What the School Community Needs to know about Suicide

Tony Salvatore
Montgomery County Emergency Service
Norristown, PA

Delaware County Suicide Prevention & Awareness Task Force
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Contact Info: tsalvatore@mces.org; 610-279-6100

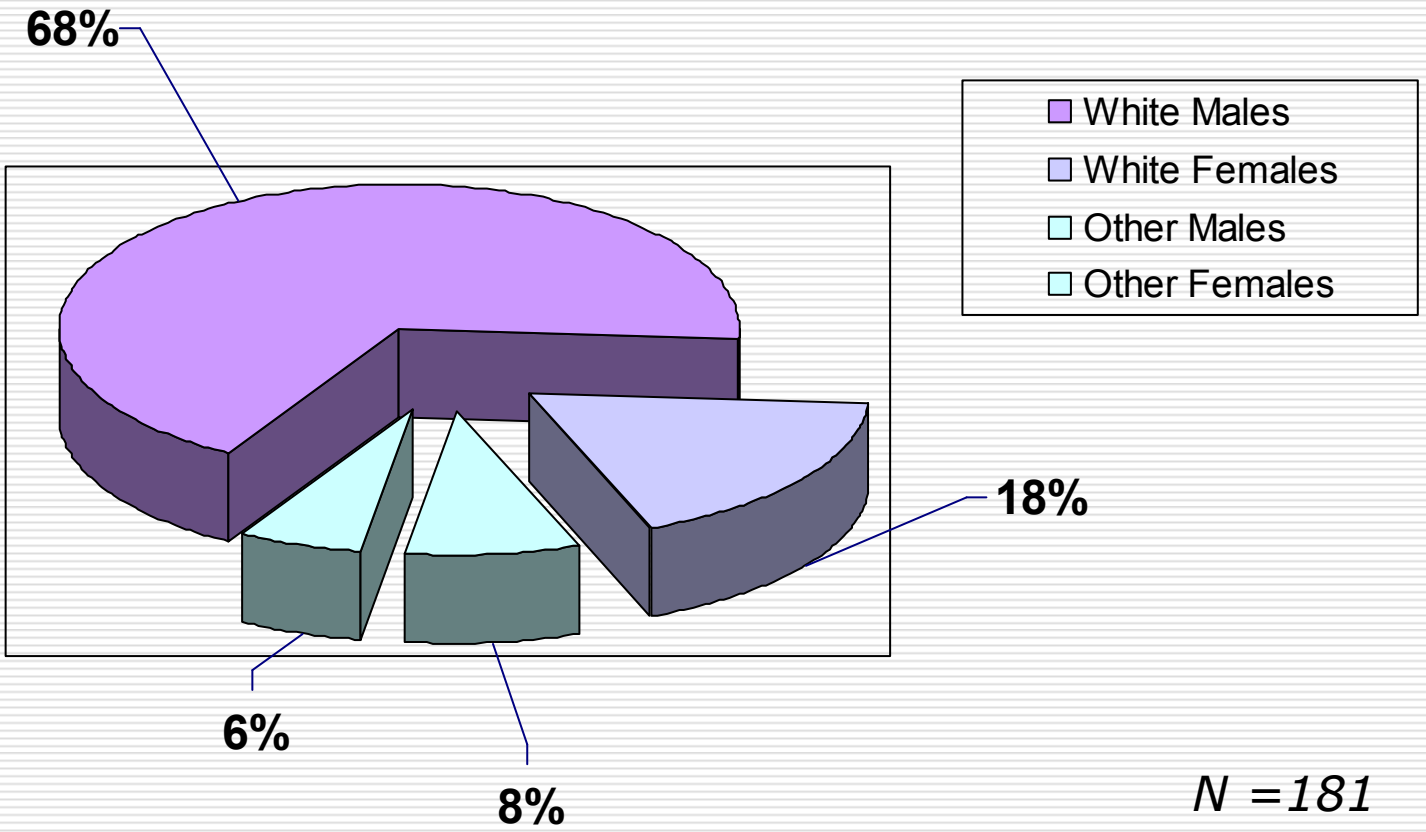
True or false?

1. High school faculty are more likely to complete suicide than students.
2. Less than 40% of school counselors felt that they could recognize students at risk of suicide.
3. School climate is related to the incidence of suicidality among students.
4. Most teens who attempted suicide had sought help.
5. Pennsylvania has a state-approved suicide prevention syllabus for high schools.

CDC Youth Risk Survey:

- Students in grades 9-12 in PA in 2009
- During the 12 months preceding the survey:
  - 13.5% of students seriously considered suicide
  - 9.5% of students made a specific suicide plan
  - 5.7% had attempted suicide
- During the 2 weeks before the survey:
  - 23.5% of students felt sad or hopeless

PA Youth Suicides (2005-07):



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Why schools?

- Most likely site for recognizing early signs of suicide risk in young people.
- Most likely to have resources to respond to signs of suicide risk.
- Some precipitating problems, especially if related to academics or peer group, are likely to be more apparent in the school setting than the home.

School risk recognition:

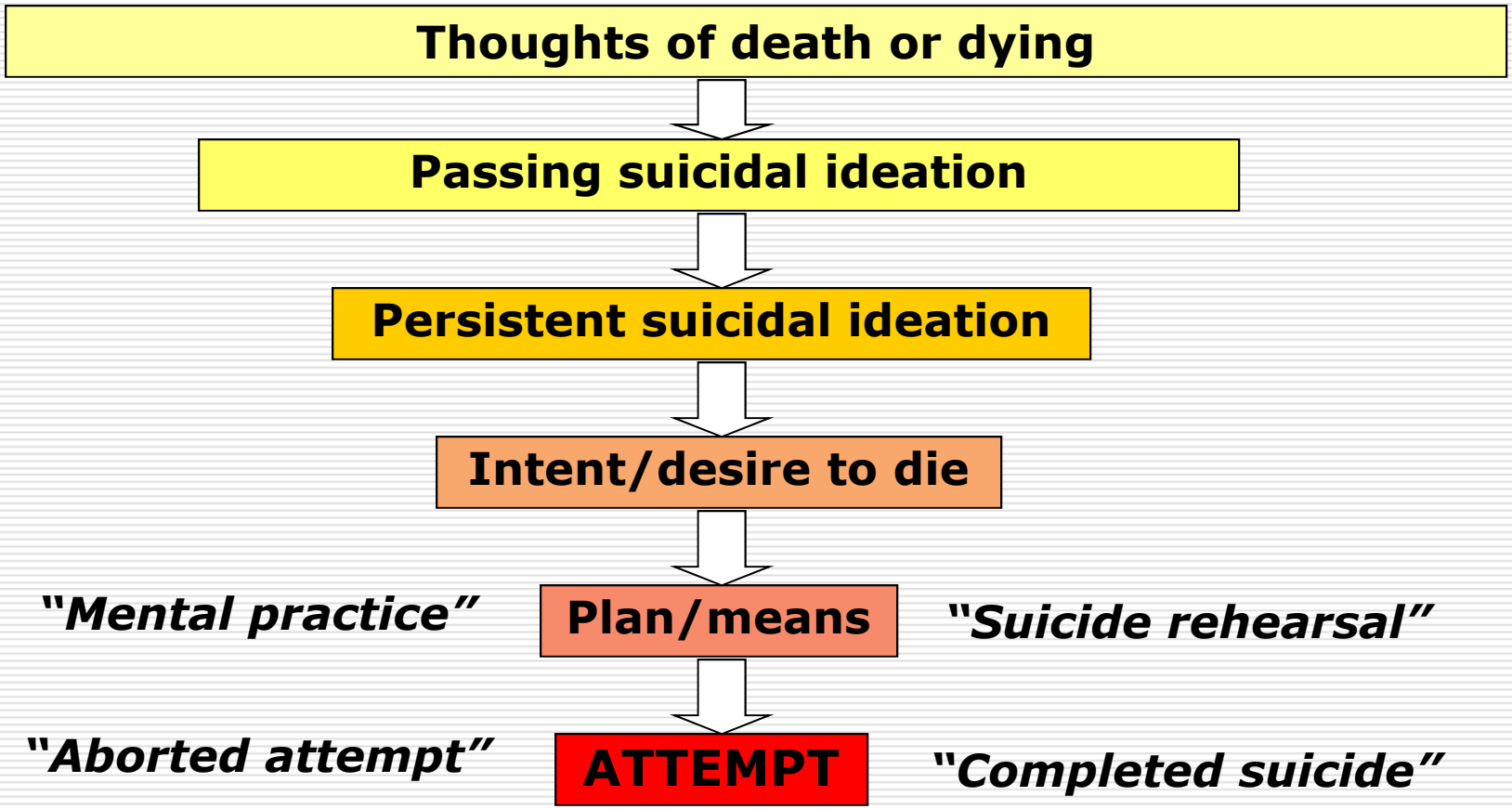
- School personnel readily identify risked related to:
  - Classroom behavior/performance
  - Irritability/other external signs
  - Alcohol/substance abuse
- School personnel less readily identify risk related to:
  - Current mood or anxiety disorders
  - Suicidal ideation
  - Previous suicidal behavior

Scott et al. (2009)

Teen risk factors:

- Prior suicide attempt or episode of suicidality
- Family history of suicide/suicidal behavior
- History of abuse, trauma, loss, violence
- Mental illness, especially depression
- Alcohol or substance use
- Negative family situations, low family support

Progression:



Suicidal ideation:

- Most basic manifestation of suicidality
- Preceded by depressive symptoms, guilt, self-deprecation
- 34% of ideators plan an attempt, most within year
- Suicidal thoughts may be source of relief, control (Hendin)
- As distress arises thoughts may be drawn on (Beck)
- Habituates client to the idea of suicide overtime (Joiner)

Ideation may be voiced, noted in written assignments, reflected in drawings, or reported by other students.

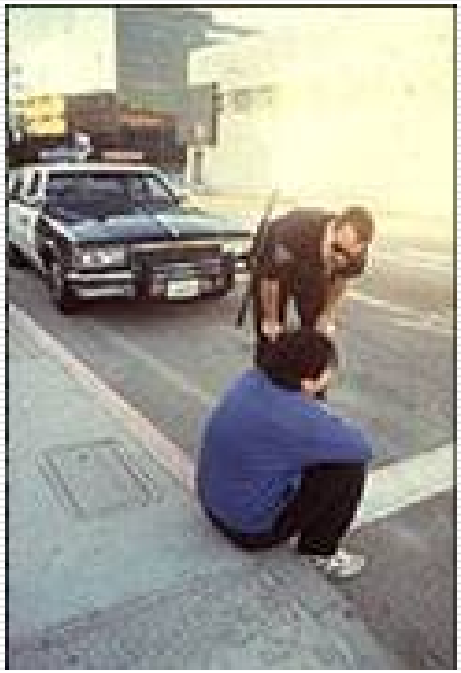
Sources of teen ideation:

- Highly distressing life event that overrides coping capability (e.g., abuse, bullying)
- Decreased self-esteem and increased self-criticism
- Onset/exacerbation of mental illness and/or substance abuse (especially drinking, drugs, sniffing glue)
- Frequent severe headaches/migraines, sleep disturbances, nightmares
- Sexual activity
- Associated with some medications (rare)

"Mental practice"

- May occur after a specific suicide plan has been formulated
- Involves repeatedly running through the plan in one's mind
- Has effect of lessening resistance to carrying out plan and making an attempt
- Represents extremely high risk because it raises suicide competence

"Suicide rehearsal"



- May occur after a specific suicide plan has been formulated
- Involves practicing the plan one or more times (i.e., holding gun or pills, visiting bridge or RR tracks)
- Has effect of lessening resistance to making an attempt
- Represents extremely high risk because it raises suicide competence

Signs of pre-suicidality:

- Seeming overwhelmed by recent stressor
- Talking about being trapped, losing control
- Withdrawing from family/friends/supports
- Increasing alcohol/drug use
- Excessive feelings of isolation/rejection
- Manifesting anxiety/agitation/sleep problems
- Mood changes, anger, growing pessimism
- Increasing recklessness/risk-taking

Contact school counselor/crisis worker before student gets on the bus!

"Aborted attempt"

- Intent to die, plan, and means are present
- Change of mind immediately before attempt
- No act or physical injury (but still traumatizing)
- Strongly associated with actual suicide attempts

Barber et al. (1998)

Pre-suicidal thought patterns:

- Dichotomous (black-white/either-or/all-nothing) thinking
- Cognitive rigidity and constriction
- High levels of self-criticism
- See negative occurrences escalating
- Being "locked-in" to current perceptions
- Being present-oriented/vague on future

These are all indicative of high stress

More emerging signs:

- Change in eating and sleeping habits
- Rebellious behavior, running away
- Worsening drug or alcohol use
- Unusual neglect of personal appearance
- Marked personality change
- Difficulty concentrating, decline in schoolwork
- Frequent complaints about headaches, fatigue, etc.
- Loss of interest in pleasurable activities
- Not tolerating praise or rewards
- Complaints of being a bad or rotten person

American Academy of Child & Adolescent Psychiatry

Pre-attempt correlates:

Study of teens in Oslo:

- Parents described parents as “low care”
- One or more psychiatric disorders diagnosed and treated before attempt
- Self-reported hopelessness, low self-esteem, negative emotions, depression

Groholt et al.(2006)

Suicide crisis markers:

- A precipitating event (e.g., loss)
- One or more intense affective states other than depression (e.g., anger, remorse, guilt)
- At least one of three behavioral patterns:
  - Speech or actions suggesting suicide
  - Deterioration in social or occupational functioning
  - Onset/increase of substance abuse

Hendin, Maltsberger et al. (2001)

Protective factor failure:

- Changes in features deterring suicidality and sustaining resilience:
  - Weakening relationships with family, friends
  - Decreased problem resolution ability
  - Deteriorating confidence, optimism, self-worth
  - Failing health, exacerbation of disability
  - Diminished spirituality
  - Acquires firearms, other means

Triggers:

- Getting into trouble
- Breakup with a boyfriend or a girlfriend
- Abuse, bullying, victimization, humiliation
- Family conflict/dysfunction
- Academic crisis or school failure
- Disappointment, rejection
- Trauma exposure
- Death of a loved one or significant person
- Knowing someone who died by suicide
- Anniversary of the death of a loved one

National Association of School Psychologists

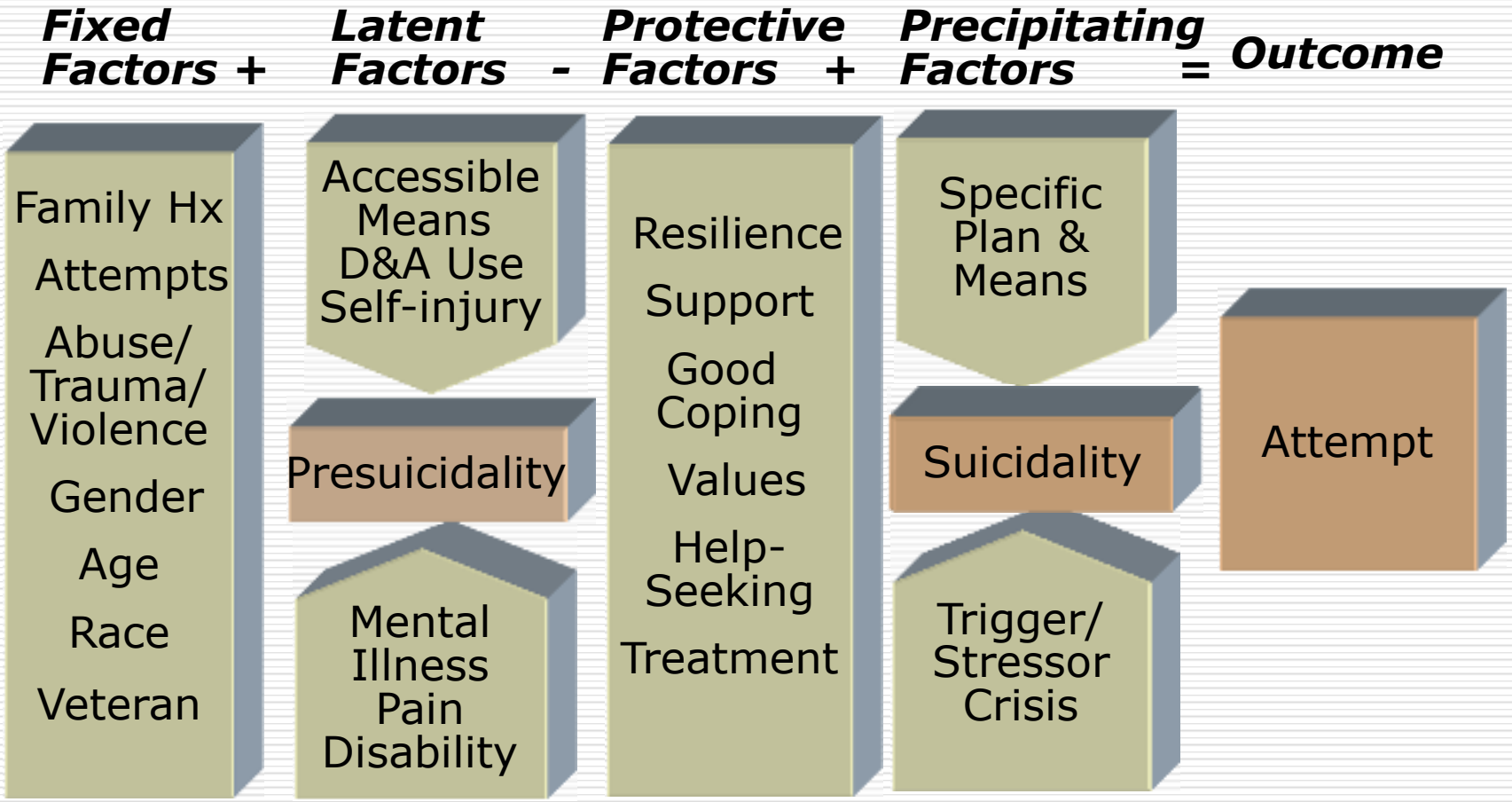
3-legged risk stool:

Student	***Family***	***School***
▪ Emerging self-identity ▪ Impulsivity ▪ Near-term focus ▪ Peer group norms ▪ Peer relations	▪ Conflicts related to autonomy ▪ Lack of support ▪ Dysfunctionality ▪ Perceived as non-caring	▪ Toxic climate ▪ Harassment, bullying, cliques ▪ Inconsistent discipline ▪ Perceived as non-caring

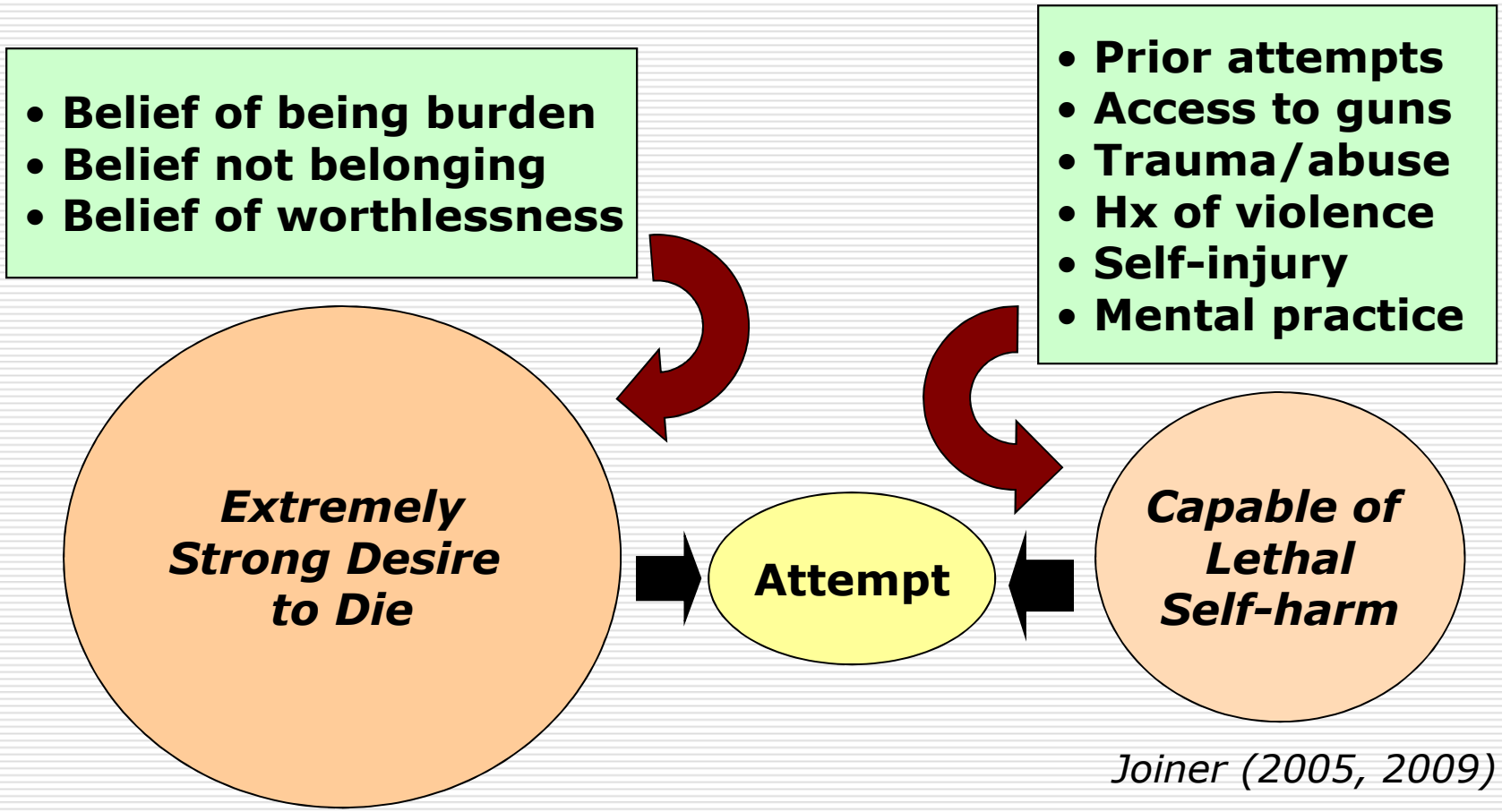
Danger signs of suicide:

- Constricted thinking – life all bad
- Threatening to hurt or kill self
- Looking for lethal means
- Voicing a specific suicide plan
- Talking/writing/drawing about death
- Giving away/disregard for property/pets
- Finalizing personal affairs

Suicide as a process:

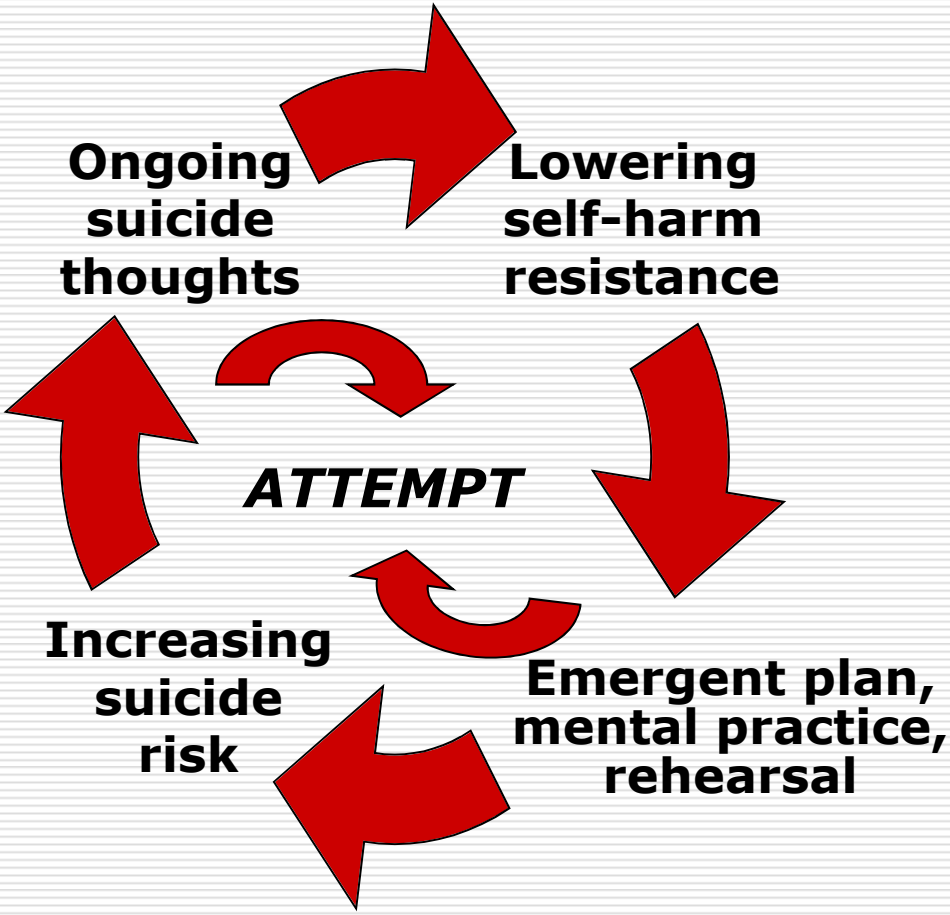


How people die by suicide:



Joiner (2005, 2009)

Suicidality spiral:

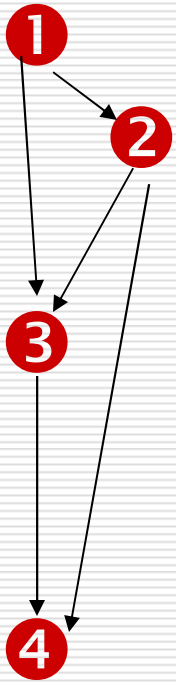


Parent realities:

- Most people, including parents of at-risk students, are ill-informed about suicide
- No one's ever ready to hear about suicide risk
- Contrary to popular belief parents are usually clueless regarding a child's suicidal behavior
- Studies indicate up to 86% had no awareness
- Parents often believe "not my child"

Smith et al. (2003)
Youth Suicide Prevention Guide
Florida Mental Health Institute (USF)

Suicide Cluster:



- 3 or more suicides/attempts in a specific area
- Occurring over a short period of time
- Incidence varies from the community norm
- Initiated by an "index suicide" that:
  - Received heavy media attention
  - Involved one/more popular individuals
  - Involved "suicide contagion"
- Estimated to occur several times yearly in US
- CDC: 100-200 deaths (<1%) annually
- Primarily involves teens and young adults

Cluster Members:

- More likely to have threatened/attempted suicide
- More likely to have known someone who completed suicide or died violently
- More likely to have self-injured
- More likely to have broken up with girlfriend/boyfriend
- More likely to have attended more schools/moved
- More likely to have lived with more parental figures

Davidson et al. (1989)

Suicide pacts:

- Attempts/completions by 2 or more individuals
- Result of a mutual plan
- Attempts may be concurrent or at different times, but are closely timed
- Initiated by individual who draws in others
- Most often involve adult/elder couples
- Represent about 1% of suicides

Pact dynamics:

- Depressed/hopeless individuals connect
- Discuss feelings to support each other
- Family/community supports weaken
- Feelings of being burdens, useless grow
- Suicidal ideation arises and spreads
- Closed discussion leads to suicide consensus
- Plan is made with ownership by members
- Members may “practice” plan, then act

Pact may be below radar but members may show signs

Student buy-ins:

- Promote "A.L.I"
  - **Ask** other students how they are feeling/thinking
  - **Listen** to what they say
  - **Inform** a caring, trusted adult when concerned
- Never keep secrets about at-risk fellow students
- Assist efforts to increase awareness of suicide risk and sources of help
- Organize an assembly or other school-wide project to broaden suicide prevention awareness

Parent buy-ins:

- Know risk factors/warning signs
- Be able to talk about suicide *and do so!*
- Understanding that they are the primary protective factor
- "Suicide-proofing" the home
- Using school and community resources
- Monitoring child's on-line activity
- Listening to child's friends
- Personal safety planning

School buy-ins:

- All staff know risk factors/warning signs
- Be able to talk about suicide *and do so!*
- Faculty continuing education about suicide – keep up
- Gatekeeper program to identify suicide risk
- Educate families about suicide risk
- Encourage means restriction
- Promote reasons for living, resiliency