

Campus Safety CONFERENCE 2019

Making Campuses Safer — TOGETHER

Addressing the Rising Suicide Rates: Prevention Strategies & Crisis Resources

Christine R. Harms MS
Director
Colorado School Safety Resource Center



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#MakingCampusesSaferTOGETHER

About Me

- Former teacher, administrator, mental health professional
- Doing school safety for 15 years
- PA native now love living in beautiful Colorado
- All my immediate family also live in Colorado



About this Session

Session Takeaways

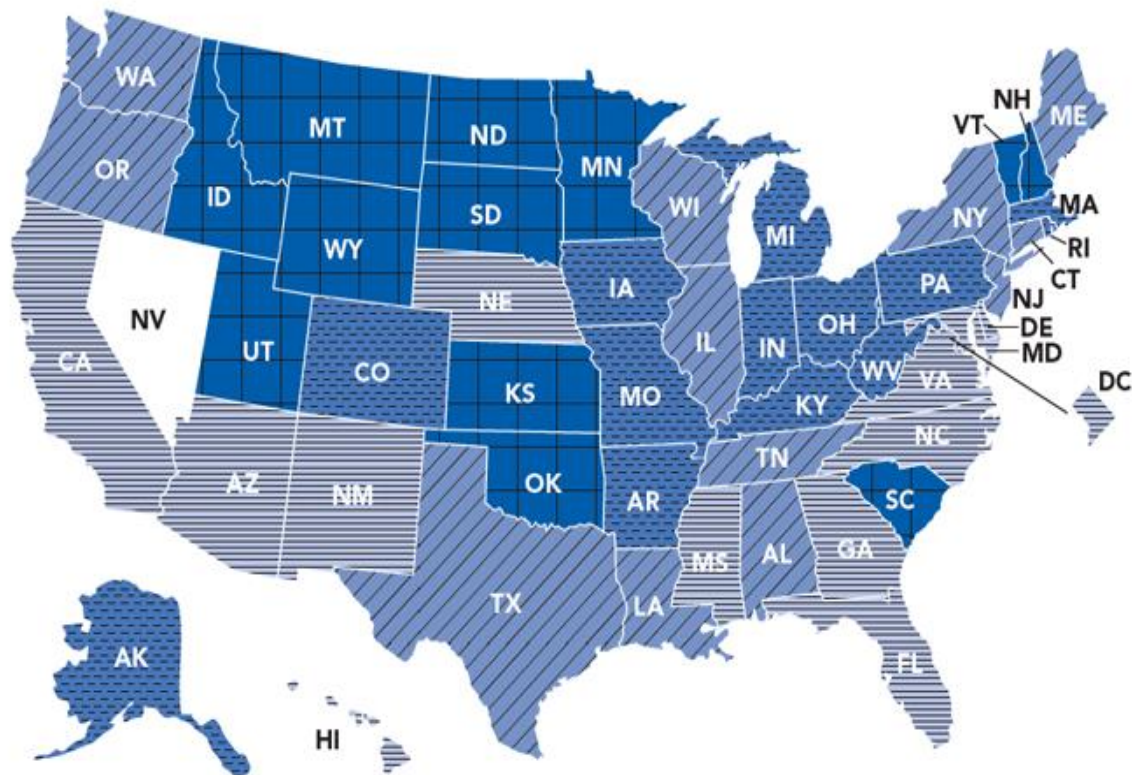
- The problem of suicide in both K-12 and IHE
- Strategies for addressing it & avoiding contagion
- Common myths
- Suicide vs self harm
- Legal issues
- Prevention
- Crisis Response

“Statistics are merely aggregations of numbers with the tears wiped away.”

- Dr. Irving Schikoff

Suicide in the US

Suicide rates rose across the US
from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.

Youth Risk Behavior Survey, CDC 2017

- The percentage of youth who reported persistent feelings of sadness or hopelessness increased (29% in 2007 to **32% in 2017**)
- Seriously considered suicide: **17.2% overall** (22.1% Female & 11.9% Male)
- Made a plan: **13.6% overall** (17.1% Female & 9.7% Male)
- Attempted: **7.4% overall** (9.3% Female & 5.1% Male)
- Attempt resulted in injury that needed to be treated by a medical professional: **2.4% overall** (3.1% Female & 1.5% Male)

Brigham and Women's Hospital (2015 study), Depression & Anxiety, (2017 published)

- One out of 5 (**20%**) college students have considered suicide
- Racial, sexual and gender minorities are at a **higher risk** for suicidal tendencies
- Since 2009, the percentage of LGBTQ population suicidal thoughts jumped from **48% to 58%**
 - More than **1/3** attempted suicides (up 3%) and **2/3** engaged in self-injury (up 6%)
- Liu study of 2018 observed a **24%** rate of ideation and **9%** rate of attempts within the undergraduates.

Suicide Attempts

- ❖ In the US, for each death by suicide an estimated 25 attempts are made
- ❖ For those surviving an attempt, **the vast majority do not later die by suicide**

Why? The priceless question!

- Suicide is complicated – it is not one issue that results in suicide.
- **For our K-12 students, it might be:**
 - Diagnosed or undiagnosed mental health issue (anxiety, depression and other)
 - Lack of mental health resources
 - Family issues that raise the risk: divorce, death, domestic violence, incarceration and/or deployment
 - Trauma: abuse, community trauma, bullying
 - Access to weapons
 - Impulsivity
 - Social Media
 - Substance use/abuse and LACK OF SLEEP!!!!

Why? The priceless question!

- **For our college students, it might be:**
 - Diagnosed or undiagnosed mental health issues & personality issues (onset of most psychiatric disorders is late adolescence and early adulthood)
 - Lack of mental health resources or lack of willingness to access them
 - Stress of being away from home for the first time: academics, social situations, greater exploration of racial, gender and sexual identities, increased use of substances,
 - Stressful events: losses, academics, career-related issues, relationships, finances, health problems of self or family
 - Access to weapons
 - Impulsivity
 - Social Media
 - Substance use/abuse and LACK OF SLEEP!

- Administrative support as well as other key players
 - Team approach including community mental health and those that can assist with cultural information
 - Protocols/procedures*
 - For helping students at risk
 - For responding to a suicide (preventing contagion)
 - Training for mental health professionals
 - Training for ALL staff in signs and how to respond
 - Parent education
 - Student education
 - Screening process
- * Must be the first step before everyone is trained



Comprehensive Suicide Strategy at IHEs



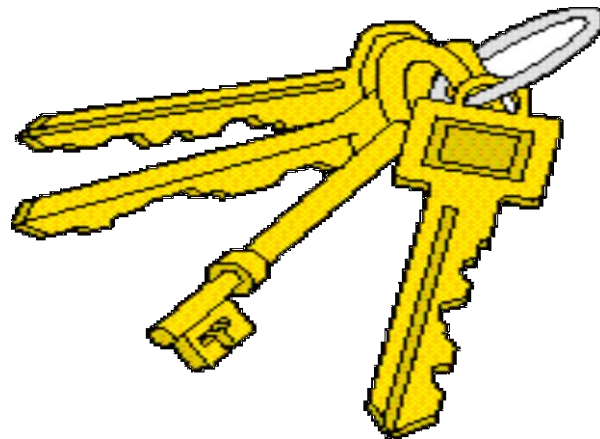
- Contagion depends upon the individual
- Suicide can have contagious effects far beyond the immediate social network of the victim
- Media coverage of suicides can significantly increase the rate of suicide:
 1. Repeated news coverage of the same story
 2. Front-page news coverage
 3. Larger size headlines
 4. Celebrity suicides have greater impact
 5. Portrayal of “rewards” such as the grieving family and significant other can foster revenge motivations for suicide especially among angry and dejected youth
 6. Media portrayal of suicide as “unavoidable” and “someone will be next”
 7. Presenting suicide as a political issue, e.g. as due to desegregation or job stress
 8. Victims shown as possessing desirable, high status qualities
- Teens particularly vulnerable due to portrayals in the media as well as direct knowledge of the person (clusters)

- Share best practices for reporting a suicide with the media, “Reporting on Suicide: Recommendations for the Media.” at www.Reportingonsuicide.org
- Convey that suicide is complicated and never the result of one issue
- Those underlying issues that most likely contributed to the suicide can be addressed
- Avoid emphasizing or glorifying the suicide
- Be careful using photos of the victim
- Talk about how suicide can be avoided and what resources are available both at school/on campus and in the community: National Suicide Prevention Lifeline, Trevor Project and state/local resources: Colorado Crisis Services and Safe2Tell
- Remind students that when someone dies, they aren’t aware of the responses that come after
- Mention the tremendous pain of the family, friends and community when someone dies

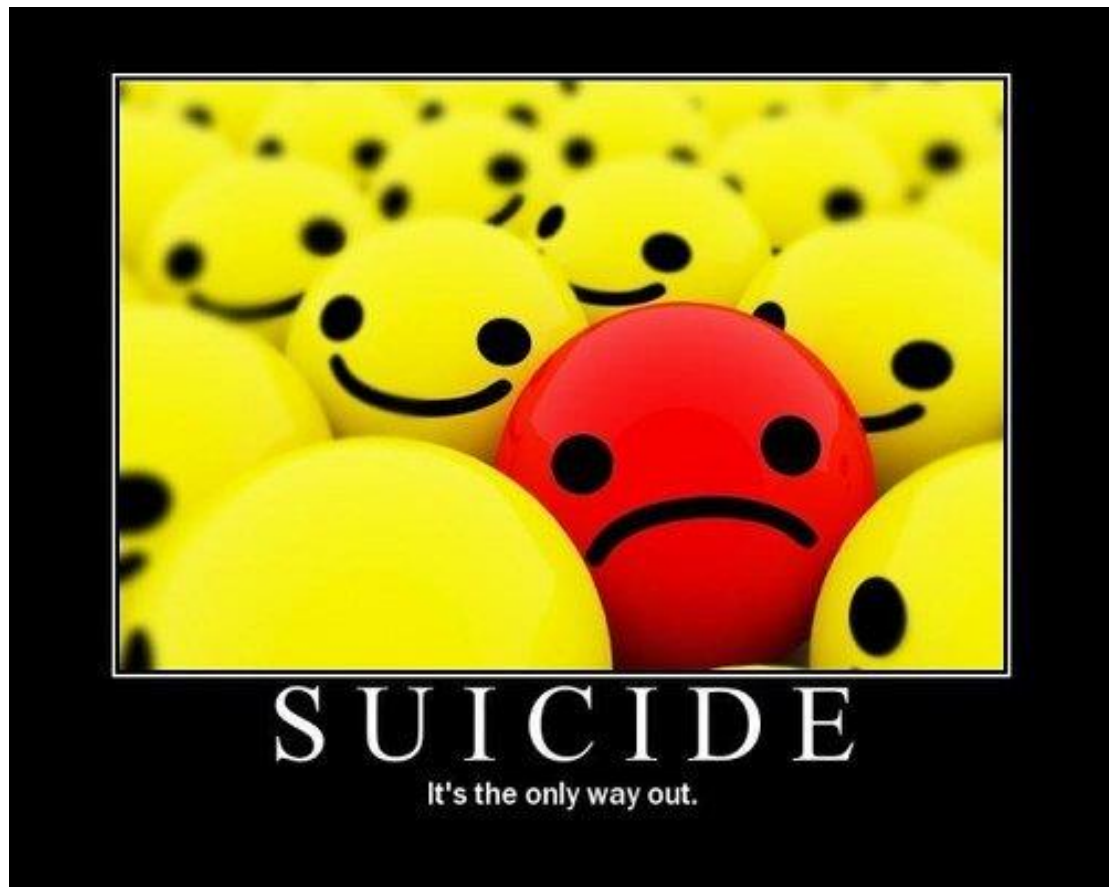
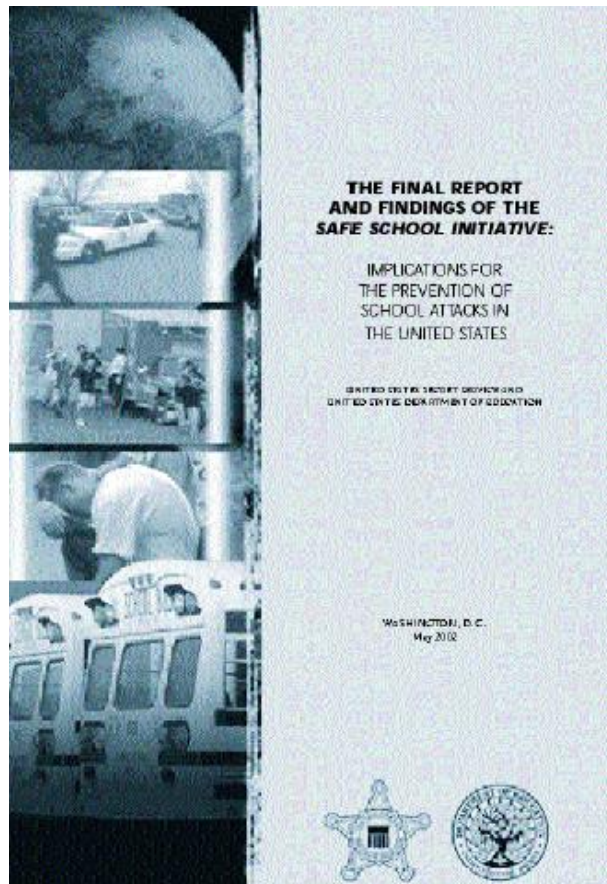
- **Assessing the suicidal risk**
 - School mental health staff who have been trained in suicide risk assessment and receive the referral (What about FERPA?)
 - School can contact a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide assessment
- Notifying parents
 - **Must ALWAYS be notified of students under 18**
- Referring to a mental health provider
 - Consistent with school, district, state, tribal, Bureau of Indian Education or federal policies and laws
- Documenting the process!

Criteria:

- Lethality of the current attempt or plan
- Evidence of a history of multiple attempts
- Evidence of drug or alcohol abuse
- Current stress levels and factors
- Emotional affect
- A suicidal plan
 - Access to means
 - Ability to carry out the plan
- Available resources



Threat Assessment/Suicide Connection



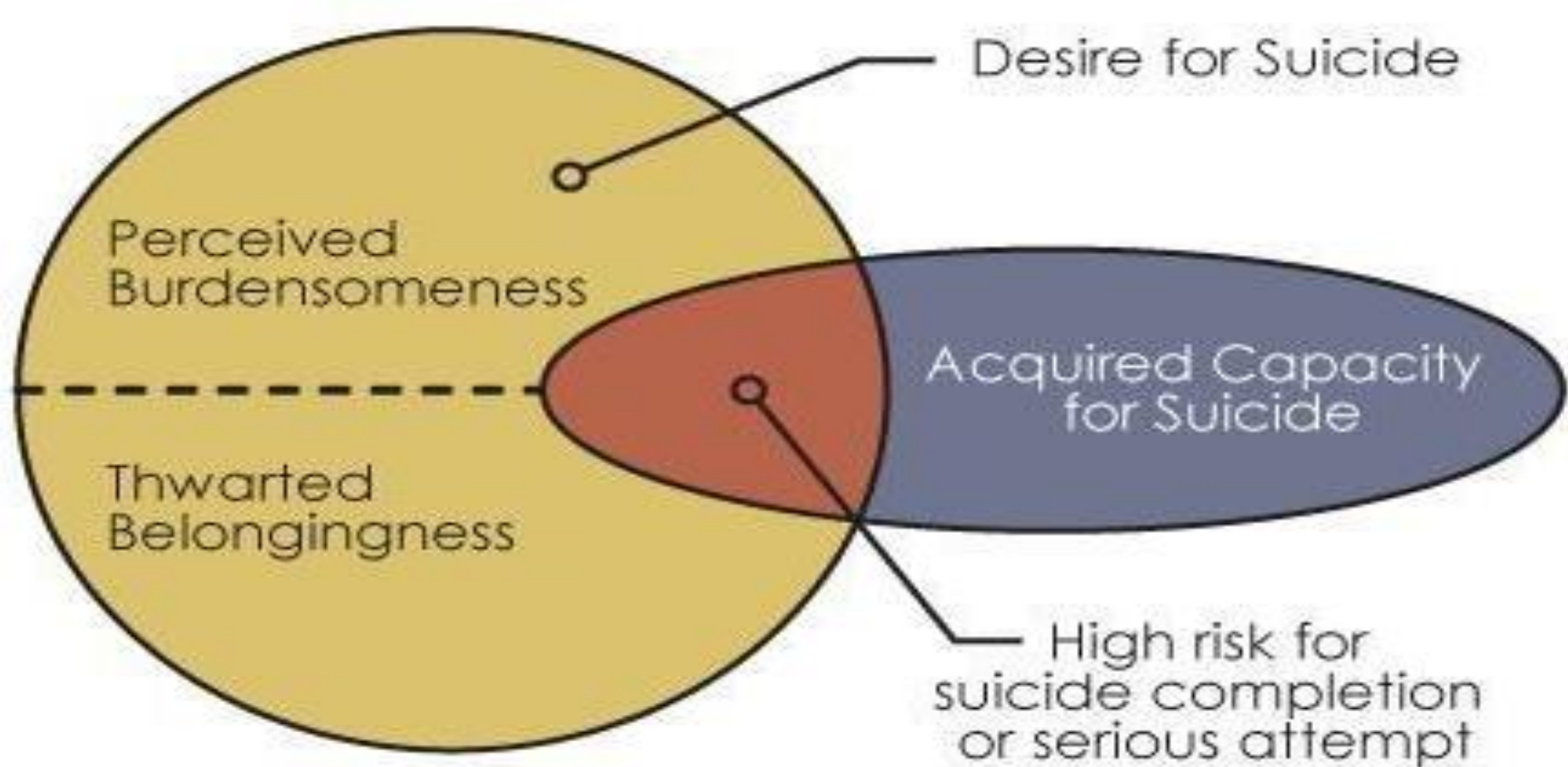
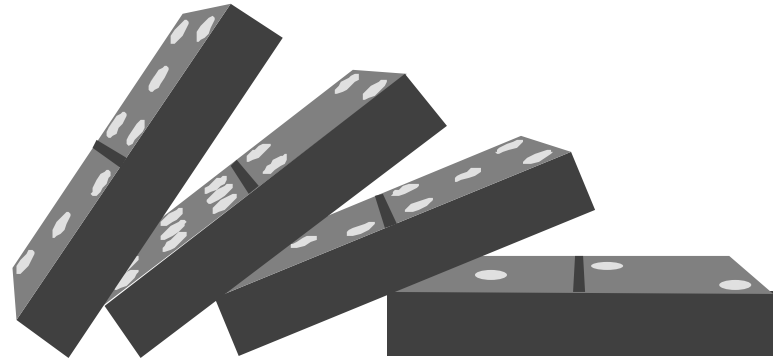


Figure 1: Thomas Joiner's model of suicide risk, 2006

1. Suicide threats.
2. Suicide plan, method, and means.
3. Previous attempts.
4. Making final arrangements.
5. Symptoms of depression.



1. Asking questions or talking about suicide will increase the probability of its occurrence
2. Those who attempt suicide usually receive medical attention or treatment
3. Most young people who die by suicide usually leave a suicide note
4. Parents or caregivers are aware of their child's suicidal behavior

(Miller , D.N. & Eckert, T.L., 2009)

- 5. Youth suicide is caused primarily by family or social stress rather than mental health problems
- 6. That individuals who talk about suicide are doing it to get attention and are not serious
- 7. Once a person decides to commit suicide there is little or nothing that can be done to prevent it

MYTHS
BUSTED

(Miller, D.N. & Eckert, T.L., 2009)

- Self-injury usually involves the intentional self-destruction of body tissue ***without deliberate suicidal intent***
- Self-injury provides a rapid, but temporary, relief from stress and tension, a sense of security or control, and/or decreases in distressing thoughts or feelings
- You will note the difference in thinking pattern
- **The function of the behavior is different:**
- An individual attempting suicide is trying to end his/her life, the individual engaging in self-injury is typically trying to **feel better**

However....

(Kanan, Finger & Plog, 2008)

- Self-injury typically begins in early adolescence
- The number of children and youth engaging in self-injury is likely underestimated and increasing
- May occur in more than one way, be sure to ask about other forms of harm/recklessness
- **Screen for possible suicide risk**
- Look for co-morbidity (depression, anxiety, substance abuse)
- Notify parents and help provide understanding of the behavior and any recommendations
- Large awareness campaigns are not recommended due to contagion effect

(Kanan, Finger & Plog, 2008)

How Does a Depressed or Suicidal Person Look?

- Warning signs are almost always present
- 25-33% of people who attempt once, will have another attempt within 1 year (2nd attempt is often more lethal)
- Of individuals who are in mental health treatment, approximately 80% denied suicide thoughts to their practitioner prior to taking their lives
- Some can hold up a mask and hide many symptoms
- Look for major changes of ANY kind in the person's behavior
- Slides courtesy of AspenHope

If your gut says worry....

- Stay with them
- Talk now - don't wait until the next time you see them
- Don't talk in a public, open space – Talk in private
- Turn off your phones, close doors
- Give yourself plenty of time
- If they talk to you then say they are “ok”... still get them to a mental health professional
- Go with them and stay!
- Be part of their **FUTURE!!!**



- Be Genuine
- Natural and most common response is to try and convince people life is worth living
 - Wait, this comes second!
- First find out specifics – Listen, listen, listen!
- The more you know the better you can help

- ☐ If they start talking, do not interrupt
- ☐ Listen openly
- ☐ Keep asking more questions, gain specifics
- ☐ Don't judge them or the situation
- ☐ Careful of word choice
 - Don't beat around the bush and ask, "You won't do anything crazy, will you?"
 - To a suicidal person, suicide is not crazy, it is a logical next step



Funerals & Memorials

- Discuss funeral & memorial concerns with family, as possible
- Assist victim's siblings and close friends
- Best scenario is to have funeral outside of school hours
- Allow attendance, but do not dismiss school
- Have support staff at funeral
- Encourage parents to attend with their child/policy?

Funerals & Memorials

- ***No physical memorial or anything permanent***
- Do something to prevent other suicides
- Develop living memorials such as Student Assistance Programs
- Mention the need to distance from victim and avoid glorifying the act
- Consider other student deaths and how to be
consistent with all

- Liability issues are related to ***foreseeability and negligence***
- Schools have ***not*** been thought of as responsible ultimately, but must demonstrate they made appropriate, “good faith” efforts to prevent suicide from occurring
- **School districts have been found liable for:**
 - not offering suicide prevention programs
 - inadequate staff training
 - providing inadequate supervision of at-risk students
 - **failing to notify parents when their children were suicidal**



- The IHE caused the suicide or serious injury of a student by illegally or negligently prescribing, dispensing, or giving access to medication.
- The IHE caused emotional distress and suicide through some exceptionally abusive and deliberate process, such as knowingly and maliciously prosecuting a clearly innocent student under the discipline code.
- The IHE caused physical trauma that resulted in physical and mental health consequences, including suicide (e.g., a negligently-cause vehicular accident that results in pain, depression, and suicidal ideation).

- The IHE failed to use reasonable care to prevent the suicide of an individual under "suicide watch" (i.e., the constant monitoring of a person known to be at significant risk for suicide in order to prevent suicidal behavior).
- Occasionally, the police have been held responsible when individuals under arrest have caused themselves harm, but it is clear that merely providing non-negligent health/mental services or other interventions short of custodial suicide watch will not trigger liability

1. The law relating to medical malpractice for suicide will continue to be tested
2. There has been recent litigation claiming that IHEs have an independent duty to notify parents of a student's dangerous, suicidal, and/or self-destructive behavior
3. An IHE's responsibility regarding a student who threatens violence toward others and/or recklessly puts the lives of others at risk is significant.

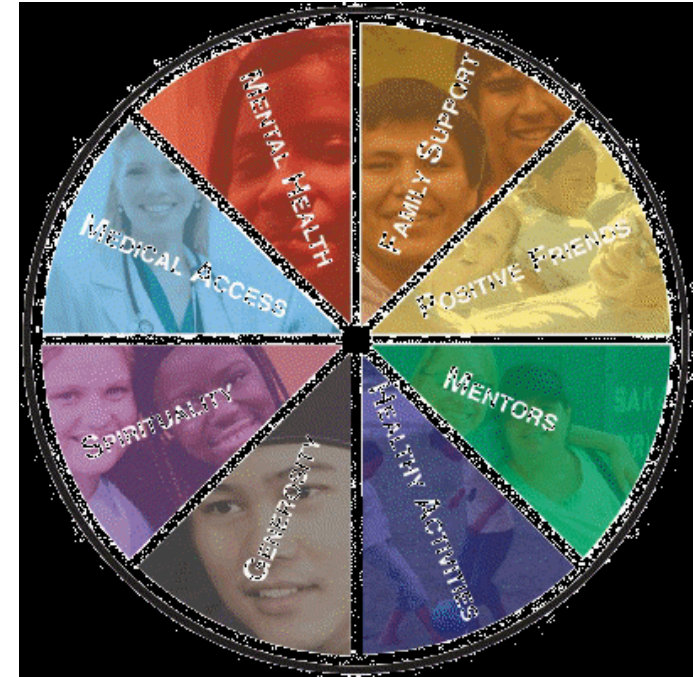
- May, 2018 MIT case was found in favor of the university after the suicide death of a 25 year old graduate student whose mental health issues had been known by a number of the faculty.
- In its ruling, the Massachusetts Supreme Judicial Court states that though colleges and universities bear some responsibility in protecting their students from harm, "universities are not responsible for monitoring and controlling all aspects of their students' lives." A key factor is whether a school or its employees could reasonably anticipate harm coming to the student from the school failing to take steps to protect him or her.
- "Nguyen (student) never communicated by words or actions to any MIT employee that he had stated plans or intentions to commit suicide, and any prior suicide attempts occurred well over a year before matriculation," the ruling states. "There was no evidence that Wernerfelt and Prelec (his instructors) had actual knowledge of Nguyen's plans or intentions to commit suicide. Both were academics; neither was a trained clinician. Nguyen's communications to them about his mental health problems related to insomnia and test-taking, not to suicidal thoughts."

- However, Beeler (attorney for the plaintiff) believes the ruling expands the law by recognizing that colleges and universities do have a duty to take reasonable measures to prevent a student's suicide in certain circumstances. He pointed to a portion of the ruling that says that responsibility exists when the school has **"actual knowledge of a student's suicide attempt that occurred while enrolled at the university or recently before matriculation, or of a student's stated plans or intentions to commit suicide."**
- **More than a dozen Massachusetts colleges and universities had filed a brief in the case, saying higher education employees who are not clinicians aren't trained to make judgments about a student's mental health.**

- Reducing the stigma around help seeking for mental health issues.
- Helping students feel connected to the school/campus community.
- Providing appropriate mental health resources when necessary.
- Training EVERYONE in suicide gatekeeper training.
- Training students in stress-reducing skills.
- Depression screening in appropriate settings.
- Encouraging EVERYONE to get enough sleep!

Suicide Prevention Programs K-12

- **Curriculum:** (See Colorado School Safety Resource Center Prevention/Intervention Guide for Schools) such as:
 - American Indian Life Skills Development
 - CARE
 - CAST
 - LEADS
 - Lifelines
 - Reconnecting Youth
 - SOS – Signs of Suicide
 - Sources of Strength



- Mental health services
 - Less than 20% who died by suicide in a 2014 study had accessed their college's mental health services
 - About 36% who suffered from depression received no medication or therapy within the last year
- Gatekeeper training
- Online screening – Interactive Screening Program (ISP), AFSP
- AFSP video: It's Real: College Students and Mental Health
 - <https://afsp.org/our-work/education/real-college-students-mental-health/>
- Develop an Emergency Contact Notification Protocol
- Establish a case management/behavioral intervention team

- Abide by disability laws for identified students with mental health concerns
- Leave of absence protocols/individualized re-entry requirements
- Offer insurance with mental health coverage
- However, an IHE should not ask or encourage faculty, students or other non-healthcare personnel to serve in the capacity of a health/mental health professional.
- Develop an MOU with a local hospital that might see a student for an assessment or hospitalization
- Peer-run hotlines or counseling services are up for debate (check with legal counsel)
- Create policies and procedures for suicide defining expectations for students and faculty, communicate to staff, students and parents and follow all protocols and document.

- Gatekeeper Trainings:
 - Training natural community caregivers
 - Expands community support system
 - Research is limited but promising
 - Durable changes in attitudes, knowledge, intervention skills have been seen
- Examples:
 - QPR(Question, Persuade & Refer)
 - ASIST (Applied Suicide Intervention Skills Training)
 - SafeTalk



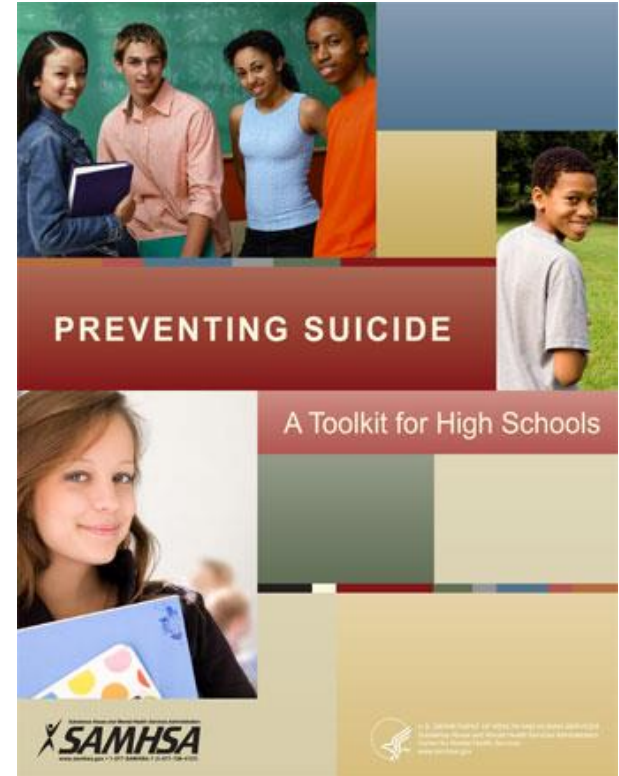
- 1-800-SUICIDE
- 1-800-273-TALK (a.k.a. 1-800-APE-TALK)
- Trevor Helpline (GLBTQ) 1-800-850-8078
- Safe2Tell 1-877-542-SAFE
- **Colorado Crisis Services (1-844-493-TALK) (8255)**



Substance Abuse & Mental Health Services Administration (SAMHSA)

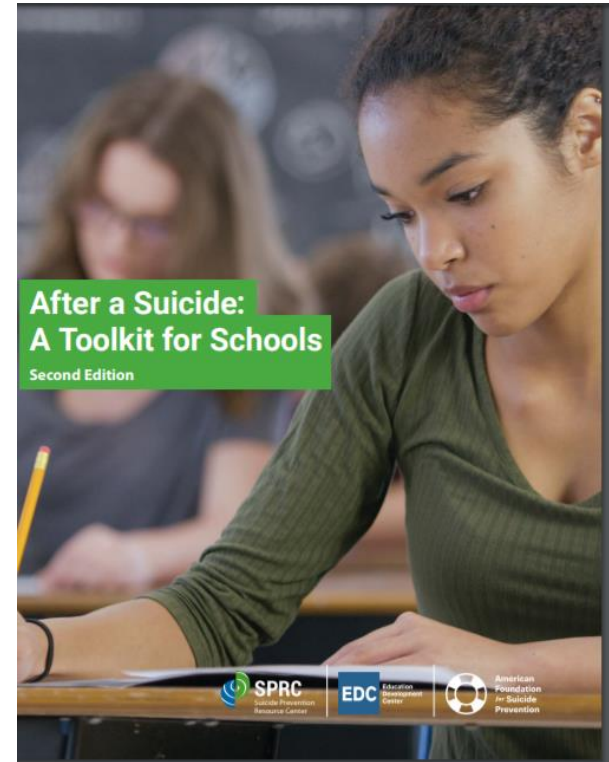
- High schools and school districts
- To design and implement strategies to prevent suicide and promote behavioral health
- Tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of student.

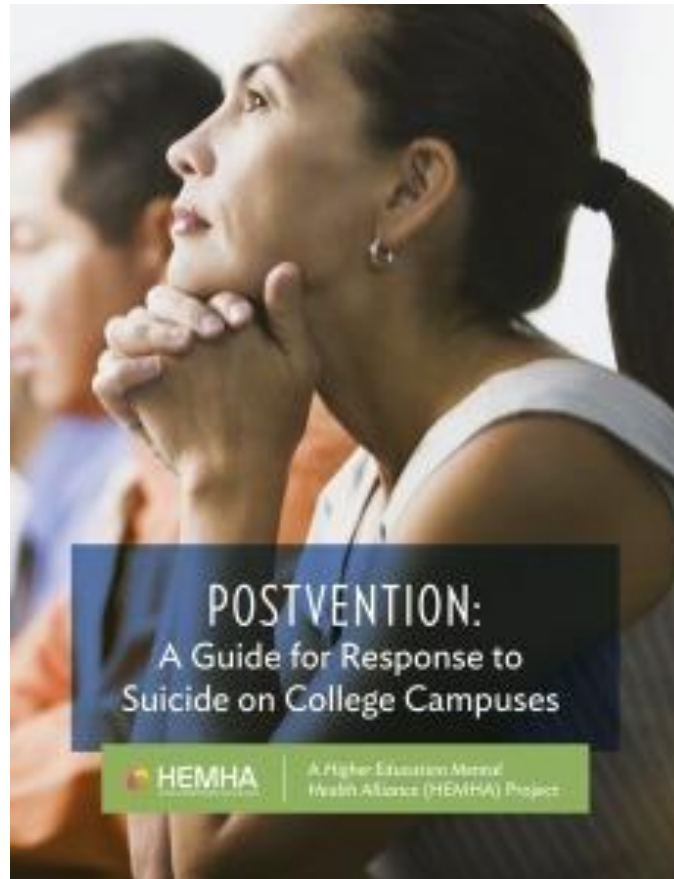
www.samhsa.gov



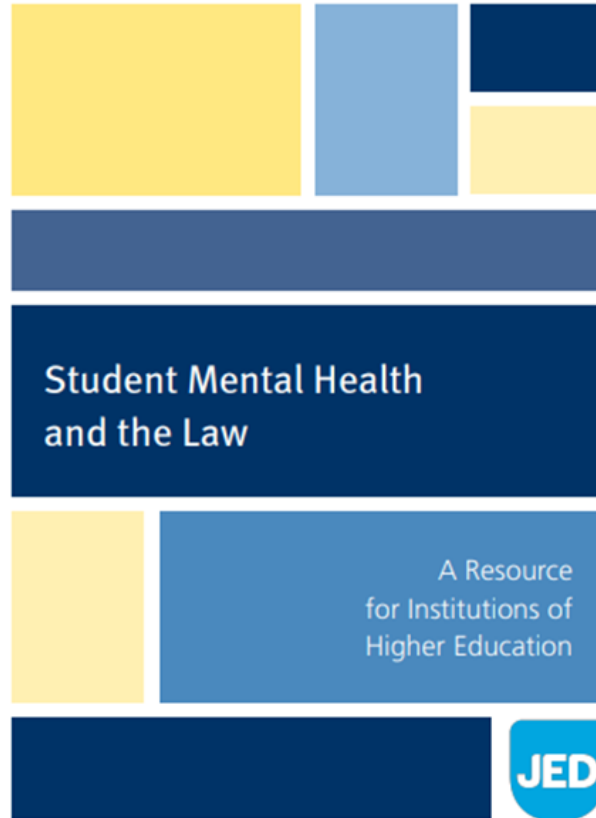
- Guidelines for after a suicide or other sudden death in a school
- Second Edition created by AFSP & Suicide Prevention Resource Council
- Best Practices Registry for Suicide Prevention

www.afsp.org





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**Thank you for caring about students and
your time today
Have a safe, successful school year!**



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Reminders

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Christine Harms, Director

**Colorado School Safety Resource
Center**

Christine.harms@state.co.us

303.239.4534

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