


Protecting Our School Community

Essential Information for Families and Trusted Adults about Youth Suicide



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Agenda

- ❑ Welcome and introductions
- ❑ Background information
- ❑ Signs of suicide
- ❑ MPA school community
- ❑ Families as partners in preventing suicide
- ❑ Resources and referral information
- ❑ Opportunity to ask questions

Why Are We Here Tonight?

- Heightened awareness
- Tweens and teens are vulnerable
- MPA is being proactive
- Families are partners
- Shoring up the community

Myths and Facts Quiz: Suicide

(True or False)

1. If you talk to people about their suicidal feelings, you will cause them to commit suicide.
2. When people talk about killing themselves, they're just looking for attention. Ignoring them is the best thing to do.
3. People who talk about killing themselves rarely commit suicide but those who do die by suicide almost always 'talk' about it to others.
4. All suicidal people want to die and there is nothing that can be done about it.
5. If people attempt suicide, they will always entertain thoughts of suicide.
6. Once people try to kill themselves and fail, the pain and humiliation will keep them from trying again.

Background

- Magnitude of the problem
 - Suicidal SDV among high school students in 2015¹
 - 17.7% seriously considered suicide
 - 14.6% made a suicide plan
 - 8.6% attempted suicide
 - 2.8% attempt required medical attention
 - 100 to 200 attempts for each suicide death.²

Background (2015 National Data)

- More males (5 to 18 years) die by suicide
 - Gender ratio 1.86 male suicides ($N = 646$) for each females suicide ($N = 347$)

- 41.5% of 14-18 year old suicides is by a firearm.
 - Suicide by firearms rate = 6.69
 - Suicide by firearms rate (14-18 yrs) = 3.04
 - Suicide by firearms rate (15-19 yrs male) = 5.29
 - Suicide by firearms rate (15-19 yrs female) = 0.69

- Highest suicide rate is among white men over 85 (48.2 per 100,000 vs. 9.76 per 100,000¹ among 15-19 year olds).

Risk Factors

- Risk factors are internal and external factors that may make someone more vulnerable to consider and/or attempt suicide
- Possible risk factors include...
 - Interpersonal conflict (break-ups; peer group issues)
 - Bullying, cyberbullying
 - LGBTQ+ identity
 - Isolation and aloneness
 - Expressions of hopelessness, significant impulsivity, hallucinations, delusions
 - Family issues
 - Substance use/abuse
 - Demographic variables
 - Changes in personal security
 - Access to means, including firearms in the home
- Perceptions matter

Warning Signs

- ❑ Warning signs are clues that suicidal ideation may already be present regardless of risk factors
- ❑ Four out of five suicide victims display warning signs, often providing verbal clues

Verbal Warning Signs

1. *"Everybody would be better off if I just weren't around."*
2. *"I'm not going to bug you much longer."*
3. *"I hate my life. I hate everyone and everything."*
4. *"I'm the cause of all of my family's/friend's troubles."*
5. *"I wish I would just go to sleep and never wake up."*
6. *"I've tried everything but nothing seems to help."*
7. *"Nobody can help me."*
8. *"I want to kill myself but I don't have the guts."*
9. *"I'm no good to anyone."*
10. *"If my (father, mother, teacher) doesn't leave me alone I'm going to kill myself."*
1. *"Don't buy me anything. I won't be needing any (clothes, books)."*

Behavioral Warning Signs

1. *Writing of suicidal notes (posting on social media)*
2. *Making final arrangements*
3. *Giving away prized possessions*
4. *Talking about death*
5. *Reading, writing, and/or art about death*
6. *Hopelessness or helplessness*
7. *Social withdrawal and isolation*
8. *Lost involvement in interests & activities*
9. *Increased risk-taking*
10. *Heavy use of alcohol or drugs*
11. *Abrupt changes in appearance*
12. *Sudden weight or appetite change*
13. *Sudden changes in personality or attitude*

Behavioral Warning Signs

14. *Inability to concentrate/think rationally*
15. *Sudden unexpected happiness*
16. *Sleeplessness or sleepiness*
17. *Increased irritability or crying easily*
18. *Low self-esteem*
19. *Dwindling academic performance*
20. *Abrupt changes in attendance*
21. *Failure to complete assignments*
22. *Lack of interest and withdrawal*
23. *Changed relationships*
24. *Despairing attitude*

Protective Factors

- Ensure access to strong support systems, at home, at school, in the community
- Check-in with your child
- Be willing to talk about challenging feelings; mental health; bullying; etc.
- Monitor your child's social media use
- Be aware of risk factors and warning signs
- Keep your finger on the pulse of popular culture

Suicide Contagion

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."
- "The effect of clusters appears to be strongest among adolescents."



Suicide Contagion, continued

□ **Exposure to schoolmate suicide**

- 12 to 13 years old – 5x more likely to have suicidal ideation
 - 7.5% attempted suicide after a schoolmate's suicide vs. 1.7% without exposure
- 14 to 15 years old - 3x more likely
- 16 to 17 years old – 2x more likely
 - By this age, 24% had a schoolmate die by suicide
 - By this age, 20% personally knew someone who died by suicide

•Critical we invest in school and/or community-wide interventions following a suicide!!

http://www.cmaj.ca/site/misc/pr/21may13_pr.xhtml - study in Canada (2013)

What You Can Do

- If you suspect or have reason to believe your child or another child is suicidal...
 - Remain calm
 - Ask directly if they are thinking about suicide
 - Focus your concern on the well-being of the child
 - Listen
 - Reassure the child there is help
 - Do not judge
 - Provide constant supervision
 - Remove means of self-harm

What You Can Do

□ Get help!

- No one should ever agree to keep a youth's suicidal thoughts a secret and instead should tell an appropriate caregiving adult, such as a parent, teacher, school psychologist, or school counselor. Families should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school-employed mental health professional or administrator.

13 Reasons Why

- Easy access
 - Netflix's most popular show of all time
 - Most tweeted show of 2017 to-date
 - Most popular show on social media
- Concerns
 - Romanticizes suicide
 - Portrayal of adult ineffectiveness
 - Graphic, realistic issues and imagery
 - Modeling of ineffective coping
 - Contagion concerns
- Be aware; monitor; discuss; seek help!

Questions?

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