



Youth Suicide Prevention Resources

To get updated information on suicide prevention, intervention, and postvention resources, visit [DPI's website](#). There are downloadable documents on suicide prevention requirements in state law, a fact sheet on youth suicide, and updated suicide prevention curriculum. It also includes a variety of resources for gatekeeper training for all staff and DPI's updated one-day training flyer, description, and calendar. Other resources include strategies on suicide interventions, memorial suggestions, and other topics.

Know the Signs: Suicide doesn't usually happen out of the blue—most often there are warning signs for others to see or hear. Get the FACTs and know the signs of suicidal thinking in your students, friends, and family members.

Suicide is a Complex Problem: Multiple factors are involved when someone dies by suicide. Oversimplifying the reasons someone takes their own life is not helpful. For instance, saying bullying "caused" someone to end their life is not accurate. Not all bullying victims kill themselves. Research suggests many factors contribute to suicide. These include: biological factors, precipitating factors, and triggering events. Examples of a biological factor include mental illness or losing a family member to suicide. Precipitating factors include poor grades, attending an unsafe school, victimization, or family rejection. Crisis/triggering events include experiencing a major loss, humiliation or bullying, and having access to lethal means. Suicide is a complex problem that is often misunderstood when oversimplified.

From: American Association of Suicidology (AAS) webinar January 2011.

Identifying mental illness or alcohol/other drug abuse problem is significant.

- The most common mental illness leading to suicide is depression. It is also the most treatable!
- In 2013 YRBS, over 25% of high school students experienced persistent sadness or hopelessness. About 6% of high school students attempted suicide. This shows that depression is somewhat common, but suicide is not.
- Binge drinking is highly correlated with suicide attempts. 90% of people who died by suicide had some form of mental illness and/or alcohol/other drug abuse problem.

Reducing access to lethal means can be very worthwhile. (See www.meansmatter.com)

- Limiting access to the means for suicide provides the most significant reduction in suicide rates. Most often, youth who attempt suicide use a gun kept in the home.
- Do not allow youth to have unsupervised access to firearms and certain medications. Encourage safe/secure storage of lethal means is a critical prevention strategy.

What can you do if you are concerned about a student? Teachers and other school staff are well-positioned to observe student behavior and to **ACT** if there is a suspicion that a student may consider self-harm. Suicide is a permanent solution to a temporary problem; but for kids, their problems can seem endless at this stage. If we get them through the crisis, there is a 90% chance that they will never attempt suicide. ACT stands for **Acknowledge, Care, and Tell**.

Acknowledge feelings rather than minimizing them. Telling a student to “get over it” or “move on” is not a

realistic outcome when dealing with a person with depression. *“I’m sorry to hear about this. It sounds really hard.”*

Show Care & Concern for the student by taking the next step. *“I’m worried about you. I don’t want anything bad*

to happen to you or for you to be hurt.”

Tell a member of your crisis team. They know how to work with students who have concerns like these. *“Let’s go*

Talk with someone in the counseling office.”

These steps (Acknowledge-Care-Tell) are central components of the “Signs of Suicide” program (SOS), an evidence-based school-wide intervention program. SOS kits for middle school and high school are available through your local CESA. The law mandates schools to educate students on suicide prevention; see the laws handout on the DPI website.

Feelings:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Feeling trapped—like there's no way out
- No sense of purpose in life

Actions:

- Acting reckless or engaging in risky activities
- Withdrawing from friends, family, & society
- Increased alcohol or drug use
- Giving away prized possessions

Changes:

- Decline in quality of school work
- Dramatic mood changes
- Anxiety, agitation, change of eating/sleeping habits

Threats:

Threatening/talking about hurting self

From American Association of Suicidology

Common Concerns—Youth Suicide Prevention Resources, Continued...

What if I make a mistake? Can I be sued? State law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student's possible suicide. The legislature found it so important that adults take action when a student is suicidal that they insulated those adults from civil liability for their efforts with suicidal students.

Does asking about suicide cause a student to attempt it? No. This issue has been thoroughly studied. By asking a student about suicidal intent, you are offering them help. Please do your best to reach out to students.

Important Resources:

HOPELINE – text “HOPELINE” to 741741 or visit

www.centerforsuicideawareness.org

WI Safe and Healthy Schools Training Center

www.wishschools.org

Prevent Suicide Wisconsin

www.preventsuicidewi.org

Suicide Prevention Resource Center

www.sprc.org

American Association of Suicidology

www.suicidology.org

The Board of Education recognizes that depression, anxiety, and other mental health conditions are severe problems among children and adolescents. A student who lives with a mental illness may not be able to benefit fully from the educational program of the schools, and a student who has engaged in or attempted self-harm poses a danger both to himself/herself and to other students. The complete student suicide policy #5350 is available for viewing on the district website.