

Youth Suicide Prevention

By
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Disclaimer

The diagnosis and treatment of mental illness requires a trained, qualified mental health professional. Information contained in this presentation is intended for educational purposes only and not to be used as a diagnosis or assessment tool.

It should not used as a substitute for professional diagnosis and treatment of any mental illness.

About Me

- ▶ Degrees in welfare and education and masters degrees in educational counselling and suicidology.
- ▶ Previously an adjunct lecturer, youth welfare at Central Qld University
- ▶ Presently a adjunct senior lecturer with the Australian Institute for Suicide Research and Prevention, Griffith University.
- ▶ Churchill Fellowship to the USA.
- ▶ Peer reviewer for the International Journal of Crisis Intervention and Suicide Prevention.
- ▶ An invited author for the 2015 & 2021 School Social Work, USA.
- ▶ Presently work part-time as a school counsellor.

What does it look like?

Statistical evidence shows that there are differences in the suicidal behaviour of girls and boys. Girls are more likely to make suicide attempts and have higher rates of suicidal ideation, boys are more likely to die by suicide (Borges et al 2010 in Lindsey, Sheftall, Xiao, & Joe, 2019).

Recent studies indicate suicide by young girls in the 10 to 19 age group is increasing and the gap in deaths from suicide between the sexes may be decreasing (Lindsey, Sheftall, Xiao, & Joe, 2019).

Age-specific suicide rates for young people (aged 10 to 19) by sex and age, Qld, 2001 to 2015

Aboriginal and Torres Strait Islander non-Indigenous

Male	85	280
Female	42	124

10 to 14 years		
	26	42

15 to 19 years		
	101	362

(Gibson, Stuart, Leske, Ward & Tanton, 2021).

School Connectedness

Numbers of studies have shown that higher school connectedness is associated with reduced reports of suicidal thoughts and behaviours (Marraccini, & Brier, 2017). A whole of school approach is required for this to be effective.

School Connectedness

Students who are more connected to adults appear to have lower rates of suicidal behaviour. Student isolation from adults specifically increased vulnerability. Maximising protective bonds across school populations, increasing opportunities for group cohesion and promoting youth influence with healthy coping are central to this (Wyman, Pickering, Pisani, Rulison, Schmeelk-Cone, Hartley, & Valente, 2019).

Diversity

- ▶ In 2019 ABS General Social Survey 6.1% of young people identified as gay, lesbian, or having an 'other' sexual orientation.
- ▶ LGBTI young people may have unique risk factors in addition to those of the general population. Self-identifying ('coming out'), homophobic abuse, and rejection by a family member. Protective factors for this cohort may include having a supportive family, acceptance of their sexuality perceived school-based policy protection (Skerrett, Kolves, & DeLeo, 2015).

Clear inclusive policies and practices by schools to LGBTI students can enhance well being (Ross, Kolves & DeLeo, 2016). LGBT students are often targets for bullies. One USA based research project identified that LGBT young people were significantly more likely to have attempted suicide when they lived in school districts with less inclusive antibullying policies (Hatzenbuehler & Keyes, 2013).

Mental Health Services within Schools

Estimates indicate that approximately 90% of young people who die by suicide had at least one mental illness at the time of their death.

Recent research in Oregon suggests that increasing the availability of mental health services in school-based health centres may decrease suicide risk among at-risk adolescents (Paschall, & Bersamin, 2017).

School counsellors may want to review symptoms of mood disorders, anxiety disorders, and substance abuse disorders with school staff.

Mental Health

- ▶ The average age of onset of anxiety is 15 years of age.
- ▶ Any mental illness - 50% before 18 years of age.
- ▶ 70% do not seek help
- ▶ 95% use the internet

Prior attempts

- ▶ Approximately one out of six high school students seriously consider attempting suicide, while one out of 13 high school students attempt suicide one or more times (US Department of Health and Human Services, 2012).
- ▶ Studies have shown that 15% to 30% of adolescent attempters re-attempt within one year (Bridge et al, 2006; Hawton, et al., 2012).
- ▶ Research shows that between 30% and 50% of youth attempters do not adhere to treatment recommendations (Asarnow et al., 2011; Trautman, Stewart & Morishima, 1993).

Safety Plans

The formal development of a safety plan, established with the student and the family is recommended.

Family History of Suicide.

A two-to six-fold increase of suicidal behaviour is found in the relatives of adolescent suicide victims and suicide attempters (Agerbo, Nordentoft, & Mortensen, 2002; Borowsky et al., 2001; Rey Gex et al., 1998; Fergusson, Beautrais, Horwood, 2003).

Substance abuse

Substance abuse prevention is critical to suicide prevention. An increased prevalence of drugs or alcohol is a factor accounting for why older adolescents are more likely to attempt and complete suicide compared with younger adolescents. Some adolescents use drugs and alcohol to cope with depressive feelings.

Young people aged 15 - 19 have the highest rates of hospitalisation for acute intoxication for alcohol among all age groups (State of Australia's Young People, 2019).

Additional factors

Additional factors include social isolation, limited access to mental health facilities, poor problem-solving and coping skills, child abuse and other trauma, parental psychopathology (Runeson & Asberg, 2003; Kuramoto, Brent, & Wilcox, 2009), and repeated engagement in, or exposure to violence.

Weapons

A 2019 study found that students that reported carrying a weapon on school property had more than double the risk of attempting suicide than those that did not carry weapons (Baiden, Tadeo, Graaf, & Respress, 2019).

Gatekeeper Training

Gatekeeper training is where all school staff are trained in suicide prevention - administration, teachers, grounds people.....

Gatekeeper training is a widely recommended suicide prevention method. Kuiper et.al. propose that a high proportion (above 60%) of school staff need to be trained in gatekeeper training for it to be effective (Kuiper, Goldston, Godoy, Garraza, Walrath, Gould, & McKeon, 2018).

Implementing Youth Suicide Prevention Programs

The implementation of youth suicide prevention is central to a reduction in the death rates from suicide. It is very important that that these programs do not have any adverse implications on students. While this may be unintended, it is vital that that steps are taken to monitor and address any such implications. High risk students and / or students who have had previous suicide attempts should be especially monitored (Kuiper, Goldston, Godoy, Garraza, Walrath, Gould, & McKeon, 2018).

- ▶ An Australian study involving 17 schools found that such studies had a positive impact on suicide related behaviour and overall, did not appear to cause harm (Robinson, Calear, & Bailey, 2018).

Internet/ Apps & Social Media

There are more than 10,000 self help apps for depression and anxiety. Less than 1% have been professionally evaluated.

- Tips for choosing a good app - See if the app – or at least the principles it uses – is **evidence-based**
- Be aware a high app rating doesn't necessarily mean high quality
- Look at who developed the app and consider whether they have a background or reputation in mental health
- Check if the app has an adequate privacy policy

(The Black Dog Institute)

Internet/ Apps & Social Media

A Canadian study found over 5000 videos showing non-suicidal self injury on the internet. The top 100 had been viewed over 2,000,000 times

(Peer Support Canada, 2017).

Non-Suicidal Self Injury

Self Harm - Non-Suicidal Self Injury (NSSI) is not suicidal behaviour, however, it is a significant risk factor for later suicidal behaviour. The three components that are of most concern -

- NSSI over an extended period of time
- Multiple methods
- Where there is an absence of pain.

60% of young people who self injury have thoughts of suicide (Whitlock et al, 2013).

Important Takeaways

- ▶ The only way to truly assess risk of suicide is to ask directly whether the person is experiencing suicidal thoughts or is engaged in suicidal behaviours (Morris & Gask, 2006).
- ▶ There is no evidence that asking a person about suicidal thoughts or behaviours is harmful (Kalafat 2003; Mann, Apter, Bertolote et.al 2005).

Important Takeaways

- ▶ Approximately 50% of people that complete suicide had made at least one previous attempt. Increased risk occurs where there have been multiple attempts, if planned, with a low possibility of rescue, use of a lethal method, high intent of dying or causing serious medical complications (Masango et al, 2008).
- ▶ “A previous suicide attempt is one of the most salient risk factors for a young person later dying by suicide” (Orygen Youth Research Centre, 2009).

Warning Signs

Here are some signs that school personnel could observe and report:

- Talking about wanting to die or to take one’s life;
- Searching for a lethal weapon, pills, or suicide instructions;
- Expressing hopelessness about the future or about a situation (e.g., feeling trapped);

- Talking about having no options, or not being able to bear the pain;
- Claiming to be a burden to others (e.g., “My parents would be better off without me.”);
- Talking about harming others;
- Increasing alcohol or drug intake;

- Appearing highly anxious or agitated; engaging in reckless behaviour;
- Withdrawing from typical activities and relationships; and
- Displaying extreme mood swings (Rudd et al., 2006).

Assessing Risk

- ▶ Ideation
- ▶ Plan
- ▶ Intent
- ▶ Access
- ▶ Previous history

Ask directly.

Recommendations

- ▶ Do training in suicide prevention and intervention - learn risk and protective factors
- ▶ Adopt a whole of school approach
- ▶ Have the school community as a part of the wider community
- ▶ Investigate any threats
- ▶ Consult with other professionals
- ▶ Come to a conclusion

Recommended Processes

- ▶ Act on your recommendation
- ▶ Document your actions
- ▶ Follow your school's policy and procedures **for** threat assessment
- ▶ Inform parents / carers of concerns
- ▶ Provide appropriate resources
- ▶ Follow up

Assessment is Ongoing

- ▶ If there is a risk, do NOT leave the young person alone
- ▶ Risk and protective factors are not stagnant. A relationship that was a protective factor can change to become a risk factor after a break up. Learning to be "alone" may become a new protective factor.
- ▶ Check-ins with young people provide a snap shot in time. Life changes quickly. Make your assessment processes dynamic.

Reference List

Borges, G., Nock, M. K., Abad, J. M. H., Hwang, I., Sampson, N. A., Alonso, J., ... & Bruffaerts, R. (2010). Twelve month prevalence of and risk factors for suicide attempts in the WHO World Mental Health Surveys. *The Journal of clinical psychiatry*, 71(12), 1617.

Gibson, M., Stuart, J., Leske, S., Ward, R. and Tanton, R. (2021). 'Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness', *Medical Journal of Australia*, 214 (11):514-518

Hatzenbuehler, M.L. & Keyes, 2013 Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *Journal of Adolescent Health*, 53(1), S21-S26.

Kalafat, J. (2003). School approaches to youth suicide. *Am Behav Scientist*, 46, 9, 1211-1223.

Reference List Contd.,

Kuiper, N., Goldston, D., Godoy Garraza, L., Walrath, C., Gould, M., & McKeon, R. (2018). Examining the unanticipated adverse consequences of youth suicide prevention strategies: a literature review with recommendations for prevention programs. *Suicide and Life-Threatening Behavior*.

Mann, J.J., Apter, A., Bertolote, J., et.al. (2005). Suicide Prevention Strategies: A Systematic Review. *JAMA*; 294, 16, 2064.

Leske, S., Schrader, I., Adam, G., Catakovic, A., Weir, B. and Kölves, K. Suicide in Queensland: annual report 2021, Australian Institute for Suicide Research and Prevention, World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University, Brisbane, Queensland, Australia, 2021.

Marraccini, M. E., & Brier, Z. M. (2017). School connectedness and suicidal thoughts and behaviors: A systematic meta-analysis. *School psychology quarterly*, 32(1), 5.

Cont'd

Martin, G., Swannell, S., Harrison, J., Hazell P, Taylor, A.: The Australian National Epidemiological Study of Self-injury (ANESSI); Final Report to the Department of Health and Aging. ISBN 978-0-9808207-0-6. Centre for Suicide Prevention Studies: Brisbane, Australia; 2009.

Masango, S.M., Motojesi, A.A., (2008), Suicide and suicide risk factors: A literature review, South African Family Practice, 50:6, 25-29.

Morris, R. & Gask, L. (2006) Assessment and immediate management of people at risk of harming themselves. Psychiatry 5, 8.

Orygen Youth Research Centre. (2009). Myth Buster: Suicide Ideation; Headspace.

Cont'd

Paschall, M.J., & Bersamin, M. (2017). School-based mental health services, suicide risk, and substance use among at-risk adolescents in Oregon. Preventive Medicine, 106, 209-215.

Robinson, J., Calear, A. L., & Bailey, E. (2018). Suicide prevention in educational settings: A review. Australasian psychiatry, 26(2), 132-140.

Rudd, M. D., Berman, A. L., Joiner, T. E., Nock, M. K., Silverman, M., Mandrusiak, M., Van Orden, K., Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications, Suicide and Life-Threatening Behavior, 36(3), 255-262.

Skerrett, D.M., Kolves, K. & DeLeo, D. (Australia), Journal of Homosexuality. Published online: 8 January 2015. Doi: 10.1080/00918369.2014. 1003009.

Cont'd

Wyman, P. A., Pickering, T. A., Pisani, A. R., Rulison, K., Schmeelk-Cone, K., Hartley, C., ... & Valente, T. W. (2019). Peer-adult network structure and suicide attempts in 38 high schools: implications for network-informed suicide prevention. *Journal of child psychology and psychiatry*.

Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Abrams, G. B., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of adolescent health, 52*(4), 486-492.

Presenter Details

- ▶ Linked In - Garry King (Gold Coast)
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- ▶ Workplace presentations and professional supervision are offered.

Recent Publications

Journals

Non-Suicidal Self-Injury, 2017, American Council for School Social Work, 9, 1.

Book Chapters

Michael Valenti, Mary Margaret Kerr, **Evidence-Informed Suicide Prevention in Schools** in Massat, C.R., Kelly, M.S. & Constable, R., 2021, School Social Work, 9th Ed, Lyceum Books, Inc, Chicago.

Books

Mary Margaret Kerr & Garry King, 2019, **School Crisis Prevention & Intervention**, 2nd Ed, Waveland Press, Inc, Illinois.

Garry King 2016 **What Every Parent Needs To Know About Their Children and Self Injury**. Self Published