Contemporary Issues in Youth Suicide Prevention for Schools and Communities

Dr. Scott Poland, Co-Director Suicide and Violence Prevention Office Nova Southeastern University 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

# World Health Organization: What Works?

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

## U. S. Surgeon General Key Points for Prevention

- Many of the 42,000 suicides a year could be prevented by getting people to talk frankly about it at home, school and work.
- Don't be afraid to ask are you thinking about killing yourself?
- If you see warning signs do not leave the person alone—get help
- Prevention is everyone's business

# 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)

Texas Suicide Safer Schools Plan Poland & Poland August/2015

- For State Health Department and Mental Health America Texas
- Reviewed state legislation and TX Education Codes
- Made recommendations for prevention/intervention/postvention
- <u>www.texassuicideprevention.org</u>

## 2013 Virginia YRBS Results

- Surveyed H.S students and in the last year
- 14.7% considered suicide
- 15.2% made a suicide plan
- 9.8% made an attempt (above national average)

#### **Jason Flatt Act**

- Legislation first passed in TN in 2007 requiring annual teacher education on suicide warning signs
- Since 2007 the Jason Flatt Act has passed in the following states: LA, CA, MS, IL, AR, WVA, UT, AK, SC, OH, TX, MT, GA, ND, WY, SD, AL and KS

My search could find no definitive legislation in VA requiring suicide prevention in schools

# Jason Foundation



#### http://jasonfoundation.com/

## Bullying and Suicide

- Children who have been bullied have reported a variety of behavioral, emotional and social problems.
- Suicide is a leading cause of mortality in children and adolescents.
- Studies reported positive associations between all bullying types and suicidal risks.

## **Best Practices**

- Schools are encouraged to form a suicide prevention task force to review the incidence and to develop policies and procedures and prevention programs
- 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

#### U.S. Preventative Task Force

- Routine screening recommended for all teens 12 to 18 by physicians
- Major depression often goes undiagnosed and untreated
- Begin with a questionnaire that teens can fill out in private
- Screening should be repeated even if "no red flags"
- Teens at risk should get full diagnostic work up

## N.S.S.I.

- Incidence
- Motivation/Coping strategy
- Relationship to Suicide
- Coulter v. Washington Township
- Protocols/procedures needed
- Treatment
- Video I made on NSSI for state of FL available at <u>www.nova.edu/suicideprevention</u>

## **Best Practices for Schools**

- Awareness training on warning signs for all staff
- Suicide lethality assessment training for key staff
- Policies and guidelines for parent notification and supervision and support services for students
- Referral procedures for community services and monitoring and follow up at school
- Re-entry programs for students returning from hospitalization
- Information on the district website about depression and suicide

# WARNING SIGNS OF YOUTH SUICIDE

- Suicide notes
- Threats
- Symptomatic clues
- Giving away prized possessions/making a will
- Fascination with death
- Exposure to suicide
- Self-injury (NSSI)

## **Best Practices**

- Keep up with prevention literature and current trends such as the fact that hanging deaths have increased for middle school age youth
- Implement depression screening programs such as SOS Signs of Suicide which research studies have found effective and the program is recommended by many professional associations
- SOS is evidenced based and more information is available at <u>www.mentalhealthscreening.org</u>

## **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 3 times more attempts
- External factors: conflict, harassment, abuse rejection, lack of support
- Advocacy for GLBT population in school often 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

## **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

#### Landmark Cases

 Wyke vs. Polk County School Board 11<sup>th</sup> Federal Circuit Court 1997 found the district liable for not offering a suicide prevention program, providing inadequate supervision of a suicidal student and failing to notify parents when their child was suicidal

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 Szostek vs. Fowler and the Cypress-Fairbanks School District 189<sup>th</sup> District Court 1993 found the school had not negligently disciplined the student who died by suicide and were entitled to sovereign immunity. This case highlights that school discipline has been a common precipitating event for suicide and raises questions as to how to discipline with sensitivity to the possibility of suicide.

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!

#### **Contracting for Safety**

- "No harm" or "no suicide" contracts have not demonstrated reducing suicidal behaviors
- Contracts emphasize what the client will not do
- May be more for therapist's benefit
- They do not protect the therapist from liability
- Students or clients may feel coerced to sign
- Current recommendation is to develop a safety plan

## Safety Plan

- 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

WA Case: Raises Assessment Competency and Notification Issues

- Sixteen year old male student referred to school counselor 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 that he shared with the counselor

## Shared with Counselor

- New to school had been there 5 weeks
- Sad as his best friend at new school who he was rumored to be in a pact with attempted suicide today and is in the hospital
- Under stress as facing felony charges
- Gets along well with grandmother (who he now lives with) but not his mother as she hates him and his mother tried to kill herself last year and his mother thinks he will probably kill himself
- He reported he used to have alcohol problem but has been sober for two weeks

#### **Postvention Lawsuit**

 Mares vs. Shawnee Mission Schools Johnson County District Court 2007 the school system settled out of court after being sued following the suicides of two brothers. Key issue in the case was failure to implement any suicide postvention procedures after the first death.

## **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?

#### **Suicide Clusters:** Factors and Issues

- May often go unnoticed or unreported
- Search for risk factors in communities
- Every community is vulnerable
- Media reporting and dosage of exposure are key factors
- Increased mental health services needed for teens
- Reduce teens access to lethal means

## Types of Clusters

- Mass clusters are media related and the research is mixed on their occurrence: Implications and recommendations for appropriate media coverage
- 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

## **Postvention Research**

- CDC studies of clusters cited academic pressure on students from schools, parents and the students themselves
- CDC cited parental lack of recognition of mental health problems and reluctance to seek treatment for their child
- AAS Autopsy studies stressed substance abuse and issues faced by GLBTQ youth
- Canadian research found postvention efforts too short in duration and focused on too few students

AFSP and SPRC Postvention Toolkit Released April 2011

- 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!

# Suicide Prevention Is Everyone's Responsibility

- Success Story
  More Information
   <u>www.nova.edu/suicideprevention</u>
  - Suicide in schools by Erbacher,
    Singer & Poland (2015) Routledge

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## YOUTH SUICIDE: Resources

#### American Association of Suicidology www.suicidology.org

#### American Foundation for Suicide Prevention <u>www.afsp.org</u>

#### **Suicide Prevention Resource Center**

www.sprc.org