

Insights

NEWSLETTER

for educators



Insights is published by Effective School Solutions for educational professionals. Each issue highlights an important mental health topic and provides practical applications of the findings for the classroom and the school environment.

A Reminder about Suicide Awareness and Prevention

The start of the school year in many parts of the United States coincides with the annual campaign by health care organizations and advocacy groups to shine a light on a significant national health concern — suicide. September is National Suicide Prevention Awareness Month, and September 10th is World Suicide Prevention Day. The primary goals of campaign organizers are to encourage authentic conversations about this very sensitive topic, and to offer those with suicidal thoughts/impulses and those who care about them the hope that it is indeed possible to get help and move past a suicidal crisis.

Since the start of the pandemic educators have been grappling with a surge in youth mental health problems including anxiety, depression, and suicidal impulses. Teachers and other school professionals are often the first to recognize that a student is struggling since they observe students for many hours each day over the course of months or years. This level of daily contact allows teachers to see changes in a child's academic and social functioning, in skill development, in self-esteem and self-confidence, and in mood and the expression of emotions.

Many schools now have one or more mental health professionals onsite, but these practitioners are often stretched thin and typically don't see how students operate in their "natural environments" as teachers do. Teachers, therefore, are critical "first responders" to a student's distress although they often feel ill-prepared, unsure about what to look for and how to respond.

Younger children typically do not have the language skills or maturity to articulate their emotions and impulses. Teens, as part of their individuation process, can be quite secretive and actively hide things from parents and other caring adults. Despite these challenges, school professionals can cultivate an awareness of the common signs and risk factors for suicidal thinking and behavior:

Common Signs and Risk Factors

A Student's History

A history of depression or other psychiatric conditions, prior suicide attempts, a family history of suicide, or exposure to the suicide of others (friend, family member, celebrity) can increase risk.

A Tendency Toward Impulsivity

Mental health and/or neurodevelopmental conditions (e.g., ADHD or ASD) can increase impulsiveness and decrease judgment as can substance use and peer pressure.

What a Student Says

Verbalizations of suicidality ("I wish I were dead," "I wish I weren't here," "people would be better off without me"); a preoccupation with death; expressions of hopelessness, feeling trapped, or of being a burden to others.

Sudden Mood Changes

An unexpected shift to either a depressed state or an upbeat mood.

Behavior Changes

These changes include social withdrawal, abruptly quitting a sport or club, skipping classes or missing school altogether, becoming argumentative or disruptive, not turning in homework or becoming disengaged academically, giving away one's possessions, etc.

Changes in Appearance or Hygiene

Appearing unclean or disheveled, no longer caring about clothing or appearance, etc.

Recent Deaths or Other Losses

This can include deaths in the community or in the family, romantic breakups, divorce or separation of parents, a good friend moving away, etc. It is important to remember that the loss can be internal rather than external, as in a student's response to anything that represents a significant blow to self-esteem or a sense of belonging, or that involves public embarrassment or humiliation.

A History of Trauma

This includes current or a history of bullying, in person or online; sexual, physical, or emotional abuse by caregivers, other family members, or strangers; sexual assault or rape; exposure to violence, extreme poverty, or natural disasters; prolonged exposure to severe health challenges (self or family members).

Besides children with known mental health or trauma histories, there are certain groups of children who are consistently at higher risk. These include minority students, LGBTQ and other gender non-conforming youth, and accomplished, perfectionistic students who can be at higher risk due to unrealistic and rigid standards and the fear of failure. It is also important to note that contrary to popular belief, suicide rates do not increase around the fall/winter holidays but rather are consistently higher during the months of April, May, and June.

How to Help

When considering how to help a potentially suicidal youngster, keep these principles in mind:

- 1 Most often, individuals consider suicide when they see no other solutions to life's problems. Caring adults must remind students that suicide is a permanent solution to a temporary problem, and that there is reason to hope that things can change and improve.
- 2 Actively challenge the myth that talking about suicide will plant the idea in the head of someone who previously had not thought about it. Adults must be direct in asking children about whether they are having thoughts of suicide.
- 3 An important protective factor for youth is "connectedness," that is, having a sense of belonging and being cared for. So, participate in whatever way you can to promote school connectedness.
- 4 Familiarize yourself with the protocol for referring a student to Effective School Solutions and encourage parents to seek professional help for their children.
- 5 Post information about school-based mental health services as well as The National Suicide Prevention Lifeline. Anyone can text or dial 988 for free and confidential help, 24/7.

988

Help is available 24/7

Call or text **988** to reach the 988 Suicide & Crisis Lifeline for free, confidential support.