TEEN SUICIDE PREVENTION and Educator Responsibility

What’s the Problem?
Suicide is a serious public health problem that affects many young people. Suicide is the third leading cause of death for youth between the ages of 10 and 24, and results in approximately 4600 lives lost each year (CDC, 24/7, Sept. 2017). Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. A nationwide survey of high school students in the United States found that 16% of students reported considering suicide, 13% reported creating a plan, and 8% reported trying to take their own life in the 12 months preceding the survey. Each year, approximately 157,000 youth between the ages of 10 and 24 are treated in Emergency Departments across the U.S. for self-inflicted injuries.

Who’s at risk?
Suicide among teens and young adults has nearly tripled since the 1950's. Several factors can put a young person at risk for suicide; however, having risk factors does not always mean that a young person will attempt suicide. Risk factors include family history; history of depression, other mental health problems. Or incarceration; easy access to lethal means; alcohol and drug abuse, exposure o previous suicidal behaviors by others; and residential mobility that might lesson opportunities for developing healthy social connections and supports.

Suicide affects all youth, but some groups are at a higher risk than others. Boys are more likely than girls to die from suicide. Of the reported suicides in the 1- to 24 age group, 81% of the deaths were makes and 19% were females. Girls, however, are more likely to report attempting suicide than boys. Native American/Alaskan Native youth have the highest rates of suicide-related fatalities. A Nationwide survey high school students in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and while, non-Hispanic peers.

Can it Be Prevented?
A number of prevention efforts are focused at detecting suicide warning signs. Signals that a young person may be contemplating suicide imminently include: Thinking or talking about or threatening suicide; seeking way to kill oneself; increased substance abuse; feelings of purposelessness, anxiety, being trapped, or hopeless; withdrawing from people and activities; and expressing unusual anger, recklessness, or mood changes.

Prevention efforts take many forms, such as general suicide awareness education, school and community gatekeeper programs, screening and peer support programs, crisis centers and hotlines, restrictions of access to lethal means, counseling and clinical interventions, and postvention after a suicide takes place. Adults who supervise a young person can help prevent suicide by knowing the risk factors and warning signs and making the proper referrals.

THE ROLE OF THE EDUCATOR IS SIMPLE, CRITICAL, and LIMITED IN SCOPE:

- Learn — Learn the signs of risk in students
- Identify — Identify at-risk students
- Refer — Refer immediately to the Counselor

Be empowered to respond to students’ needs in an appropriate and effective manner, with specific intervention tools and an understanding of your role. Start with knowing exactly who to contact to get help for students who may be at risk. Play on your natural strengths as a good listener and a caring, competent professional. You also need to know how to manage feelings of anxiety and fear. Your grade level counselor will be attending Team meetings to discuss Suicide Prevention with you and answer any questions.

1. Understand the importance of your critical but limited role, in the identification of students at risk for suicide.
2. Familiarize yourself with school policies and procedures that address this issue.
3. Learn information that facilitates identification of at-risk students.
4. Attend to students, verbally and non-verbally, for warning signs.
5. Identify those students who may be at elevated risk.
6. Refer those students to appropriate resources listed below:

    Carl LaRue, 6th grade  
    Ann Neri, 7th grade  
    Janae Gwizdala 8th grade  
    Monica Carra EL 6th-8th grade  
    Donna Fengya, Social Worker  
    Anne Kayser, Psychologist

**Risk Factors:** These risk factors are not uncommon; they become dangerous when they exist in combination. Some of these risk factors are 'fixed' or unchangeable, while others are considered 'variable' and can be changed. By eliminating some of the variable factors, the risk for suicide can be temporarily lowered. One of the most effective ways to lower risk is to recognize when students are at elevated risk, and get them to a Counselor who can assist them in developing more permanent risk reduction strategies.

**Demographic Factors**
Among youths between 15 and 19 years of age, white males have the highest suicide rates and African-American females have the lowest (American Academy of Pediatrics, May 2009).

- Age, sex, race and/or sexual orientation

**Clinical Factors**
Youths diagnosed with some type of emotional problem or with a history of drug/alcohol abuse are in a more vulnerable category. A previous attempt is one of the most important risk factors, especially when combined with other risk factors.

- Psychiatric history, drug or alcohol use, previous attempt

**Personal and Family History**
A personal history that includes physical or sexual abuse elevates risk. A family history that includes suicide also increases risk.

- History of abuse, history of suicide

**Exposure**

- To suicide (personally or in the media), death of peer under any circumstance

**Recent, Severe Stressors**

- Loss, trouble, change - transition

**Personality Factors**
Certain personality factors can also elevate risk, because they lead to poor judgment and compromise problem-solving skills.

- Impulsive, immature, anxious worrying, aggressive behavior

**Access to Means**

- Access to firearms, other weapons, drugs and alcohol
Warning Signs

Students at a higher risk often exhibit warning signs:

- Threatening suicide.
- Looking for access to means.
- Talking or writing about death, dying, suicide.
- Made a previous attempt that was serious enough to require hospitalization.
- Experiencing feelings of hopelessness, worthlessness, despair, emptiness, feelings of anxious or being trapped.

These are some basic guidelines that simply reinforce good classroom practice:

- Pay attention to who your students are, not just how they perform academically.
- Notice their appearance.
- Observe their social skills/relationships.
- Monitor any behavior changes (attitude and mood)

Disturbing Student Writing/Drawing

Occasionally student writing/drawing may raise concerns for an instructor about the student’s psychological well-being. An instructor may also encounter concerning or disturbing writing in other forms, such as student journals, responses to literature that includes traumatic experiences, personal essays, or papers that focus on psychological or social issues. Again, writing that suggests serious thoughts of harm to self or others, desperation, or intense anger and hostility is of primary concern. Also of concern is writing that suggests the presence of significant emotional struggles or discloses experiences of victimization or other trauma. If you think the writing clearly suggests imminent danger of self-harm or harm to others, contact the counselor immediately, do not wait until class dismissal.

After School Hours Protocol

If you find disturbing writing/drawing after school hours that you feel needs immediate attention, these are steps to take.

1. Contact the parent immediately (info in Phoenix).
2. Contact Ms. Loya about your concern and let her know you contacted the student’s parent/parents.
3. Notify the student’s grade level counselor upon return to school

If you have any questions, please check with your grade level counselor.