



Preventive Mental Health Interventions: School Suicide Intervention




Recognizing the Need for a Suicide Risk Assessment

- Risk Factors
 - Variables that signal the need to look for warning signs of suicidal thinking.
- Warning Signs
 - Variables that signal the possible presence of suicidal thinking.



Suicide Intervention Risk Factors


- Psychopathology
 - Associated with 90% of suicides
 - Prior suicidal behavior the best predictor
 - Substance abuse increases vulnerability and can also act as a trigger
- Familial
 - History
 - Stressor
 - Functioning



Suicide Intervention Risk Factors


- Biological
 - Reduced serotonergic activity
- Situational
 - 40% have identifiable precipitants
 - A firearm in the home
 - By themselves are insufficient
 - Disciplinary crisis most common

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Variables That Enhance Risk

- Adolescence and late life
- Bisexual or homosexual gender identity
- Criminal behavior
- Cultural sanctions for suicide
- Delusions
- Disposition of personal property
- Divorced, separated, or single marital status
- Early loss or separation from parents
- Family history of suicide
- Hallucinations
- Homicide
- Hopelessness
- Hypochondriasis



Suicide Intervention Warning Signs


- Verbal
 - Most individuals give verbal clues that they have suicidal thoughts.
 - Clues include direct (“I have a plan to kill myself”) and indirect suicide threats (“I wish I could fall asleep and never wake up”).
- Behavioral



Suicide Intervention Warning Signs


- Verbal Clues
 1. “Everybody would be better off if I just weren’t around.”
 2. “I’m not going to bug you much longer.”
 3. “I hate my life. I hate everyone and everything.”
 4. “I’m the cause of all of my family’s/friend’s troubles.”
 5. “I wish I would just go to sleep and never wake up.”
 6. “I’ve tried everything but nothing seems to help.”
 7. “Nobody can help me.”
 8. “I want to kill myself but I don’t have the guts.”
 9. “I’m no good to anyone.”
 10. “If my (father, mother, teacher) doesn’t leave me alone I’m going to kill myself.”
 11. “Don’t buy me anything. I won’t be needing any (clothes, books).”

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Suicide Intervention Warning Signs

- **Behavioral Clues**
 1. Writing of suicidal notes
 2. Making final arrangements
 3. Giving away prized possessions
 4. Talking about death
 5. Reading, writing, and/or art about death
 6. Hopelessness or helplessness
 7. Social Withdrawal and isolation
 8. Lost involvement in interests & activities
 9. Increased risk-taking
 10. Heavy use of alcohol or drugs



Suicide Intervention Warning Signs


- **Behavioral Clues (continued)**
 11. Abrupt changes in appearance
 12. Sudden weight or appetite change
 13. Sudden changes in personality or attitude
 14. Inability to concentrate/think rationally
 15. Sudden unexpected happiness
 16. Sleeplessness or sleepiness
 17. Increased irritability or crying easily
 18. Low self esteem



Suicide Intervention Warning Signs


- **Behavioral Clues (continued)**
 19. Dwindling academic performance
 20. Abrupt changes in attendance
 21. Failure to complete assignments
 22. Lack of interest and withdrawal
 23. Changed relationships
 24. Despairing attitude

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Asking the “S” Question

- The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
- A risk assessment begins with asking if the student is having thoughts of suicide.



Identification of Suicidal Intent

- Be direct when asking the “S” question.
 - **BAD**
 - *You're not thinking of hurting yourself, are you?*
 - **Better**
 - *Are you thinking of harming yourself?*
 - **BEST**
 - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*



Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004;)

- **C**urrent plan (greater planning = greater risk).
 - How (method of attempt)?
 - How soon (timing of attempt)?
 - How prepared (access to means of attempt)?
- **P**ain (unbearable pain = greater risk)
 - How desperate to ease the pain?
 - Person-at-risk's perceptions are key
- **R**esources (more alone = greater risk)
 - Reasons for living/dying?
 - Can be very idiosyncratic
 - Person-at-risk's perceptions are key

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Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004)

- (+) Prior Suicidal Behavior?**
 - of self (40 times greater risk)
 - of significant others
 - An estimated 26-33% of adolescent suicide victims have made a previous attempt (American Foundation of Suicide Prevention, 1996).
- (+) Mental Health Status?**
 - history mental illness (especially mood disorders)
 - linkage to mental health care provider

Suicide Risk Assessment Summary Sheet


Instructions: If/When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the risk assessment.

	<i>Risk present, but lower</i>	<i>Medium Risk</i>	<i>Higher Risk</i>
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	Vague Means not available No specific time Pills, each week Others present most of the time Plan is bearable Wants pain to stop, but not desperate Identifies ways to stop the pain	Some specifics The means close by Within a few days or hours Drugs alcohol, car wreck Others available if called upon Plan is almost unbearable Feeling desperate for relief	Well thought out The means in hand Immediately Own, hanging, jumping Not one nearby isolated Plan is unbearable Desperate for relief from pain
2. Pain	Help available, teacher acknowledges that significant others are concerned and available to help	Limited ways to cope with pain Family and friends available, but are not perceived by the student to be willing to help	Will do anything to stop the pain Family and friends are not available and/or are hostile, judgmental, exhausted
3. Resources	No prior suicidal behavior No significant others have engaged in suicidal behavior	One previous low lethality attempt; history of fires Significant others have recently attempted suicidal behavior	One of high lethality, or multiple attempts of moderate lethality Significant others have recently committed suicide
4. Prior Suicidal Behavior of: A. Self B. Significant Others	History of mental illness, but not currently considered unstable ill Daily activities continue as usual with little change Mild, feels slightly down No significant medical problems	Steadily ill, but currently receiving treatment Some daily activities disrupted, disturbance in eating, sleeping, and schoolwork Moderate, some moodiness, sadness, irritability, loneliness, and decrease of energy Anxiety, but short-term, or psychosomatic illness Recent acting-out behavior and substance abuse, acute suicidal behavior in stable personality	Steadily ill and not currently receiving treatment Overt disturbances in daily functioning Overwhelmed with hopelessness, sadness, and feelings of helplessness Chronic debilitating, or acute catastrophic, illness Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family, and teachers
5. Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	Stable relationships, personality, and school performance	Moderate reaction to loss and environmental changes	Severe reaction to loss or environmental changes
6. Stress	No significant stress		
Total Checks			

Risk Assessment


- Suicide intervention script**

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Interviewing the Suicidal Child

- Questions to ask in the evaluation of suicidal risk in children
 1. *Suicidal fantasies or actions:*
 - Have you ever thought of hurting yourself?
 - Have you ever threatened or attempted to hurt yourself?
 - Have you ever wished or tried to kill yourself?
 - Have you ever wanted to or threatened to commit suicide?
 2. *Concepts of what would happen:*
 - What did you think would happen if you tried to hurt or kill yourself?
 - What did you want to have happen?
 - Did you think you would die?
 - Did you think you would have severe injuries?



Standardized Risk Screening Tools

- Beck Scale for Suicidal Ideation (BSI)
 - 21 item self-report for adolescents
 - Best to detect and measure severity of ideation
 - One of only scales to assess between active and passive ideation
- Suicidal Ideation Questionnaire (SIQ)
 - Severity or seriousness of ideation (Reynolds)
 - Two version for 7-9th and 10-12th grades
 - Draw-back: No item regarding past or current suicide attempts




Interviewing the Suicidal Student

- **Ask about:**
 - Background information/prior attempts
 - Be aware of the “underground of information
 - This may be best chance to find out accurate info
 - Contagion
 - Who has influenced this situation
 - Who is this situation influencing

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Interviewing the Suicidal Student

- Be direct
- Explore current stresses (school, home, community)
 - Look for evidence of tunnel vision, hopeless/despair, free-floating rage
 - Look for impulsiveness, drug/alcohol use, behavior problems in school
 - Look for all risk factors
 - Look for evidence of a plan, practice behavior




Interviewing the Suicidal Student

- Explore current resources, strengths, contraindications
- Contraindications can include...
 - Support system (even if unrecognized)
 - Ability to see options and problem-solve
 - Can do cognitive rehearsal, some flexibility
 - Level of self-esteem, future thinking
 - Can connect with intervener
 - Urge situation specific

Interviewing the Suicidal Student


- “Who else do you know that’s done/thought about this?”
- “Who else have you told?”
 - May need immediate interviews
- Check status of siblings, best friends, relatives
- Look for suicide pacts

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Interviewing the Suicidal Student

- Initial 3/4 of intervention is active listening
- Final 1/4 is being active in taking control, being the "expert"
- Try to change at least one thing for student
 - Pick one current stress that is easy and quick to change
 - This can give student hope
- Direct emotional traffic



Interviewing the Suicidal Student


- Be aware of personal space, usually close physically to student
- Don't use rapid-fire style of questioning
- Ask "How do you survive, take care of yourself?"
- Goals: find out information, establish therapeutic relationship, clarify their thinking



Interviewing the Suicidal Student


- Is self-injurious behavior a possibility?
 - Communication of intent
 - Lack of impulse control
 - Mismatch of youth and environment
 - Dramatic change of affect
- Might the urge to injure self be acted upon?
 - Is there a plan, what is goal of plan
 - Degree of impulsivity
 - Previous history/attempts

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Interviewing the Suicidal Student

- How imminent is the possibility of action?
 - Sense of urgency-lack of control
 - Accessibility to a method
 - Is the method in character
 - A note written
- Are there contra-indications to the action
 - Support system, self-esteem
 - Seeing options, cognitive rehearsal, flexibility



Interviewing the Suicidal Student


- Tell student you will need to contact parent
 - At end of interview
 - If student asks earlier, don't lie
 - "My job is to keep you safe"
- Judge student reaction
 - Get student input on *how* to do this (not *whether*)
 - This leaves some control for student



School-Based Suicide Intervention


- General Staff Procedures
 - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.
- Risk Assessment and Referral
 - The actions taken by school staff members trained in suicide risk assessment and intervention.

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Suicide Intervention General Staff Procedures

- Responding to a Suicide Threat.
 - **A student who has threatened suicide must be carefully observed at all times** until a qualified staff member can conduct a risk assessment. The following procedures are to be followed whenever a student threatens to commit suicide.



Suicide Intervention General Staff Procedures


1. Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
2. Under no circumstances should you allow the student to leave the school.
3. Do not agree to keep a student's suicidal intentions a secret.
4. If the student has the means to carry out the threatened suicide on his or her person, determine if he or she will voluntarily relinquish it. **Do not force the student to do so. Do not place yourself in danger.**



Suicide Intervention General Staff Procedures


5. Take the suicidal student to the prearranged room.
6. Notify the Crisis Intervention Coordinator immediately.
7. Notify the Crisis Response Coordinator immediately.
8. Inform the suicidal youth that outside help has been called and describe what the next steps will be.

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Risk Assessment and Referral

1. Identify Suicidal Thinking
2. From Risk Assessment Data, Make Appropriate Referrals
3. Risk Assessment Protocol
 - a) Conduct a Risk Assessment.
 - b) Consult with fellow school staff members regarding the Risk Assessment.
 - c) Consult with County Mental Health.



Risk Assessment and Referral


4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:
 - A. Extreme Risk**
 - » If the student has the means of his or her threatened suicide at hand, and refuses to relinquish such then follow the Extreme Risk Procedures.
 - B. Crisis Intervention Referral**
 - » If the student's risk of harming him or herself is judged to be moderate to high then follow the Crisis Intervention Referral Procedures.
 - C. Mental Health Referral**
 - » If the student's risk of harming him or herself is judged to be low then follow the Mental Health Referral Procedures.



Risk Assessment and Referral

- A. Extreme Risk**
 - i. Call the police.
 - ii. Calm the student by talking and reassuring until the police arrive.
 - iii. Continue to request that the student relinquish the means of the threatened suicide and try to prevent the student from harming him-or herself.
 - iv. Call the parents and inform them of the actions taken.


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Risk Assessment and Referral

B. Crisis Intervention Referral

- i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
- ii. Meet with the student's parents.
- iii. Determine what to do if the parents are unable or unwilling to assist with the suicidal crisis.
- iv. Make appropriate referrals.




Risk Assessment and Referral

C. Mental Health Referral

- i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
- ii. Meet with the student's parents.
- iii. Make appropriate referrals.

- Protect the privacy of the student and family.
- Follow up with the hospital or clinic.



Next Week

Suicide Intervention Role Plays
Last week of instruction:

- Read:
 - Weekly & Brock (2007)
- Obtain:
 - American Foundation for Suicide Prevention (2001)
- Turn in:
 - Suicide Intervention Script (see the syllabus for an example)
