbeing: <https://med.stanford.edu/psychiatry/special-initiatives/youthwellbeing.html>

NAMI's booklet entitled "What Families Should Know About Adolescent Depression and Treatment Options" http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf

The parent page for The Society for the Prevention of Teen Suicide: <http://www.sptsnj.org/parents/>

National Bullying Information: <https://www.stopbullying.gov/>

Bullying and Cyberbullying Resources for Schools, Youth and Families: <https://www.adl.org/education/resources/tools-and-strategies/bullying-and-cyberbullying-prevention-strategies>

Take Care of Yourself--- Working with Suicidal People is Challenging

- Acknowledge the intensity of your feelings.
- Seek support.
- Avoid over-involvement. It takes a team of people to help a suicidal individual.
- Never do this work on your own. Always inform your supervisor or other designated person as outlined in school protocol.
- Recognize that you are not responsible for another person's choice to end his/her life.

from the Maine Youth Suicide Prevention Program