Comprehensive Suicide Prevention

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Goals

- From this element of the course I hope that you will have …
  1. a better understand the term "suicide" and be able to differentiate it from other forms of self-injury
  2. appreciate the mandates of AB2246
  3. a better understanding suicide statistics and demographics, and appreciate how these data can inform risk assessments.
  4. considered a variety of primary prevention strategies.
  5. increased your knowledge of suicide risk assessment.
  6. increased your knowledge of how schools should intervene with the student at risk for suicidal behavior.
  7. increased your knowledge of how to respond to the aftermath of a suicide death.

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Class Outline

- Suicide
  1. Definitions
  2. Prevention Policy (AB 2246)
  3. Statistics and Demographics
  4. Prevention
  5. Risk Assessment
  6. Intervention
  7. Postvention

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Part 1

What is "suicide"

GOAL:

Understand the term "suicide" and be able to differentiate it from other forms of self-injury

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Definitions

- Self-Directed Violence (SDV)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself."
    - Includes Non-Suicidal and Suicidal behaviors

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Crosby, Ortega, & Melanson (2011, p. 21)

Definitions

- Non-Suicidal SDV(AKA self-mutilation, cutting, self-injury)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent."
- Suicidal SDV
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent."

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Crosby, Ortega, & Melanson (2011, p. 21)

Definitions

- Non-Suicidal and Suicidal SDV
  - Similarities
    - Coping behaviors
      1. Suicide aims at eliminating overwhelming and intolerable pain
      2. Non-Suicidal SDV aims at managing pain
  - Differences
    - Death orientation
      1. Suicide associated with conscious thoughts of death
      2. Non-suicidal SDV not associated with conscious thoughts of death

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Definitions

- Undetermined SDV
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence."

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Crosby, Ortega, & Melanson (2011, p. 21)

Part 2

Pupil Suicide Prevention Policy (AB 2246)

GOAL:
Appreciate the mandates of AB 2246

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AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **Author: Assembly member Patrick O'Donnell, 70th District (D- Long Beach)**
  Cosponsors: Equality California, The Trevor Project
- **Legislation approved by Governor Brown and chaptered by Secretary of State Padilla: September 26, 2016**
- **Signed into law during National Suicide Prevention Awareness Month, AB 2246 represents an effort to address rising youth suicide rates.**

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Coats (2017)

AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **Requirement of all local educational agencies (LEA): County Offices of Education, school districts, state special schools, or charter schools.**
- **The pupil suicide prevention policy must:**
  - Be implemented by all LEAs that serve 7th to 12th grade students before the beginning of the 2017-18 school year. LEAs must adopt their pupil suicide prevention policies prior to prior to July 1, 2017.
  - Be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts.
  - Address procedures relating to suicide prevention, intervention, and postvention.
  - Adoption of policies occur at a regular (rather than a special) meeting.

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Coats (2017)

AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **The pupil suicide prevention policy must address:**
- **High-Risk Groups**
  A. Youth bereaved by suicide.
  B. Youth with disabilities, mental illness, or substance use disorders.
  C. Youth experiencing homelessness or in out-of-home settings, such as foster care.
  D. LGTBQ youth.
- **Suicide Awareness and Prevention Training**
  - Teachers of pupils in grades 7 to 12.
  - Identify appropriate mental health services: school-based and community services.
  - Instructions on how to refer to these services.
  - Self-review suicide awareness and prevention training materials.

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Coats (2017)

AB 2246, O'Donnell. Pupil Suicide Prevention Policy

The pupil suicide prevention policy must specifically state:

- **School Employee**
  - Acts only within the authorization and scope of the employee's credential or license.
  - Not performing non-credentialed or licensed diagnosis or treatment.
- **The California Department of Education will**
  - Develop and maintain a model policy in accordance with this policy (AB 2246) to serve as a guide for local educational agencies.

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Coats (2017)

AB 2246, O'Donnell. Pupil Suicide Prevention Policy

- **Commission on State Mandates (CSM) for cost reimbursements**

  "If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code."
  - No guaranteed costs repayments.
  - LEAs with a policy? Possible incremental reimbursement.
  - LEAs without a policy? Reasonable costs reimbursement.
  - The CSM decision making is on a case by case basis.

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Coats (2017)

Policy, Procedures, and Administrative Regulations

- **LEA Board Policies and procedures authorize and direct the governing actions within a school district.** In this case, the student suicide prevention policies should be clearly defined for students, parents, staff, and community stakeholders.
- **Policies and procedures help avoid legal liabilities**
  - Cafaro, C. S. (2000). Student suicides and school system liability. *School Law bulletin, 2*(3), 17-25.
  - Taylor, K. R. (2001). Student suicide: Could you be held liable? *Principal Leadership, 2*(1), 74-78.

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Coats (2017)

Policy, Procedures, and Administrative Regulations

- **The CDE Model Policy will not only meet the minimum requirements of AB 2246, but also give LEAs best practice guidance.**
  - The California School Board Association (CSBA) provides templates for:
    - *Standard suicide prevention Board Policy* (BP 5141.52)
    - *Administrative Regulation* (AR 5141.52)
  - **While CSBA's templates may be used as a starting point, it should be cautioned that this policy, in its current form, may not meet all the requirements of AB 2246.**

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Coats (2017)

Complying with AB 2246

- **LEAs <u>without</u> an existing suicide prevention policy:**
  - Find guidance from the California Department of Education model policy
  - Develop a policy that includes all AB 2246 criteria
  - LEAs can add more than the minimum criteria as in best practices
  - Refer to ***A Model School Policy on Suicide Prevention: Model language, commentary, and resources.***
    - American Foundation for Suicide Prevention (AFSP), American School Counselors Association (ASCA), National Association of School Psychologists (NASP), & The Trevor Project (2014). *A model school policy on suicide prevention: Model language, commentary, and resources.*

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Coats (2017)

Part 3

Suicide Statistics and Demographics

GOAL:

Have a better understanding suicide statistics and demographics, and appreciate how these data can inform risk assessments

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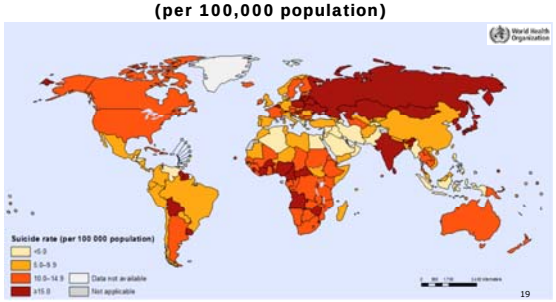
Statistics & Demographics

World Suicide Rates, 2015
(per 100,000 population)



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World Health Organization (WHO, 2017)

Statistics & Demographics

World Suicide Rates, 2015
(per 100,000 population)

Rank	Country	Suicide Rate
1	Sri Lanka	34.6
2	Guyana	30.6
3	Mongolia	28.1
4	Kazakhstan	27.5
5	CÃ'te d'Ivoire	27.2
6	Suriname	26.9
7	Equatorial Guinea	26.6
8	Lithuania	26.1
9	Angola	25.9
10	Republic of Korea	24.1

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WHO (2017)

Statistics & Demographics

World Suicide Rates, 2015
(per 100,000 population)

Rank	Country	Suicide Rate
48	United States	12.6
	World Average	**10.5**
175	Sao Tome & Principe; Saint Vincent and the Grenadines	02.6
177	Pakistan	02.5
178	Bahamas	01.6
179	Brunei Darussalam	01.4
179	Jamaica	01.4
181	Grenada	00.4
182	Barbados	00.3
183	Antigua and Barbuda	00.0

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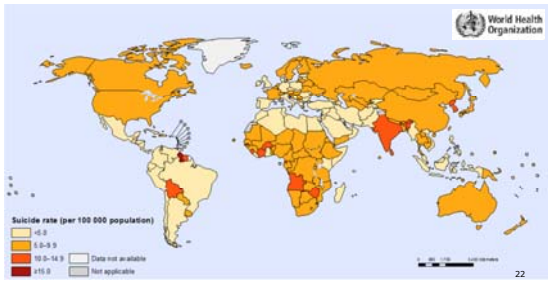
WHO (2017)

Statistics & Demographics

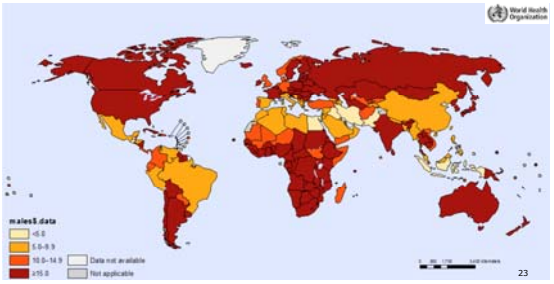
World Female Suicide Rates, 2015



WHO (2017)

Statistics & Demographics

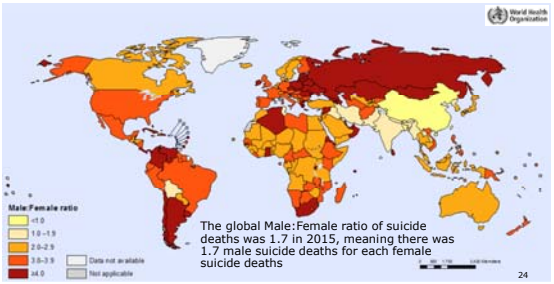
World Male Suicide Rates, 2015



WHO (2017)

Statistics & Demographics

Male : Female Ratio of Suicide Deaths, 2015



WHO (2017)

2017 Statistics & Demographics (2016)

Age in Years	# of Deaths[1]	Cause of Death Rank[1]	Suicide Rate[2]
5 to 8	0	NA	
9	4 (7)	11 (9)	0.10 (0.17)
10	12 (12)	7 (8)	0.29 (0.29)
11	24 (34)	4 (3)	1.01 (0.82)
12	77 (68)	3 (3)	1.86 (1.64)
13	149 (121)	2 (2)	3.59 (2.94)
14	237 (201)	1 (2)	5.74 (4.91)
15	349 (308)	1 (2)	8.48 (7.43)
16	438 (370)	2 (2)	10.37 (8.67)
17	469 (414)	2 (2)	10.92 (9.85)
18	559 (530)	2 (2)	13.18 (11.57)
Total	**2,337 (2,023)**	**2 (2)**	**4.03 (3.49)**

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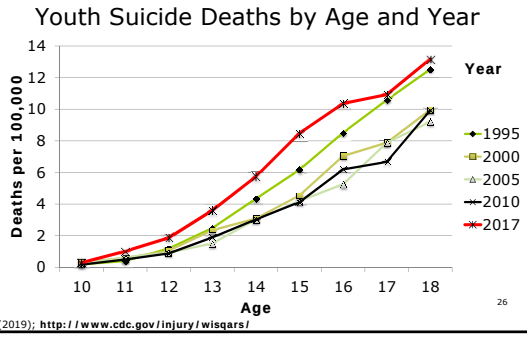
[1]CDC (2019); **https://webappa.cdc.gov/sasweb/ncipc/leadcause.html**
[2]CDC (2019); **https://webappa.cdc.gov/sasweb/ncipc/mortrate.html**

Statistics & Demographics



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CDC (2019); **http://www.cdc.gov/injury/wisqars/**

Statistics & Demographics

- Magnitude of the problem
  - Suicidal SDV among high school students in 2017[1]
    - 17.2% seriously considered suicide
    - 13.6% made a suicide plan
    - 7.4% attempted suicide
    - 2.4% attempt required medical attention
  - 50 nonfatal self-harm injuries for each suicide death in 2017.[2]
    - Females: 1 death for every 148 nonfatal self-harm injuries
    - Males: 1 death for every 14.5 nonfatal self-harm injuries

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[1]Kann et al. (2018); [2]CDC (2019)

Statistics & Demographics (2017)

- More males (5 to 18 years) die by suicide
  - Gender ratio 3.625 male suicides (*N* = 1,725) for each female suicide (*N* = 612)
- 42% of 14-18 year old suicides is by a firearm.
  - 46% of 14-18 year old male suicides is by a firearm
  - 18% of 14-18 year old female suicides is by a firearm
  - Suicide by firearms rate (all ages) = 7.32
  - Suicide by firearms rate (14-18 yrs) = 4.31
  - Suicide by firearms rate (14-18 yrs male) = 7.41
  - Suicide by firearms rate (14-18 yrs female) = 1.07
- Highest suicide rate is among American Indian/Alaskan Native men 25-29 (67.22 per 100,000[1])

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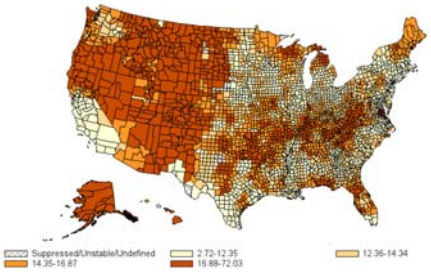
CDC (2019); https://webappa.cdc.gov/sasweb/ncipc/mortrate.html

Statistics & Demographics

US Suicide Rates per 100,000 population, by County
2008-2014



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CDC (2018); https://wisqars.cdc.gov:8443/cdcMapFramework/

2017 Statistics & Demographics (2016)

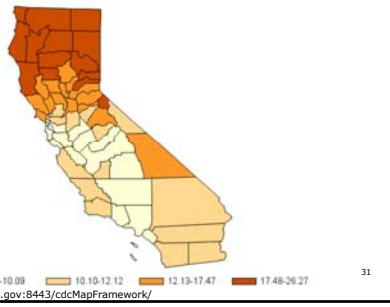
Youth Suicide Deaths by State (15 to 24 year olds)

Rank	State	*N*	Rate
1	Alaska (1)	45	44.33
2	Wyoming (11)	27	36.31
3	New Mexico (10)	92	32.53
4	Montana (2)	43	31.58
5	South Dakota (3)	36	30.97
6	North Dakota (8)	31	27.61
7	Utah (9)	124	25.01
8	Oklahoma (6)	131	24.33
9	Idaho (4)	56	23.90
10	New Hampshire (15)	42	23.89
	Total U.S.	**6,252**	**9.79**
47	California (44)	522	9.60

CDC (2019)

Statistics & Demographics

California Suicide Rates per 100,000 population, by County 2008-2014



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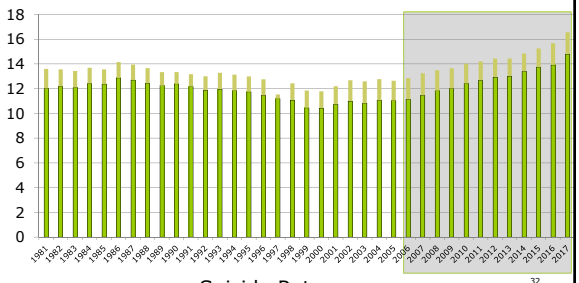
CDC (2018); https://wisqars.cdc.gov:8443/cdcMapFramework/

Statistics & Demographics

US Suicide Rate (& Undetermined Intent; 1981-2017)

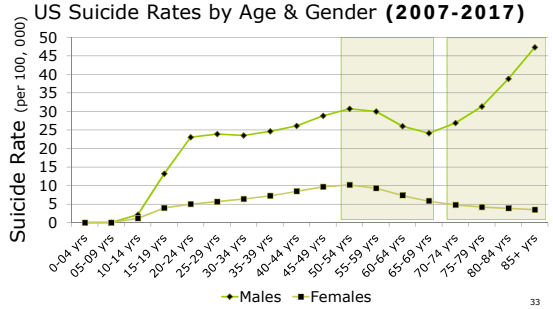


32

CDC (2019): https://webappa.cdc.gov/cgi-bin/broker.exe

Statistics & Demographics

US Suicide Rates by Age & Gender **(2007-2017)**



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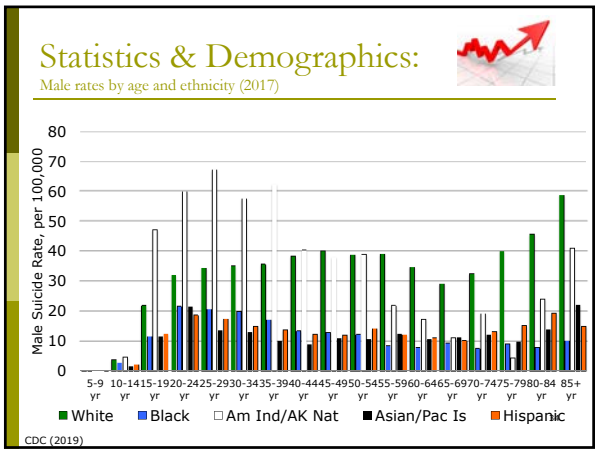
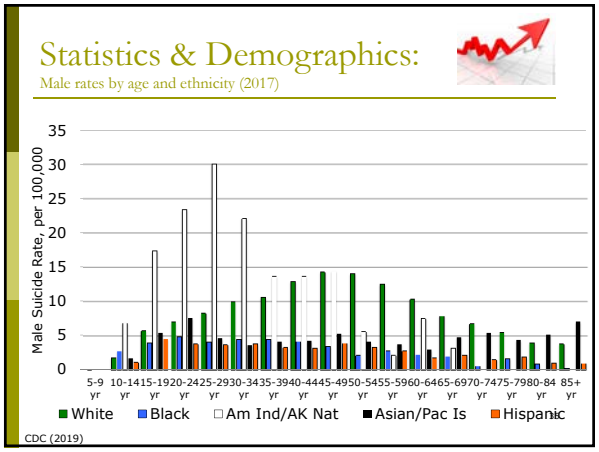
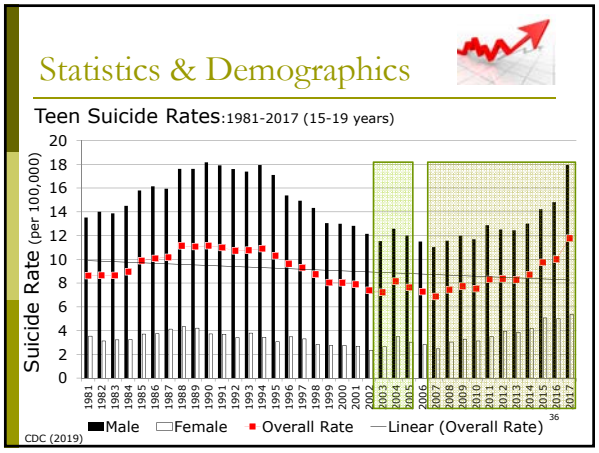
CDC (2019); https://webappa.cdc.gov/sasweb/ncipc/mortrate.html


Statistics & Demographics:
Male rates by age and ethnicity (2017)
Male Suicide Rate, per 100,000
80
70
60
50
40
30
20
10
0
5-9 yr
10-14 yr
15-19 yr
20-24 yr
25-29 yr
30-34 yr
35-39 yr
40-44 yr
45-49 yr
50-54 yr
55-59 yr
60-64 yr
65-69 yr
70-74 yr
75-79 yr
80-84 yr
85+ yr
White
Black
Am Ind/AK Nat
Asian/Pac Is
Hispanic
CDC (2019)


Statistics & Demographics:
Male rates by age and ethnicity (2017)
Male Suicide Rate, per 100,000
35
30
25
20
15
10
5
0
5-9 yr
10-14 yr
15-19 yr
20-24 yr
25-29 yr
30-34 yr
35-39 yr
40-44 yr
45-49 yr
50-54 yr
55-59 yr
60-64 yr
65-69 yr
70-74 yr
75-79 yr
80-84 yr
85+ yr
White
Black
Am Ind/AK Nat
Asian/Pac Is
Hispanic
CDC (2019)


Statistics & Demographics
Teen Suicide Rates:1981-2017 (15-19 years)
Suicide Rate (per 100,000)
20
18
16
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12
10
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2
0
1981
1982
1983
1984
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2011
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2014
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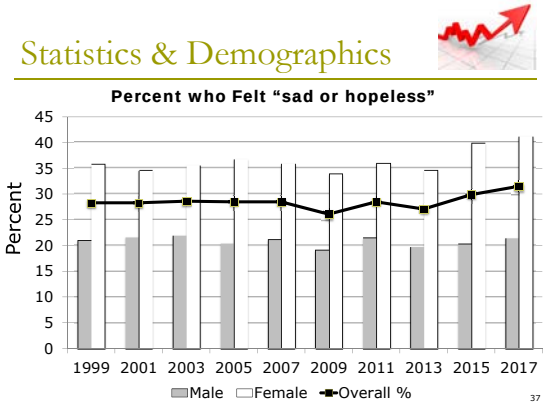
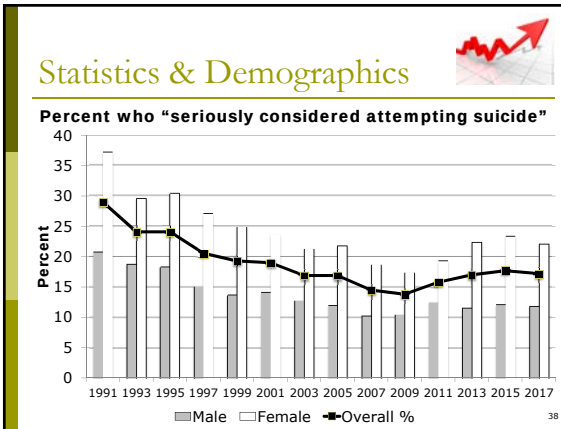
2016
2017
Male
Female
Overall Rate
Linear (Overall Rate)
CDC (2019)

Statistics & Demographics



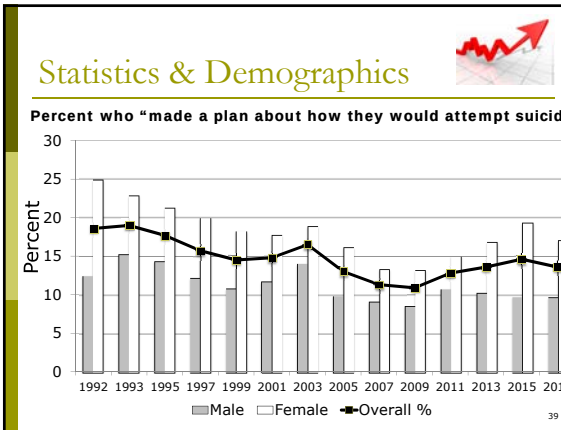
Kann et al. (2018)

Statistics & Demographics



Kann et al. (2018)

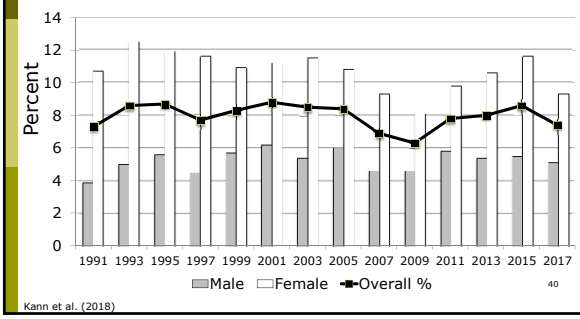
Statistics & Demographics



Kann et al. (2018)

Statistics & Demographics

Percent who "attempted suicide one or more times"



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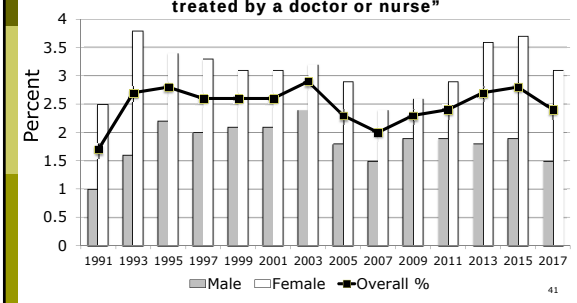
Kann et al. (2018)

Statistics & Demographics

Percent who "made a suicide attempt that … had to be treated by a doctor or nurse"



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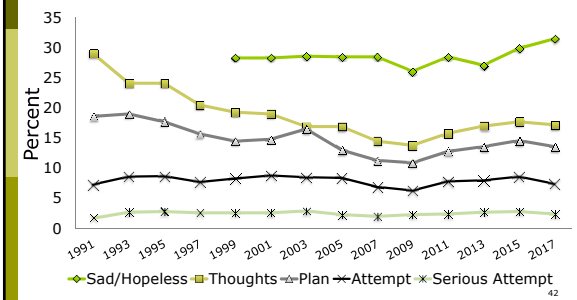
Kann et al. (2018)

Statistics & Demographics

High School Students who Display Suicidal Behaviors



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Kann et al. (2018)

Part 4

Suicide Prevention

GOAL:
Considered a variety of primary prevention strategies.

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Suicide Prevention:
Suicide Prevention Policy

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http://www.thetrevorproject.org/pages/modelschoolpolicy

Suicide Prevention:
Suicide Prevention Curriculum

- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - "The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help-seeking. The program's primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to **ACT** (**A**cknowledge, **C**are and **T**ell) in the face of this mental health emergency."

SOS Signs of Suicide® High School Program $395

SOS Signs of Suicide® Middle School Program $395

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Suicide Prevention:
Suicide Prevention Curriculum

- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - Evidenced based!

RESEARCH AND PRACTICE

An Outcome Evaluation of the SOS Suicide Prevention Program

Robert H. Aseltine Jr, PhD, and Robert DeMartino, MD

Suicide among young people is one of the most serious public health problems in the United States. According to the National Center for Health Statistics, the suicide rate for youths and young adults aged 15 to 24 years has tripled since 1950, and suicide is now the third leading cause of death in this age group.[1] Recent studies indicate that the incidence of suicide attempts among adolescents may exceed 10% annually,[2] although it is difficult to obtain reliable estimates because of the accompanying stigma associated with attempting suicide. A number of diverse approaches to suicide

Objectives. We examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior.

Methods. Twenty-one hundred students in 5 high schools in Columbus, Ga, and Hartford, Conn, were randomly assigned to intervention and control groups. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation.

Results. Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. The modest changes in knowledge and attitudes partially explained the beneficial effects of the program.

Conclusions. SOS is the first school-based suicide prevention program to demonstrate significant reductions in self-reported suicide attempts. (Am J Public Health. 2004;94:446–451)

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Aseltine & DeMartino (2004)

Suicide Prevention:
Suicide Prevention Screening

- School-wide Screening
  - Very few false negatives
  - Many false positives
    - Requires second-stage evaluation
- Limitations
  - Risk waxes and wanes
  - Principals' view of acceptability
  - Requires effective referral procedures
- Possible Tool
  - Suicidal Ideation Questionnaire
  - Author: William Reynolds
  - Publisher: Psychological Assessment Resources

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Gould & Kramer (2001)

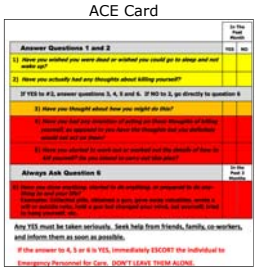
Suicide Prevention:
Suicide Prevention Screening

www.cssrs.columbia.edu/

Available in Spanish

- Columbia-Suicide Severity Rating Scale (C-SSRS)

ACE Card



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Posner et al. (2011)

Suicide Prevention: Suicide Prevention Screening

- **Columbia Suicide Severity Rating Scale**
  - **For information about the psychometric properties of the C- SSRS, please see:**

    Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., & ... Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *The American Journal of Psychiatry*, *168*, 1266-1277. doi: 10.1176/appi.ajp.2011.10111704

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Suicide Prevention: Suicide Prevention Screening

- **Columbia Suicide Severity Rating Scale**
  - **For information about the feasibility and validation of the eC-SSRS:**

    Mundt, J. C., Greist, J. H., Gelenberg, A. J., Katzelnick, D. J., Jefferson, J. W., & Modell, J. G. (2010). Feasibility and validation of a computer-automated Columbia-Suicide Severity Rating Scale using interactive voice response technology. *Journal of Psychiatric Research*, *44*, 1224-1228. doi: 10.1016/j.jpsychires.2010.04.025

    Mundt, J. C., Greist, J. H., Jefferson, J. W., Federico, M., Mann, J. J., & Posner, K. (2013). Prediction of suicidal behavior in clinical research by lifetime suicidal ideation and behavior ascertained by the Electronic Columbia-Suicide Severity Rating Scale. *The Journal of Clinical Psychiatry*, *74*, 887-893. doi: 10.4088/JCP.13m08398

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Suicide Prevention: Suicide Prevention: Gatekeeper Training

- Training natural community caregivers
  - (e.g., Suicide Intervention Training)
- Advantages
  - Reduced risk of imitation
  - Expands community support systems
- Research is limited but promising
  - Durable changes in attitudes, knowledge, intervention skills

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Gould & Kramer (2001)

Suicide Prevention:
Suicide Prevention: Gatekeeper Training

A Specific Training Program:

- Applied Suicide Intervention Skills Training
  - Author: Ramsay, Tanney, Tierney, & Lang
  - Publisher: LivingWorks Education, Inc
  - 1-403-209-0242
  - http://www.livingworks.net/

ASIST: Applied Suicide Intervention Skills Training

- The ASIST workshop (formerly the Suicide Intervention Workshop) is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 200,000 caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop.
- Training for Trainers is a (minimum) five-day course that prepares local resource persons to be trainers of the ASIST workshop. Around the world, there is a network of 1000 active, registered trainers.

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Suicide Prevention:
Hotlines

- Rationale
  - Suicidal ideation is associated with crisis
  - Suicidal ideation is associated with ambivalence
  - Special training is requires to respond to "cries for help"
- Likely benefit those who use them
- Limitations
  - Limited research regarding effectiveness
  - Few youth use hotlines
  - Youth are less likely to be aware of hotlines
  - Highest risk youth are least likely to use

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Gould & Kramer (2001)

Suicide Prevention:
Hotlines

Washington Unified School District Suicide Help Card

- **Stay** with the person – you are their *lifeline!*
- **Listen**, *really listen.* Take them seriously!
- **Get**, or **call help** *immediately!*

24 Hour Crisis Hopeline
(530) 666-7778 (Woodland)
(530) 756-5000 (Davis)

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Suicide Help Card

If some one you know threatens suicide; talks about wanting to die, shows changes in behavior, appearance, or mood; abuses drugs or alcohol; deliberately injures themselves; appears depressed, sad, or withdrawn…
You can help by staying calm and listening, being accepting and not judging, asking if they have suicidal thoughts, taking threats seriously, and not swearing secrecy – **tell someone!**

Get help: You can't do it alone: Yolo County Mental Health Mobile Crisis Unite/Suicide Prevention Counseling
(916) 357-6350

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Suicide Prevention:
Hotlines

- Texting is the preferred mode of communication for teens and young adults
  - Crisis Text Line
    - CTL is the first nationwide, free, 24/7 text hotline for teens in crisis. Text "FB" to 741741 to chat with a compassionate, trained counselor.
    - http://www.crisistextline.org/
  - Teen Line
    - Teens helping teens
    - https://teenlineonline.org/
  - REACHOUT.com
    - www.reachout.com

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Swearer et al. (2015)

Suicide Prevention:
Media Education

- *Reporting on Suicide: Recommendations for the Media*
  - http://reportingonsuicide.org

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Suicide Prevention:
Public Awareness

http://www.sprc.org/sites/sprc.g/files/library/SafeMessagingrev ed.pdf

- *Safe and Effective Messaging for Suicide Prevention*
  - **The Do's—Practices that may be helpful in public awareness campaigns:**
    - Do emphasize help-seeking and provide information on finding help.
    - Do emphasize prevention.
    - Do list the warning signs, as well as risk and protective factors heighten risk of suicide.
    - Do highlight effective treatments for underlying mental health problems.

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Suicide Prevention:
Public Awareness

http://www.sprc.org/sites/sprc.g/files/library/SafeMessagingrev.pdf

- *Safe and Effective Messaging for Suicide Prevention*
  - **The Don'ts—Practices that may be problematic in public awareness campaigns:**
    - Don't glorify or romanticize suicide or people who have died by suicide.
    - Don't normalize suicide by presenting it as a common event.
    - Don't present suicide as an inexplicable act or explain it as a result of stress only.
    - Don't focus on personal details of people who have died by suicide.
    - Don't present overly detailed descriptions of suicide victims or methods of suicide.

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Suicide Prevention:
Risk Factor Reduction

- Postvention
- Skills Training
- Restriction of Lethal Means
  - r = .61 (% of homes w/ firearms & suicide rate)
  - r = .85 (% of homes w/ firearms & firearm suicide rate)
    - States with a higher percentage of firearms in their homes tend to have higher suicide rates (especially suicide by firearm suicide rates).

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Suicide Prevention:
Risk Factor Reduction

Number and Percent of Firearms Used in School-Associated Suicide, by Source of Firearm

Source of Firearm	Number	Percent
Home of Victim	26	76.5%
Friend/Relative of Victim	4	11.8%
Purchased	0	00.0%
Stolen	2	05.9%
Unknown	2	05.9%

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Reza et al. (2003)

Other Suicide Prevention Resources

- **For Caregivers**
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians
    - http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-Pocket-Card-for-Clinicians/SMA09-4432

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Other Suicide Prevention Resources

- **For Persons At-Risk**
  - Suicide Prevention App (MY3)
    - www.my3app.org/

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Other Suicide Prevention Resources

- **General Prevention Information**
  - Suicide Prevention Resource Center
    - www.SPRC.org

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Part 5

Suicide Risk Assessment

GOAL:
Increase your knowledge of suicide risk assessment.

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Suicide Risk Assessment

- Variables suggesting the need for a risk assessment
  - Risk Factors
  - Warning Signs

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Suicide Risk Assessment

- Risk Factors
  - Risk factors are variables, which when present, simply increase the odds of suicidal ideation and behavior
    - Risk factors are far from perfect predictors of the presence of suicidal thoughts, suicide attempts, or suicide deaths
  - Pathways to suicidal ideation and behavior are idiosyncratic
    - Suicidal ideation and behaviors are typically the result of interactions among a number of different factors
    - Generally speaking these factors can be categorized as personal, familial, social, and historical

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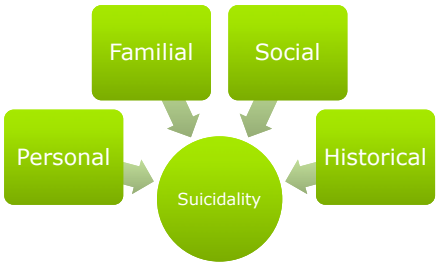
Suicide Risk Factors



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Suicide Risk Factors: Children

- Suicide is rare among children under age 15
- Suicide is practically unheard of under the age of 10
- Childhood can be considered a protective factor
  - Very young children have difficulty cognitively understanding death
  - Psychopathology is more common in later adolescence
  - Alcohol and substance abuse less common
  - Less access to guns

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Johnson et al. (2006); Pfeffer (1997); Shaffer et al. (1996); Soole et al. (2015)

Suicide Risk Factors: Children

- However…
  - Most children have an understanding of death and the concept of suicide by 8 years
  - Many are capable of planning, attempting, and dying by suicide
  - Suicide is a leading cause of death among children 10 to 14 years (*N*= 425 in 2014, second leading cause of death)
  - Each year a small number of under age 10 years to die by suicide (*N* = 3 in 2014)
  - In community samples rates of suicidal ideation among children range from 6% to 15%
- Thus, even though it is rare it is important to attend to risk factors for childhood suicidality

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CDC (2016); Ridge Anderson et al. (2016); Soole et al. (2015)

Suicide Risk Factors: Children

- Personal
  - Psychopathology
    - Depression, ADHD and other disruptive behavior disorders
      - Relative to adults and adolescents lower rates of mental illness are seen among suicidal children
  - Negative emotional states
    - Worthlessness and negative automatic thought processes
  - Hopelessness
    - May be specific to ideation and not behavior
  - Low self-esteem
    - in the context of high depression

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Ridge Anderson et al. (2016); Soole et al. (2015)

Suicide Risk Factors: Children

- Personal
  - Strong emotional states
    - Anger, sadness, expectations of loss/abandonment
  - Aggression, Irritability
    - A symptom of depression in children
  - Sleep disturbance
  - Bed-wetting
  - Impulsivity
  - Sensation seeking
  - Somatic complains

71

Ridge Anderson et al. (2016); Soole et al. (2015). NOTE: Gender not a factor until after 11 to 12 years

Suicide Risk Factors: Children

- Familial
  - Family conflict
    - 22% of hospitalized children with ideation had experienced such at home prior to hospitalization
    - Discord, divorce
    - Parent-child conflict, poor communication
      - Often a precipitating factor
    - attachment difficulties
  - Parental psychopathology
    - 36.8% of hospitalized children with ideation had a family history of depression

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Ridge Anderson et al. (2016); Soole et al. (2015).

Suicide Risk Factors: Children

- Social
  - Suicidal children were more likely to have been bullied that suicidal adolescents
  - Negative peer pressure
  - Perceived or real school performance problems

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Ridge Anderson et al. (2016); Soole et al. (2015).

Suicide Risk Factors: Children

- Historical
  - Prior suicide attempts
    - Children who die by suicide are more likely than other children to have previously attempted suicide
  - Prior suicidal thinking
    - More likely to think/dream about death
    - Preoccupation with death significantly correlates with the degree of lethality in subsequent suicidal behavior
  - Prior suicidal behavior within the family
    - "6-fold increased risk for suicide attempt, relative to offspring of non-attempters"
  - Child abuse, neglect, exploitation

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Soole et al. (2015); Brent et al. (2002, p. 805)

Suicide Risk Factors: Adolescents

- Personal
  - Hopelessness
  - Psychopathology
    - Depression severity
    - PTSD
      - Differentiates attempters from ideators
    - Greater psychological distress increases risk
  - Dissatisfaction with one's weight

Bell et al. (2015); du Roscoät et al. (2016); May & Klonsky (2016); Taliafero & Muehlenkamp (2013)

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Suicide Risk Factors: Adolescents

- Familial
  - Quality of the relationship with each parent predicts attempts
    - Conversely parent connected is a protective factor

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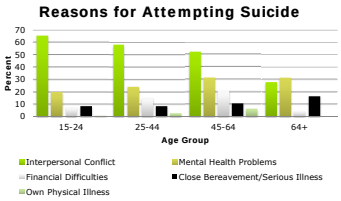
Du Roscoät et al. (2016); Taliaferro & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

- Social
  - Interpersonal conflict the most frequent precipitating event
    - Conversely, connectedness to others is a protective factor



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Burón et al. (2016); Taliaferro & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

- Social
  - "Compared with adolescents who were not involved in bullying, all pure victims, pure perpetrators and victim- perpetrators had a higher risk of reporting suicidal ideation and attempt. The results indicated that no matter what kind of involvement they have in bullying, adolescents who are involved in bullying are at risk of suicide."
    - Conversely, having caring friends and reporting feeling safe at school are protective factors

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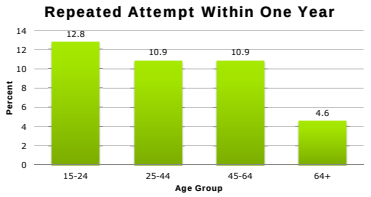
Taliaferro & Muehlenkamp (2013); Yen et al. (2015, pp. 445-446)

Suicide Risk Factors: Adolescents

- Historical
  - Prior suicide attempt
    - Violent attempts associated with a clearly elevated risk among males.



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Burón et al. (2016); Stenbacka & Jokinen (2015)

Suicide Risk Factors: Adolescents

- Historical
  - Nonsuicidal self injury
    - Differentiates ideators from attempters
  - Prior suicidal behavior among peers and family members
  - Prior substance use
  - Running away from home
  - Sexual abuse

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Cwik et al. (2015); Taliafero & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

Risk Factors Differentiating ***Male*** Adolescents With ***Only Suicide Thoughts*** From Those With ***No Suicidality***

Rank	Risk Factor	Effect Size
1	Hopelessness	3.30
2	Self Injury	1.21
3	Depressive symptoms	1.18
4	Physical Abuse	0.34
4	Mental health problem	0.34
7	Skipped school because felt unsafe	0.28
8	Alcohol use	0.24

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Taliafero & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

Risk Factors Differentiating ***Female*** Adolescents With ***Only Suicide Thoughts*** From Those With ***No Suicidality***

Rank	Risk Factor	Effect Size
1	Hopelessness	3.29
2	Self Injury	1.12
3	Depressive symptoms	0.95
4	Perceived over weight/maladaptive dieting	0.36
5	Mental health problem	0.28
5	Ran away from home	0.28
5	Sexual abuse	0.28

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Taliafero & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

Risk Factors Differentiating ***Male*** Adolescents With ***Suicide Attempts*** From Those With ***No Suicidality***

Rank	Risk Factor	Effect Size
1	Self Injury	3.72
2	Hopelessness	2.82
3	Depressive symptoms	1.09
4	Mental health problem	095
5	Ran away from home	0.75
6	Sexual abuse	0.51

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Taliafero & Muehlenkamp (2013)

Suicide Risk Factors: Adolescents

Risk Factors Differentiating ***Female*** Adolescents With ***Suicide Attempts*** From Those With ***No Suicidality***

Rank	Risk Factor	Effect Size
1	Hopelessness	3.44
2	Self Injury	2.63
3	Mental health problem	1.00
4	Ran away from home	0.86
5	Depressive symptoms	0.74
6	Stress or anxiety	0.66

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Taliafero & Muehlenkamp (2013)

Suicide Risk Assessment

- Warning Signs
  - Variables that signal the possible presence of suicidal thinking.
    - Especially when combined with risk factors, warning signs indicate the need for a suicide risk assessment

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Suicide Risk Assessment

- Warning Signs
  - Direct threats
    - "I have a plan to kill myself"

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Suicide Risk Assessment

- Warning Signs
  - Indirect threats
    - "I wish I could fall asleep and never wake up"
    - "Everybody would be better off if I just weren't around"
    - "I'm not going to bug you much longer"
    - "I hate my life. I hate everyone and everything"
    - "I'm the cause of all of my family's/friend's troubles"
    - "I wish I would just go to sleep and never wake up"
    - "I've tried everything but nothing seems to help"
    - "Nobody can help me"
    - "I want to kill myself but I don't have the guts"
    - "I'm no good to anyone"
    - "If my (mom, dad, teacher) doesn't leave me alone I'll kill myself"
    - "Don't buy me anything. I won't be needing any (clothes, books)"

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Suicide Risk Assessment

- Warning Signs
  - Behavioral indicators
    - Writing of suicidal notes
    - Making final arrangements
    - Giving away prized possessions
    - Talking about death
    - Reading, writing, and/or art about death
    - Hopelessness or helplessness
    - Social Withdrawal and isolation
    - Lost involvement in interests & activities
    - Increased risk-taking
    - Heavy use of alcohol or drugs

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Suicide Risk Assessment

- Asking the "S" Question
  - The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
  - A risk assessment begins with asking if the student is having thoughts of suicide.

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Suicide Risk Assessment

- Be direct when asking the "S" question.
  - **BAD**
    - *You're not thinking of hurting yourself, are you?*
  - **Good** **(best for children)**
    - *Are you thinking of harming yourself?*
  - **BEST**
    - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*

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Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)
  - **C**urrent plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?
  - **P**ain (unbearable pain = greater risk)
    - How desperate to ease the pain?
      - Person-at-risk's perceptions are key
  - **R**esources (more alone = greater risk)
    - Reasons for living/dying?
      - Can be very idiosyncratic
      - Person-at-risk's perceptions are key

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Ramsay, Tanney, Lang, & Kinzel (2004)

Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)[1]
  - (+) Prior Suicidal Behavior?
    - of self (40 times greater risk)
    - of significant others
    - An estimated 26-33% of adolescent suicide victims have made a previous attempt[2]
  - (+) Mental Health Status?
    - history mental illness (especially mood disorders)
    - linkage to mental health care provider

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[1]Ramsay, Tanney, Lang, & Kinzel (2004); [2]American Foundation for Suicide Prevention (1996)

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

		Risk present, but lower	*Medium Risk*	*Higher Risk*
1.	Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	___Vague. ___Means not available. ___No specific time. ___Pills, cloth wrists. ___Others present most of the time.	___Some specifics. ___Has means close by. ___Within a few days or hours. ___Drugs/alcohol, car wreck. ___Others available if called upon.	___Well thought out. ___Has means in hand. ___Immediately. ___Gun, hanging, jumping. ___No one nearby; isolated.
2.	Pain	___Pain is bearable. ___Wants pain to stop, but not desperate. ___Identifies ways to stop the pain.	___Pain is almost unbearable. ___Becoming desperate for relief. ___Limited ways to cope with pain.	___Pain is unbearable. ___Desperate for relief from pain. ___Will do anything to stop the pain.
3.	Resources	___Help available; student acknowledges that significant others are concerned and available to help.	___Family and friends available, but are not perceived by the student to be willing to help.	___Family and friends are not available and/or are hostile, injurious, exhausted.
4.	Prior Suicidal Behavior of… A. Self B. Significant Others	___No prior suicidal behavior. ___No significant others have engaged in suicidal behavior.	___One previous low lethality attempt; history of threats. ___Significant others have recently attempted suicidal behavior.	___One of high lethality, or multiple attempts of moderate lethality. ___Significant others have recently committed suicide.
5.	Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	___History of mental illness, but not currently considered mentally ill. ___Daily activities continue as usual with little change. ___Mild; feels slightly down. ___No significant medical problems. ___Stable relationships, personality, and school performance.	___Mentally ill, but currently receiving treatment. ___Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. ___Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. ___Acute, but short-term, or psychosomatic illness. ___Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	___Mentally ill and not currently receiving treatment. ___Gross disturbances in daily functioning. ___Overwhelmed with hopelessness, sadness, and feelings of helplessness. ___Chronic debilitating, or acute catastrophic, illness. ___Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6.	Stress	___No significant stress.	___Moderate reaction to loss and environmental changes.	___Severe reaction to loss or environmental changes.
Total Checks				

Risk Assessment

- Suicide intervention script and role play observation form

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See Handout

Risk Assessment

- Questions to ask in the evaluation of suicidal risk in **children**
  1. *Suicidal fantasies or actions*:
     Have you ever thought of hurting yourself?
     Have you ever threatened or attempted to hurt yourself?
     Have you ever wished or tried to kill yourself?
     Have you ever wanted to or threatened to commit suicide?
  2. *Concepts of what would happen*:
     What did you think would happen if you tried to hurt or kill yourself?
     What did you want to have happen?
     Did you think you would die?
     Did you think you would have severe injuries?

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Part 6

School-Based Suicide Intervention

GOAL:
Increase your knowledge of how schools should intervene with the student at risk for suicidal behavior.

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School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.
- Mental Health Professional Risk Assessment and Referral Procedures
  - The actions taken by school staff members trained in suicide risk assessment and intervention.

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School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - **A student who has threatened suicide must be carefully observed at all times** until a qualified staff member can conduct a risk assessment**.** The following procedures are to be followed whenever a student threatens to commit suicide.

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School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  1. Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
  2. Under no circumstances should you allow the student to leave the school.
  3. Do not agree to keep a student's suicidal intentions a secret.
  4. If the student has the means to carry out the threatened suicide on his or her person, determine if he or she will voluntarily relinquish it. **Do not force the student to do so.** **Do not place yourself in danger.**

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School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  5. Take the suicidal student to the prearranged room.
  6. Notify the Crisis Intervention Coordinator immediately.
  7. Notify the Crisis Response Coordinator immediately.
  8. Inform the suicidal youth that outside help has been called and describe what the next steps will be.

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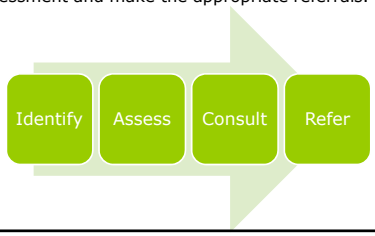
School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - Whenever a student judged to have some risk of engaging in self-directed violence or suicide, a school-based mental health professional should conduct a risk assessment and make the appropriate referrals.



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School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  1. Identify Suicidal Thinking
  2. From Risk Assessment Data, Make Appropriate Referrals
  3. Risk Assessment Protocol
     a) Conduct a Risk Assessment.
     b) Consult with fellow school staff members regarding the Risk Assessment.
     c) Consult with County Mental Health.

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School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:
     - A. **Extreme Risk**
     - B. **Crisis Intervention Referral**
     - C. **Mental Health Referral**

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School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - A. **Extreme Risk:** If the student has the means of his or her threatened suicide at hand, and refuses to relinquish such then follow the Extreme Risk Procedures.
    - i. Call the police.
    - ii. Calm the student by talking and reassuring until the police arrive.
    - iii. Continue to request that the student relinquish the means of the threatened suicide and try to prevent the student from harming him-or herself.
    - iv. Call the parents and inform them of the actions taken.

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School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - B. **Crisis Intervention Referral:** If the student's risk of harming him or herself is judged to be moderate to high then follow the Crisis Intervention Referral Procedures.
    - i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
    - ii. Meet with the student's parents.
    - iii. Determine what to do if the parents are unable or unwilling to assist with the suicidal crisis.
    - iv. Make appropriate referrals.

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School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - c. **Mental Health Referral:** If the student's risk of harming him or herself is judged to be low then follow the Mental Health Referral Procedures.
    - i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
    - ii. Meet with the student's parents.
    - iii. Make appropriate referrals.
  - Protect the privacy of the student and family.
  - Follow up with the hospital or clinic.

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School-Based Suicide Intervention

A Risk Assessment and Referral Resource

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Author. Retrieved from http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf

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Part 7

School-Based Suicide Postvention

GOAL:
Increase your knowledge of how to respond to the aftermath of a suicide death.

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School-Based Suicide Postvention

- "… the largest public health problem is neither the prevention of suicide nor the management of suicide attempts, but the alleviation of the effects of stress on the survivors whose lives are forever altered."

E.S. Shneidman
Forward to Survivors of Suicide
Edited by A. C. Cain
Published by Thomas, 1972

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School-Based Suicide Postvention

- Key Terms and Statistics
  - Suicide postvention
    - … is the provision of crisis intervention, support and assistance for those affected by a suicide death.
    - Affected individuals includes both "survivors" and other persons who were "exposed" to the death.

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Andriessen & Krysinska (2012)

School-Based Suicide Postvention

- Key Terms and Statistics
  - Survivors of suicide
    - "the family members and friends who experience the suicide of a loved one" (McIntosh, 1993, p. 146).
    - "a person who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss" (Andriessen, 2009, p. 43).
    - "… someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person" (Jordan & McIntosh, 2011, p. 7).

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School-Based Suicide Postvention

- Key Terms and Statistics
  - There is a distinction between "suicide survivorship" and "exposure to suicide."
    - Survivor applies to bereaved persons who had a personal/close relationship with the deceased.
    - Exposure applies to persons who did not know the deceased personally, but who know about the death through reports of others or media reports or who has personally witnessed the death of a stranger.

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Andriessen & Krysinska (2012)

School-Based Suicide Postvention

- Key Terms and Statistics
  - Both survivors and exposed persons need support.
    - Survivors need…
      - support groups.
      - support from outside of the family.
      - to be educated about the complicated dynamics of grieving.
      - to be contacted in person (instead of by letter or phone).

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Grad et al. (2004)

School-Based Suicide Postvention

How many survivors of suicide are there?

- Estimates vary greatly
  - Shneidman (1969) = 6 per suicide
  - Wrobleski (2002) = 10 per suicide
  - Berman (2011) = 45-80 per suicide

_____	X	41,149	=	_____
N of Survivors per suicide		Suicide Deaths (U.S. 2013)		Suicide Survivors

_____	X	517,859	=	_____
N of Survivors per suicide		Suicide Deaths (US 1999-2013)		Suicide Survivors

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School-Based Suicide Postvention

- Special factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion & clusters
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

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School-Based Suicide Postvention

1. Suicide contagion
   - "…a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide."
   - Contagion is rare, but…
     - "The effect of clusters appears to be strongest among adolescents."
     - A death by suicide or suicidal behavior in youth may increase the likelihood of suicidal ideation or attempts in other youth.
     - Contagion can lead to a cluster

O'Carroll & Potter (1994, April 22)

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School-Based Suicide Postvention

1. Suicide Clusters
   - Multiple suicides within a defined geographical area within an accelerated time frame.
   - 1-5% of teenage deaths by suicide occur in a cluster (100-200 deaths annually).
   - Can occur in institutional settings such as psychiatric settings, schools, prisons, military.
   - Gould has identified 53 suicide clusters (defined as 3 to 11 victims, ranging in age from 11 to 20 years, within a year).
   - Victims appear to be influenced by earlier deaths, but do not necessarily "know" previous victims.

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School-Based Suicide Postvention

1. Suicide contagion
   - Sonneck et al. (1994).
     - "Surveyed all suicide cases in Vienna, Austria that were reported in major daily newspapers and analyzed them in connection with subway suicide. …. The number of subway suicides in Vienna increased dramatically between 1984 and mid-1987. Based on the hypothesis that there was a connection between the dramatic way in which these suicides were reported and an increase in suicides and suicide attempts, the Austrian Association for Suicide Prevention developed media guidelines and initiated discussions with the media that culminated with an agreement to abstain from reporting on cases of suicide. Following the implementation of these guidelines in mid-1987, there was a 75% decrease in subway suicides that has been sustained for 5 yrs."

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Sonneck et al. (1994, p. 453)

School-Based Suicide Postvention

1. Suicide contagion
   - Suicide rates increase when …
     - The number of stories about individual suicides increases
     - A particular death is reported at length or in many stories
     - The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast
     - The headlines about specific suicide deaths are dramatic

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American Foundation for Suicide Prevention (2001)

School-Based Suicide Postvention

1. Suicide contagion
   - Suicide rates increase when …
     - There has been unsafe messaging such as simplifying the causes of suicide
     - The death has been glorified
     - The death has been presented as a means for achieving a certain end (a tool to obtain a goal).

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American Foundation for Suicide Prevention (2001)

School-Based Suicide Postvention

1. Suicide contagion
   - As a consequence of "contagion" suicide clusters have been reported.
     - A suicide cluster is "… a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community."
     - How do you determine if you have a cluster?
       - Establish a baseline rate or percentage.

$$\frac{\text{Number of Suicides}}{\text{Population}} \times \text{selected proportion of population} = \text{Rate}$$

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CDC (1998, August 19)

$$\frac{\text{Number of Suicides}}{\text{Population}} \times \text{selected proportion of population} = \text{Rate}$$

School-Based Suicide Postvention

Suicide rates and identifying clusters

- **19,180 US youth committed have suicide (1999-2013; ages 14-18 years)**
  - A nation-wide 14 year average of 1,370 suicides per year
    - Among 14-18 year olds, a nation-wide average annual rate of 6.04 per 100,000 individuals.

$$\frac{19{,}180}{317{,}333{,}193} \times 100{,}000 = 6.04$$

    - A 1,000 student high school can expect a suicide death about **once every 16 years** (.06 x 16 ≈ 1).

$$\frac{19{,}180}{317{,}333{,}193} \times 1{,}000 = 0.06$$

    - A 2,500 student high school can expect a suicide death about **once every 6.5 years** (.15 x 6.5 ≈ 1).

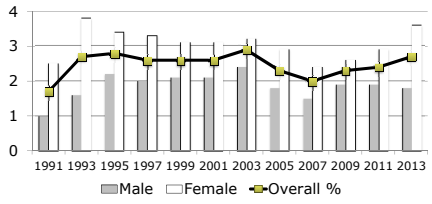
$$\frac{19{,}180}{317{,}333{,}193} \times 2{,}500 = 0.15$$

122

CDC (2015)

School-Based Suicide Postvention

1. Suicide contagion
   - Percent of US high school students with a self-reported attempt (in the 12 months prior to survey) that required medical attention



   - Annual overall average (2001-2013) = 2.5%

123

CDC (2014)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion & clusters
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

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School-Based Suicide Postvention

2. A special form of bereavement

   - Survivors report …
     - Guilt and shame
     - More depression and complicated grief
       - Less vitality and more pain
     - Social stigma, isolation, and loneliness
     - Poorer social functioning, and physical/mental health
     - Searching for the meaning of the death
     - Being concerned about their own increase suicide risk

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Cain (1972); De Groot et al. (2006)

School-Based Suicide Postvention

2. A special form of bereavement
   - Multiple levels of grief reactions
     a) Common grief reactions
        e.g., sorrow, yearning to be reunited
     b) Unexpected death reactions
        e.g., shock, sense of unreality
     c) Violent death reactions
        e.g., traumatic stress
     d) Unique suicide reactions
        e.g., anger at deceased, feelings of abandonment

126

Jordan & McIntosh (2011)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion & clusters
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

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School-Based Suicide Postvention

3. Social Stigma
   - Both students and staff members may be uncomfortable talking about the death.
   - Survivors may receive (and/or perceive) much less social support for their loss.
     - Viewed more negatively by others as well as themselves.
   - There may exist a reluctance to provide postvention services.

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Jordan (2001); Roberts et al. (1998)

School-Based Suicide Postvention

3. Social Stigma
   - Suicide postvention is a unique crisis situation that must be prepared to operate in an environment that is not only suffering from a sudden and unexpected loss, but one that is also anxious talking openly about the death.

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School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion & clusters
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

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School-Based Suicide Postvention

4. Developmental Differences
   - Understanding of suicide and suicidal behaviors increases with age.
     - Primary grade children appear to understand the concept of "killing oneself," they typically do not recognize the term "suicide" and generally do not understand the dynamics that lead to this behavior.
     - Around fifth grade that students have a clear understanding of what the term "suicide" means and are aware that it is a psychosocial dynamic that leads to suicidal behavior.
   - The risk of suicidal ideation and behaviors increases as youth progress through the school years.

131

Mishara (1999)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion & clusters
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

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School-Based Suicide Postvention

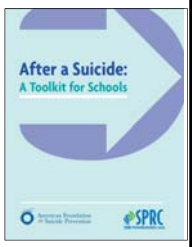
5. Cultural Differences
   - Attitudes toward suicidal behavior vary considerably from culture to culture.
   - While some cultures may view suicide as appropriate under certain circumstances, other have strong sanctions against all such behavior.
   - These cultural attitudes have important implications for both the bereavement process and suicide contagion.

133

Ramsay et al. (1999)

School-Based Suicide Postvention

1. Verify the death
2. Mobilize the Crisis Team
2. Assess impact & determine response
4. Notify affected school staff members
5. Contact the deceased's family
6. Determine what to share
7. Determine how to inform others
8. Identify crisis intervention priorities
9. Faculty planning session
10. Provide crisis intervention services
11. Ongoing daily planning sessions
12. Memorials
13. Social Media
14. Debrief



134

American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

Goals

- Assist survivors in the grief process.
- Identify and refer individuals who may be at risk following the suicide.
- Provide accurate information while minimizing the risk of suicide contagion.
- Implement ongoing prevention efforts.

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School-Based Suicide Postvention

Practical Suggestions

- Intervene only when indicated.
- Do not inform staff or students by intercom.
- Triage staff and make appropriate notification in person (not by memo or e mail).
- Have substitutes to relieve staff during the day.
- Facilitate social support systems for HS/Secondary students.

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School-Based Suicide Postvention

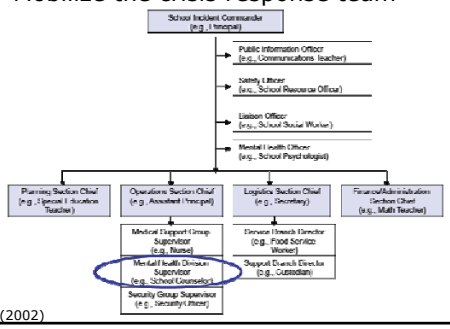
1. Verify that a death has occurred
   - Confirm the cause of death
     - Confirmed suicide
     - Unconfirmed cause of death

137

Brock (2002)

School-Based Suicide Postvention

2. Mobilize the crisis response team



138

Brock (2002)

School-Based Suicide Postvention

3. Assess the suicide's impact on the school and estimate the level of response required.
   - The importance of accurate estimates.
     - Make sure a postvention is truly needed before initiating this intervention.
   - Temporal proximity to other traumatic events (especially suicides).
   - Timing of the suicide.
   - Physical and/or emotional proximity to the suicide.

139

Brock (2002)

School-Based Suicide Postvention

4. Notify other involved school staff members.
   - Deceased student's teachers (current an former)
   - Any other staff members who had a relationship with the deceased
   - Teachers and staff who work with suicide survivors.

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Brock (2002)

School-Based Suicide Postvention

5. Contact the family of the suicide victim within 24 hours of the death.
   - Purposes include…
     - Express sympathy.
     - Offer support.
     - Identify the victim's friends who may need assistance.
     - Discuss the school's postvention response.
     - Identify details about the death that could be shared with outsiders.
     - Discuss funeral arrangements and whether the family wants school personnel and/or students to attend.

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Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

6. Determine **what** information to share about the death
   - Several different communications may be necessary
     - When the death has been ruled a suicide
     - When the cause of death is unconfirmed
     - When the family has requested that the cause of death not be disclosed
     - Templates provided in *After a Suicide: A Toolkit for Schools*

Sample Death Notification Statement for Students

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Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

6. Determine **what** information to share about the death
   - Avoid detailed descriptions of the suicide including specific method and location.
   - Avoid over simplifying the causes of suicide and presenting them as inexplicable or unavoidable.
   - Avoid using the words "committed suicide" or "failed suicide."
   - Always include a referral phone number and information about local crisis intervention services
   - Emphasize recent treatment advances for depression and other mental illness.

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Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to students...
     - Avoid tributes by friends, school wide assemblies, sharing information over PA systems that may romanticize the death
       - Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
       - Provide information in small groups (e.g., classrooms).

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Brock, 2002

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to the media...
     - It is essential that the media not romanticize the death.
     - The media should be encouraged to acknowledge the pathological aspects of suicide.
     - Photos of the suicide victim should not be used.
     - "Suicide" should not be placed in the caption .
     - Include information about the community resources.
     - Sample media statement provided in *After a Suicide: A Toolkit for Schools*

145

Brock, 2002; American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to the media: Guidelines from the World Health Organization
     1. Suicide is never the result of a single incident
     2. Avoid providing details of the method or the location a suicide victim uses that can be copied
     3. Provide the appropriate vital statistics (i.e., as indicated provide information about the mental health challenges typically associated with suicide).
     4. Provide information about resources that can help to address suicidal ideation.

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Brock (2002); World Health Organization (2000)

School-Based Suicide Postvention

8. Identify students significantly affected by the suicide and initiate referral procedures.
   - Risk Factors for Imitative Behavior
     - ***Physically*** proximal to suicide
     - ***Emotionally*** proximal to victim
     - ***Psychologically vulnerable*** due to history of depression; previous suicidal behavior; suicide in family; history of trauma or loss.

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Brock (2002); Brock & Sandoval (1996)

School-Based Suicide Postvention

8. Identify students significantly affected by the suicide and initiate referral procedures.
   - Risk Factors for Imitative Behavior
     - Facilitated the suicide.
     - Failed to recognize the suicidal intent.
     - Believe they may have caused the suicide.
     - Had a relationship with the suicide victim.
     - Identify with the suicide victim.
     - Have a history of prior suicidal behavior.
     - Have a history of psychopathology.
     - Shows symptoms of helplessness and/or hopelessness.
     - Have suffered significant life stressors or losses.
     - Lack internal and external resources

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Brock (2002); Brock & Sandoval (1996)

School-Based Suicide Postvention

9. Conduct a faculty planning session.
   - Share information about the death.
   - Allow staff to express their reactions and grief..
   - Provide a scripted death notification statement for students.
   - Prepare for student reactions and questions
   - Explain plans for the day.
   - Remind all staff of the role they play in identifying changes in behavior and discuss plan for handling students who are having difficulty.
   - Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
   - Apprise staff of any outside crisis responders or others who will be assisting.
   - Remind staff of student dismissal protocol for funeral.
   - Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

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Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

10. Initiate crisis intervention services
    a) Initial intervention options…
       - Individual psychological first aid.
       - Group psychological first aid.
       - Classroom activities and/or presentations.
       - Parent meetings.
       - Staff meetings.
    b) Walk through the suicide victim's class schedule.
    c) Meet separately with individuals who were proximal to the suicide.
    d) Identify severely traumatized and make appropriate referrals.
    e) Facilitate dis-identification with the suicide victim…
       - Do not romanticize or glorify the victim's behavior or circumstances.
       - Point out how students are different from the victim.
    f) Parental contact.
    g) Psychotherapy Referrals.

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Brock (2002)

School-Based Suicide Postvention

12. Consider memorials
    - "A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide."

Center for Suicide Prevention (2004)

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School-Based Suicide Postvention

12. Consider memorials
    - Strive to treat all student deaths the same way.
    - Encourage and allow students, with parental permission, to attend the funeral.
    - Reach out to the family of the victim.
    - Contribute to a suicide prevention effort in the community.
    - Develop living memorials, such as student assistance programs, that address risk factors in local youth.
    - Address spontaneous memorials on school grounds.

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School-Based Suicide Postvention

12. Consider memorials
    - Prohibiting all memorials is problematic.
    - Recognize the challenge to strike a balance between needs of distraught students and fulfilling the primary purpose of education.
    - Meet with students and be creative and compassionate.
    - Spontaneous memorials should be left in place until after the funeral.
    - Avoid holding services on school grounds.

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School-Based Suicide Postvention

12. Consider memorials
- Schools may hold supervised gatherings such as candlelight memorials.
- Monitor off campus gatherings.
- Student newspaper coverage should follow media reporting guidelines.
- Yearbook and graduation dedication or tributes should all be treated the same.
- Grieving friends and family should be discouraged from dedicating a school event and guided towards promoting suicide prevention.
- Permanent memorials on campus are discouraged.

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School-Based Suicide Postvention

12. Consider memorials
- Do **NOT** . . .
  - send all students from school to funerals, or stop classes for a funeral.
  - have memorial or funeral services at school.
  - establish permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims.
  - dedicate songs or sporting events to the suicide victims.
  - fly the flag at half staff.
  - have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

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Brock & Sandoval (2006)

School-Based Suicide Postvention

12. Consider memorials
- **DO** . . .
  - something to prevent other suicides (e.g., encourage crisis hotline volunteerism).
  - develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.
  - allow students, with parental permission, to attend the funeral.
  - Donate/Collect funds to help suicide prevention programs and/or to help families with funeral expenses
  - encourage affected students, with parental permission, to attend the funeral.
  - mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.

156

Brock & Sandoval (2006)

School-Based Suicide Postvention

13. Social Media
    - Create a Social Media Manager to assist the Public Information Officer.
    - Utilize students as "cultural brokers" to help faculty and staff understand their use of social media.
    - Train students in gatekeeper role, and specifically identify what suicide risk looks like when communicated via social media.
    - Have staff monitor social networks and provide safe messaging when important (this will require that districts not completely block these networks).
    - Have parents get involved in their child's social media.

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School-Based Suicide Postvention

13. Social Media
    - Monitor for high risk students.
    - Psycho-education: Make use of social media to post prevention messages, hotlines and community mental health resources.
    - Give students specific helpful language to include when making use of social media.
    - Work with YouTube and Facebook to take down messages, disturbing images or language.
    - Utilize the Facebook application for concerns or issues with content.

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School-Based Suicide Postvention

14. Debrief the postvention response.
    - Goals for debriefing will include…
        - Review and evaluation of all crisis intervention activities.
        - Making of plans for follow-up actions.
        - Providing an opportunity to help interveners cope.

159

Brock (2002)

School-Based Suicide Postvention

14. Debrief the postvention response.
    - Prevention messaging for staff:Answering the difficult questions
      - Why did he/she do it?
      - What method did they use?
      - Why didn't God stop them?
      - Is someone or something to blame?
      - How do we prevent further suicides?
      - How should I feel towards suicide victim?

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School-Based Suicide Postvention

- The person who dies by "suicide puts his psychological skeleton in the survivor's emotional closet; he sentences the survivor to deal with many negative feelings and more, to become obsessed with thoughts regarding the survivor's own actual or possible role in having precipitated the suicidal act or having failed to stop it. It can be a heavy load" (p. x).

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Shneidman (1972)

Comprehensive Suicide Prevention

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