Preventive Mental Health Interventions:
School Suicide Intervention

School Suicide Intervention

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Lecture Outline

- 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.
- 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 school staff members trained in suicide intervention.

Myths and Facts Quiz (True or False)

1. If you talk to someone about their suicidal feelings you will cause them to commit suicide.
2. When a person talks about killing himself, he’s just looking for attention. Ignoring him is the best thing to do.
3. People who talk about killing themselves rarely commit suicide.
4. All suicidal people want to die and there is nothing that can be done about it.
5. If someone attempts suicide he will always entertain thoughts of suicide.
6. Once a person tries to kill himself and fails, the pain and humiliation will keep him from trying again.

Sources:
Miller, Marv. Training outline for suicide prevention. The Center for Information on Suicide. San Diego, California, 1980.
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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 serotongenic 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."
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
- Writing of suicidal notes
- Making final arrangements
- Giving away prized possessions
- Talking about death
- Reading, writing, and/or art about death
- Hopelessness or helplessness
- Social Withdrawal and isolation
- Lost involvement in interests & activities
- Increased risk-taking
- Heavy use of alcohol or drugs

Behavioral Clues (continued)
- Abrupt changes in appearance
- Sudden weight or appetite change
- Sudden changes in personality or attitude
- Inability to concentrate/think rationally
- Sudden unexpected happiness
- Sleeplessness or sleepiness
- Increased irritability or crying easily
- Low self esteem

Behavioral Clues (continued)
- Dwindling academic performance
- Abrupt changes in attendance
- Failure to complete assignments
- Lack of interest and withdrawal
- Changed relationships
- 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;)

- **Current plan** (greater planning = greater risk).
  - How (method of attempt)?
  - How soon (timing of attempt)?
  - How prepared (access to means of attempt)?
- **Pain** (unbearable pain = greater risk)
  - How desperate to ease the pain?
  - Person-at-risk’s perceptions are key
- **Resources** (more alone = greater risk)
  - Reasons for living/dying?
  - Can be very idiosyncratic
  - Person-at-risk’s perceptions are key
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

- (++) Mental Health Status?
  - history mental illness (especially mood disorders)
  - linkage to mental health care provider

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
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
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
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.

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<tbody>
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<td>1.</td>
<td>Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.</td>
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<td>2.</td>
<td>Under no circumstances should you allow the student to leave the school.</td>
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<td>3.</td>
<td>Do not agree to keep a student's suicidal intentions a secret.</td>
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<td>4.</td>
<td>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.</td>
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<td>5.</td>
<td>Take the suicidal student to the prearranged room.</td>
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<td>6.</td>
<td>Notify the Crisis Intervention Coordinator immediately.</td>
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<tr>
<td>7.</td>
<td>Notify the Crisis Response Coordinator immediately.</td>
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<td>8.</td>
<td>Inform the suicidal youth that outside help has been called and describe what the next steps will be.</td>
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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.

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 himself 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 himself 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 himself 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)