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Youth Suicide Prevention Begins With Conversations!

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Overview

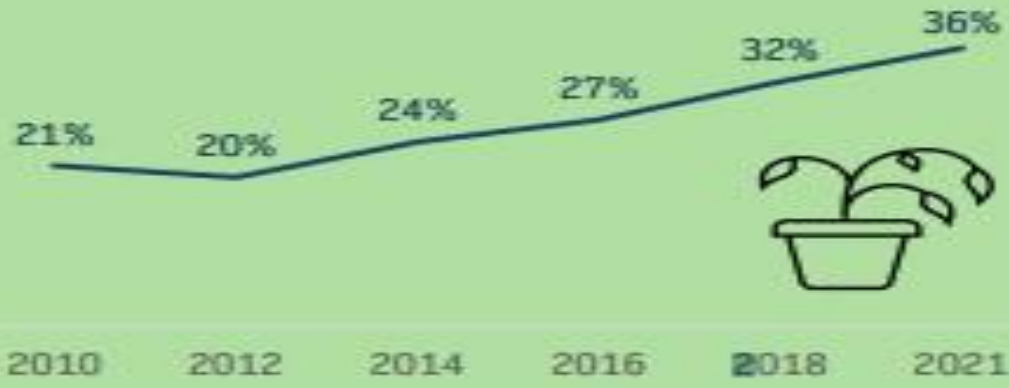
- #1 The learner will be able to identify at least three suicide myths or NSSI (self-harm myths).
- #2 The learner will be able to explain at least two suicide warning signs that an adolescent may experience.
- #3 The learner will be able to identify at least three keys in helping a conversation.
- #4 The learner will be able to identify at least two strategies that an adult may utilize in the use of conversation skills that matter.
- #5 The learner will be able to identify the moral & legal expectation that a youth care worker has to report any child who is suspected to be at risk for suicide based on their interactions.

Mental Health

Youth in Nebraska

29% of Nebraska high school students said in the past year their mental health most of the time was not good

The number of Nebraska youth who felt sad or hopeless almost every day for at least two weeks in the past year has increased every year since 2012



49% vs. **25%** **Girls** were nearly twice as likely as **boys** to report feeling sad or hopeless

One out of four

high school students (26%) were bullied in the past year.

Bullying on school property (21%) was more common than electronic bullying (17%).

One out of five

high school students (19%) seriously considered attempting suicide in the past 12 months.

14% Made a plan of how they would attempt suicide

10% Attempted suicide

3% Had an attempt that resulted in seeking treatment

Current substance use was at least 2 times higher among students who said they frequently felt sad or hopeless vs. those that had did not.

2+X

	Alcohol	Vaping	Marijuana	Cigarettes
Sad	**30%**	**25%**	**20%**	**6%**
Not sad	13%	10%	6%	2%

Mental Health and Instability

36% of Nebraska high school students lived with someone who was depressed, suicidal, or mentally ill

54% of youth experiencing Adverse Childhood Experiences (ACEs)* felt sad or hopeless almost every day for the past 2 weeks – almost 3 times more than students who did not experience any instability at home.

Vs.

19%

7 out of 10 students (69%) reporting 3 or more ACEs* reported feeling sad or hopeless.

More ACEs* were associated with higher levels of being bullied.

	Bullied at school	Bullied Online
No ACEs	14%	11%
1-2 ACEs Reported	23%	18%
3+ ACEs Reported	38%	39%

*ACEs Indicators included in the YRBS:

- Ever lived with someone who was depressed, mentally ill, or suicidal
- Ever lived with someone who has/had a problem with alcohol or drug use
- Ever been separated from a parent/guardian because they went to prison, jail, or a detention center
- Usually did not sleep in their parent's/guardian's home
- A parent or other adult in their home frequently swore at them, insulted them, or put them down
- A parent or other adult in their home frequently hit, beat, kicked, or physically hurt them in any way
- Their parents or other adults in their home frequently slapped, hit, kicked, punched, or beat each other up

Suicide ideation and action was higher among students with ACEs*

Any ACEs reported		No ACEs reported
28%	Seriously considered suicide	10%
22%	Made a plan of how they would attempt suicide	7%
16%	Attempted suicide	4%
5%	Had an attempt that resulted in seeking treatment	1%

NEBRASKA DEPARTMENT OF EDUCATION

Partners for Insightful Evaluation

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Data from the Nebraska 2021 Youth Risk Behavior Survey (YRBS). Weighted data, n=675. Funded by CDC-PS18-1807, "Promoting Adolescent Health through School-Based HIV Prevention."

Total
Injury and Violence

Health Risk Behavior and Percentages						Linear Change*
2010	2012	2014	2016	2018	2021	
QN25: Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)						
21.0	19.5	24.1	27.0	32.0	36.4	Increased, 2010-2021
QN26: Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)						
14.2	12.1	14.6	16.1	17.7	19.2	Increased, 2010-2021
QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)						
10.9	9.8	13.3	14.1	15.5	14.3	Increased, 2010-2021
QN28: Percentage of students who actually attempted suicide (one or more times during the 12 months before the survey)						
7.7	6.0	8.9	8.0	8.6	10.1	No linear change

Nebraska 2022 Suicides

- 288 deaths by suicide (15 people per 100,000)—one person died by suicide every 32 hours
- 1st leading cause of death for ages 10-14
- 2nd leading cause of death for ages 10-34

Post-pandemic Mental Health Facts

- Possible influences on suicides of youth
- Adults experiencing 36% cut in hours & 29% increase in unpaid hours
- 45% of youth lost in person learning opportunities
- 22% to 53% increase in anxiety
- 17% to 40% increase in depression
- 32% to 56% increase in hopelessness

Myths Surrounding Suicide Among Young People

www.routledgementalhealth.com

Myths Surrounding Suicide

- **Myth 1:** If I ask a student about suicidal ideation, I will put the idea in his or her head.
- **Fact:** ***Asking someone about suicide will not make him or her suicidal.***
- ***----If they are not having suicidal thoughts then the conversation provides an opportunity to talk with them about what to do if they or a friend ever do have suicidal thoughts.***
- **Myth 2:** If a student really wants to die by suicide, there is nothing I can do about it.
- **Fact:** ***Suicide is preventable.***
- ***---Even students at the highest risk for suicide are still ambivalent about desiring death and desiring life. Most of all they want things to change.***

Myths Surrounding Suicide

- **Myth 3:** Students who talks about suicide all the time is not actually suicidal, therefore you don't need to take the statements seriously.
- **Fact:** ***Youth who make suicidal statements typically have some risk for suicide.***
- ***--- About 80% to 90% of persons who died by suicide expressed their intentions to one and often more than one person. All suicidal statements should be taken seriously.***
- **Myth 4:** Suicide usually occurs without warning.
- **Fact:** ***A person planning suicide usually gives clues about his or her intentions, although in some cases the clues may have been subtle or "out of the blue".***
- **Myth 5:** A suicidal person fully intends to die.
- **Fact:** ***Most suicidal people feel ambivalent toward death and arrange an attempted suicide at a place and time in the hope that someone will intervene.***

Myths Surrounding Suicide

- **Myth 6:** Those who died by suicide almost always left a note.
- **Fact:** ***About 75% of suicide victims did not leave a note.***
- **Myth 7:** Families can pass on a predisposition to suicidal behavior.
- **Fact:** ***Suicide is not an inherited trait, but an individual characteristic resulting from a combination of many variables.***
- ***---One variable may be that another family member has died by suicide creating exposure to suicide and there may be history of depression in the family.***
- **Myth 8:** All suicidal persons are mentally ill, and only a psychotic person will commit suicide.
- **Fact:** ***Studies of hundreds of suicide notes indicate that suicidal persons are not necessarily mentally ill.***

Myths Surrounding Suicide

- **Myth 9:** Young people engaging in self-injury such as moderate superficial cutting or burning their body will not attempt suicide.
- **Fact:** ***Young people engaging in self-injury may acquire the ability for a suicide attempt as they become comfortable and habituated to harming themselves.***
- **Myth 10:** If a person attempts suicide once, he or she remains at constant risk for suicide throughout life.
- **Fact:** ***Suicidal intentions are often limited to a specific period, especially if help is sought and received.***
- **Myth 11:** If a person shows improvement after a suicidal crisis, the risk has passed.
- **Fact:** ***Most suicides occur within three months or so after the onset of improvement, when the person has the energy to act on intentions, say goodbyes and put their affairs in order.***

Myths Surrounding Suicide

- **Myth 12**: If a suicidal individual is stopped from using one method they will find another way to die by suicide.
- **Fact*: Research has documented that if a specific method is removed and not available that suicidal individuals are very unlikely to seek another method.***
- ***---The Means Matter website at Harvard provides extensive research that removing the lethal means such as a gun and raising the barrier on bridges has decreased suicides.***

Myths Surrounding NSSI (Non Suicidal Self-Injury “Self-Harm” Among Young People

Myths Surrounding NSSI

- Myth 1: Self-harm is a suicide attempt.
- **Fact:** ***Self-harm can occur without suicidal ideation.***
- Myth 2: Self-harm is an attention-seeking behavior.
- **Fact:** ***Individuals who self-harm are typically ashamed and want to hide their behavior.***
- Myth 3: Cutting is the only form of self-harm.
- **Fact:** ***Cutting is a common form of self-harm, but there are other types of self-harming behavior.***

Myths Surrounding NSSI

- Myth 4: People who self-injure don't feel pain.
- **Fact:** ***People who engage in self-harming behavior do feel pain, but they may experience it differently than those who do not self-harm.***
- Myth 5: Only adolescents engage in self-harm.
- **Fact:** ***Self-harm is more common in adolescents but can occur in any age group.***
- Myth 6: Self-harm is extremely rare.
- **Fact:** ***Rates of self-harm are higher than most people realize. With the use of smart phones/social media use of adolescents, self-harm has increased.***

Myths Surrounding NSSI

- Myth 7: Young people self-harm to fit in.
- **Fact:** ***Fitting in is often not the goal of self-harm.***
- Myth 8: People self-injure as a way to manipulate others.
- **Fact:** ***Self-harm is not intended to be an act of manipulation.***
- ***According to the Cornell Research Program on Self-Injury and Recovery, it is a common misconception that people self-injure as a form of manipulation.***
  - ***However, manipulation is typically not the primary intent of self-harming behavior.***
    - ***Self-harm is for stress relief, according to experts from Cornell.***
- Myth 9: All individuals who self-harm have been abused.
- **Fact:** ***Having a history of abuse can increase the risk of self-harm, but not everyone who self-injures has been abused.***
- Myth 10: NSSI is just a phase that teens will outgrow.
- **Fact:** ***Self-harm is a serious concern that requires intervention***

Precipitating Events

Precipitating Events

- Romantic breakup
- Severe argument with family or friends
- A sense of being a burden
- Recent loss of loved one
- Victim of bullying or severe humiliation
- School failure,
- Loss of a dream such as not making a school team or rejection from college of choice
- Severe school discipline or arrest/incarceration.

Suicide Warning Signs-1

- ***These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change***.
- Suicide warning signs include:
- talking about wanting to die or kill oneself
- looking for ways to kill oneself, such as searching online or buying a gun
- talking about feeling hopeless or having no reason to live

Suicide Warning Signs-2

- talking about feeling trapped or in unbearable pain
- talking about being a burden to others
- increasing the use of alcohol or drugs
- acting anxious or agitated, or behaving recklessly
- sleeping too little or too much
- withdrawing or feeling isolated
- showing rage or talking about seeking revenge
- displaying extreme mood swings

Behavioral Indicators

- Lack of interest in usual activities or withdrawing from activities
- An overall decline in grades
- Decrease in effort
- Misconduct in the classroom Unexplained or repeated absence or truancy
- Increased use of alcohol or drugs
- Recent behavioral incident resulting in school or law enforcement discipline consequences

Behavioral Indicators

- Looking for a way to end their lives (i.e., searching online) Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression or threats of aggression towards individuals or groups such as a school
- Fatigue

Verbal & Mood Indicators

Verbal Comments

- Talks about:
- killing himself or herself
- feeling hopeless
- having no reason to live
- being a burden to others
- being overwhelmed
- feeling trapped
- unbearable pain or confusion

Moods

- Mood indicating
- depression
- anxiety
- loss of interest
- Irritability
- humiliation/shame
- agitation/anger
- relief/sudden improvement

Concerning Youth Comments

- “No one would care if I was gone.”
- “If I was dead people wouldn’t have to worry about me.”
- They may also talk about death or suicide: “I don’t want to be here anymore.”
- “I wish I could go to sleep and never wake up.”
- “I want to kill myself”

What do I say? What do I do?

You may be thinking…

- "What if I am wrong?" "What if I plant the idea in their mind?"
- "What if they say 'no' I am not OK?"
- "What if I say the wrong thing?

Youth may be thinking…

- I don't know how to explain what's going on."
- "I don't want to be a burden."
- "They will think I'm weak."
- "They'll think I just want attention."
- "No one can help me."

Suicide is Complicated!!

It can be out of the blue!

Despite signs, and interventions—suicide can occur!

Conversations Matter!!

Keys in Helping A Conversation

- Introduce self
- State your concern
- Don’t talk during pauses
- Let the youth know that you believe his or her pain is real
- If youth are speaking nonstop—interrupt them by asking simple questions to bring that high level of compulsive speaking under control.
- Remove anyone or anything that may be disturbing the youth
- Comply with requests unless they are unsafe or unreasonable

Keys in Helping A Conversation

- If acting erratically, but not directly threatening, allow the youth time to calm down
- Listen carefully & empathetically
- Take as much time as needed
- Recognize that most youth do not genuinely want to end their lives..they simply want to end the pain they have been struggling with---ambivalent
- Look for reasons to live

Conversation Skills That Matter

Start the conversation

- "I have been worried about you lately."
- "I've noticed some differences in you lately –
- If someone posts a comment online that makes it sound like they're thinking about suicide, encourage them to chat to you in private by contacting them directly.
- For example, look out for statements like: "I am completely over it."
- "No one would miss me if I wasn't around anymore."
- An example response might be: I saw your post on Facebook, e.g. and I am a bit worried about you. Do you have time for a chat?"

Listen without judgement

- – Let the person express their feelings without interruption.
- They need an opportunity to talk about how they are feeling and may be relieved to be able to do so
- Don't try to minimize their problems by saying things like: "Try not to worry about it."
- "It doesn't sound so bad."
- ***"I know how you feel."***
- Instead, say things like: "It sounds like you are really low"
- "I can see this is worrying for you."

Conversation Skills That Matter

Get the person talking

- Use open-ended questions:
- "How long has this been going on?"
- Avoid closed questions: "Has this been going on for long?" –
- Remember that someone's gender, age, cultural background and a range of other factors about them may impact on how they talk about what they are experiencing.
- – Non-verbal communication (e.g. your gestures, tone of voice) can be really important to setting the person at ease.

Ask directly about *suicide*

- Ask: "Are you having thoughts about suicide?" or "Are you thinking about killing yourself?"
- ***Avoid phrases like: "You don't want to kill yourself do you?"***
- ***"You're not thinking of suicide are you?"***
- – Once rapport has been built, the question should be easier to ask, but make sure you ask without judgment and in a way that allows people to tell the truth.
- – Let the person know that many people think about suicide.
- Try to offer hope and suggest that people can find ways to get through difficult times
- For example: "I may not know how you feel, but I do want to help you get through this."

Conversation Skills That Matter

Ask about plans

- If the person confirms they are thinking about suicide, it is important to try and find out if they are in immediate danger. – People are usually at higher risk of suicide when they have a specific way in mind and the ability to carry it out.
- The more detailed the plan is, generally the higher the risk will be. – You may need to ask direct questions to find out how detailed their plans are.
- For example: “Have you thought about how you would kill yourself?’
- “Have you thought about when you would kill yourself?’
- “Have you taken any steps to get the things you would need to carry out your plan?”

Keep the person safe

- If you are concerned the person may be at imminent risk (that is, they might take their life soon) then contact emergency services immediately and tell them what you know.
- Stay with the person or ensure someone else is with the person until support arrives.
- – If the person is not at imminent risk, or you are uncertain about their level of risk, talk to them about who else they could tell and involve.
- – When talking to someone with suicidal thoughts, remember that suicide should not be kept a secret.
- The number one priority is to keep the person safe, this may mean breaking confidentiality if you need to get someone else involved.

Screening

SBQR Suicide Risk Screening Questions

- 1. Have you thought about or attempted to kill yourself?
- 2. How often have you thought of killing yourself in the past year?
- 3. Have you ever told someone you were going to kill yourself or that you might do it?
- 4.How likely is it that you will attempt suicide someday?
- Available at http://youthsuicideprevention.nebraska.edu/wp-content/uploads/2019/09/SBQ-R.pdf

Columbia Suicide Severity Rating Scale (C-SSRS

- Based on the severity, resources are available with interventions for responding to the C-SSRS.
- This tool has an expansive evidence base, and is supported by SAMHSA, the CDC, the FDA, the NIH, the WHO, and many others.
- Tool is scored as Low, Moderate or High risk, depending on positive answers.

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you 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, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		**High Risk**

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

Any YES indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is YES, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and STAY WITH THEM until they can be evaluated.

Columbia Protocol app available

Safety Plans

Safety Plan—TRUST

- Use a 5 x 7 card to write the plan
- **T—Triggers**--My Common Triggers—thoughts, feelings of anxiety, events
- **R—Relieve**--self-soothing strategies
  - Distractions
  - Coping strategies
- **U—Use resources-**-Giving myself permission to access help-crisis hot lines, support, ED rooms if my thoughts become focused on NSSI or ending my life/pain
- **S—Short term**, recognize that the urges to NSSI or thoughts focusing on ending the pain can be transitional and can be redirected
- **T—Connect** with a trusted ally and report my urges, NSSI actions, suicidal thoughts-- a trusted ally could be family, friend, therapist, worker, e.g. Evaluate & review the plan with the ally & adjust as needed.

Brown-Stanley Safety Plan

- Virtual, on line training: https://suicidesafetyplan.com/

Notifying Parents

What we can learn from best practices in schools!

Notifying Parents

- **Transfer of Responsibilities to Parents: Notification and Making the Call**
- The failure of the school to notify parents/guardians when there is reason to suspect that the student is suicidal is the most common source for lawsuits as evidenced by the Wyke v Polk County case.
- When there is reason to believe that a student is contemplating suicide, the confidentiality must be broken and the parents should then be notified.
- ***School personnel have an obligation to report any child who is suspected to be at risk for suicide based on their interactions, it is reasonable to expect any youth support worker to have a similar obligation.***

Notifying Parents

- If a parent does not take the suicidal behavior of their child seriously, then it is likely that we—as caring adults, have no choice but to call protective services as it is negligence on the part of the parent.
- There is one legal case in Maryland where the parents of the student suspected of being suicidal upon notification insisted that the student be allowed to walk home.
  - Unfortunately, the student who was allowed to walk home died by suicide later that night at his home.

Notifying Parents

- When it comes time to warn parents that their child might be suicidal, some issues may arise.
- First, if it is believed that the student's parents are abusive then school staff or youth care staff needs to call Child Protective Services and coordinate supervision of the student and parent notification with CPS.
- Secondly, a few parents may be uncooperative and may refuse to come to the school to talk and/or personally pick up their child.
- To avoid a negligence lawsuit, school staff should not allow suicidal students to walk or take the bus home, no matter what the parents have requested.

Notifying Parents

- If a parent/guardian refuses to seek out additional mental health services for their child, and/or does not take the suicide risk seriously, it is recommended that the school personnel notify CPS.
- When a student's suicidality is in question, a school counselor/staff member, as clarified above, has the responsibility to notify a parent/guardian and make appropriate recommendations/referrals.
- Once this is accomplished and it is properly documented, the school staff has fulfilled their legal duty as the responsibility for the student is transferred back to the parents through notification.

Resources for Youth/Parents

Self-care Techniques

- **What works for you?**
- ***Self-care apps***
- *stopbreathethink*
- *I am - Daily affirmations*
- *PTSD Coach*
- *My Companion*
- *Virtual Hope Box*
- *Mindfulness Coach*

Suicide Prevention Resources

- **National Suicide Prevention Lifeline**
  1-800-273-TALK (8255)
  Spanish/español: 1-888-628-9454
- 988
- Local crisis lines
- **Crisis Text Line**
  Text HOME to 741-741

Lessons Learned from Suicidal Youth for Parents & Youth Support Workers

Lessons Learned

- **1. Reassure them that they are not alone.**
- The three words “you’re not alone” give parents and teenagers faced with a paralyzing suicide situation hope, energy, resilience, and a foundation to move forward.
- You’re not alone is the first answer to the cries for help.
- **2. Know that suicide is complicated.**
- Suicidal people do not fit molds.
- It is more than just the stress of tough times.
- Most teens, even those living stressful lives, do not become suicidal.
- But for some dealing with **mental health issues** or traumatic experiences, suicidal behaviors may surface.

Lessons Learned

- **3. Denial is a hurdle to healing.**
- Cries for help are often subtle and overlooked.
- Many parents say, “My teen will never be suicidal,” but denial is common in parents of suicidal teens.
- **4. Know the signs.**
- How do you know if the teen is at risk, or just being a normal teen with puzzling behaviors?
- If you suspect, inspect.
- Ask parents to look at their rooms, social media, and friends.
- Ask about the severity of suicidal ideation.
- Talking about suicide will not make someone complete a suicide. If a teen has specific plans and strong intent, those are huge warning signs.
- Get help as soon as possible.

Lessons Learned

- **5. If in doubt, get help.**
- Parents and/or paraprofessionals should not try to assess the risk. It is the job of a **licensed health professional** or an emergency room physician to assess the risk level.
- **6. Recovery is possible.**
- Offer the teen hope and support to move on, and let them know things will get better.
- After a suicidal situation is identified, help is available from school-based mental health professionals such as school psychologists, counselors, social workers, and nurses.

Lessons Learned

- **7. Inspire hope.**
- Interventions may be needed multiple times; there is no timeline for needing support.
- Anchors—things that have deep meaning, often called protective factors—like family, friends, faith, and even pets can help youth from going adrift in the river of risky behaviors.
- Routines and keeping busy are cornerstones against relapses.
- Becoming an advocate for suicide prevention, can also be healing.

Case Study

Case Example--Cindy

- Cindy, a 13 year old who has had a history of trauma, neglect, school avoidance, and has been sex trafficked by an adult. NSSI on arms, wrists, stomach, legs, groin, e.g.
- Cindy is in foster care, and in active therapy. She has been reportedly pregnant.
- She is participating in therapy, has a number of friends in school, and recently began participating in a church youth group.

Case Example--James

- James, an 18 year old male, 12th grade student has a questionable relationship with his girl friend who is expecting a child, and is at risk to not to graduate.
- He has had trouble holding a job, and is using alcohol daily—”he can quit anytime”.
- He is becoming increasingly frustrated with a lack of financial stability, is often punching walls—breaking bones, driving excessively fast.
- He admits having dark, terrible secrets and recurring thoughts of suicide.

Ask the Doctor—Open Forum??

Self-Care Activities

- Self-care allows the mind and body to become connected and focused, allowing for stress associated with the high level of caring to dissipate!
- Common activities include:
- Becoming Centered
- Art
- Writing
- Movement
- Poetry
- Coloring
- Yoga
- Taking a Walk
- Playing
- Other Examples----

Final Thoughts!