



Annual Model Notice For Youth Suicide Prevention

Spring 2023

Youth Suicide Prevention Resources are Available

To get updated information on suicide prevention, intervention, and postvention resources, visit [DPI's website](#). There are online information and training modules, a downloadable document on suicide prevention requirements in state law, a fact sheet on youth suicide, and an updated suicide prevention curriculum for students. Other resources include strategies on suicide interventions, memorial suggestions, and other pertinent topics.

Resources for emergency situations:

988

Dial for immediate assistance in a suicide or mental health crisis

HOPELINE

text "HOPELINE" to 741741 or visit

<https://www.centerforsuicideawareness.org/hopeline>

Resources for non-emergency situations:

WI Safe and Healthy Schools Training Center

www.wishschools.org

Prevent Suicide Wisconsin

www.preventsuicidewi.org

Suicide Prevention Resource Center

www.sprc.org

American Foundation for Suicide Prevention

<https://afsp.org/>

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When youth are facing what they believe is a crisis and exhibit warning signs of suicide, be sure they are not left alone or sent home without supervision!

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. (see *FACTs* chart on right.)

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 biological factors 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 the factors for disproportionate youth suicide risk is vital to prevention.

Mental health issues: the most common mental illness leading to suicide is depression. It is also the most treatable!

LGB youth: the [2021 Youth Risk Behavior Survey \(YRBS\) Suicide Data Summary](#) showed almost half of LGB youth seriously considered suicide and are 3.5 times more likely to attempted suicide than their non-LGB peers.

Female youth: 2021 YRBS data indicated over half of female students ages 16-17 years old experienced being so sad or hopeless every day for two weeks in a row or more that they stopped doing usual activities.

Lethal means safety can save lives.

(see www.means5matter.com and <https://besmartforkids.org/>)

Secure storage of all lethal means is a critical prevention strategy and reducing access provides the most significant reduction in youth suicide rates. Most often, youth who attempt suicide use a gun or drugs kept in the home. Do not allow youth to have unsupervised access to firearms and dangerous medications.

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SUICIDE PREVENTION WARNING SIGNS (FACTS)

FEELINGS

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

ACTIONS

- Acting reckless or engaging in risky activities
- Withdrawing from friends, family, society, and typical activities
- Increased use of alcohol or drugs
- 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



Suicide is a Complex Problem (cont'd)

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 percent 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 and 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 schoolwide 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 for further details on curriculum.



Text HOPELINE
to 741741



Common Concerns

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.

Lawmakers found it so important that adults take action when a student is suicidal that they protected those adults from any civil liability for their intervention efforts.

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 to help them. Please do your best to reach out to students. Don’t be afraid to ask the question, “Are you thinking about hurting or killing yourself?”



Seeing Urgent Warning Signs? Here's What to Avoid

All children and adolescents can experience moodiness and will take time to ask life's big questions. Since they lack the perspective of time, they can become overwhelmed. The best roles for teachers are to support students, and if you see the suicide warning signs, use ACT. Some of the statements below might make perfect sense for students who aren't suicidal; but when kids are in crisis, these things can make it worse.

Here are some actions and words to avoid when you see the urgent warning signs and positive, alternative options:

Don't Shame - Validate

NOT: "You've got to get over this. It's not a big deal."

RATHER: "You seem to be struggling with something. How can I help?"

NOT: "You're too sensitive. Grow up!"

RATHER: "I can tell something's really bothering you. What's up?"

Don't Delay - ACT

When you see urgent warning signs, *get help right away*, don't wait.

Don't Blame - Support

NOT: "If you wanted a better grade, you would've worked harder."

RATHER: "You're disappointed in yourself. How can we do better?"

NOT: "Maybe you should change your attitude if you want friends."

RATHER: "Tell me what you look for in a friend. How can that be you?"

Don't Give Up - Persevere

Suicide is NOT a destiny—when people make it through the suicidal crisis, they usually go on to live healthy, productive lives!

Don't Do It Alone - It Takes a Village

Enlist other pupil services staff or administration to help you!



This publication is available from:

Division for Learning Support

Student Services/Prevention and Wellness

(608) 267-0363

dpi.wi.gov/sspw/mental-health/youth-suicide-prevention

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