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Recognizing When Students
Need Help: ACTing to
Prevent Suicide

Statistics on Depression and Suicide

Even before the pandemic . . .

- In 2019 data from the National Survey on Drug Use and Health (SAMHSA) indicated that the percentage of youth ages 12-17 who reported a Major Depressive Episode in the past year had **doubled** (from 8% in 2009 to nearly **16%** in 2019)
- Suicide rates also already on the rise (2007-2017)
 - Rates rose **76%** for 15- to 17-year-olds
 - Rates **nearly tripled** for 10- to 14-year-olds

Statistics on Suicide:

Impact of the Pandemic on Teens' Mental Health

- In 2020 **1 million youth** ages 11-17 took a clinically validated mental health screener through the Mental Health of America Online Screening program, a **628% increase** from 2019
- Throughout the pandemic, youth ages 11-17 were more likely than any other age group to score for **moderate-to-severe symptoms** of anxiety and depression
- June 2021 study (CDC) reflects increased emergency room visits among teens 11-17 for suspected suicide attempts
 - In comparing month-long period 2021/2019, rates up 51% among girls, and 4% among boys

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	—	—	—	—	—	29	—
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

*For the complete wording of YRBS questions, refer to the appendix.

†Variable introduced in 2021.



In wrong direction



No change



In right direction

Statistics on Suicide

- 2nd leading cause of death
- 7,126 youth lost 2021
- Under-reported
- 4/5--Clear warning signs



Depression and Youth

- 2.5% of Children
- Boys vs. Girls
- Between 10-15% have symptoms
- 17% of adolescents (4.1 million) MDE—SAMHSA, 2020



What is Typical Adolescent Behavior?



What is a Major Depressive Episode?

Five (or more) of the following symptoms have been present during the same **2-week period** and represent a change from previous functioning; at least one of the symptoms is either **(1) depressed mood** or **(2) loss of interest or pleasure**:

- **Depressed/Irritable mood** most of the day, nearly every day
- **Decreased interest or pleasure** in all, or almost all, activities
- **Eating/Sleeping** changes
- **Change in activity**
- **Fatigue** or loss of energy
- **Worthlessness** or excessive guilt
- **Diminished ability to think** or concentrate, or indecisiveness
- **Suicidality**

More Warning Signs to Look For...

- Frequent sadness, crying
- Social isolation/withdrawal from family, friends, and regular activities
- Increased anger, irritability
- Alcohol/drug use
- Excessive risk-taking
- Poor school performance
- Somatic complaints/increased nurse visits
- Marked personality change

What Causes Suicide?

A combination of risk factors in the presence of precipitating events.

The Teenage Brain



Risk Factors for Suicide

Behavioral Health: <ul style="list-style-type: none">• Depression**• Substance abuse**• Previous suicide attempts**• Non-suicidal self-injury (NNSI) Disorder• Anxiety	Adverse Life Circumstances (cont.): <ul style="list-style-type: none">• Trauma/Sexual Abuse• Death of a loved one
Personal Characteristics: <ul style="list-style-type: none">• Low self-esteem• Social isolation/lack of connectedness• Poor problem-solving• Impulsive or aggressive tendencies	Family Characteristics: <ul style="list-style-type: none">• Family history of mental health disorders/suicide• Parent divorce; incarceration; job loss• Physical illness of a family member
Adverse Life Circumstances: <ul style="list-style-type: none">• Interpersonal difficulties• Bullying/Cyber bullying• School or work problems	Environmental: <ul style="list-style-type: none">• Access to lethal means (guns)• Limited access to mental health care• Exposure to stigma• Lack of acceptance (LGBTQIA+ issues)

LGBTQIA+ Youth

(Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex & Asexual)

- LGBTQ youth are more than **2x as likely to attempt suicide** than their heterosexual peers (12% compared to 5.4%)--American Academy of Pediatrics, 2021
- AND children whose gender or sexual identity is rejected by their family **8.4X as likely to attempt suicide** and **5.9X likelier** to report serious depression than their peers--SAMHSA
- LGBTQIA+ youth also at increased risk for eating disorders, dating violence, sexual assault and drug and alcohol abuse--CDC
- **Trevor Project National Survey on LGBTQ Mental Health 2024**
 - **18,000+** youth ages 13-24 surveyed
 - **53%** reported experiencing recent *symptoms of depression*, including **nearly 3 in 5** transgender and non-binary youth
 - **60%** reported that they felt *discriminated against* in the past year due to their s.o or g.i.
 - **39%** reported *seriously considering suicide* during past year, including **46%** of transgender and non-binary teens; higher rates for LGBTQ+ youth of color compared to white peers
 - **12%** *attempted suicide* in the past year
 - Only **39%** identified home as an LGBTQ-affirming place, compared to **53%** for school

LGBTQIA+ Youth (Continued)

(Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex & Asexual)

BUT. . . LGBTQ youth who report having *at least one* accepting adult were **40% less likely** to report a suicide attempt in the past year—PFLAG

For most youth, that adult is a teacher!!!!

What Schools/Educators Can DO:

- Encourage and model respect for all students and prohibit bullying, harassment, and violence against all students—with clear policies in place
- Identify “safe spaces”, such as counselors’ offices or designated classrooms, where LGBTQIA+ youth can receive support from administrators, teachers, or other school staff
- Provide access to a gender-neutral bathroom at school
- Encourage student-led and student-organized school clubs that promote a safe, welcoming, and accepting school environment (e.g., gay-straight alliances or gender and sexuality alliances, which are school clubs open to youth of all sexual orientations and genders)
- Provide trainings to school staff on how to create safe and supportive school environments for all students, regardless of sexual orientation or gender identity
- Inquire about and honor students’ preferred names and pronouns
- Utilize gender-inclusive language (e.g., “Students” versus “Boys and girls”)

Elyssa's Story



Critical Signs of Suicide

Demanding Immediate Attention

- Talking or writing about suicide or death
- Direct/indirect statements
- Dropping out of school and/or activities
- Isolation
- Neglecting appearance/hygiene
- Obtaining weapon
- Giving away prized possessions
- Dramatic or sudden mood changes

Protective Factors

- Personality style
- Relationships at home
- Relationships at school/community/school connectedness



Is Suicide Prevention Safe?

MYTH:

- Talking to students about suicide or asking a student if they are suicidal is risky because it might put the idea in their head.

FACT:

- You don't 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.

Why Signs of Suicide?

SOS is the only universal school-based suicide prevention program for which a reduction in self-reported suicide attempts has been documented. Students who receive SOS report:

- Greater knowledge and more adaptive attitudes about depression and suicide
- **64% fewer suicide attempts** among intervention youths relative to untreated controls
- Decrease in suicide planning for “high risk participants” (those who reported a lifetime history of suicide attempts)

SOS Components

Suicide Prevention Education: video and guided discussion



Depression Screening & Response Card

SOS Signs of Suicide® Prevention Program

Student Information

Name (First and Last): _____ Grade: _____

Teacher: _____

Brief Screen for Adolescent Depression (BSAD)

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

1. Have you felt like nothing is fun for you and you just aren't interested in anything?	Yes	No
2. Have you had less energy than you usually do?	Yes	No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people?	Yes	No
4. Have you thought seriously about killing yourself?	Yes	No
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	Yes	No
6. Has doing even little things made you feel really tired?	Yes	No
7. Has it seemed like you couldn't think as clearly or as fast as usual?	Yes	No

Identifying Trusted Adults

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

In School: _____ Out of School: _____

Based on the video and/or screening, I feel

- ☐ I need to talk to someone today (emergency)...
- ☐ I would like to talk to someone within the week (non-emergency)...
- ☐ I do not need to talk to someone...

...ABOUT MYSELF OR A FRIEND

ACT Message

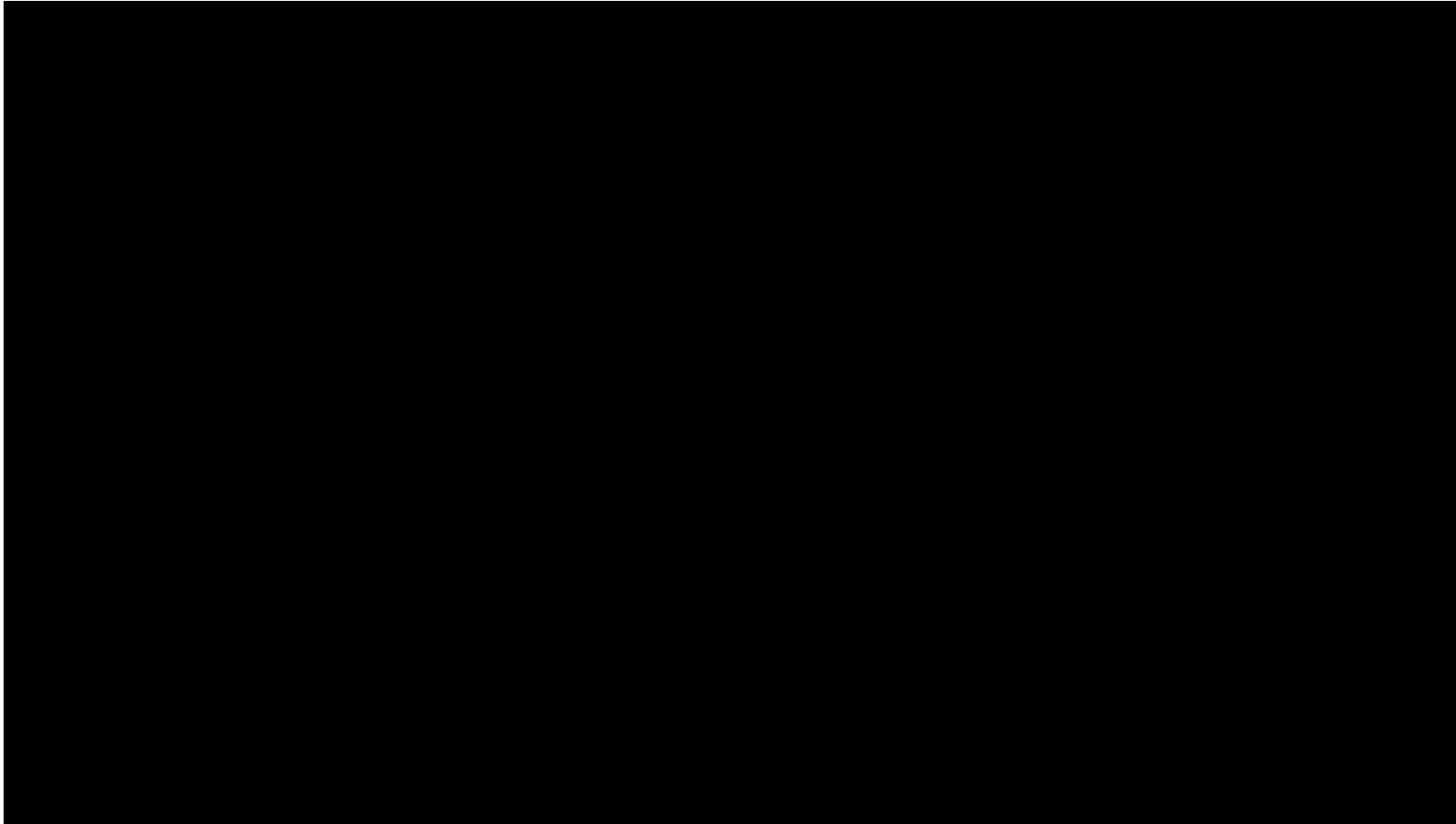
Acknowledge that you are seeing signs of depression or suicide in a friend and that it is serious

Care: Let your friend know that you care about them and that you are concerned that they need help you cannot provide

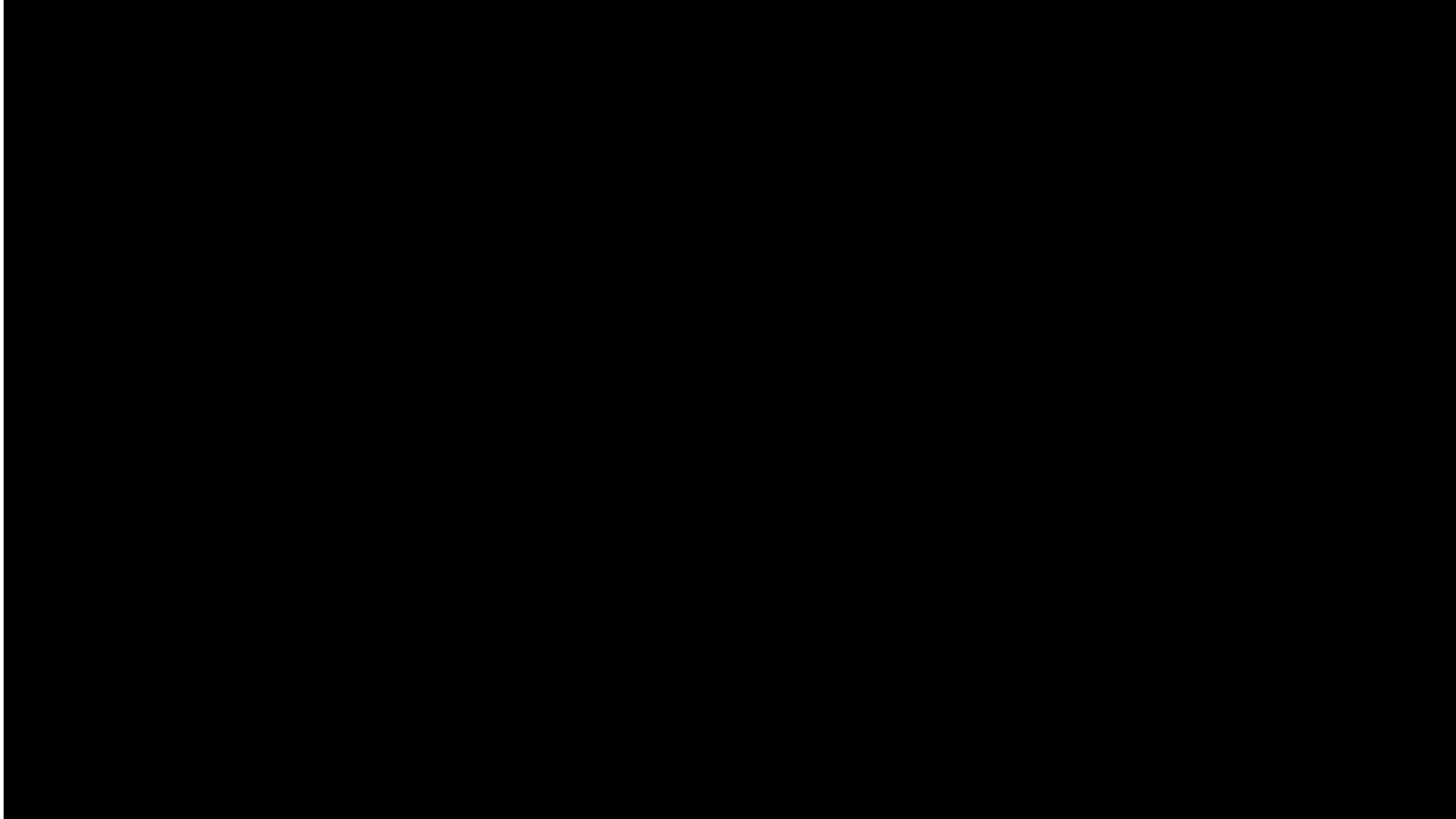
Tell a trusted adult that you are worried about your friend



Vignette from Middle School SOS Program



Vignette from High School SOS Program



SOS Identifies At-Risk Teens

- **16%** of SOS participants identified for follow-up
- **Half** of those students referred on for services
- Example: Implement with **500** students
 - **80** interviews
 - **40** referrals, many potentially LIFE-SAVING!



Testimonials: SOS Saves Lives

“Because of Elyssa’s Mission programming, I found out that one of my 8th grade students had been thinking about suicide for the last three years. When we implemented SOS, she was flagged as a priority one (emergency). When the student was asked about high school, her response was, ‘I actually had never thought about it before because I did not think I would be alive by high school.’ She went (to) inpatient by ambulance. Elyssa’s Mission saved her life.”

Testimonials: SOS Saves Lives

*"In our first year implementing SOS with our freshmen, I interviewed one young man who had answered 'yes' to all 7 screener questions. He was extremely agitated during our interview, and kept repeating over and over, 'Why are you doing this program today? I just don't understand why you are doing this today.' After much coaxing, he pulled a crumpled piece of paper out of his pocket and put it on the table. It was his suicide note; he had been planning to kill himself **THAT DAY** after school. This program saved his life."*

What School Staff Needs to Know

- Know school protocol for dealing with suicidal students
 - **do not leave the student alone**
- Know the warning signs for depression and suicide
- Make note of sudden changes in behavior or demeanor
- Monitor student assignments for themes of hopelessness, death, or violence towards self or others
- Do not promise confidentiality
- Better to “overreact” than “underreact”

ACT Message

Acknowledge:

Acknowledge to your student that you hear what they are saying and you are going to get them help.

“I’m seeing [warning signs] in you and I’m worried.”

“That sounds really tough, I’m sorry to hear it.”

“You have some major challenges on your plate.”

Care:

Emphasize your concern for the student’s well being

Reassure the student that there is help and he/she will not feel like this forever

Tell:

Go with the student to the designated point person: “I know Mrs. Jones in the Student Services office and she works with many students who are facing challenges like this. Let’s go see her together.”

Example Conversation Starters

Naming the things you have noticed can help set the stage for why you're asking about their mental health

- You seem_____ (down, distant, angry, disappointed, upset)
- I notice... (you've been missing class, not turning in assignments...)
- It seems to me...
- I'm curious about...
- I'm sensing that you're feeling overwhelmed by today's class discussion (or nervous about the upcoming test, etc.). Talk to me—we'll figure it out together.
- You mentioned that you always feel sick and tired during first period. Tell me more about what that feels like.

Example Conversation Starters

Asking in a direct way:



- Talk openly about suicide if you feel this is a possible concern. Do not be afraid to say the word “suicide”
 - Remain calm
 - Be empathetic
 - Always take the student seriously
- For example:
 - Sometimes when people are (feeling the way you are, stressed like you are...) they have (depression, anxiety, thoughts of suicide). Do you?
 - Have you ever thought about killing yourself?
 - It can be helpful to talk with a professional. Would that be helpful for you?

What NOT TO DO When Faced with a Student Experiencing a Crisis



- Don't ever dare a student to attempt suicide
- Don't debate with the student about whether suicide is right or wrong
- Don't promise secrecy or confidentiality
- Don't panic
- Don't rush or lose patience with the student
- Don't act shocked
- Don't be judgmental

What NOT TO DO When Faced with a Student Experiencing a Crisis (Cont.)



- Don't preach to the student
- Never leave the student alone or send them away
- Don't worry about silence during discussion
- Don't under-react or minimize
 - "How could you feel that way you have so much going for you."
 - "Don't worry, you'll get over it in time."
- If a student is threatening suicide and does have a weapon, never try to physically take the weapon from the student

Source: Youth Suicide Prevention School-Based Guide



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Questions?

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