



ADVANCING WELLNESS and RESILIENCE in EDUCATION

Information Brief

Teen Suicide: Prevention, Intervention and Postvention

WHY IS SUICIDE A RELEVANT ISSUE FOR SCHOOL-AGED YOUTH?

Suicide, particularly in teens, is a public health crisis. Though the public may see severe depression and suicidality as being beyond the scope of teens, these issues are of real concern for school-aged youth. With the release of Netflix's "13 Reasons Why," the conversations around teen suicide and its prevention have come to the forefront of many minds. Using this nationwide awareness, it is important to understand the role that adults play in preventing and intervening for teens before or during a crisis and how to proceed following a death by suicide occurring in one's community (postvention).

STATISTICS: HOW SUBSTANTIAL IS THE ISSUE OF TEEN SUICIDE?

- Suicide is the second leading cause of death for young people ages 10-24^{3, 13}.
- In Ohio, most youths who die by suicide are male (78 percent) and non-Hispanic Whites¹³.
- More than one in six U.S. high school students reported having seriously considered attempting suicide in the last 12 months².
 - o In Ohio, 14 percent of high school students reported seriously considering attempting suicide⁸.
- One in eight U.S. high school students reported having attempted suicide in the last 12 months¹³.
 - o In Ohio, 6 percent of high school students reported attempting suicide⁷.
- 26 percent of high school students in Ohio reported feeling so sad or hopeless they stopped doing usual activities⁸.
- On average, every high school will have one student complete suicide every five years, and between 35 and 60 students attempt suicide every year¹⁶.
- Rate of suicide is four times higher for lesbian, gay and bisexual (LGB) youth and two times higher for questioning youth than for heterosexual youth⁴.
 - o Suicide attempts by LGB youth and questioning youth are four to six times more likely to result in injury, poisoning or overdoses that requires treatment from a doctor or nurse, compared to heterosexual teens⁴.
- 20 percent of adolescents have some diagnosable mental health disorder¹¹.
 - o In 2015, 12.5 percent of U.S. adolescents between the ages of 12 and 17 experienced at least one major depressive episode within the last year¹².
 - o 90 percent of all people who die by suicide had at least one mental health disorder¹⁰.

SIGNS OF SUICIDAL IDEATION

Typical Adolescent Development versus Symptoms of Suicidality:

One challenge in addressing suicidality in youths is that often, symptoms of depression or a suicidal crisis can mimic those of typical adolescent development. It is crucial to identify where young people are being "normal teenagers" and where there may be trouble ahead. Though one of these items alone does not guarantee a young person is suicidal, the presence of several signs co-occurring should be taken as increased risk; further, it is important to note that *any* sign, concern or hunch should be taken seriously.

- *Spending less time with family members*: This is a normal part of being a teenager, while withdrawing entirely is not. Reaching out to teens who are becoming increasingly isolated or seem like they do not have strong personal connections is crucial.
- *Privacy*: Many teens seek more privacy as they are attempting to form their own identity as a person and feel that they need independence. This becomes concerning when the need for privacy becomes a demand for secrecy. If a young person is hiding his or her phone, computer, internet history, drawings, writings, etc., this may be a sign that they are experiencing a mental health crisis.
- Moving away from former activities: Normally, young people adjust their interests as their identities develop. This may be something small like not playing with their childhood toys, or more substantial as switching or stopping an extra-curricular activity. This becomes potentially problematic when the young person disconnects from everything. They cease taking part in an activity without anything to replace them.

- *Sensitivity to poor feedback/performance in school:* In the current culture of high-level performance in schools, it is not abnormal for teens to feel a substantial amount of academic pressure. As such, they may feel concern when they perform poorly in a school context. Students who exhibit signs of perfectionism, high anxiety or extreme negative reactions regarding their academics may be cause for concern.
- *Colloquially mentioning suicide:* Unfortunately, it has become a part of the vernacular of teens to say that something makes them want to kill themselves because it was boring, “lame” or unpleasant. Sometimes these comments do not carry meaning with the surface intention – to express their distaste with an activity. However, these comments should not be ignored as they may be a sign of something more serious – particularly if they are used consistently.

Verbal, Behavioral and Situational Cues:

Additional signs of suicide (increased frequency may indicate increased risk – but each should be taken seriously and be considered cause to approach the student)¹⁶.

- Direct verbal cues
 - o “I wish I were dead.”
 - o “I am going to end it all.”
- Indirect verbal cues
 - o “I’m tired of life, I just can’t go on.”
 - o “My family would be better off without me.”
 - o “Who cares if I’m dead anyway.”
- Behavioral cues
 - o Previous suicide attempt.
 - o Acquiring means (pills, weapons, etc.).
 - o Giving away possessions.
 - o Drug abuse or relapse.
 - o Increased apathy.
 - o Physical symptoms (change in appearance/sleep patterns, headaches).
 - o *Sudden* improvement in mood or optimism.
- Situational cues
 - o Being expelled from school or fired from a job.
 - o Victim of assault.
 - o Death of someone close, especially by suicide.
 - o Public shame to family or self.

RISK AND PROTECTIVE FACTORS

Risk Factors:

There are several factors that put a young person more at risk of suicidality. Similar to a risk factor for physical illness, having one or more of these risk factors does not indicate that a young person *will* become suicidal in his or her lifetime but that there is an increased chance of susceptibility to depression or a suicidal crisis⁵.

- Family history of suicide.
- Family history of child maltreatment.
- Previous suicide attempt(s).
- History of mental disorders, particularly clinical depression.
- History of alcohol and substance abuse.
- Feelings of hopelessness.
- Impulsive or aggressive tendencies.
- Cultural and religious beliefs (i.e., belief that suicide is noble resolution of a personal dilemma).
- Local epidemics of suicide.
- Isolation, a feeling of being cut off from other people.

- Barriers to accessing mental health treatment.
- Loss (relational, social, work or financial).
- Physical illness.
- Easy access to lethal methods.
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts.

Protective Factors:

Fortunately, though there are many risk factors for suicide, there are protective factors that can prevent a teen from entering a suicidal crisis. Protective factors enhance resilience – whether they are factors within the individual or the environment – and bolster a young person’s ability to maintain and enhance their mental health⁹. It is important to note that a teen may have all of these protective factors but still contemplate or attempt suicide; however, bolstering a young person’s number of protective factors is crucial not only to shield them from suicidality but from many mental illnesses. One may note that several of these protective factors can be increased by an active community of support and prevention in schools and communities⁵.

- Effective clinical care for mental, physical and substance abuse disorders.
- Easy access to a variety of clinical interventions and support for help seeking.
- Family and community support (connectedness).
- Support from ongoing medical and mental health care relationships.
- Skills in problem solving, conflict resolution and nonviolent ways of handling disputes.
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation.
- Engaging in healthy practices (eating healthily and physical exercise).
- Avoiding alcohol, tobacco and other harmful substances.
- Having a strong, trusting relationship with at least one adult.

OHIO LEGISLATION

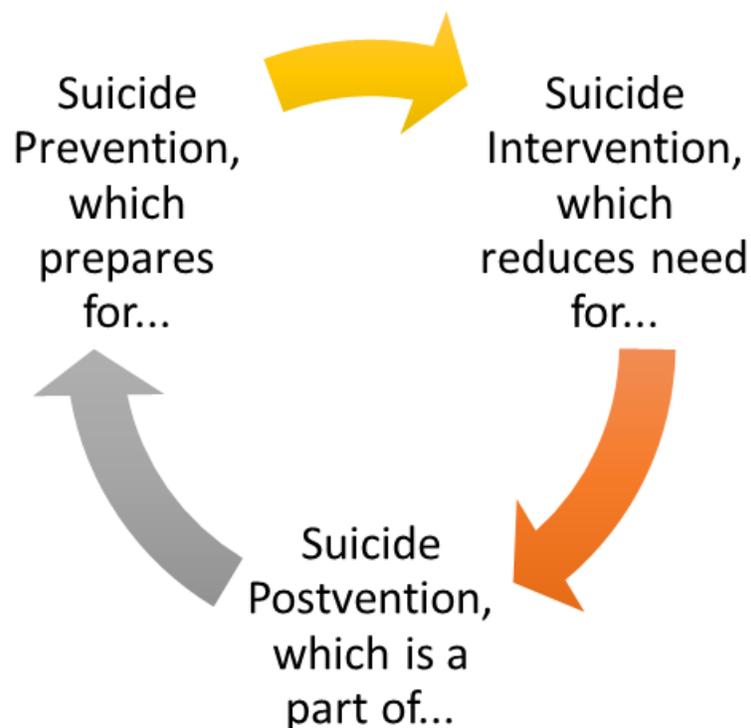
Throughout the country and the state of Ohio, teen suicide has become a significant concern. As such, governing bodies have drafted legislation to address awareness, prevention, intervention and postvention in schools. Recently, Ohio became one of the first states to pass legislation not only for high schools but for public colleges and universities as well.

- House Bill 543 (Jason Flatt Act) – OH Revised Code 3319.073
 - o All school districts in Ohio must provide employees with four hours of safety and violence prevention in-service education. This must be completed within two years of the start of employment in a district and every five years thereafter. This curriculum must contain one hour of training specific to youth suicide awareness and prevention⁷.
- House Bill 28
 - o Beginning in October 2016, all public institutions of higher education are required to provide students and staff with information on suicide prevention programs on and off campus. Additionally, they are required to provide:
 - Crisis intervention access;
 - Mental health program access;
 - Multimedia application access;
 - Student communication plans;
 - Postvention plans¹⁴.

WHAT ROLE DO SCHOOLS PLAY IN PREVENTING TEEN SUICIDE?

Teens spend much of their time at schools – this means that the adults who work in these buildings have an up-

close look at how these teens normally behave – their habits, relationships and, importantly, when something is happening that raises red flags. As such, it is important that school staff understand the important role they play in preventing teen suicide. There are a large number of resources available to schools for education and outreach for their students (see below). Resources and programming are often broken down into three tiers: prevention, intervention and postvention. Each has its own unique definition and time of use. Combined, they can create a comprehensive protocol for schools to work with their staff and their students to maintain a safe and healthy environment in their buildings and communities.



Prevention:

The first tier in teen suicide resources and education is prevention. This focuses on awareness of signs, symptoms and deviation from normal adolescent development. Project AWARE provides free Youth Mental Health First Aid courses to help prepare schools for prevention and early intervention services (Mental Health First Aid courses are offered for adults as well – with several modules on special populations – i.e., veterans). Direct impact of prevention services allows for screening and identification of students suffering from mental health disorders and referring them to mental health services within and/or outside of the school. Screening can be done through a number of evidence-based practices (EBPs) (such as Signs of Suicide – see resources section below) and administered by a variety of school personnel. Identification can happen either through these screening tools or through a schoolwide awareness of the signs and symptoms of suicide. More members of the school staff knowing about what behaviors indicate a student may be suicidal, leads to more people being able to refer that student to the help he or she needs¹.

Intervention:

In addition to prevention services, schools should be prepared to provide intervention services to students and families. The focus of this tier of services is to help a student who is at high risk of suicide, has previously attempted suicide or attempts suicide on school property. Intervention can be complicated for schools as many teachers and school staff must respect legal and ethical boundaries for students. Training school staff on how to

appropriately handle crisis situations, inform parents, maintain the safety of other students and get the student in crisis to the help he or she needs is crucial to safe and healthy school environments. These types of trainings are often referred to as “Gatekeeper Training” and can be created by educating staff in one of several facilitator trainings (MHFA, Assist, QPR, Kognito Suicide Prevention – offered free by Ohio Suicide Prevention Foundation through 2020).

Postvention:

The third and final tier of resources and services is postvention. Postvention begins after a school or community has lost a young person to suicide. Having a plan in place before a crisis happens allows the school staff to have set procedures and expectations, easing the response process during a difficult time. Small details, such as what to do with the student’s desk or locker, should be incorporated into postvention planning. Postvention also wraps around and can be used as prevention. Addressing the loss of a student to suicide helps prevent a contagion effect, wherein the death of one student by suicide causes several more to occur in the school or community. One primary myth surrounding teen suicide is that the discussion of suicide with young people will make them more likely to attempt. This is not the case, having an open and honest conversation about suicide and depression following a loss can curtail the contagion effect before it occurs⁶; further, using effective postvention planning can help students feel secure in times of crisis. To bolster postvention supports, reach out to state LOSS teams – they can serve as a liaison between family, local law enforcement and the school (see the Ohio Suicide Prevention Foundation website – listed below).

RESOURCES:

For resources by county, please visit continuum.oberlinkconsulting.net

- **After a Suicide: A Toolkit for Schools:** <http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf>
- **American Foundation for Suicide Prevention:** The More than Sad program offers prevention education for students, parents and teachers: <https://afsp.org/our-work/education/more-than-sad/>
- **Children’s Safety Network: Youth Suicide and Self-Harm Prevention: 2017 Resource Guide:** <https://www.childrenssafetynetwork.org/resources/youth-suicide-self-harm-prevention-2017-resource-guide>
- **Kognito (Suicide Prevention Foundation):** At-risk trainings and simulations for students and school staff in elementary – high grade levels: <http://ohiospf.org/content.php?pageurl=ocfh> (Using this link allows all Ohioans to access these resources for free until 2020 – provided by the Ohio Suicide Prevention Foundation.)
- **Mental Health First Aid:** Offers courses for both youth and adults, prevention and intervention: <https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>
- **Mindpeace: Suicide, Education, Research, Advocacy (SERA):** <http://mindpeacecincinnati.com/suicide/>
- **National Children’s Hospital Center for Suicide Prevention & Research:** <http://www.nationwidechildrens.org/suicide-research>
- **National Suicide Prevention Lifeline: Lifeline Online Prevention Manual:** <http://www.sprc.org/sites/default/files/migrate/library/LifelineOnlinePostventionManual.pdf>
- **Ohio Suicide Prevention Foundation:** Free training and education resources, coalition contact information, LOSS team contact information, and up-to-date statistics and news: <http://www.ohiospf.org/>

- **Preventing Suicide: A Toolkit for High Schools:** <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>
 - o Free resource (some shipping fees may apply)
- **Red Flags:** Prevention and intervention: <http://www.redflags.org>
- **Signs of Suicide:** Prevention (focus on screening and identification), intervention and postvention: <https://mentalhealthscreening.org/programs/sos-signs-of-suicide>
- **Sandy Hook Promise:** Offers their “Know the Signs” programming for both youth and adults at no cost. Programs include Start With Hello, Say Something, Signs of Suicide, and Safety Assessment and Intervention: <http://www.sandyhookpromise.org>
- **Suicide Prevention Resource Center:** <http://www.sprc.org>

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This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

*We also would like to acknowledge the Ohio Department of Education for its support of this work.
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