SUICIDE PREVENTION: *ASKING THE RIGHT QUESTION IN THE RIGHT MOMENT*

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NEW YORK SCHOOL-BASED HEALTH FOUNDATION

AGENDA

- Welcome & Introduction
- Statistics
- Definition
- Myth or Fact?
- Warning Signs
- Having the Conversation
- Levels of Risk
- School Supports & Resources
- Questions and Answers

https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm

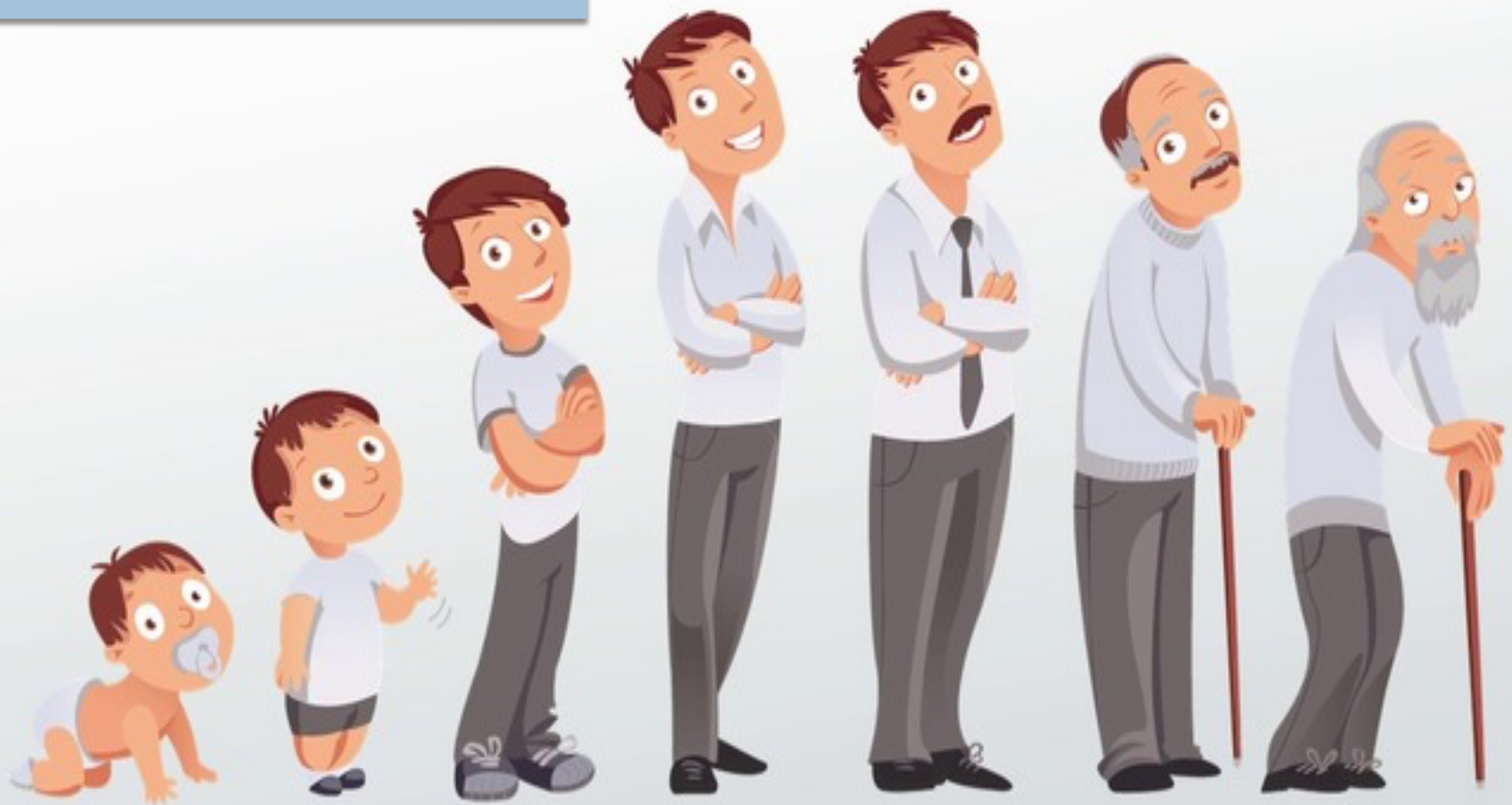
UNDERSTANDING SUICIDE

- **The World Health Organization estimates that approximately1 million people die each year from suicide.**

- **Suicide is a desperate attempt to escape suffering that has become unbearable.**

https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm

The BODY GROWS NATURALLY……



…The Mind Doesn't…

Youth Suicide Rates Increasing since mid-2000s

- *Second leading cause of death among teenagers*
- *Girls more likely to think about and attempt suicide but boys more likely to die by suicide*
- *Native American youth show highest risk of suicide death compared to other racial/ethnic groups*
- *Latina teens at higher risk of thinking about and attempting suicide (though not suicide deaths) until recently*
- *Black teenager girls have had an increase in suicidal behavior*
- *Youth suicide rates highest among sexual and gender minority youth*

Statistics

- From 1999 to 2018 the suicide rate increased by 35%
- Suicide rates for males was 3.5-4.5 times the rate for females during that entire time
- For males, the rate increased 28% from 17.8 in 999 to 22.8 in 2018
- For females, the rate increased 55%, from 4.0 in 1999 to 6.2 in 2018

Suicide & COVID

- 5% of US college and HS surveyed reported having made a suicide attempt during the pandemic
- More than 50% reported that they were worried about their mental health
- Since the outbreak 53% college and 62% HS reported experiencing stress
- 48% college and 51% HS say they suffered from anxiety

Defining Suicide

Suicide (from Latin *sui caedere*, to kill oneself) is the act of willfully ending one's own life; it is sometimes a noun for one who has committed or attempted the act.

Suicide is not chosen; it happens when pain exceeds resources for coping with pain.

Suicide is Taboo

- Suicide is one of the most private of all human actions.
- Suicide is one of the most taboo of topics.
- Suicide has profound impact on the people left behind.

Reactions to Suicide

- Suicide causes emotional reactions in all of us, including experienced clinicians.
- An understanding of these feelings is important to an effective assessment and management of a suicidal patient.

MYTH or FACT?

- People who talk about suicide won't really do it.
  - Almost everyone who attempts suicide has given some clue or warning. Don't ignore even indirect references to death or suicide. Statements like "You'll be sorry when I'm gone," "I can't see any way out,"—no matter how casually or jokingly said—may indicate serious suicidal feelings.
- Anyone who tries to kill themselves must be crazy.
  - Most suicidal people are not psychotic or insane. They are upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

MYTH or FACT?

- If someone is determined to kill themselves, nothing is going to stop them.
  - Even a very severely depressed person has mixed feelings about death, fluctuating between wanting to live and wanting to die. Rather than wanting death, they just want the pain to stop—and the impulse to end their life does not last forever.
- People who die by suicide are people who were unwilling to seek help.
  - Many people try to get help before attempting suicide. In fact, studies indicate that more than 50 percent of suicide victims had sought medical help in the six months prior to their deaths.

MYTH or FACT?

- Talking about suicide may give someone the idea.
  - You don't give someone suicidal ideas by talking about suicide. Rather, the opposite is true. Talking openly and honestly about suicidal thoughts and feelings can help save a life.

- Once a person is suicidal, they always will be.
  - False

Basic Assumptions in Schools

*Crisis situations are **inevitable** in a school setting.*

WARNING SIGNS OF SUICIDE

- **Talking about suicide – Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born," "If I see you again…" and "I'd be better off dead."**
- **Seeking out lethal means – Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.**
- **Preoccupation with death – Unusual focus on death, dying, or violence. Writing poems or stories about death.**
- **No hope for the future – Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.**
- **Self-loathing, self-hatred – Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").**

WARNING SIGNS OF SUICIDE

- **Getting affairs in order – Making out a will. Giving away prized possessions. Making arrangements for family members.**
- **Saying goodbye – Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.**
- **Withdrawing from others – Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.**
- **Self-destructive behavior – Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish."**
- **Sudden sense of calm – A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to attempt suicide.**

Direct Verbal Cues

- ✓ “I wish I was dead”
- ✓ “I’m going to kill myself”
- ✓ “If I don’t (insert), I’m going to kill myself”
- ✓ “If I don’t get(insert), I’m going to kill myself”
- ✓ “I’m going to end it all”
- ✓ “I’m better off dead then alive”

In-Direct Verbal Cues

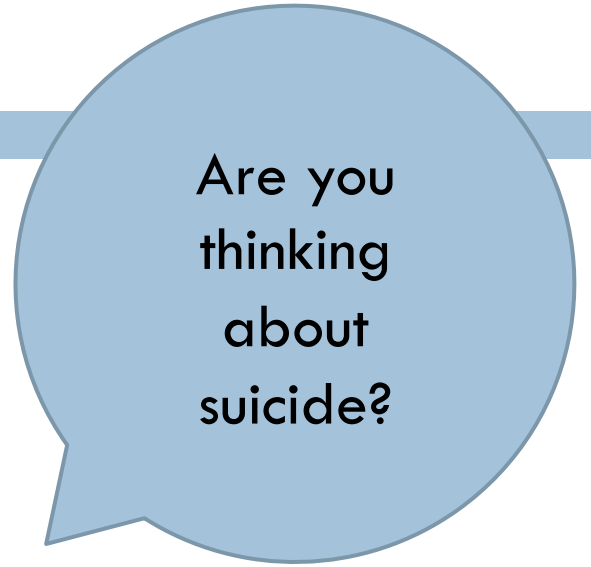
- ”I can’t take this anymore”
- “I wonder who would miss me if I was dead”
- “Life isn’t worth living”
- ”I just want it to end”
- ‘Everyone would be better off without me”
- “I can’t do this anymore”
- ‘No one cares about me”

Overcoming Barriers to Asking Directly

- Concerns about giving someone the idea of suicide
  - Asking about suicide does NOT plant the idea in someone's head – rather, it is often a relief to be asked about it when someone has been alone with these thoughts
- Concerns about upsetting or alienating client
  - Psychoeducation to the rationale, obtaining agreement, collaboration about ongoing suicide assessments
- What do I do if the client says yes, they are suicidal? Concerns about liability and how to proceed
  - Learning how to use screening and risk assessment to inform suicide specific interventions, and how to document your assessment process, you will feel more empowered and comfortable in addressing the issue head on
- It is great that you are having this training as a team – clinicians who work with individuals at risk need support and to feel that they are not alone and not solely responsible for their client's safety. Peer and supervisory consultation and support are key!

HOW DO YOU TALK ABOUT SUICIDE?

- Ask **directly**
- Be calm and *listen*
  - You have 2 ears and one mouth ☺
- Think about how you would talk to about other health conditions (e.g., headache)
  - How much does it hurt?
  - How long have you felt this way?
  - What happened right before you felt this way?
  - What happened right after you felt this way?



DON'T TRY TO FIX OR PROBLEM-SOLVE, JUST TRY TO *UNDERSTAND*

- This is scary
- Hardest thing for a person not to "put on the band-aid"
- Some help on language (from Stacey Freedenthal):
  - PRAISE: "I'm so glad you told me that you're thinking of suicide."
    - Don't MINIMIZE what they are feeling: "BUT you have so much to live for!"
  - SEEK UNDERSTANDING: "What's going on that makes you feel this way?"

    "Tell me more"
  - KEEP THE DOOR OPEN: "I hope you'll keep talking to me about your depression/anxiety/thoughts of suicide."

(See www.speakingofsuicide.com)

SUICIDE PREVENTION TIP 1: Speak up if you're worried

Ways to start a conversation about suicide:

"I have been feeling concerned about you lately."

"Recently, I've noticed some differences in you and wondered how you are doing."

"I wanted to check in with you because you haven't seemed yourself lately.

Questions you can ask:

"When did you begin feeling like this?"

"Did something happen to make you start feeling this way?"

What you can say that helps:

"You are not alone in this. I'm here for you."

"You may not believe it now, but the way you're feeling will change."

"I may not be able to understand exactly how you feel, but I care about you and want to help."

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Additional Questions…

- Sometimes when people are so upset they think about killing themselves. I'm wondering if you are feeling that way too?
- Are you thinking about killing yourself?
- Do you wish that you were dead?
- Are you thinking about ending your life?
- Do you wish you would go to sleep and never wake up?

WHEN TALKING TO A SUICIDAL PERSON: Things TO Do

- **Be yourself.** Let the student know you care, that they are not alone. Finding the right words are not nearly as important as showing your concern.

- **Listen.** Let the student vent and unload their feelings. No matter how negative the conversation seems, the fact that it is taking place is a positive sign.

- **Be empathetic and non-judgmental.** The suicidal person is doing the right thing by talking about their feelings, no matter how difficult it may be to hear.

- **Offer hope.** Reassure the student that help is available and that the suicidal feelings are temporary. Let the person know that their life is important to you.

- **Take the person seriously.** If a suicidal person says things like, "I'm so depressed, I can't go on," ask if they're having thoughts of suicide. You're allowing them to share their pain with you, not putting ideas in their head.

WHEN TALKING TO A SUICIDAL PERSON: Things NOT to Do

- Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Just snap out of it."
- **Act shocked**, lecture on the value of life, or argue that suicide is wrong.
- **Promise confidentiality** or be sworn to secrecy. A life is at stake, and you are a mandated reporter. School leadership must be informed. If you promise to keep your discussions secret, you may have to break your word.
- **Offer ways to fix student's problems**, give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it's hurting your friend or loved one.
- **Blame yourself**. You can't "fix" someone else's depression. The student's happiness, or lack thereof, is not your responsibility.

TIP 2: RESPOND QUICKLY IN A CRISIS

The following questions can help you assess the immediate risk for suicide:

- **Do you have a suicide plan? (PLAN)**
- **Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)**
- **Do you know when you would do it? (TIME SET)**
- **Do you intend to take your own life? (INTENTION)**

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Level of Suicide Risk

Low – Some suicidal thoughts. No suicide plan. The person says they won't attempt suicide.

Moderate – Suicidal thoughts. Vague plan that isn't very lethal. Says they won't attempt suicide.

High – Suicidal thoughts. Specific plan that is highly lethal. Says they won't attempt suicide.

Severe – Suicidal thoughts. Specific plan that is highly lethal. The person says they will attempt suicide.




If a suicide attempt seems imminent, call a local crisis center, phone your country's emergency services number (911 in the U.S.), or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but do not, under any circumstances, leave a suicidal person alone.

https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm

Levels of Risk

- Acute Psychiatric Crisis
  - Behaviors that endanger the ***immediate*** physical safety of self or to others.
    - A serious suicide attempt within the last month, with potentially lethal consequences.
- Sub-acute Crises
  - Behaviors that are ***potentially*** dangerous but not life-threatening.
    - Superficial cutting with no intent to die. Suicide threats with no prior gestures.
- Non-Emergent Crises
  - Behaviors which pose ***no*** serious danger to self or others.
    - Suicidal Ideation without prior gestures or intent.

COMMON SUICIDE RISK FACTORS

Risk Factors include:

- Mental illness, alcoholism or drug abuse.
- Previous suicide attempts, family history of suicide, or history of trauma or abuse.
- Terminal illness or chronic pain, a recent loss or stressful life event.
- Social isolation and loneliness.

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IMPORTANT POINT!
Antidepressants & Suicide

For some, depression medication causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the U.S. Food and Drug Administration (FDA) advises that anyone taking antidepressants should be watched for increases in suicidal thoughts and behaviors.

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TIP 3: OFFER HELP AND SUPPORT

- Follow-up on treatment.
- Be proactive.
- Encourage positive lifestyle changes
- Make a safety plan
- Remove potential means of suicide
- Continue your support over the long haul.

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Post-Intervention/Follow Up:

- If treatment is not already in place, you may need to refer the family to a mental health agency and ensure prompt follow up.
- Arrange for a designated member of the crisis team to meet with the student on a regular basis to offer ongoing support and monitor student's progress, if you can't.
- Conduct follow-up with the treatment service provider and parent.
- *No student may be excluded from school pending a "medical clearance" or an "authorization to return to school."* ***(NYC DOE)***

CSSRS: Columbia Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might kill yourself?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***How long ago did you do any of these?*** r Over a year ago? r Between three months and a year ago? r Within the last three months?		

- Semi-structured interview/flexible format
- Questions are provided as helpful tools – not required to ask any or all questions - just enough to get the appropriate answer
- Most important: gather enough clinical information to determine whether to call something *suicidal* or *not*
- If established that a patient has not engaged in any suicidal behavior and/or ideation, then no further questions are required

CSSRS - Suicidal Ideation

1. Wish to die

- *Have you wished you were dead or wished you could go to sleep and not wake up?*

2. Active Thoughts of Killing Oneself

- *Have you actually had any thoughts of killing yourself?*

**** If "NO" to both these questions Suicidal Ideation Section is finished****

****If "YES" to 'Active thoughts' then ask the following three questions****

3. Associated Thoughts of Methods

- *Have you been thinking about how you might do this?*

4. Some Intent

- *Have you had these thoughts and had some intention of acting on them?*

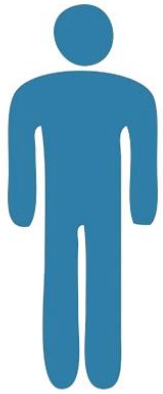
5. Plan and Intent

- *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*

Auditory hallucinations qualify as ideation

Crisis Team:

Designated Suicide Liaison



School Counselors and School Social Workers (School community members with a mental health background)

- May also include the principal, teachers, student support services staff members, Substance Abuse Prevention and Intervention Specialists (SAPIS), health resource coordinators, and the school nurse.

PREPARE

- Build capacity of ALL STAFF on intervention and de-escalation
- Identify people and spaces that are available for "Safe Spaces"
- Review district or city policy
- Form a Crisis Team – and meet regularly
- Define Crisis Team roles
- Keep an updated list of resources
- Maintain strong ties between community-based organizations and the school
- PRACTICE!

RESPOND

- Implementing roles and responsibilities of crisis team members
- Use the de-escalation or behavioral intervention agreed upon by your agency or school (TCIS, etc.)
- Designate someone to be available for all stakeholders (staff, students, families, etc.)
- Reach out to community supports/providers
- Track students ongoing to see longer term reactions

RECOVER

- Debrief with Crisis Team and other staff
- Normalize routine when possible
- Long-term mental health considerations
- Family/caregiver engagement
- Check-in with involved staff
  - Self-care and mental health needs
  - Ask them where they need more support or professional development

Orientation Session:

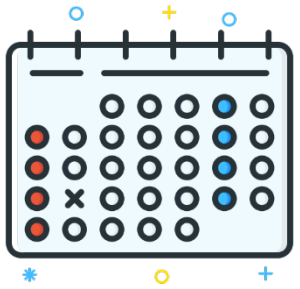
- Conduct an Orientation Session for school personnel within the first two months of the beginning of every school year.

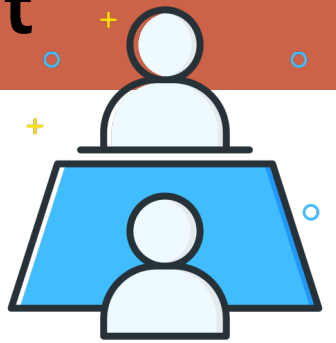
- Present the school's suicide prevention and intervention plan to the entire school community (e.g., a faculty meeting and parent association meeting).

Student Awareness:

- Provide a variety of developmentally appropriate student awareness activities and campaign:
    - guidance lessons
    - counseling activities
    - town-hall meetings
    - assemblies
- Raise awareness for students to understand how to seek help for self, friends, and peers when in need.

Causes of Burnout from School Environment





Repetitive work

Giving a lot – receiving little

Lacking sense of accomplishment or meaning

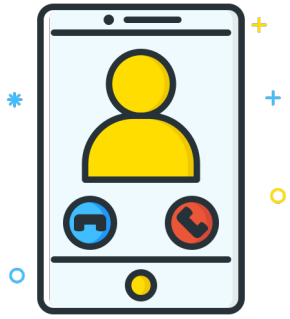
Constant pressure and unrealistic expectations to produce, perform, and meet deadlines

Working with high-need or at-risk populations

Conflict and tension among staff – absence of support, high level of criticism

Lack of trust with administration/supervisors

No opportunity for expression, initiative, self-determination



Unrealistic demands on time and energy

Little supervision in a highly taxing job

Unresolved personal conflicts outside of work

NYC WELL
Talk. Text. Chat. 24/7

Call 1-888-NYC-Well
Text WELL to 65173
Chat nyc.gov/nycwell

24/7/365, NYC Well is here for New Yorkers.

#NYCWELL

Thrive NYC | NYC

SPC NY
Suicide Prevention Center of New York State

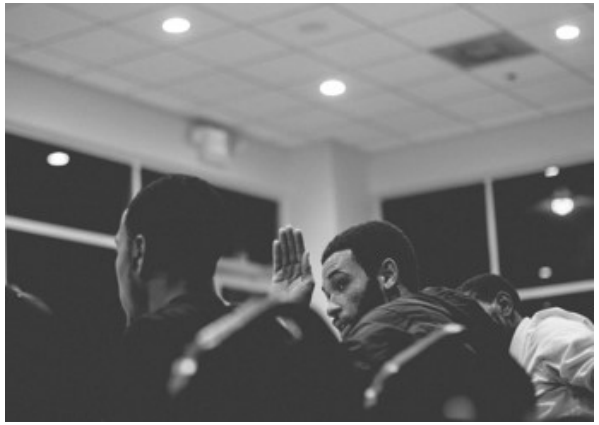
Para ayuda en español:
888.628.9454

TEXT "Got5" to 741-741
FREE, 24/7 CONFIDENTIAL TEXT LINE

CRISIS TEXT LINE | SPC NY

THE TREVOR PROJECT
LGBTQ CRISIS HOTLINE
CALL 1-866-488-7386

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



Questions

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