

Required Notice

of

Youth Suicide Prevention Resources

More youth suicide prevention resources are available at: dpi.wi.gov/sspw/suicideprev.html

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Suicide doesn't usually just happen out of the blue—there are some easy things to watch for. Know the signs of suicidal thinking, for your students, friends, and family members.

Early Warning Signs

- Decline in quality of school work
- Withdrawal and loss of interest
- Personality or mood changes
- Change in sleeping/eating habits
- Preoccupation with death

Urgent Warning Signs

- Threats about hurting self
- Talking about a specific plan
- Impulsive anger
- Rebellious behavior
- Hopeless, helpless, worthless
- Giving away possessions

Good News!

Data from the WI Department of Health Services indicate that our 2008 youth suicide rate was the second lowest in 20 years, and shows a strong 9-year downward trend. In those 9 years, our youth suicide death rate has declined by over 50 percent. This translates to 30 fewer youth suicides, relieving a huge burden on our schools, communities, and families. Our combined efforts are clearly having an impact, especially considering that Wisconsin's youth suicide rate has typically been among the worst in the nation. There is much left to do, but we can overcome this problem with a sustained effort.

When combined, three things can contribute to a suicide attempt in youth: depression, a crisis, and access to lethal means. Data show WI students struggle with all three of these issues. Over 20% of high school students experience persistent sadness or hopelessness each year, and over 13% seriously consider suicide. Firearms are used in more than half of our youth suicides.

Mental Illness or Alcohol/Other Drug Abuse

- The most common mental illness leading to suicide is depression. It's also the most treatable mental illness, with better long-term outcomes than treatment for heart disease!
- Binge drinking is highly correlated with suicide attempts. In 2007 our rate of binge drinking was the highest among the nation's youth, and remained high in 2009.

Access to Lethal Means for Suicide (see www.meansmatter.com)

- Store firearms safely. Limiting access to the means for suicide provides the most significant drops in suicide rates.
- Most often, children use a parent's gun. Wisconsin boys used guns for suicide 9 times as often as girls.
- Do not allow youth to have unsupervised access to firearms. Encourage safe storage.

Nowhere to Turn: Unsupervised Time and Supportive Adults

- 90% of people who make non-lethal suicide attempts do not go on to complete suicide at a later date.
- Suicide among youth is often an impulsive response to a crisis; youth lack the perspective of time.
- When youth are facing *what they believe* is a crisis, be sure they aren't left alone or sent home without supervision.

Important Resources

Suicide Prevention Resource Center

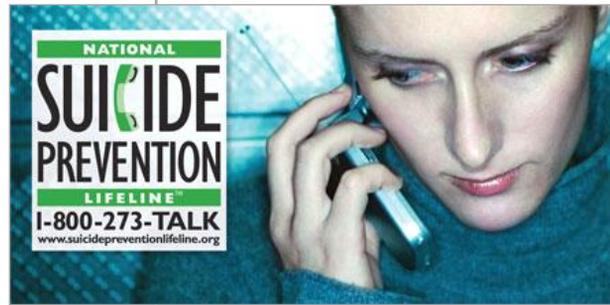
www.sprc.org

Mental Health of America

www.mhawisconsin.org

Helping Others Prevent and Educate about Suicide

www.hopes-wi.org



What can you do if you are concerned about a student?

Teachers and other school staff are well-positioned to observe student behavior and to **ACT** if there is a suspicion that a student may consider self-harm. Young people lack the perspective of time. Suicide is a permanent solution to a temporary problem, but for kids, their problems can seem endless at this stage. If we get them through the crisis, there is a 90% chance that they will never attempt suicide. ACT stands for **Acknowledge, Care, and Tell**.

A

Acknowledge feelings rather than minimizing them. Telling a student to “*get over it*” or “*move on*” is not realistic for a person with depression.

- “*I’m sorry to hear about this. It sounds really hard.*”

C

Show Care and Concern for the student by taking the next step.

- “*I’m worried about you. I don’t want anything bad to happen to you or for you to be hurt.*”

T

Tell a member of your crisis team. They know how to work with students who have concerns like these.

- “*Let’s go talk with someone in the counseling office.*”

These steps (Acknowledge-Care-Tell) are a central component of the “Signs of Suicide” program (SOS), an evidence-based school-wide intervention program. SOS kits for middle school and high school are available through your local CESA.

Common Concerns

What if I make a mistake? Can I be sued?

State law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student’s possible suicide. The legislature found it so important that adults take action when a student is suicidal that they insulated those adults from civil liability for their efforts with suicidal students. Staff members and volunteers can feel safe in doing their best to identify and help suicidal students.

If I ask a student about suicide, will that cause them to try it?

No. This issue has been thoroughly studied. By asking a student about suicidal intent, you are offering to help them. Please do your best to reach out to students.

Seeing Urgent Warning Signs?

Here’s What to Avoid

All children and adolescents can experience moodiness and will take time to ask life’s big questions. Since they lack the perspective of time, they can become overwhelmed. The best roles for teachers are to support students, and if you see the suicide warning signs, use ACT. Some of the statements below might make perfect sense for students who aren’t suicidal, but when kids are in crisis, these things can make it worse.

Here are some things to avoid when you see the urgent warning signs:

Don’t Shame

- “*You’ve got to get over this, it’s not a big deal.*”
- “*Why are you so worried? Move on!*”
- “*You’re too sensitive. Grow up!*”

Don’t Delay

When you see urgent warning signs, get help right away, don’t wait.

- “*Let’s talk about this next week some time.*”

Don’t Blame

- “*If you wanted a better grade, you would have worked harder.*”
- “*You’ve got no one to blame but yourself.*”
- “*Maybe you should change your attitude if you want friends.*”

Don’t Give Up

Suicide is NOT a destiny—when people make it through the suicidal crisis, they usually go on to live healthy, productive lives!