

IN AID OF
Pieta  House

WEST WINDSOR/PLAINSBORO SCHOOLS

Working Together to Support Our Children

**A Candid Discussion About
Recovering from Loss**

A Community Conversation

April 9, 2019

SUICIDE IS A PROFOUND LOSS



- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- We need to be sensitive to survivors of suicide loss, attempt survivors, or any of us at risk for suicide.
- If you find that the following information brings up painful emotional memories, take care of yourself and seek support that would be helpful to you.

CORE PRINCIPLES

- ✘ Suicide is a public health problem.
- ✘ Helping survivors deal with the loss and grief in an appropriate way is important for everyone.
- ✘ Taking the right action after a suicide can be prevention for future suicides.

CORE PRINCIPLES

- ✘ Suicide prevention extends far beyond youth, into the entire lifespan.
- ✘ Education and linkage between individuals and systems will help in post-vention and prevention efforts.

THE IMPLICATIONS OF NOT ADDRESSING SUICIDE



- ✘ Survivors of suicide loss feel isolated, blamed
- ✘ People who were impacted may not seek help and counseling that would be beneficial.
- ✘ People who are vulnerable may be at greater risk.
- ✘ Facts may be replaced by rumor and speculation.
- ✘ The stigma of suicide reinforces the silence around suicide.

TONIGHT'S GOALS

Increase understanding of:

- Problem of youth suicide
- Protective Factors that support Healthy Children
- Suicide Risk Factors
- Suicide Warning Signs
- Treatment and prevention of suicidal behavior in adolescents

Increase understanding of youth and youth suicide among those who live and work with teens, in order to be better prepared to identify and refer at-risk students.

Tonight is intended to be a serious and important conversation about the wellbeing of our children...

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Your presence here demonstrates your concern and your willingness to be part of the solution in your home, in school and in the community.

Briefly let's speak about the reactions children and adolescents have to the news of a death...

- Fear
- Anger
- Worry
- Numbness/Shutting Down and
- Shattered Assumptions about Safety

Many of our children have not yet experienced the death of a close friend or even a family member.

THE RITUALS OF GRIEF AND LOSS

Typically, when a death happens, caring adults step in to provide care and comfort. We do our best to offer an explanation and advice which will soothe our surviving children.

Family and friends gather to offer solace, assurance and support.

What are some examples of familiar or personal
RITUALS you have experienced?

With deaths such as accidents and illnesses, we are more likely to provide direct support to the survivors by acknowledging their loss and providing support.

With a death by suicide, however, the open support may not be as forthcoming because of the discomfort and stigma associated with suicide.

Often, in fact frequently, survivors of suicide are less likely to feel and receive the love and care and concern from family, friends and community.

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Survivors of suicide often feel alone, isolated, and betrayed following the death of their loved one.

SUICIDE, MENTAL HEALTH, AND STIGMA

- About 90% of people who die by suicide have some type of mental health and/or substance use problem.
- Suicide and mental health problems have a particular stigma to them. This can result in:
 - + Secrecy about the death and issues prior to the death
 - + Isolation and guilt for survivors of suicide loss
 - + Blame for the death
 - + Lack of support from others

My sincere thanks to the administration and staff
of the WW/P High School South for
demonstrating the courage to offer parents and
others an understanding of suicide loss...

and what can be done to reduce risk.

During the past three months the administration and staff of this high school have welcomed the support of the Traumatic Loss Coalition and others to support the students and staff.

PROTECTIVE FACTORS THAT MINIMIZE RISK

- Social integration;
- Help seeking behavior/ advice seeking;
- Family cohesion; stability in the home
- Lack of access to means (firearms, pills, alcohol);
- Effective coping skills/self-care;
- Attachment and connection to healthy adults
- Access to care for mental and physical health needs;

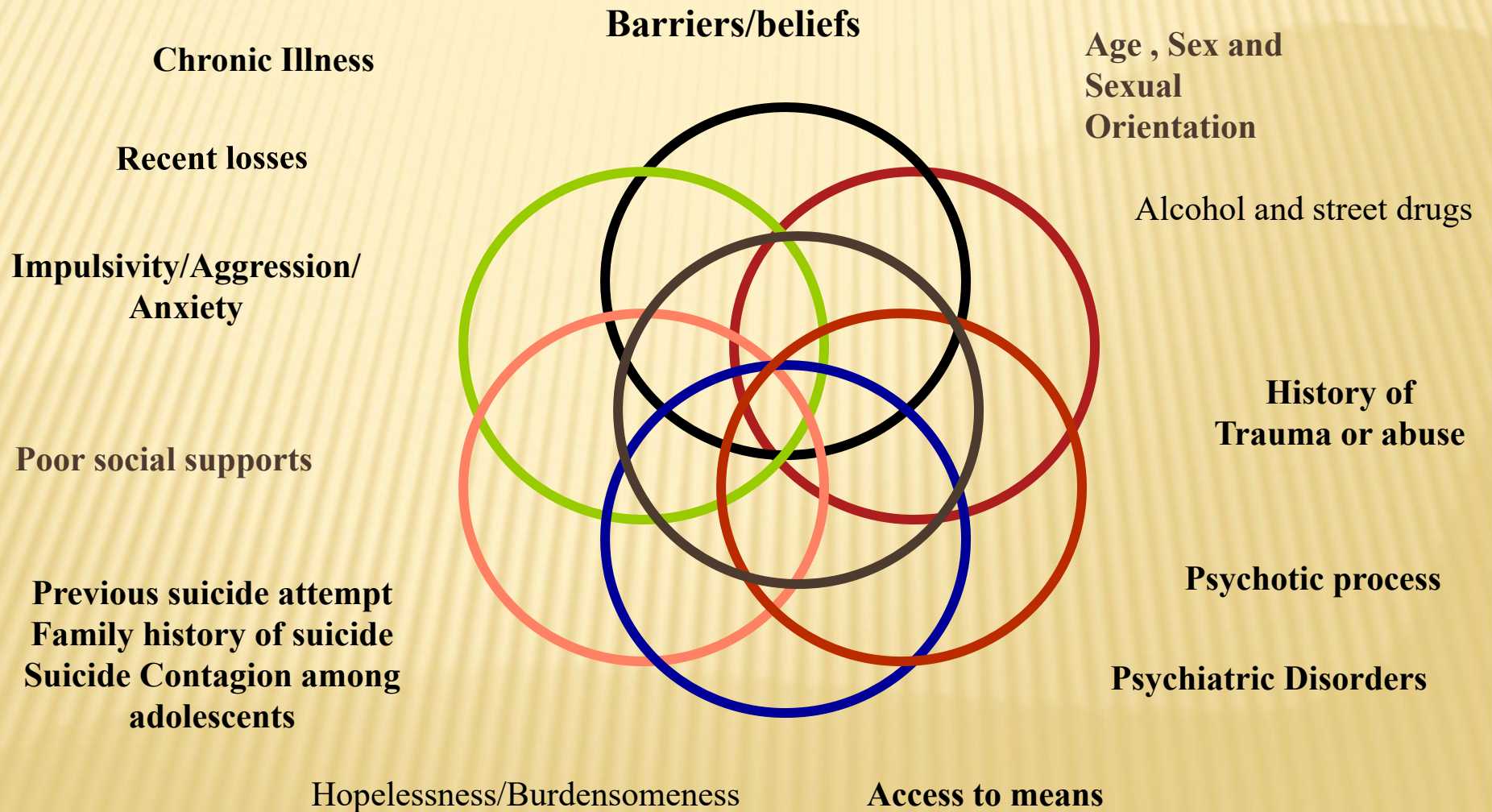
RISK FACTORS FOR SUICIDE

- ❖ Mental health problems, including depression, bipolar disorder, and anxiety disorders
- ❖ Alcohol and other substance use problems
- ❖ Loss
- ❖ Feelings of isolation

RISK FACTORS FOR SUICIDE

- ❖ Feelings of hopelessness, helplessness, powerlessness, or desperation
- ❖ History of trauma or abuse (e.g. physical, mental, or sexual)
- ❖ Prior suicide attempt (significantly increases risk)

SUICIDE RISK FACTORS



INCREASED RISK FACTORS FOR SUICIDE

<i>Compared to the general population, individuals with a history of...</i>	<i>Have a suicide risk that is...</i>
Prior Suicide Attempt	Almost 40 times greater than the expected rate
Major Depression	20 times greater than the expected rate
Mixed Drug Abuse	19 times greater than the expected rate
Bipolar Disorder	15 times greater than the expected rate
Schizophrenia	Almost 9 times greater than the expected rate
Alcohol Abuse	Almost 6 times greater than the expected rate

*Note: The mental health issues above represent a smaller subset of the larger US population. It is important to consider only that there is an **elevated risk** for these mental health/substance abuse issues.

COMMUNITY RISK FACTORS

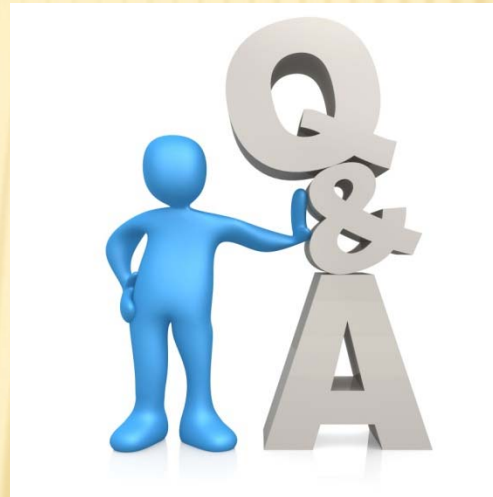
- ❖ Access to lethal means, e.g. firearms, ropes, extension cords, pills. Consider safety proofing your home.
- ❖ Easy access to alcohol and street drugs
- ❖ Stigma associated with help-seeking
- ❖ Lack of access to helping services
- ❖ Stigma associated with mental health and suicide
- ❖ Silence and denial surrounding risky behavior

COMMUNITY RISK FACTORS (CONTINUED)

- ❖ Incarceration or loss of freedom; trouble with the law
- ❖ Exposure to media, and influence of others who have died by suicide; not using SAFE MESSAGING in our correspondance
- ❖ Loss of family, friends, or idols to suicide
- ❖ Anniversary of someone else's suicide/death

Opportunity for comments

And questions:



SUICIDE WARNING SIGNS

- Suicide risk factors endure over some period of time, while warning signs signal imminent suicide risk
- Clearest warning signs for suicide are behaviors that indicate the person is thinking about or planning for suicide, or is preoccupied or obsessed with death

WARNING SIGNS FOR SUICIDE:

- ❖ Feeling **hopeless**
- ❖ Feeling rage or **uncontrollable anger** or seeking revenge
- ❖ **Feeling trapped** – like there's no way out
- ❖ **Dramatic mood changes**
- ❖ **Seeing no reason for living** or having no sense of purpose in life

WARNING SIGNS FOR SUICIDE:

- ❖ **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- ❖ **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
- ❖ **Talking or writing about death, dying, or suicide**
- ❖ **Increasing alcohol or drug use**
- ❖ **Feeling anxious or irritated; sleep disruptions**

ADDITIONAL UNDERSTANDING

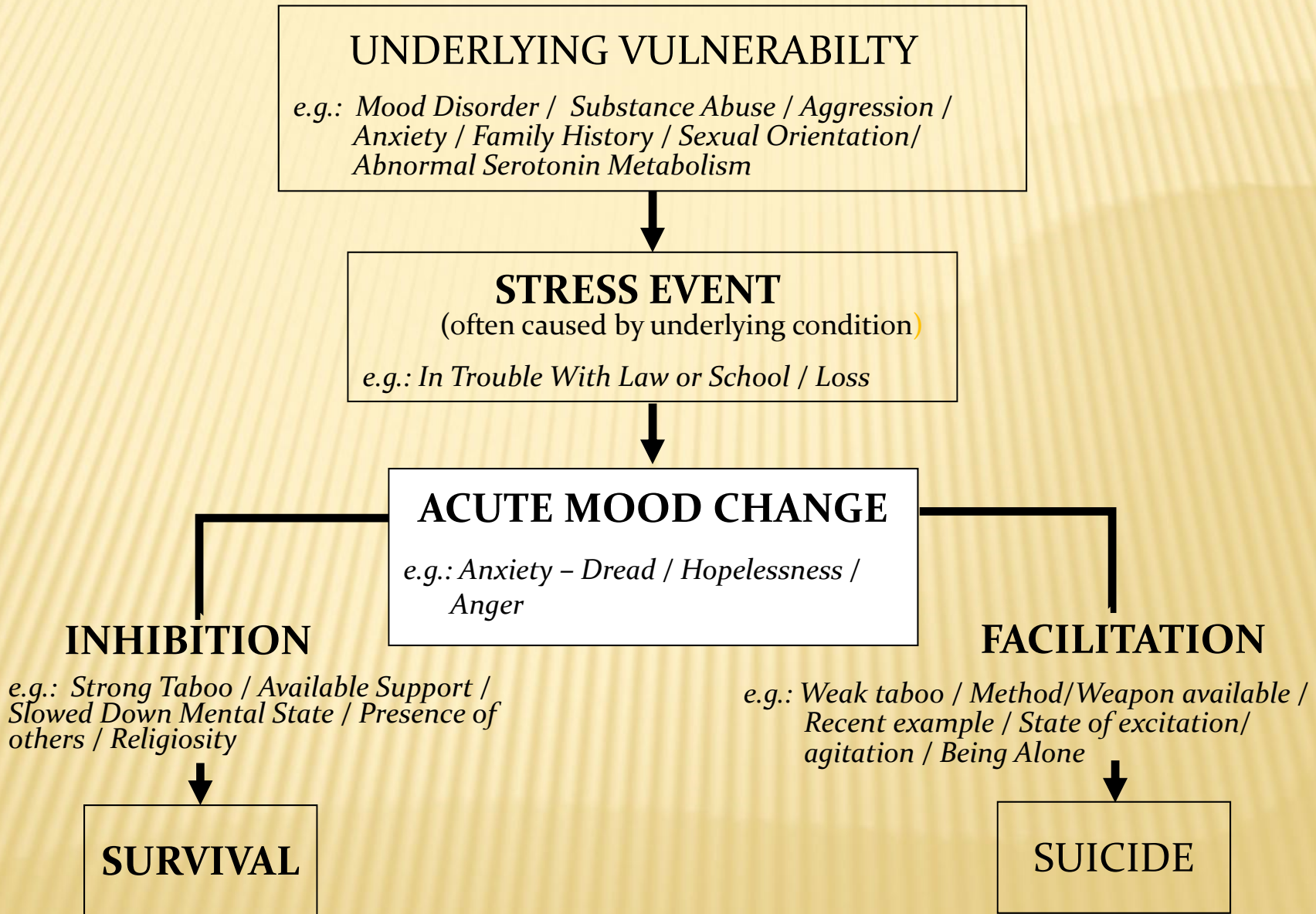
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- ✘ At times it can be difficult to tell Warning Signs from “normal” teenaged behavior.
- ✘ Sometimes youth who are depressed can appear angry, irritable, and/or hostile.
- ✘ Keep risk factors in mind when considering Warning Signs.
- ✘ Is the behavior you are seeing very different for this particular person?

Suicide remains the **3rd** leading cause of death for New Jersey youth between the ages of 10 and 24.

New Jersey Youth Suicide Report
2016

HOW DOES A SUICIDE OCCUR?



(Adapted from Shaffer et al, 1996)

From Gould, 2001

CONNECTING WITH SOMEONE AT RISK: WHAT TO DO

- **Listen!** Many individuals who attempt suicide communicate their plans in advance.
- **Observe!** Have you noticed Warning Signs? Does their mood seem different than what they are communicating?
- **Pay attention to your gut sense**, especially if the person assures you they will be “fine” but your gut tells you they are not.

CONNECTING WITH SOMEONE AT RISK: WHAT TO DO

- **Ask directly** about their suicidal feelings.
- **Remain calm.** There is no need to overreact
- **Offer a message of hope.** Let them know you will assist them in getting help.

CONNECTING WITH SOMEONE AT RISK: WHAT NOT TO DO

- Do not minimize their feelings or offer false reassurances, e.g. “You’ll feel better tomorrow”
- Do not rely on their promise or contract for safety. *A promise of safety is NOT a substitute for a mental health assessment.*
- Don’t promise to keep it a secret.

CONNECTING WITH SOMEONE AT RISK: WHAT NOT TO DO

- Don't ask "why?" It can make people defensive.
- Don't leave the person alone.
- Don't transfer them abruptly to someone else; stay with them if possible until a smooth transition is made.

CONTAGION

- ✘ Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.
- ✘ Having known someone who dies by suicide is one of the most significant risk factors for suicide.
- ✘ Though a rare event, research has established the phenomenon of contagion.

CONTAGION

- ✘ Teens and young adults are particularly prone to contagion.
- ✘ Sensational media reports and inappropriate memorial services may contribute to contagion.

COMMUNITY RESPONSE

Taking action to reduce risk for contagion is essential.

Good networking and interface among agencies, schools and families is key to promoting healing.

REDUCING SUICIDE RISK IN SCHOOLS

So far, we have emphasized two key suicide prevention tasks of school personnel:

1. Identify students whose behavior suggests presence of a mental disorder
2. Take necessary steps to insure that such students are referred to a mental health professional for evaluation and treatment, as needed

If you are concerned about your child, regardless of age, or concerned about a friend of your child, make that phone call to:

- a school counselor
- the teacher
- the school nurse
- the school administration
- any trusted school adult

TREATMENT

No single approach or medication works for all teens with a mental illness; sometimes different ones need to be tried

- But, studies show that **80%** of depressed people can be effectively treated
- Mental disorders can recur, even if effectively treated at one point in time
- On-going monitoring by a mental health professional is advised

TREATMENT

- Some depressed teens show improvement in 4-6 weeks with structured psychotherapy alone
- Most others experience significant reduction of depressive symptoms with antidepressant medication
- Supplementary interventions – exercise, yoga, breathing exercises, changes in diet – improve mood, relieve anxiety and reduce stress that contributes to depression
- Medication is usually essential in treating severe depression, and other serious mental disorders (bipolar disorder, schizophrenia, etc.)

PRACTICE AND ROLE MODEL SELF-CARE

- ✘ Get plenty of rest.
- ✘ Maintain proper diet and nutrition.
- ✘ Drink plenty of water.
- ✘ Exercise.
- ✘ Use spiritual practices and/or relaxation skills.
- ✘ Seek out supportive people.
- ✘ Avoid use of alcohol, caffeine, and other substances.
- ✘ Ask for help.

COMMUNITY RESOURCES

- 9-1-1 is always available in times of emergency
- Use of help lines can give youth an outlet to talk:
 - » **2nd Floor** **1-888-222-2228 (Talk and text)**
 - » **NJ Hopeline** **1-855-654-6735**
 - » **Nat'l Lifeline** **1-800-273-8255**

American Foundation for Suicide Prevention

www.AFSP.org

Your school counselors, child study team and nurses are a reliable and effective resource for parents.

ADDED RESOURCE



Safety Plan App

ADDED RESOURCE

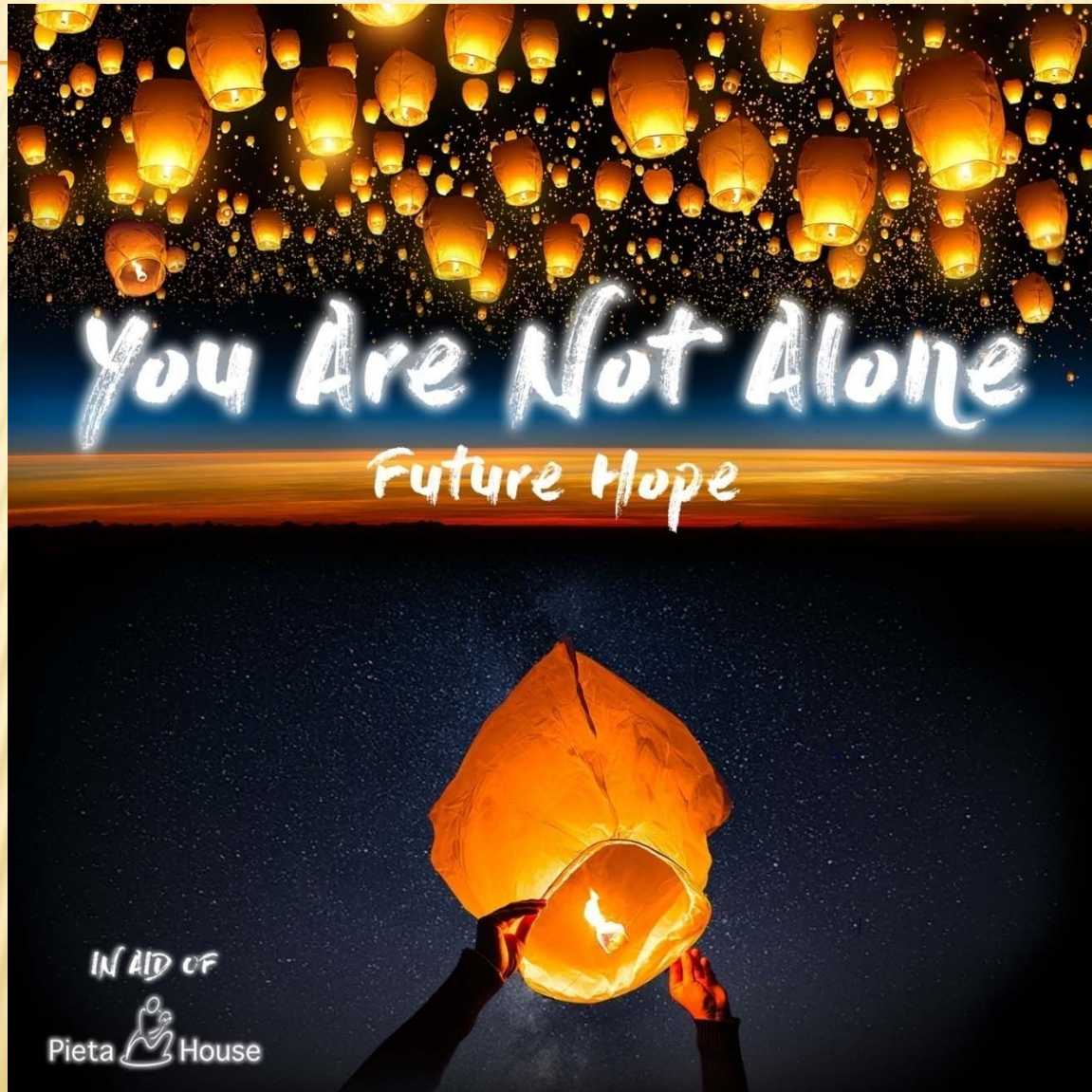


tlc4teens.org

**Together, all of us are stronger
than some of us.**



George Scott, EdS, LMFT
Center for Counseling Services
609-771-0444
and the
Traumatic Loss Coalition for Youth
609-915-0684



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