

2020 Required Notice of Youth Suicide Prevention Resources



More youth suicide prevention resources are available at: <http://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention>

Youth Suicide Prevention Resources Are Available

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.

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 Prevention: Warning Signs

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!
- LGBTQ youth: the 2019 YRBS data showed LGBTQ youth were almost 3.5 times more likely to have thought about suicide, planned how to end their life, or attempted suicide than their non-LGBTQ peers.
- AODA issues: Binge drinking is highly correlated with suicide attempts. 90 percent of people who died by suicide had some form of mental illness and/or an 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 or drugs kept in the home.
- Do not allow youth to have unsupervised access to firearms and certain medications. Encourage safe/secure storage of all lethal means is a critical prevention strategy.

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.

HOPELINE – text “HOPELINE” to 741741 or visit
www.centerforsuicideawareness.org

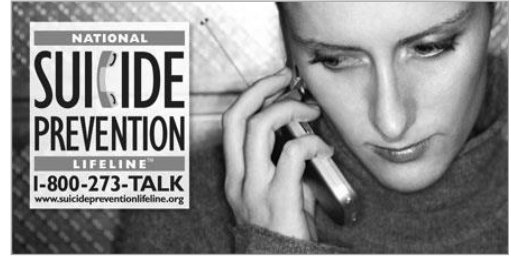
WI Safe and Healthy Schools Training Center
www.wishschools.org

Prevent Suicide Wisconsin
www.preventsuicidewi.org

Suicide Prevention Resource Center
www.sprc.org

American Association of Suicidology
www.suicidology.org

Important Resources



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**.

A

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.*”

C

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.*”

T

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.

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.

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:

Don’t Shame

- “*You’ve got to get over this. It’s not a big deal.*”
- “*Why are you so worried? Move on!*”
- “*You’re too sensitive. Grow up!*”

Don’t Delay

- When you see urgent warning signs, get help right away, don’t wait.

Don’t Blame

- “*If you wanted a better grade, you would have worked harder.*”
- “*You’ve got no one to blame but yourself.*”
- “*Maybe you should change your attitude if you want friends.*”

Don’t Give Up

- 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

- Consult other pupil services staff or administration to help.