

# Suicide Prevention for School Staff

Part 1

Virginia's Suicide Prevention Guidelines

# Introductions



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# Objectives

## PART ONE

1. Identify and address common myths about suicide;
2. Understand protective factors;
3. Know how to recognize risk factors & warning signs of youth suicide;
4. Know how to respond to students and procedures for reporting concerns (emphasis on immediate referrals and student supervision);

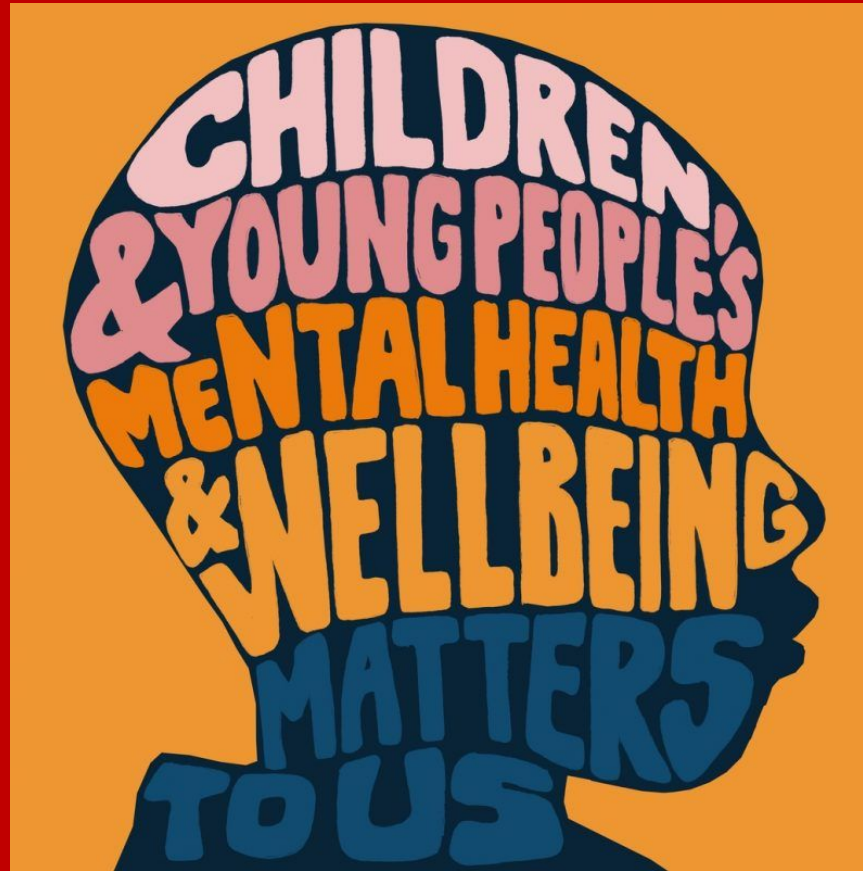
## PART TWO

5. Provide a brief overview of the suicide risk assessment process (including re-entry plans);
6. Know how to identify mental-health resources in building and community; and
7. Understand the importance of cultivating a climate with connections between students and adults who are approachable and trusted.

# Definitions

- ***Suicide***: death caused injuring oneself with the intent to die
- ***Suicidal Ideation***: Thoughts of engaging in suicide-related behavior
- ***Suicide Intent***: There is evidence (explicit and/or implicit) that at the time of injury the individual intended to kill self or wished to die and that the individual understood the probable consequences of his or her actions
- ***Suicidal Plan***: A thought regarding a self-initiated action that facilitates self-harm behavior or a suicide attempt this will often include an organized manner of engaging in suicidal behavior such as a description of a time frame and method.

# Identify and Address Common Myths about Suicide



# Myth #1

*Suicide doesn't affect that many students.*

**Reality:**

cancer + AIDS +  
heart disease +  
birth defects + stroke +  
pneumonia + influenza +  
chronic lung disease  
**= COMBINED**

< **Suicide**



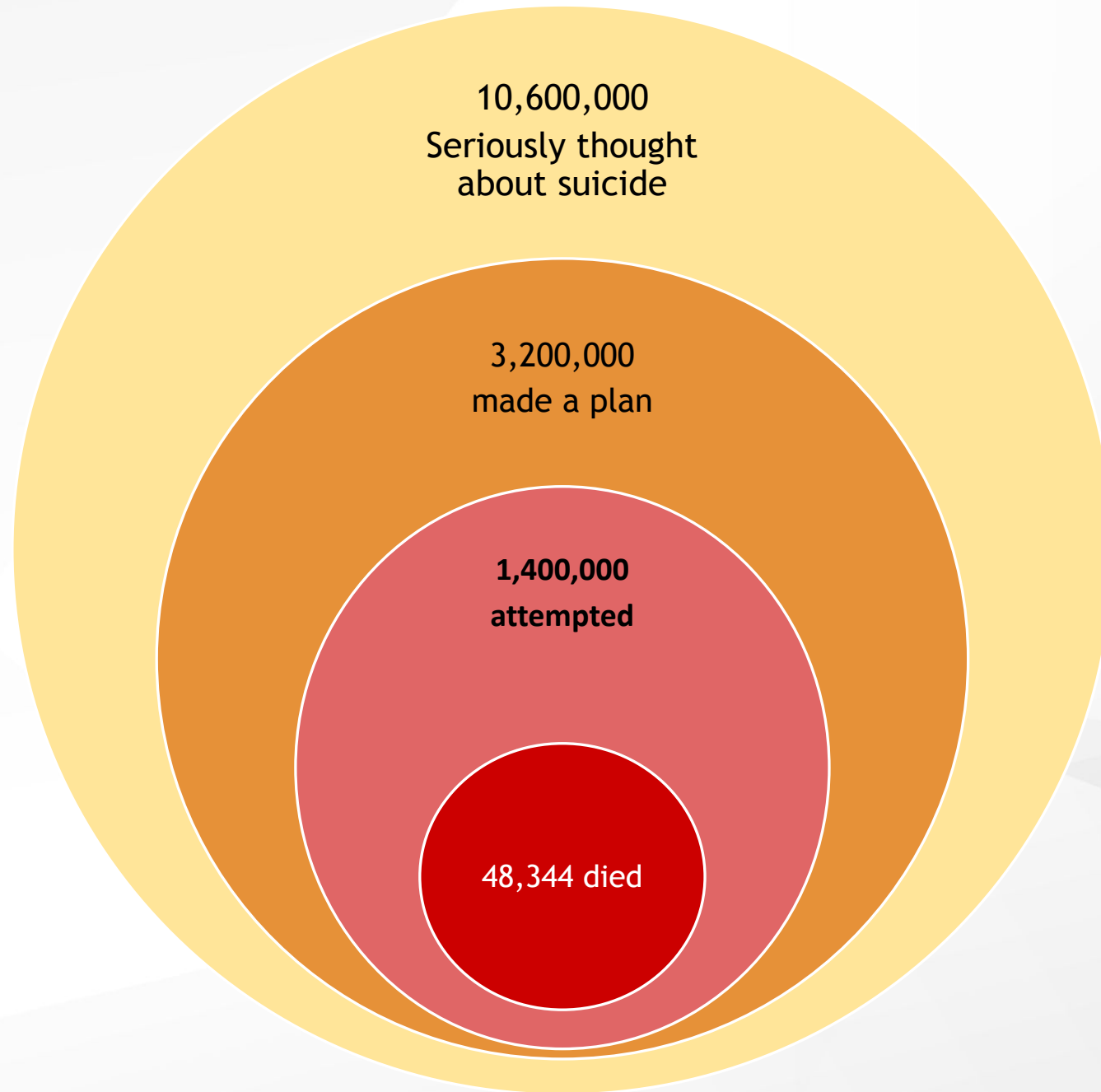
# 2nd

LEADING CAUSE OF  
DEATH AMONG  
VIRGINIA'S YOUTH



VIRGINIA DEPARTMENT OF HEALTH, 2017

2018





# Myth #2:

*If someone is determined to die by suicide, there is nothing anyone can do to stop it.*

## Suicidal Ideation:

- Often short-term and situation specific
- Feeling of hopelessness and helplessness
- Treatment can help
- Preventable

# Myth #3:

Most suicides happen suddenly and without warning.

Changes in mood or behavior

**Warning**  
*Talking or Writing*

# Myth #4:

*Talking about suicide will lead to and encourage suicide.*

- Widespread stigma associated with suicide prevents many from speaking about it.
- Asking someone about suicide will not put the idea in someone's head if they are not suicidal.
- By asking someone if they have thoughts of suicide, you are showing that you are concerned about them and may give them the courage to reach out for help.

# Myth #5:

*People that attempt suicide are just looking for attention.*



# 2. Understanding Protective Factors



# Protective Factors

- Protective factors are characteristics of a person or his or her environment that **decrease** the likelihood that he or she will die by suicide.

# Protective Factors

- ❖ Behavioral or mental health supports
- ❖ Connectedness to other individuals, family, community, and social situations
- ❖ Problem solving skills, coping skills, and ability to adapt to change
- ❖ Sense of purpose or meaning in life
- ❖ Cultural, religious, or personal beliefs that discourage suicide

### 3. Know how to recognizing risk factors & warning signs of youth suicide



NO ONE HAS TO DO EVERYTHING BUT EVERYONE HAS TO DO SOMETHING.



# Risk Factors

- Risk factors are characteristics of a person or his or her environment person or his or her environment that ***increase*** the likelihood that he or she will die by suicide.

# Major Risk Factors

- ❖ Prior attempts
- ❖ Misuse and abuse of alcohol or other drugs
- ❖ Mental Disorders (especially depression and mood disorders)
- ❖ Access to lethal means
- ❖ Knowing someone who died by suicide (particularly a family member)
- ❖ Social isolation
- ❖ Chronic disease or disability
- ❖ Lack of access to behavioral or mental health supports

# Precipitating Factors

Factors that are stressful events that can trigger a suicidal crisis in a vulnerable person

- End of a relationship
- Death of a loved one
- An arrest or legal issues
- Financial issues

# Warning Signs - Immediate Risk

Behaviors that indicate an immediate risk

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself
  - Searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

# Warning Signs: Serious Risk

Behaviors that indicate a serious risk - especially if the behavior is new

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increased use of drugs or alcohol
- Acting anxious or agitated - behaving recklessly
- Sleeping too much or too little
- Feeling isolated or withdrawing from others
- Showing rage or talking about revenge
- Extreme mood swings

# WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

## TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

## FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

## CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Withdrawing from friends, saying good bye, giving away important items, or making a will
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

**If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.**

**National Suicide Prevention Lifeline  
1-800-273-TALK**

**Crisis Text Line  
Text "HELLO" to 741741**



[www.nimh.nih.gov/suicideprevention](http://www.nimh.nih.gov/suicideprevention)



**VIRGINIA  
IS FOR  
LEARNERS**

# 4. Know how to respond to students and procedures for reporting concerns



# Do you know...

- What should you do if a student expresses suicidal thoughts to you?
- What should you do if you have concerns about a student and suspect they may be experiencing suicidal thoughts?
- What is your school's suicide assessment procedure?



# Asking Questions

Teachers & Administrators can initiate a conversation with a student if they have concerns and feel comfortable talking to the student.

However,

If it becomes apparent that there is a potential risk for suicide they must immediately seek the assistance of those with mental health training (school counselor, school psychologist, or school social worker in their building).

# Tips & Considerations for *Asking Questions*

- Be direct. Be caring!
- Assure the student they are not in trouble.
- Talk privately.
- Consider your relationship with the student. If you aren't the right person to talk to them, who is?
- Consider your comfort level. If you don't feel like you can approach the student consult with your school counselor.
- Always keep your school counselor in the "loop" on any conversations you have with a student, or concerns you have.

# Going beyond, “*are you okay?*”

- BAD- “You seem depressed.”
- OK- “Are you okay?”
- BETTER- *I have noticed some changes in you lately and you haven’t seemed like yourself. Do you want to talk?*
- BEST- *I care about you and I have noticed some changes in you lately, you haven’t seemed like yourself. I want to help. Do you feel comfortable telling me what’s going on?*

# Asking Questions

→ Be direct. Be caring!

- ◆ BAD - “You aren’t thinking about hurting yourself are you?”
- ◆ OK - “*Are you considering harming yourself?*”
- ◆ BEST - “*Sometimes when people have the experiences you have and the feelings you have, they have thoughts of suicide. Is this something you are thinking about?*”

# *Caring* Questions:

- *I have noticed some changes in you since we returned from Winter Break. Is there something going on?*
- *I know you are going through a hard time right now. Do you have someone you trust and can talk to about how you are feeling? ... Who?*
- *Many students go to see our school counselor when they are having experiences like this. Can I make an appointment for you?*

# How can these questions be more *student-centered*?

- *Your grades are slipping since your dad died. I know you are sad but I'm worried you might fail. Do you think you can start studying more?*
- *Do you think your journal entry about overdosing was appropriate for school?*
- *If you keep posting inappropriate images about suicide on social media I am going to have to tell our school counselor and he will address it.*

# How can these questions be more *student-centered*?

- ★ *Your grades are slipping since your dad died. I know you are sad but I'm worried you might fail. Do you think you can start studying more?*

*"I read your journal entry. It made me worried about you. You're not in any trouble. Often when someone has something going on in it comes out in their writing. I just wanted to check-in and see if you needed to talk."*

# How can these questions be more *student-centered*?

- ★ *Do you think your journal entry about overdosing was appropriate for school?*

*“You have been through so much and I can’t imagine how difficult things have been since your dad passed away. I’ve noticed your grades have started to slip, what can I do to help?”*



# How can these questions be more *student-centered*?

- ★ *If you keep posting inappropriate images about suicide on social media, I am going to have to tell our school counselor and he will address it.*

*“A concerned student came to me and showed me some of your social media posts. You’re not in trouble. Social media is a reflection of our thoughts and feelings. When other students have posted similar images to yours, it was because they were having thoughts of suicide. Is this something you are thinking about?”*

# SCENARIOS



# Scenario A



A student writes a story where the main character dies by suicide. This character shares the same name as the student and there are other details that allude to similarities between the student and this character. The story is detailed and realistic in its description of the death. You don't read the story until after the students have left for the day but you have concerns for the student's safety. **What should you do?**

# Scenario A



*Consulting with a school counselor or another mental health professional in the building is preferred. If they have left the building, you can try to connect with them via phone. Alerting your administrator of the situation is also appropriate.*

*After consultation, the most likely response would be to reach out to the parent or guardian directly to share the journal entry and to ensure the safety of the student. Typically a school counselor or other school-based mental health professional would make this call.*

*\*Your division may have a policy for how to handle these types of situations- check with your administrator or threat assessment team coordinator.*

# Scenario B

A student comes to you and shares that they are concerned for a friend. They explain that their friend posted the images below and that she hasn't been herself after her father moved out of the house a few weeks ago. You don't know this student but after hearing her friend's concerns, you are worried for her safety. What do you do?



# Scenario B



*Connect with a school counselor or another mental health professional in the building as soon as possible (before students leave for the day). Share with the student that they did the right thing by coming to an adult and you are proud of them for taking action. Let them know you are going to get help for their friend and ask if they would feel comfortable sharing their concerns with the school counselor (or other mental health professional).*

*It may also be necessary for the families of the reporting students to be notified as well.*

# Scenario C

During class you notice a student doodle some graphic illustrations of someone hanging.

What should you do?



# Scenario C



*If you feel comfortable and there is an opportunity to discuss this with the student privately, you could discreetly pull them aside.*

*Or alert the school counselor (or other mental health professional in the building) to the drawings (before students are dismissed for the day).*

*If the drawings are distracting or disturbing to other students in proximity to the student, you could discreetly ask the student to please put their drawing away.*



# Scenario C (continued)



Once you are sure that you have privacy you could ask:

*“Hey, you’re not in trouble right now- but I saw your drawings during class and it made me worried about you. Drawing can be how we express our thoughts and feelings. Do you want to talk?”*

If the student is reluctant to answer you could say:

*“As your teacher I care about you, if something is going on you can talk to me or I can help you find someone else to talk to. I just want to help.”*

# Scenario C (continued)



During class you notice a student doodle some graphic illustrations of someone hanging. You discreetly pull them aside as the class is dismissed to ask them about the drawings.

Once you are sure that you have privacy you ask:

*“Hey, you’re not in trouble right now- but I saw your drawings during class and it made me worried about you. Do you want to talk?”*

The student is reluctant to answer so you say:

*“As your teacher I care about you, if something is going on you can talk to me or I can help you find someone else to talk to. I just want to help.”*

The student then says, *“I’ve been really sad lately and started thinking that the world would probably be better if I wasn’t in it.”*

**What do you SAY now? What do you DO now?**

# Scenario C (continued)

Listen. Try not to say too much right away. Give the student 100% of your attention.

When they have finished. You could calmly say, *“I am so glad you shared this with me. It takes a lot of bravery to open up to someone and I appreciate you trusting me. I care about you and want to help. I am going to let your next period teacher know not to count you absent and let’s see if we can connect with (mental health professional) he/she/they know how to help in situations like this.”*

# Suicide Prevention for School Staff

PART 2

Virginia's Suicide Prevention Guidelines

# Objectives

## PART ONE

1. Identify and address common myths about suicide;
2. Understand protective factors;
3. Know how to recognize risk factors & warning signs of youth suicide;
4. Know how to respond to students and procedures for reporting concerns (emphasis on immediate referrals and student supervision);

## PART TWO

1. **Provide a brief overview of the suicide risk assessment process (including re-entry plans);**
2. **Know how to identify mental-health resources in building and community; and**
3. **Understand the importance of cultivating a climate with connections between students and adults who are approachable and trusted.**

5. Provide a brief overview of suicide risk assessment and re-entry.



# Intervention - Supervision

- Keep the student supervised and safe
- Work as a team
  - Monitor
  - Supervise
  - Escort
- Do not leave the student alone for any reason
- Do not allow the student to leave school unattended

# Intervention - Levels of Risk

## Suicide Warning Signs

**TALK**

- Experiencing unbearable pain
- Being a burden to others
- Killing themselves
- Feeling trapped
- Having no reason to live

**BEHAVIOR**

- Increased use of alcohol or drugs
- Withdrawing from activities
- Giving away prized possessions
- Isolating from friends & family
- Looking for a way to kill themselves, such as searching online for materials or means
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Acting recklessly
- Aggression

**MOOD**

- Depression
- Loss of interest
- Irritability
- Anxiety
- Humiliation
- Rage

[afsp.org/signs](http://afsp.org/signs)

American Foundation for Suicide Prevention





# Intervention - Suicide Risk Assessment



Risk Factors  
Warning Signs  
Protective Factors



Frequency  
Duration  
Intensity  
Intent



Is there a plan?  
When?  
How?  
Method?



History of Self Harm?  
History of previous attempts?



# Teacher/Staff Interview

- Their knowledge of the suicidal threat and perspective on it.
- Student's academic performance and communication skills.
- Problems in the student's life.
- Peer relationships.
- Student mood historically and current: Expressions of hopelessness, helplessness or despair?
- Student's conduct and response to correction.
- Has this student done anything that caused concern in written assignments, drawings, class projects, etc.?
- Student's involvement in clubs, sports or extracurricular activities.
- Teacher's relationship with parents.

# Returning to Learn

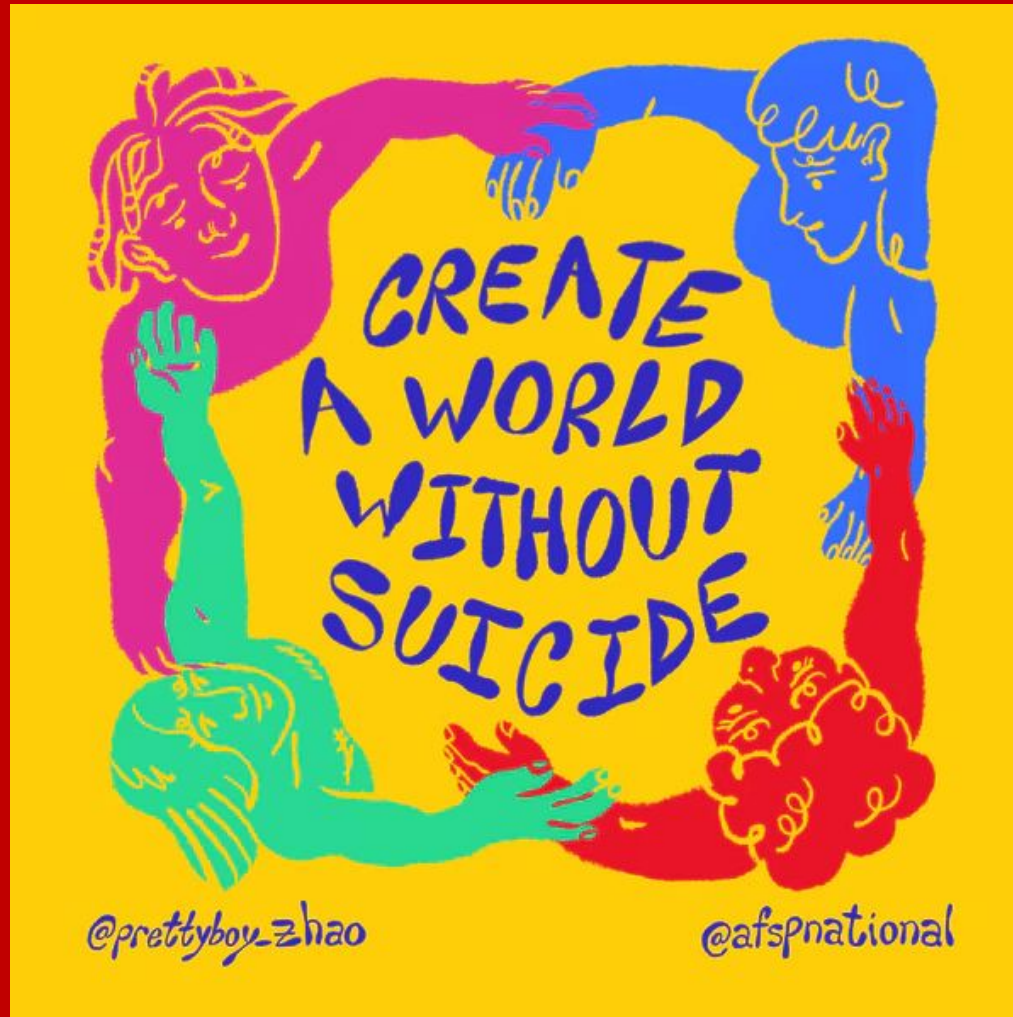
- Re-entry plan *(teachers may be asked to participate in this)*
  - Student safety
  - Transition back to possible stressors and academic environment
- Monitoring
- Collaborating with school counselors, administrators, family, outside mental health supports (confidentiality is essential).

# Supporting a student returning to learn

*The goal is for the student to return to normalcy.*

- Read the re-entry plan if you were not able to attend the meeting.
- Prioritizing make-up work and excusing them from unnecessary assignments.
- Unless it is requested by the student or is part of a reentry plan, do not move their seat.
- Monitoring means keeping an “eye” on the student but not necessarily treating them differently or asking a lot of questions (respectful of privacy).

# 6. Know how to identify mental-health resources in building and community.



# School-Based Mental Health Providers

- School Psychologists
- School Counselors
- School Social Workers
- School Nurses



[Role of Teachers in Suicide Prevention](#)

[Role of School Administrators and Crisis Teams in Suicide Prevention](#)

# Suicide Prevention Resources

[RecognizeTalkAct](#): Virginia Department of Health (VDH) Suicide Prevention Resource Guide offers toolkits and materials for schools.

[VDOE Suicide Prevention Resources](#): Virginia Department of Education (VDOE) offer resources about suicide prevention, intervention, and postvention.

[DBHDS Suicide Prevention](#): Virginia Department of Developmental Health and Developmental (DBHDS) links you to the local community services board (CSB) and offers suicide prevention training free of charge.

# Linking to Community Resources



## Suicide Prevention Resources

**Be a lifesaver**

-  **Visit**  
Your Primary Care Provider  
Mental Health Professional  
Walk-in Clinic  
Emergency Department  
Urgent Care Center
-  **Call 911 for Emergencies**
-  **Find a Mental Health Provider**  
[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)  
[mentalhealthamerica.net/finding-help](http://mentalhealthamerica.net/finding-help)
-  **National Suicide Prevention Lifeline**  
1-800-273-TALK (8255)  
Veterans: Press 1
-  **Text TALK to 741741**  
Text with a trained crisis counselor from the Crisis Text Line for free, 24/7

 American Foundation for Suicide Prevention

[afsp.org/resources](http://afsp.org/resources)

[SAMHSA Treatment Locator](#)

[2020 Virginia Suicide Prevention Resource Directory](#)

[Unite Virginia](#)



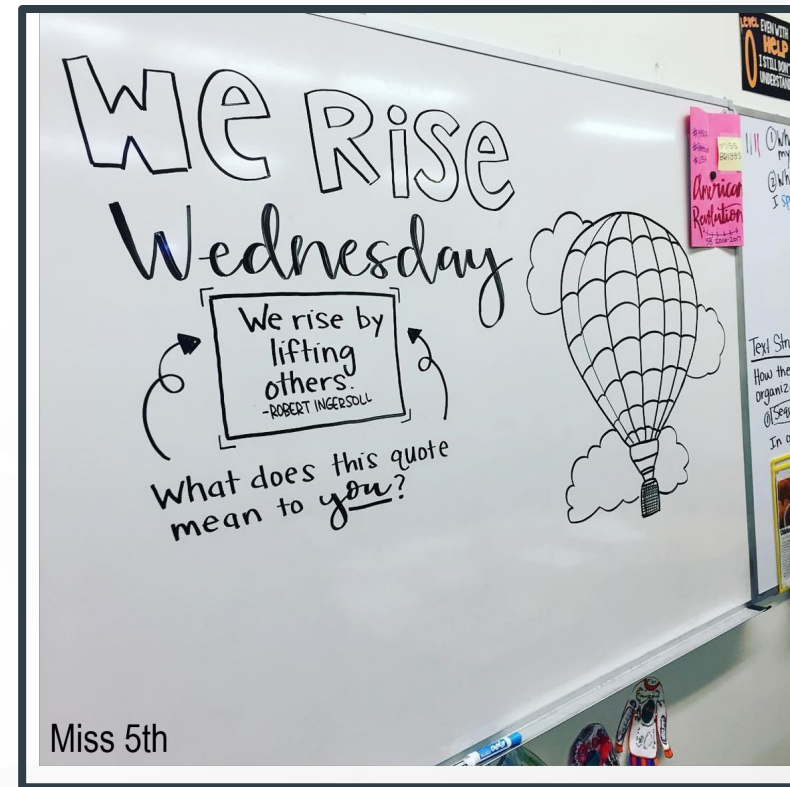


7. Understand the importance of a climate with connections between students and adults who are approachable and trusted.



# Cultivating Positive Student Relationships

- Build community ALL year long by regularly incorporating strategies and activities in your lessons that allow students to express their thoughts and ideas, build relationships and practice collaboration.
  - Class Meetings (sample morning meeting)
  - Save the Last Word for Me
  - Value Student Voice



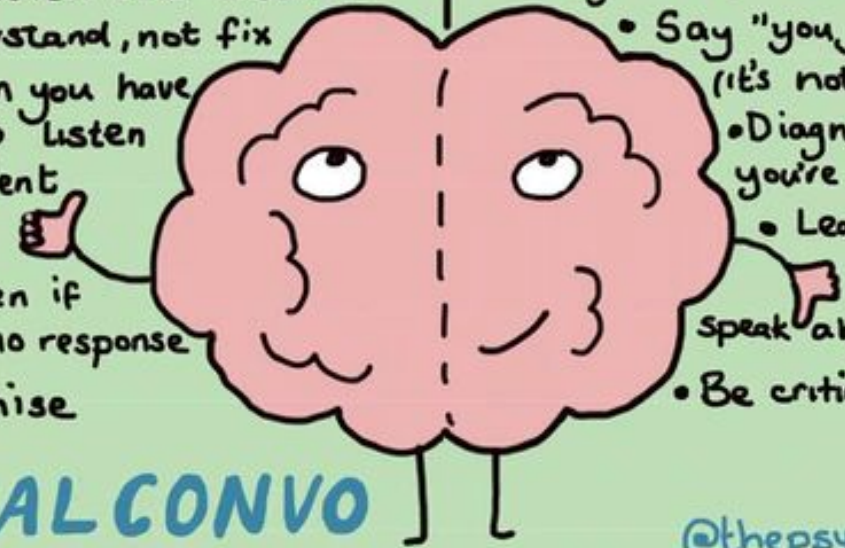
# How To HAVE A CONVERSATION ABOUT MENTAL HEALTH

## DO....

- Listen without judgement
- Ask "how can I help?"
- Let them know you care
- Validate their feelings
- Tell them you want to hear - they're not a burden
- Listen with the intention to understand, not fix
- Ask when you have time to listen
- Be patient
- Keep in touch even if you get no response
- Empathise

## DON'T....

- Interrupt or speak over
- Tell them how they should feel
- Jump in with solutions
- Belittle their feelings
- Pressure them to speak
- Tell them the illness or feelings they have are a choice
- Say "you just need to..." (it's not that simple)
- Diagnose them when you're not qualified
- Leave them out
- Be scared to speak about feelings
- Be critical or blaming



#REALCONVO

@thepsychologymum



# Cultivating Positive Student Relationships

- **Remain in control and calm.** Once a teacher “loses it” with a student or their class it takes a long time to rebuild trust and a feeling of safety. Never be afraid to step outside the door or take a seat at your desk to take a few deep breaths.
  - [Wellness Check for Educators](#)
  - [Headspace](#) (free access for educators)
- **Model vulnerability and honesty.** They will appreciate this. If we are asking kids to write and talk about times they have felt scared, alone, confused, etc., we need to be willing to do the same.
- **Connect with students** individually. Create routines that allow you to interact with students 1:1. Sit beside them as opposed to standing over them.
- **Take every opportunity to model kindness.** Smile often and don’t be afraid to laugh.

# Quiz and Resources

To access the quiz and your completion certificate please click below:

## [Youth Suicide Prevention Survey & Quiz](#)

[www.surveymonkey.com/r/YouthSuicide4Staff](http://www.surveymonkey.com/r/YouthSuicide4Staff)

For more resources please visit:

[VDOE Suicide Prevention Website](#)

[Virginia Center for School and Campus Safety Resource Website](#)



Thank you!

**HELP**

THERE'S A LOT OF IT OUT THERE

IF YOU ARE HAVING SUICIDAL THOUGHTS OR ARE DEPRESSED REACH OUT TO FRIENDS, FAMILY, AND PCT'S FREE COUNSELING.

AMERICAN FOUNDATION FOR  
Suicide Prevention  
1-800-273-TALK (8255)

