

Suicide Prevention in Schools: What Counselors Need to Know

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International Symposium Raises Concerns About Youth Suicide

- Alarming increases but statistics are questioned
- Media sensationalism of suicide
- Clusters of suicides occur
- Schools are the best place to intervene
- Students are under extreme pressure
- Guns are too available

Suicide and Schools

- Three levels
Prevention/Intervention/Postvention
- Suicide is the 2nd leading cause of deaths for teens in most countries. Increase was most dramatic for middle school girls. Why?
- What is the suicide rate for youth in the country where you work? The World Health Association provides statistics.

World Health Organization: What Works? Suicide Rates by Country

- Reduce lethal means available to suicidal individuals
- Interrupt the development of suicidal behaviors as a result of profound life stressors (adverse childhood experiences)
- Increase education about the warning signs of suicide especially for physicians

Highest Suicide Rates by Country per 100,000 (all ages)

- Guyana 44.2
- South Korea and Sri Lanka 28.9
- Lithuania 28.2
- Suriname 27.8
- Mozambique 27.4
- Nepal 24.9

Lowest Suicide Rates by Country per 100,000 (all ages)

- Libya 1.8
- Azerbaijan, Egypt and Iraq 1.7
- Jamaica 1.2
- Oman 1.0
- Kuwait and Lebanon .9
- Saudi Arabia and Syria .4
- U.S. ranked 50th with a rate of 12.1

Highest Suicide Rates by Country per 100,000 (15-29)

- India 35.5
- Kazakhstan 30.8
- Guyana 29.7
- Burundi 27.3
- Turkmenistan 25.7
- Equatorial Guinea 24.8

Center for Disease Control Recommendations

- Improve school and community partnerships
- Build community receptivity and capacity for competent response to suicidal youth
- Increase availability of mental health services for youth
- Increase their connections to other persons, families, schools and the community

Netflix's Most Popular Program

- It's based on a book by Jay Asher and focuses on a fictional character 17 year-old Hannah Baker who died by suicide.
- Hannah, who has been the victim of bullying and rape, leaves behind a series of 13 tapes blaming others for her death.
- The compelling program presents as a mystery with dark themes and graphic images of rape and suicide.

Criticisms of 13 Reasons Why:

- The graphic scenes of Hannah's suicide violated all known media guidelines.
- The program ignored the topics of mental illness and suicide contagion and will very likely increase suicides.
- Teens were depicted as leading secret lives that adults were unaware of and teens were not portrayed as going to adults for help.

Criticisms:

- The program blurred the lines between life and death with Hannah appearing in many scenes after her death.
- No information was provided about Hannah's past history before starting at her new school.
- The memorialization at school did not follow Best Practices.
- The school counselor was portrayed very negatively.

Mr. Porter the Counselor in 13 Reasons Why:

- He failed to establish rapport and he should have moved from behind his desk.
- He needed to ask direct questions about thoughts of hopelessness, giving up and suicide.
- Hannah's parents needed to be notified based on her statement about being raped.
- He was dismissive and it was inappropriate to just tell her she needed to move on.

What Should Schools Do?

- Be proactive and advise parents of the dangers of the program and specify that vulnerable youth regardless of their age should not watch it.
- Encourage adults whose children watch the program to watch it with them and provide opportunities for discussion about it.
- Ensure that no segments of 13 Reasons Why are shown in K-12 classrooms.
- Be prepared for season 2 to include a school shooting.

What Should Schools Do in Classrooms?

- Carefully plan curriculum units about youth suicide prevention.
- Provide teachers with talking points to use when the program comes up; the importance of mental health treatment, going to adults for help, Hannah had alternatives to suicide, no one is at fault for her death, and bullying alone does not cause suicide.
- Ask students to identify what they could do if they or a friend are ever suicidal.

What Should Parents Do?

- Common Sense Media recommends (www.common sense media.org) that no one under 16 view the show.
- If your child over 16 is vulnerable to depression and anxiety do not allow them to watch the show.
- Watch with your 16+ year old and provide opportunities for discussion after each episode and avoid binge watching.
- Review recommendations at <https://www.save.org/13-reasons-why/>

Final Thoughts

- The program and the Beyond 13 discussions of suicide were off the mark and diminished Netflix's efforts to start the conversation about suicide.
- Suicide is never someone else's fault.
- The program concludes with Clay talking about the need for everyone to be kind to others—this is admirable but ignores the role of mental illness in suicide.
- Suicide is preventable.

Facts to Dispel Most Common Suicide Myths

- Suicide **rarely** occurs on a whim or without warning
- Suicide is **not** inherited or destined
- Talking about suicide **will not** plant the idea
- There **is** a relationship between bullying and suicide
- There **is** a relationship between suicide and self injury (NSSI)

State School Suicide Plans

Poland & Poland

- Texas Suicide Safer School Plan (2015)
www.texassuicideprevention.org
- Crisis Action School Toolkit-Suicide
CAST-S Montna (2017) www.namimt.org
- CAST-S has many forms for assessment, risk monitoring, parent notification, safety planning and school re-entry

Would this student be bullied in a middle school?

- Has an extensive psychological history
- Walks funny and speaks with a lisp
- Has a bad skin condition on his face
- Described as pale and frail
- Identifies as gay
- Identifies as Buddhist

SPRC Brief: Suicide and Bullying

- Both victims and perpetrators are at higher risk than peers and a **strong association** exists between bullying and suicide
- Personal characteristics such as internalizing problems; low self-esteem; and low assertiveness increase the risk of being bullied and these factors are also associated with risk for suicide
- It is difficult to control all the risk factors to determine if being bullied was a proximal cause to a youth suicide

Best Practices

- Schools are encouraged to form a suicide prevention task force and to develop policies and procedures for parent notification, referral and follow up
- The task force will be the most effective when community mental health, law enforcement, medical personnel, survivor groups and clergy are represented
- Schools need to have bullying and suicide prevention programs

Barriers to Suicide Prevention

- Schools lack of awareness of the problem
- Lack of training and acceptance of any shared responsibility
- Schools have many competing demands
- Afraid to talk about suicide
- Ignore legislative requirements for training
- Failure to link with community services and prevention initiatives

Comprehensive Suicide Prevention in Schools

- Annual staff training on the warning signs for all who interact with students
- Suicide prevention information posted on the school district website and policies for prevention developed
- Lethality assessment training for key school personnel
- Referral procedures to secure needed community services for suicidal students
- Parent notification procedures when students are suspected to be suicidal
- Re-entry meetings after hospitalization and follow up at school for suicidal students
- Curriculum information on prevention for students

Role Plays

- **Assessment Scenario:** Mary a 7th grade girl is new to the school and very unhappy living with Dad and his new girlfriend. She feels no one at school likes her and she is a big 13 Reasons Why fan and wrote on her English paper that Hannah rocks and had the right idea.
- **Parent Notification Scenario:** Mary's Dad reluctantly comes to school and down plays his daughter's suicidal statements even though she talked about using his gun. He refuses to get any treatment for his daughter and tells the counselor not to talk to her again.

Suicide Assessment

C-SSRS Brief: Questions

www.cssrs.Columbia.edu

- 1. Have you wished to be dead?

- 2. Have you actually thought of killing yourself? If Yes ask questions 3, 4 and 5. If no go to directly to question 6.

- 3. Have you been thinking of how to do this?

WARNING SIGNS OF YOUTH SUICIDE

- Suicide notes and threats
- Symptomatic clues
- Giving away prized possessions/making a will
- Fascination with death, exposure to suicide and engaging in self-injury
- Consensus warning signs at www.save.org

Best Practices

- Keep up with prevention literature and trends
- Implement depression screening programs such as, SOS Signs of Suicide, NREPP as it is evidenced based and more information is available at www.mentalhealthscreening.org
- Be familiar with legislative requirements for suicide prevention in schools
- Know the lessons from legal cases against schools after a suicide

GLBT Issues

- Higher rates for youth not due to identity but unique complications “nothing inherently suicidal about same sex orientation”
- Studies have found 2 to 4 times more attempts and suicide deaths
- External factors that contribute are bullying, harassment, abuse, rejection, lack of support
- Advocacy for GLBT population in school may be met with resistance
- Strongest protective factor is parental acceptance

Protective Factors

World Health Organization

- Family cohesion and stability
- Coping and problem solving skills
- Positive self worth and impulse control
- Positive connections to school and extracurricular participation
- Successful academically

More Protective Factors

- Good relationships with other youth
- Seeks adult help when needed
- Lack of access to suicidal means
- Access to mental health care
- Religiosity
- School environment that encourages help seeking and promotes health

Joiner's Model of Suicide Risk, 2006

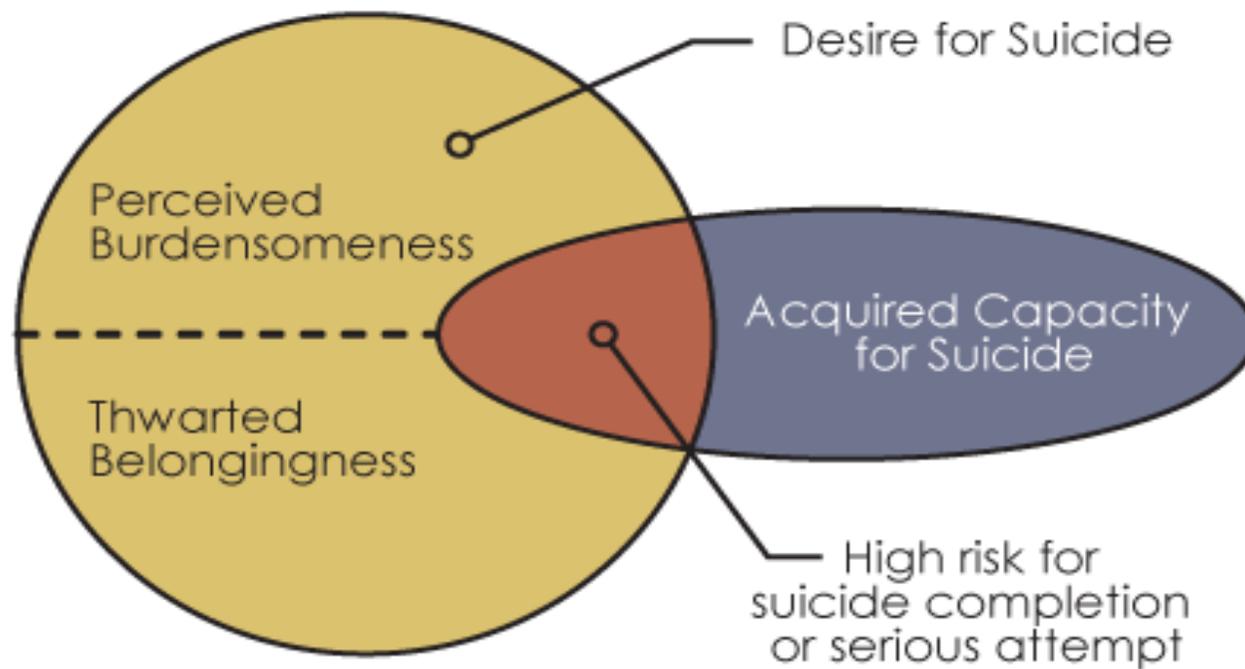


Figure 1: Thomas Joiner's model of suicide risk, 2006

Review: Critical Questions Supervise, Hand Off and Refer!

- Are you thinking about suicide now?
- Have you ever attempted suicide before?
- How would you end your life? What method would you use?
- Document the notification to parents and push for release to talk with private providers!

Boehm v White Pass, WA

- Sixteen year old male student referred after he wrote a suicide note and there were rumors he was in a suicide pact
- Student denied suicidal ideation or plans when interviewed by counselor
- Please consider whether or not you would call parents after you review the following pieces of information known by the counselor

Shared with Counselor

- New to school had been there 5 weeks
- His best friend who he was rumored to be in a suicide pact with attempted suicide yesterday and is in the hospital
- Under stress as facing felony charges
- Gets along well with grandmother but not his mother who has attempted suicide
- He used to have a drinking problem but claims he has been sober for two weeks
- How many protective versus risk factors do you see?

Contracting for Safety

- “No harm” or “no suicide” contracts have not been demonstrated to reduce suicidal behaviors and focus on what not to do!
- May be more for therapist’s benefit
- Students or clients may feel coerced
- Has been replaced by utilizing Safety Plans

Safety Plans

- Developed jointly by the student/client and the therapist
- Identifies what the student can do when they feel suicidal and who to go to for help
- Ensures that they have local and national crisis hot line number 1-800-Suicide or 1-800-273-8255
- Crisis text line www.crisistextline.org

Goals of Postvention

- Identify those most affected and possibly now more at risk for suicide
- Help survivors with their shock, grief, confusion and sometimes even guilt
- Provide accurate information while minimizing the risk of contagion
- Teach the warning signs of suicide and promote crisis support and mental health resources

Risk Factors for Imitative Behavior

- Facilitated the suicide through involvement in a pact, or encouraging the suicide
- Believe their mistreatment of the victim contributed
- Failed to take threat seriously or missed obvious warning signs
- Have their own history of suicidal thoughts/actions and view their life as parallel to victim

After a Suicide

- 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?

Types of Clusters

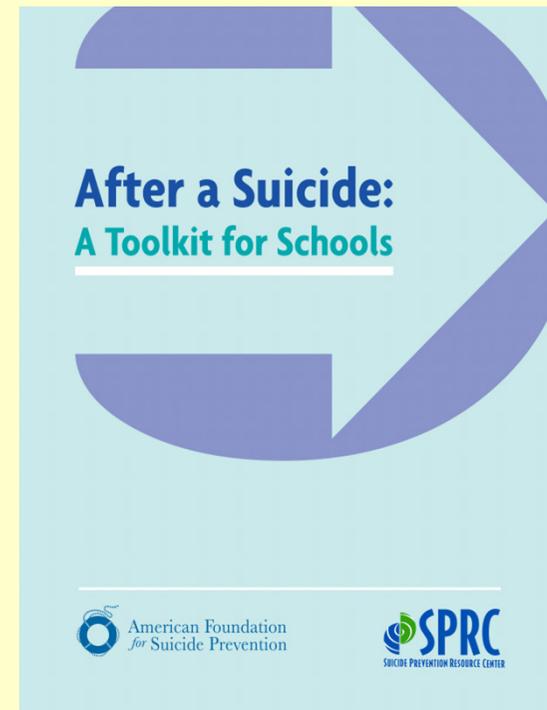
- Mass clusters are media related and the research is mixed on their occurrence
- There are recommendations for appropriate media coverage of a suicide
- Point clusters are local and there is strong evidence that they do exist
- Vulnerable youth may well cluster before a suicide occurs and when negative life events occur all are at risk

Cluster

- “These kids died from an untreated or undertreated psychiatric illness. It’s not as if it’s a mysterious thing and it’s not as if it’s not preventable. Unfortunately there is a misperception that if someone wants to die by suicide, it’s inevitable. That is not the case as the impulse to kill oneself waxes and wanes.” Madelyn Gould, Columbia

After a Suicide: A Toolkit for Schools

Suicide Prevention Resource Center and
the American Foundation for Suicide
Prevention



Postvention Toolkit Released April 2011 and Revision Soon

- Schools should strive to treat all deaths the same (to reduce suicide stigma)
- Be aware of copy cat dangers and stress the victim was likely struggling with mental health issues
- Emphasize help is available
- Monitor social networking sites

Toolkit Recommendations for 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

Postvention

- The journey begins and ends with prevention and no single agency or entity can stop a suicide cluster as it takes the entire community working together!

Modules for the Jason
Foundation by S. Poland and R.
Lieberman

www.jasonfoundation.com

- Suicide and Depression
- Suicide and Self-injury
- Suicide Postvention
- Suicide and Bullying
- Suicide and LGBTQ

Final Thoughts

- Suicide assessment is an ongoing process and it takes training and practice
- If the student is 18, I still recommend contacting their parents
- Take all suspicions of suicide seriously even those reported second hand
- A student may deny their suicidal thoughts
- Know local resources and crisis helplines
- Collaborate with colleagues and document all of your actions

Suicide Prevention Is Everyone's Responsibility

- **Success story example**
- **Free videos on awareness, assessment, postvention and self-injury**
www.nova.edu/suicideprevention

- **Suicide in schools by Erbacher,
Singer & Poland (2015) Routledge**

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Suicide in Schools

Routledge Publishing: Free Resources

- Suicide Prevention
- Risk Assessment
- Safety Planning
- Postvention
- Case Study
- Online Resources

Youth Suicide Resources

American Association of Suicidology

www.suicidology.org

American Foundation for Suicide Prevention

www.afsp.org

Suicide Prevention Resource Center

www.sprc.org