

# Signs of Suicide (SOS)

University Academy  
Lunch & Learn  
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# Risk Factors, Warning Signs, and Precipitating Events

Suicide is complex. There are generally a number of factors that come together to increase a person's risk. Fortunately, this gives us many avenues to intervene. Consider how you may be able to intervene if a child is experiencing some of the risk factors and warning signs below.

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## Risk Factors

While no student is immune from suicide, some students face increased risk.

### Mental Health

Depression and other mental health concerns like non-suicidal self-injury are key risk factors for suicide. These mental health conditions are treatable. Connecting a young person to treatment is the best prevention for youth suicide.

### Substance Use

Many young people who struggle with depression also struggle with alcohol and/or drug use. Teach students about the dangers of using alcohol or drugs to cope with negative emotions. Screen for substance use and intervene early to treat this mental health concern.

### Hopelessness, Social Isolation, Poor Problem Solving

Some young people feel desperate and are unable to see a solution to end their suffering. Forming connections with disconnected kids and helping them to learn coping skills and build social supports are crucial steps in prevention.

### Substance Use

Unfortunately, too many children suffer from abuse and trauma. There are many steps to be taken to decrease instances of bullying and violence at school. Exposure to peer suicide increases risk for all students in your school, so preventing one suicide can prevent others.

### Access to Guns

Suicide crises are often short-term but having access to a gun makes it easier to carry out the act in an instant. Educate your community about the danger of storing guns in the home.

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## Warning Signs

A warning sign is an indication that someone might be having thoughts of suicide. Most people give clues or signals of their intentions. If you see/hear a warning sign, seek immediate help.

**Listen:** “I wish I were dead” and “I won’t be around to deal with this much longer” are warnings of serious suicidal thoughts.

**Read** writing assignments and social media where young people often share their feelings. Writing about death or actively seeking weapons/means to carry out the act are warning of a suicidal crisis.

**Watch** for big changes:

- Significant differences in appearance or mood
  - Extreme withdrawal
  - Increase in risky behavior (including alcohol/drug use)
  - Decreased interest in things they once enjoyed
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## **Precipitating Event**

Sometimes a major life event moves a person from thinking about suicide to attempting suicide. Certain events may be insignificant to one person and very troubling to another.

Consider what events might have a big impact on students you know. A few examples include:

- Breakup
  - Bullying incident
  - Sudden death of a loved one
  - Trouble at school
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# Protocol for Safeguarding Youth

## University Academy's Suicide Prevention Crisis Protocol

Below is a review of our school's protocol for assisting potentially suicidal students, including key contacts who you can approach when concerned about a student.

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1. Once a student has disclosed the need for help (whether directly, or indirectly through someone else, or even in a written assignment) **do not leave the student alone**.
2. Accompany the student to the counselor's office or the Student Services Coordinator.
3. The counselor or the Student Services Coordinator will conduct a suicide risk or self-harm assessment.
4. The counselor or the Student Services Coordinator will immediately **contact the student's parent(s) or guardian**.
5. Recommendations and referral information for services will be provided to parent(s) or guardian.
6. The counselor or the Student Services Coordinator will document the process including the suicide or self-harm assessment, contact with parent(s) or guardian, and referral services recommended (if applicable).

We encourage you to keep in contact with the student after you have followed the procedure above. The student trusted you with their concerns and continuing to check in with them can help them feel connected. We welcome any questions and updates on how the student is doing in class. Please be aware that with confidentiality requirements, we may not be able to give you details about the student's treatment.

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Contact Person #1

Name:

Room/Office Number:

Phone Number/Extension:

Contact Person #2

Name:

Room/Office Number:

Phone Number/Extension:

**National Suicide Prevention Lifeline:**

**Call for 24/7, free and confidential support at 1-800-237-TALK (8255).**

# Youth Depression & Suicide

## Myths & Facts

Myths about depression and suicide often separate people from effective treatments and prevent people from supporting suicide prevention efforts. It is important for all adults to learn the facts so that we can give young people accurate information and support.

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**Myth:** Talking about suicide may give someone the idea.

**Fact:** You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

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**Myth:** People who talk about suicide won't really do it.

**Fact:** Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like, "You'll be sorry when I'm dead," or "I can't see any way out" — no matter how casually or jokingly said — may indicate serious suicidal feelings.

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**Myth:** If a person is determined to kill themselves, nothing is going to stop them.

**Fact:** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

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**Myth:** Anyone who tries to kill themselves must be crazy.

**Fact:** Most suicidal people are not psychotic or insane. They may be depressed or struggling with substance use and in extreme emotional pain. Extreme distress and emotional pain are signs of mental illness, but are not signs of psychosis.

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**Myth:** It's normal for teenagers to be moody; teens don't suffer from "real" depression.

**Fact:** Depression can affect people at any age or of any race, ethnicity, or economic group. Just like any illness, depression can affect teens who seem to “have it all.” The prevalence of depression in adolescents and young adults increased from 8.7% in 2006 to 11.3% in 2014. Though depression seems to be on the rise, treatment is helping many young people cope with this illness.

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**Myth:** Teens who claim to be depressed are weak and just need to pull themselves together. There’s nothing anyone else can do to help.

**Fact:** Depression is not a weakness; it’s a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think, change behaviors, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of therapy and medication is beneficial.

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**Myth:** It’s easy to tell when a teen is depressed because they cry all the time and withdraw from friends and family.

**Fact:** While down mood and withdrawal are some signs of depression, some symptoms are not as well known. Teens may seem irritable or anxious. They may have no energy and feel tired but have trouble sleeping; or they may sleep too much. They may lose their appetite or eat too much leading to weight changes. Only a professional can diagnose depression.

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**Myth:** Depression is the only mental health problem connected to suicide.

**Fact:** While depression is strongly connected to youth suicide, other mental health concerns are important too. Substance use problems are a major predictor for suicide. If a young person is using alcohol or drugs to deal with negative feelings, they are at increased risk. Some young people use non-suicidal self-injury (hurt themselves on purpose) to deal with negative feelings. While these injuries are not generally about suicide, students who self-injure are at increased risk. Early intervention and treatment for all mental health concerns are the best protection from suicide risk.

# Your Role in Preventing Youth Suicide

Suicide is a preventable public health concern that should be addressed in schools because of the unique environment schools provide. Adolescents spend most of their time at school where adults interact with them in different capacities allowing for them to observe risk factors and warning signs. Use this guide to learn how to identify and respond to suicide risk in your students.

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## Identify Students Who May Be At Risk

You may notice problems facing your students that may put them at risk for suicide. Some of the most significant risk factors:

- Depression (and other mental health disorders)
- Prior suicide attempt(s)
- Problems with drugs or alcohol
- Non-suicidal self-injury (hurting their body on purpose to reduce emotional pain)

Other behaviors may also indicate serious risk:

- Talking about feeling trapped, in unbearable pain, or being a burden
- Talking/writing about death
- Acting anxious or agitated; behaving recklessly
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Decreased interest in activities they once enjoyed

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include:

- Problems in school (academic and/or discipline)
- Family problems or abuse
- Relationship problems or break-ups
- Bullying or trouble with the law

Suicide is complex. A number of risk factors are generally present but many may be unknown to school faculty/staff. If you are aware of a student who experiences a troubling event or displays warning signs, take action immediately.

## Respond To Students Who May Be At Risk

If a student is:

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as obtaining lethal means
- Talking about feeling hopeless or having no reason to live

Take the following steps right away:

1. Supervise the student constantly (or make sure the student is supervised by caring adults) until they can be seen by the mental health contact
  2. Escort the student to see the mental health contact or administrator
  3. Provide any additional information to the mental health professional evaluating the student to help in the assessment process.
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## Reach Out To Students Who May Be At Risk

If a student isn't displaying immediate warning signs but you believe they may be at risk, you can still help:

- Talk with your school's mental health contact about your concerns. They may decide to obtain information about the student from other school staff to determine how best to help the student.
- Reach out to the student and ask how they are doing. Listen without judging. You can mention changes you have noticed in their behavior and that you are concerned. Suggest that the student see the school mental health contact and offer to accompany them.

Once you have referred a student to the school mental health contact, you still have an important role to play. Continue to stay in contact with the student and pay attention to how they are doing. Also, stay in touch with the school mental health contact and provide updates as needed.

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## Helping Your Colleagues

Suicide can occur among your colleagues as well as among students. If you notice signs of risk for anyone in your school, you can assist them in obtaining help too.

**The National Suicide Prevention Life line is available 24/7 and provides free, confidential support for people in distress, prevention and crisis resources at 1-800-273-TALK (8255).**







# SOS Signs of Suicide<sup>®</sup> Prevention Program

## Student Screening Form

- Age: \_\_\_\_\_
- Gender:  Female  Male
- Grade in School:
  - 6  7  8  9  10
  - 11  12  GED Program
  - Other: \_\_\_\_\_
- Ethnicity:  Hispanic/Latino  Not Hispanic/Latino
- Race: (Check all that apply)
  - American Indian/Alaska Native  Asian
  - Native Hawaiian/Other Pacific Islander  White
  - Black/African American  Other/Multiracial
- Are you currently being treated for depression?  Yes  No

## Brief Screen for Adolescent Depression (BSAD)\*

These questions are about feelings that people sometimes have and things that may have happened to you. Most of these questions are about the **LAST FOUR WEEKS**.

Read each question carefully and answer it by circling the correct response.

- |  |     |    |
|--|-----|----|
| 1. In the last four weeks, has there been a time when nothing was fun for you and you just weren't interested in anything? | Yes | No |
| 2. Do you have less energy than you usually do?  | Yes | No |
| 3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?            | Yes | No |
| 4. Do you think seriously about killing yourself?  | Yes | No |
| 5. Have you tried to kill yourself <i>in the last year</i> ?   | Yes | No |
| 6. Does doing even little things make you feel really tired?   | Yes | No |
| 7. In the last four weeks, has it seemed like you couldn't think as clearly or as fast as usual?                           | Yes | No |

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## Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," my mother," "uncle," etc.)

In School: \_\_\_\_\_

Out of School: \_\_\_\_\_

## SOS Signs of Suicide® Program - Your BSAD Score and What It Means

The BSAD (Brief Screen for Adolescent Depression) is a self-survey so you can check yourself for depression and suicide risk. Your BSAD survey score will tell you whether you should see a school health professional (psychologist, nurse, counselor or social worker) for a follow-up discussion.

To find out your BSAD score, add up the number of “Yes” answers to questions 1-7. Use the table below to find out what your score means and what you should do.

| SCORE | MEANING  |
|-------|--|
| 0-2   | <p>It is <i>unlikely</i> that you have depression.</p> <p>However, if you often have feelings of sadness you should talk to a trusted adult (parents/guardians/school staff person) to try to figure out what you should do.</p> <p>Even though your score says that you are not depressed you might still want to talk to a healthcare professional if your feelings of sadness do not go away.</p>   |
| 3     | <p>It is <i>possible</i> that you have depression.</p> <p>You <i>should talk with a healthcare professional</i>. Tell a trusted adult (parent/guardian/school staff person) your concerns and ask if they could help you connect with a mental health professional.</p> <p>If it makes you feel more comfortable, bring a friend with you. Tell the adult that you <i>may be</i> clinically depressed and that you might need to see a mental health professional.</p> |
| 4-7   | <p>It is <i>likely</i> that you have depression.</p> <p>You probably have some significant symptoms of depression and you <i>should talk to a mental health professional</i> about these feelings. Tell a trusted adult (parent/guardian/school staff person) about your feelings and ask if they could help you see a mental health professional.</p>   |

|                   |  |
|-------------------|--|
| Questions 4 and 5 | These two questions are about <i>suicidal</i> thoughts and behaviors. If you answered “Yes” to <i>either</i> question 4 or 5, you should see a mental health professional immediately - <i>regardless of your total BSAD score</i> . |
|-------------------|--|

### Identifying Trusted Adults

|                                       |  |
|---------------------------------------|--|
| Concerned about yourself or a friend? | It's important to know who you can turn to if need to talk. If you had trouble identifying a trusted adult, ask to speak with the person implementing the SOS Program. Let someone know you need help building this important connection. If you are worried about your friend but your friend refuses to speak to someone, ask your trusted adult to help get your friend the assistance he or she needs. |
|---------------------------------------|--|

**Bottom line:** Take these screening results seriously and get help. You or your friend deserves to feel better, and help and support are available to you. **If you are worried about yourself or someone else, call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**

# Important Contacts at University Academy

## **Student Services Coordinator (K-12) / Social Worker**

Brianne Phillips, MSW, LCSW, RPT-S

816-412-5956

[phillipsb@universityacademy.org](mailto:phillipsb@universityacademy.org)

@BrianneLCSW

## **Lower School Counselor (Grades K, 1, 5)**

Chelsea Hagan, MA

816-412-5973

[haganc@universityacademy.org](mailto:haganc@universityacademy.org)

## **Lower School Counselor (Grades 2, 3, 4)**

Katy Sanders, LPC, ATR

816-412-9260

[sandersk@universityacademy.org](mailto:sandersk@universityacademy.org)

## **Middle School Counselor (Grades 6 - 8)**

Jenna Engler, MA, PLPC, NCC

816-412-5949

[englerj@universityacademy.org](mailto:englerj@universityacademy.org)

## **Upper School Counselor (Grades 9 - 12)**

Katy Kenyon

816-412-5946

[kenyonk@universityacademy.org](mailto:kenyonk@universityacademy.org)