



Suicide Prevention for Middle School Students

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Parents/Guardians as Partners in Prevention

- Studies have shown that as many as 86% of parents were unaware of their child's suicidal behavior.
- The percentage of parents who are involved in the student's activities is very small.
-Doan, et al, 2003
- By raising parental awareness, schools can partner with parents to watch for signs of these problems in their children and instill confidence for parents seeking help for their child, if needed.
- Involving parents may increase cooperation in prevention efforts and broaden community support

Suicide Prevention

An important aspect of promoting school safety in District 51.

A multi-component , multi-tiered approach to suicide prevention in our middle schools.

A District 51 partnership with Mesa County Suicide Prevention Coalition

Depression and Youth

- In 2007, 8.2% of adolescents (**an estimated 2 million youth aged 12 to 17**) experienced at least one major depressive episode in the past year (SAMHSA, 2009).
- What is a Major Depressive Episode?
 - DSM-IV: a period of 2 weeks or longer in which there is either depressed mood or loss of interest or pleasure AND at least 4 of the following:
 - Increase or decrease in appetite
 - Problems with sleeping
 - Fatigue or energy loss
 - Feelings of worthlessness or excess guilt
 - Diminished ability to think or concentrate

Depression and Youth

- In children & adolescents, an untreated depressive episode may last between 7 to 9 months, **potentially an entire academic year!**
- Overall, 20% of youth will have one or more episodes of major depression by the time they become adults (NAMI, 2003).
- Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44 (WHO, 2003).
- More than 90% of people who complete suicide have a diagnosable mental disorder, most commonly a depressive disorder or a substance abuse disorder (NIMH, 2009).

By the Numbers

- 2007 Youth Risk Behavior Survey found that:
 - 29% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity
 - 14.5% seriously considered attempting suicide
 - 11% made a suicide plan
 - 6.9% attempted suicide
 - 2% of those who made an attempt required medical attention

Find the data for your city/state:

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Suicidal Behavior: Common Myths

- Talking about suicide will promote suicidal behavior.
- Children and youth who attempt suicide are acting impulsively and without prior suicidal thoughts.
- Parents and teachers are often unaware of children's suicidal thoughts or behaviors.
- Children and youth who talk about suicide are only looking for attention.

Barriers to Seeking Help

What stops suicidal teens from asking for help?

- Don't want to "rock the boat"
- Don't want to disappoint parents
- Don't want to admit they need help
- Don't know what to expect
- Don't understand what they are experiencing

Recognizing Warning Signs

Suicide attempts rarely occur without some warning. Parents and Teachers who see young people on a daily basis are in a unique position to distinguish "normal" adolescent behavior from indications that something is wrong. Signs that a young person may be in emotional pain or considering suicide include the following:

- Depression. Although most people who are clinically depressed do not attempt suicide, depression significantly increases the risk of suicide and suicide attempts.
- Self-injury
- Suddenly deteriorating academic performance
- A fixation with death or violence evident in poetry, essays, doodling, or other artwork
- Volatile mood swings or a sudden change in personality

Recognizing Warning Signs

- Bullying. Children and adolescents who are bullied, as well as those who bully, are at increased risk of depression and suicidal thoughts.
- Indications that the student is in an unhealthy, destructive, or abusive relationship. This can include abusive relationships with peers or family members. Signs of an abusive relationship include unexplained bruises, a swollen face, or other injuries, particularly if the young person refuses to discuss them.
- The abuse of alcohol or other drugs. Some substance abuse is an attempt by young people to "self medicate", that is, to relieve emotional pain caused by mental illness, family problems, or other issues.

Situational Crises and Increased Risk

- Most adolescent suicide attempts are precipitated by interpersonal conflicts or situational crises such as:
 - Loss
 - Disciplinary crisis
 - Stressful life events
 - Family crises
 - Suicide completion in community

Warning Signs Requiring Immediate Attention

- Talking or writing about suicide or death
- Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it all"
- Giving less direct verbal cues, such as "You will be better off without me," "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless
- Giving away prized possessions
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance and hygiene
- Dropping out of school or social, athletic, and/or community activities
- Obtaining a weapon (such as a firearm) or another means of hurting him- or herself (such as prescription medications)

Download "Recognizing and Responding to the Warning Signs of Suicide: A Guide for Teachers and School Staff" @ <http://www.promoteprevent.org>

Know What to Do

- Take any risk of suicide seriously
- Imminent danger? Weapon present? Get help immediately.
- In other cases, avoid undue delay
- Don't leave at-risk youth unattended
- Together make a plan for next steps

Know What NOT to Say

“Don’t say that!”

“You want to kill yourself over THAT?”

“I promise I won’t tell anyone.”

Protective Factors

Major Factors That Afford Protection Against Suicidal Behavior

- Good relationships with family members
- Good social skills; confidence in oneself
- Seeking help when difficulties arise, e.g., in school work
- Participation in sports, church associations, clubs and other activities
- Good relationships with schoolmates
- Good relationships with teachers and other adults
- Openness to other people's experiences and solutions
- Openness to new knowledge

The **SOS Middle School Program** was developed based on the nationally recognized and evidence-based SOS Signs of Suicide® High School Program. Development funded by the Metrowest Community Health Care Foundation, Framingham, MA.

The program teaches youth (6th - 8th graders) how to identify symptoms of depression, self-injury, and suicidality in themselves or their friends and to respond effectively by seeking help from a trusted adult. The program's primary objectives are to educate adolescents that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique.

SOS is an action-oriented approach instructing students how to **ACT** (**A**cknowledge, **C**are and **T**ell) in the face of a mental health emergency.

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