



SUICIDE PREVENTION IN YOUTH

Behavioral and Mental Health
Awareness

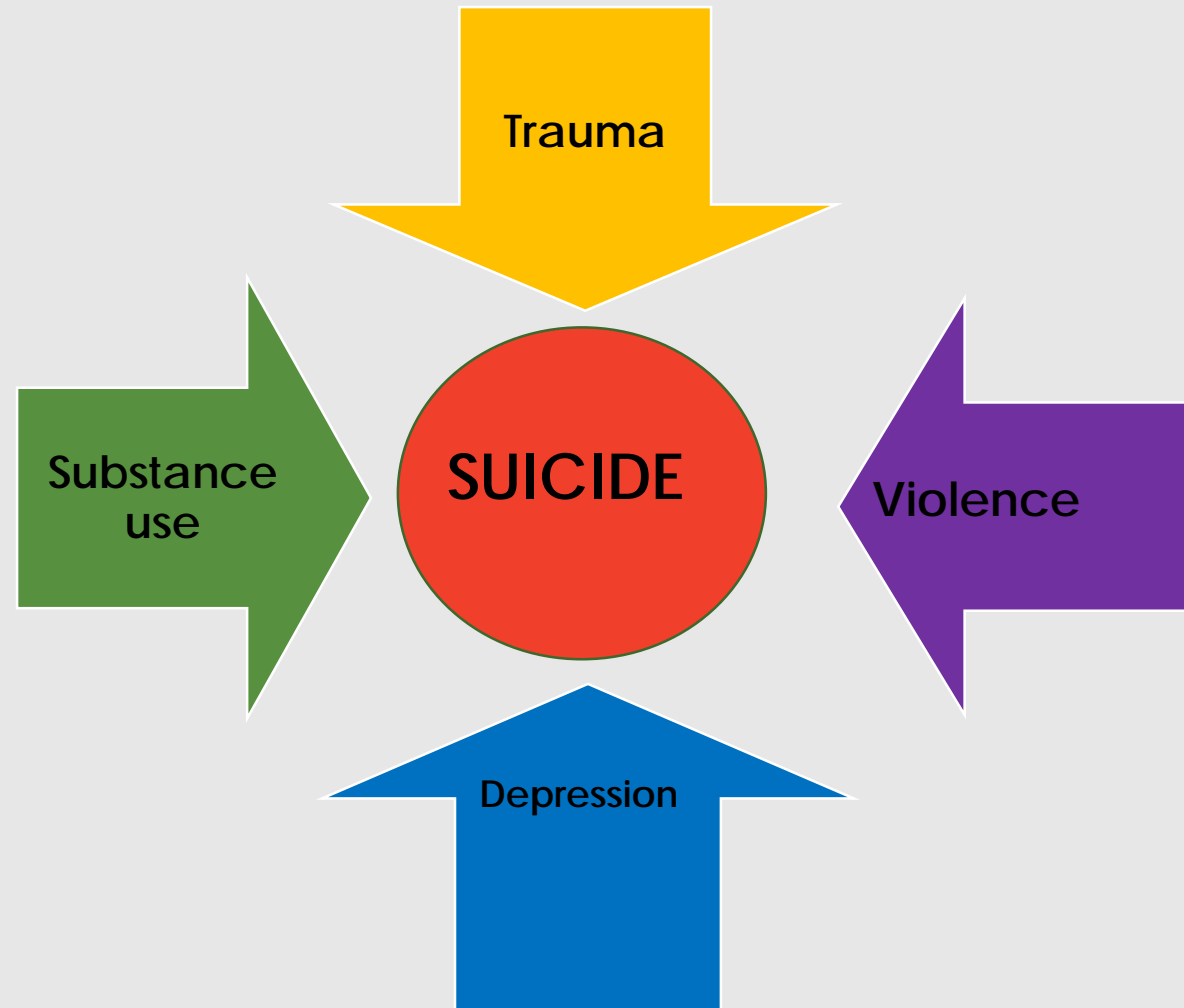
Objectives

By the end of the presentation school counseling supervisors will be able to:

1. Identify the warning signs, risk, and protective factors of depression, trauma, violence, substance use, and youth suicide.
2. Understand the connection between depression, trauma, violence, and substance use to youth suicide.
3. Identify valuable resources and appropriate responses school personnel can utilize to prevent youth suicide.

Suicide Prevention-Related Issues

These behavioral health issues are often, but not always related. For example, not all depressed students commit suicide, but there is a high correlation between suicide and depression



Trauma



What is Trauma?



Trauma occurs when an individual is exposed to an overwhelming event, or series of events, and is rendered helpless in the face of intolerable danger, anxiety or instinctual arousal.

Trauma may occur when a child fears for his or her own life, fears that important people in their lives will die, has a violation of their intactness (e.g., sexual abuse, loss of a limb) or clarity of consciousness.

Types of Trauma



- Several thousand children witness the murder of a parent each year
- Over 20,000 adult homicides are committed in the presence of children of the deceased
- Many witness the violent death of a sibling/friend/neighbor
- Chronic abuse
- Incest
- Kidnapping
- Rape/sexual assault
- Violent threats
- Suicide and suicidal behaviors in parents or siblings



Warning Signs of Trauma

- Tiredness, exhaustion
- Withdrawal or regression
- Preoccupation and hypervigilance
- Feelings of helplessness, inadequacy and confusion
- Suicidal ideation
- Somatic symptoms-stomach aches or headaches
- Anxiety
- Functional disorganization
- Fear, shame or guilt
- Struggle to integrate horrific events
- Recurring, intrusive, obsessive, persistent, distressing recollections
- Revenge fantasies of power and heroism

Possible Effects of Trauma

- Trouble bonding
- Poor self-regulation
- Negative thinking
- Executive function challenges
- Depression/Anxiety
- Inability to concentrate
- Health issues throughout life
- Changes in brain function and difficulties learning

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

- Ted Talk. How Childhood trauma affects health across a lifetime.



Trauma Reflection

- How might living with stigma and racism contribute to feelings of trauma?
- How much trauma do you think your students have encountered? What kinds of things might have been said, or witnessed by your students?

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What Can I Do?

- Provide a safe, predictable environment.
- Let students have some control and make choices.
- Be patient. Trauma demands re-telling.
- Talk to the student services staff in your school about any concerns you might have.
- Provide social-emotional learning lessons to help the child learn the skills to problem solve and establish relationships.
- Provide a safe, quiet relaxation space.
- Work with the parents and professionals.
- Recognize cultural difference in expression of trauma. Ask students about what they have been taught about expressing their feelings and experiences with others.



Violence



Stats on Violence

1 in 15 children are exposed to intimate partner violence each year.



Each day approximately 12 young people are victims of homicide and an additional 1,374 are treated in emergency departments for nonfatal physical assault related injuries.



Additionally, self-report information indicates that 1 in 5 high school students was bullied at school or in a physical fight in the past year.⁷

Risk factors for Violence

- History of violence in the home or community
- History of setting fires
- Victim of bullying or other aggressive behavior
- Childhood abuse or neglect
- History of cruelty to animals, vandalism or property damage
- Substance abuse
- Gang membership
- Rejection



Warning Signs of Violence

- Feeling anxious and fearful
- Stomachaches and headaches
- Persistent thoughts and flashbacks to episodes of violence
- Loss of emotional response
- Risk taking such as driving recklessly
- Quick to anger and getting into fights
- Problems at school-refuse to follow rules or talk back
- Feelings of guilt and shame
- Running away from home or being "thrown out"
- Being responsible for your siblings and feeling pressure to protect them.

Behavioral health and health outcomes of violence

- Missed school due to safety concerns
- Low academic grades
- Likely to carry a weapon to school
- Risky sexual behavior
- Overweight or obesity
- Feeling sad or hopeless/suicidal
- Substance use



Other negative outcomes of violence

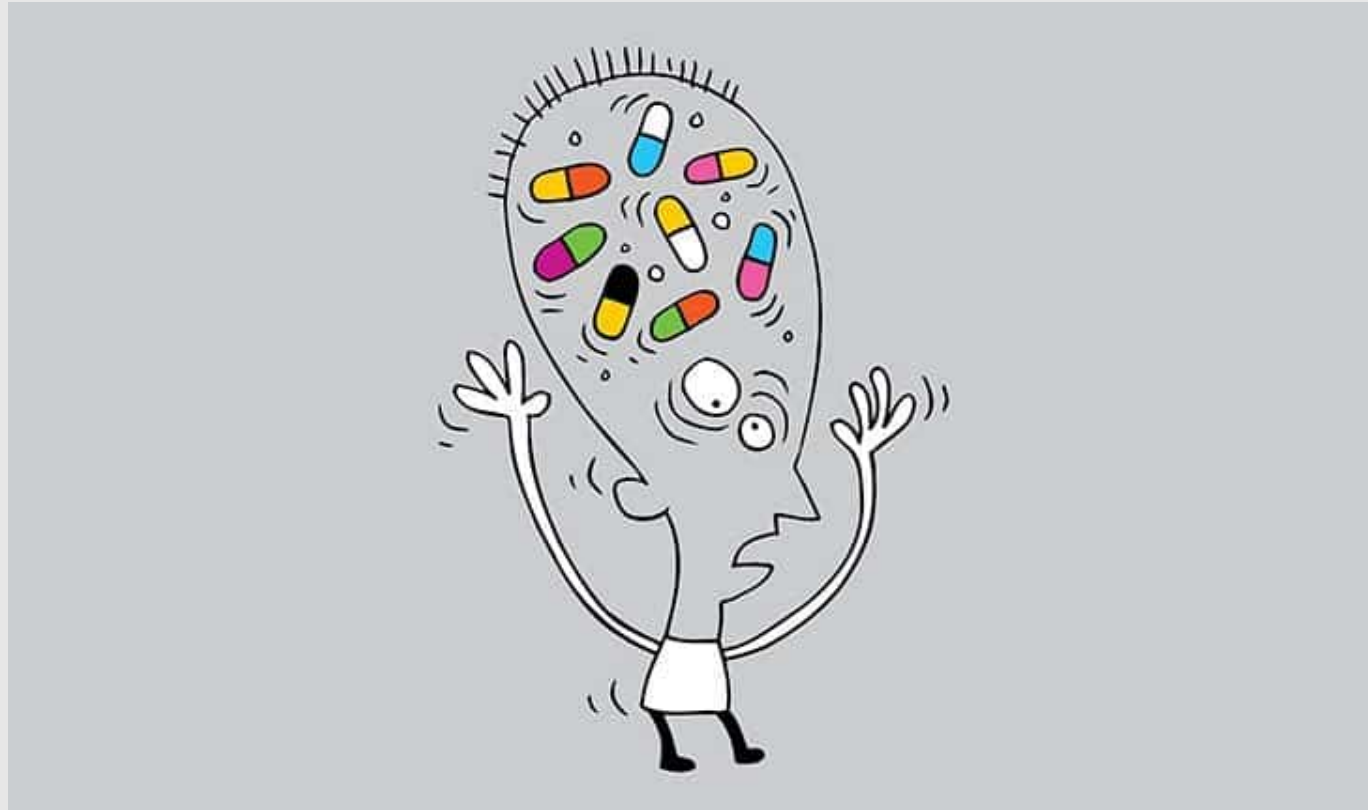
- Impaired decision making
- Learning challenges-inattention
- Decreased connection to peers and adults
- Higher chance of developing cancer, heart disease or other health problems in adulthood.

What Can I do?



- Watch for physical signs of violence and changes in behavior such as withdraw, fear, depression or anxiety
- Listen if the child decides to talk
- Keep your classroom safe and welcoming
- Teach social emotional skills to problem solve.
- Teach about the effects of violence to normalize how the child might be feeling.
- Connect student to mental health services.
- Try to identify connections to school and other students.

Substance Use



Many students use substances to self-medicate to avoid the pain of trauma, depression, violence, and feelings of loneliness and helplessness.

Substance Use

- On any given day, approximately 8% of American adolescents between the ages of 12 and 17 meet the American Psychiatric Association's diagnostic criteria for substance abuse or dependence.
- More than 5% meet the criteria for alcohol abuse or dependence.
- More than 11% show signs of "problematic use" of alcohol or drugs, defined as more than one substance-related problem during the past year.
- Taken together, these data indicate that one in five American adolescents is engaged in maladaptive or dangerous use of alcohol or drugs.

Risk Factors for Substance use

- Breakdown in parent/child communication
- Desire to fit in
- Unsupervised accessibility/lenient parental attitudes
- Family history of substance use
- Family rejection due to gender identity or sexual orientation
- Association with peers who use
- Lack of school connectedness
- Depression/mental health issues
- Trauma/sexual abuse/violence in the home



Warning Signs

- Erratic behavior-behavior that is very different or just does not seem to make sense.
- Depression or mood swings; agitation
- Secrecy
- Change in friends, grades, activities, sleep patterns, eating patterns, physical appearance, weight, speech, overall coordination
- Decline in school performance

Substance Use and Suicide

- Individuals with substance use disorders (SUDs) are particularly susceptible to suicide and suicide attempts.
- Suicide is a leading cause of death among people who misuse alcohol and drugs.

What Can I do?

- Be aware of the prevalence of use in your school.
- Talk to your students about substance use. Dispel myths with facts.
- Use social emotional learning lessons to teach problem solving skills.
- Set clear rules and boundaries that are consistently enforced in a reasonable and measured manner.
- Give praise and reward for students' good behavior, achievements, and accomplishments.
- Encourage constructive use of time and participation in extracurricular activities.
- Be a good listener.
- Refer students to your student assistance program, to you school nurse, school social workers, school counselor, or outside agencies for counseling and support.
- Describe the behaviors you are seeing to parents and student support staff. Suggest parents talk to their pediatrician about the behaviors.

Depression



What is Depression?

- Depression is more than just sadness or moodiness.
- Depression is a serious illness that can affect the child's physical health, relationships, ability to do well in school, and their sense of self-worth.
- It may look like laziness, apathy, or defiance, but is it none of those things.
- Depression is significantly represented in students who chose to attempt or complete suicide.

What puts a child at risk for depression?

- Events/situations that affect feelings of self-worth
bullying, obesity, peer problems, family problems, academic problems, abuse
- Having been a victim or witness to violence
- Having other mental health concerns
- Having a learning disability or ADHD
- Alcohol or substance use
- Anxiety
- Negative feedback regarding one's sexual orientation, gender identity, racial, and other discriminatory experiences can have an emotional effect on students that can lead to depression
- Family history of depression or anxiety





Warning Signs of Depression

- Feelings of sadness that go on for a long time
- Crying spells for no apparent reason
- Quick to anger
- Feelings of hopelessness or feeling empty
- Feelings of guilt, shamed or worthlessness
- Feeling tired and loss of energy
- Sleep patterns changes and/or eating pattern changes
- Feeling listless or the opposite-agitated
- Thoughts of suicide



Personal Reflection: Depression

- What personal beliefs do you have about depression? How might those beliefs affect how you interact with students?
- What understanding do you have about depression in cultural and racial groups? About depression and gender? About depression and sexual orientation or gender identity? What data have you seen and how has it affected your beliefs?



What Can I Do to Help?



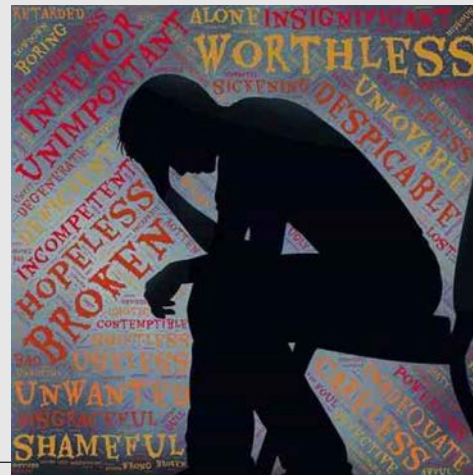
- Remember that depressed students are not choosing to act out, withdraw, or underperform.
- Talk to the student and let them know you are worried about them.
- Let parents know what you are seeing.
- Provide extra support and encouragement.
- Adjust or make accommodations in assignments or tasks-more time, chunking, peer teaching, etc.
- Include the student in activities as often as you can.
- Consult/refer to the school counselor, school nurse, school social worker, or school psychologist.

Suicide



Facts about Teen Suicide

- Suicide is the second leading cause of death for children ages 10 to 24 and the leading cause of death among 13 year olds.
- In spite of the increasing numbers of younger children and children of color who are choosing suicide, there is much we can do to intervene and help our children.



Risk factors



There is no single cause for suicide.

Risk factors can contribute the feelings of hopelessness and helplessness

- Risk factors may include:
- Depression, substance use, mental health issues, conduct and anxiety disorders,
- Access to lethal means, prolonged stress, stressful life events, early childhood trauma, abuse or neglect
- Family history or previous attempts
- Rejection or fear of rejection due to sexual orientation or gender identity



Warning Signs & Indicators

- Changes in behaviors-changes in who they associate with, changes in grades, withdraw from friends and activities they enjoyed, sleepiness, change in hygiene, lack of motivation, temper
- Increase in risk-taking behaviors. Increase use of alcohol or drugs, getting into fights
- Drawing, writing or listening repeatedly to music about death and dying.
- Giving away prized possessions
- Humiliation/shame, agitation/anger
- Relief/sudden improvement

What Might a Warning Sign Sound like?



Many children don't tell us directly that they are thinking of killing themselves, but they do give us clues.

They may say:

- You won't have to worry about me much longer.
- You will be better off without me.
- I am tired of living.
- I won't be a burden to anyone anymore.
- You won't see me around.
- You'll be sorry.

How Can I Help?

Take warning signs seriously. No matter the drama level of the student.

Ask the student directly if they are feeling like they may want to hurt themselves . Even if they deny it, talk to the counselor about it right away.

Reach out to students for whom you have concerns. Let them know you care.

Refer the student to the school counselor or school social worker immediately.

Do not leave the student alone. Stay with them and walk them to the counselor's office if possible.

Teach coping and problem-solving skills.



Resources



NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org

School and Community Resources

- School Counselor
- School Social Worker
- School Psychologist
- School Nurse
- Pupil Personnel Worker
- School Administrators
- IEP/SST Team
- Community Mental Health Partnership
- School Based Health Centers
- Community schools
- School System Mental Health Coordinators



Trauma Resources

- Resources on Trauma for Caregivers and Families
<https://www.childwelfare.gov/topics/responding/trauma/caregivers/>
- The National Child Traumatic Stress network. Resources. www.nctsn.org
- The Trauma Resource 8209 Stevenson Rd, Baltimore, MD 21208 · (410) 984-8808
www.thetraumaresource.com
- Sheppard Pratt Mental Health Services (410)-938-5000
- Suicide Prevention Hotline 1-800-422-0009

Domestic Violence Resources

- National Domestic Violence Support hotline (1.800.799.SAFE)
- Baltimore Domestic Violence and Sexual Assault Hotline (410-828-6390)
- TurnAround 24 hour hot line (443-279-0379). Central Baltimore County services

Substance Abuse Resources

- 1-800-662-HELP
- Frederick County/Maryland Hotline 301-662-2255, Outside The County: 866-411-6803
- Inpatient Rehab Near You 877-539-5579; <https://www.inpatient-rehabs.org>
- Substance Abuse and Mental Health Services Administration, Behavioral Health Treatment Services Locator Home - SAMHSA Behavioral Health Treatment Services Locator.
<https://findtreatment.samhsa.gov/>

Depression Resources

- Maryland 2-1-1 free referral and information hotline
- Maryland Department of Health. Behavioral Health Administration. Information Guides for General Public <https://app.smartsheet.com/b/publish?EQBCT=a8014997f3df4ef6b1cb8f4b97508f91>
- Maryland Coalition of Families www.mdcoalition.org
- SAMHSA National Helpline 1-800-662-4357

Suicide Prevention Resources

Sheppard Pratt Crisis Intervention 410-938-5302

Here2Help Hotline 410-433-5175

National Suicide Prevention Hotline 1-800-273-TALK (8255)

Maryland Crisis Hotline 1-800-422-0009

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

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