

Suicide Prevention

Background Information

Suicide represents the second-leading cause of death in youth ages 15-24 and the third-leading cause of death in youth ages 10-14 (Centers for Disease Control and Prevention, 2013). An alarmingly large number of young people in Colorado and throughout the country report having made serious plans for suicide attempts. Common factors that appear to lead to suicide among youth are a variety of stressful life events such as: disciplinary crises, interpersonal loss or conflict, humiliation and shame. In the 2011 Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2012) in the 12 months before the survey more than 1 in 7 high school students nationwide reported having seriously considered attempting suicide. Additionally, about 1 in 13 reported having attempted suicide in the past year.

Suicidal youth are more likely to be depressed, abuse alcohol and have a history of aggressive and antisocial behavior (Maris, Berman, Silverman, 2000). Predicting the seriousness of suicide intent among youth is difficult. Adolescent boys are more likely to complete suicide; whereas adolescent girls think about suicide and make plans more often. Girls are also more likely to be hospitalized for a suicide attempt. Some reasons for these gender differences in relation to suicide behavior are that while girls are much more likely to suffer from depression and to internalize their emotions, they are more apt to find support through relationships and use less lethal methods in suicide attempts.

Young boys are more likely to be outwardly aggressive, abuse alcohol and use more lethal methods such as firearms, leading to a higher rate of fatal suicide attempts. National evidence suggests that suicidal behavior may be a particular problem with the following groups of young people: American Indians/Alaska Natives; Individuals bereaved by suicide; Individuals in justice and child welfare settings; Individuals who engage in non-suicidal self-injury (NSSI); Individuals with mental and/or substance use disorders; and Lesbian, gay, bisexual, and transgender (LGBT) populations (Goldston, et al., 2008; Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012).

Research demonstrates that suicidal youth are not likely to seek help for their suicide issues. Innovative approaches to screening and assessing youth and to help youth workers recognize suicide warning signs are being promoted as ways to reach those youth who are most at risk for both suicide attempts and deaths.

Common Warning Signs of Suicide Ideation:

(Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012)

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or being in unbearable pain

Resources

U.S. National Suicide Prevention Lifeline:

800-273-TALK/8255

[Promising Practices Network](#)

[What Works Clearinghouse](#)

[American Foundation for Suicide Prevention](#)

[Colorado Office of Suicide Prevention](#)

[Suicide Prevention Resource Center](#)

[Yellow Ribbon Suicide Prevention Program](#)

Yellow Ribbon Email:

Ask4help@yellowribbon.org

[Safe 2 Tell](#)

Safe 2 Tell Phone: 1-877-542-7233



- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings.

Suicide Prevention Strategies

(Colorado Trust: Suicide in Colorado, 2002)

- Provide outreach to individuals at risk of committing suicide through screening and referral programs
- Educate those in gatekeeper positions to recognize individuals exhibiting suicidal behaviors
- Provide professional services to suicide survivors
- Offer support to the families and loved ones of suicide victims.
- Respond effectively to those in suicide crisis and those who have made a previous suicide attempt
- Educate the community about suicide prevention
- Encourage culturally competent approaches to suicide prevention
- If school staff believes a child might be depressed, they should inform parents and not hesitate to ask a child if he or she has thought about, intends, or has plans to commit suicide. The student is often relieved to be asked, and this does not give him/her new ideas.

References

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- Maris, R., Berman, A. & Silverman, M. (2000). *Comprehensive textbook of suicidology*. New York, NY: Guildford Press.
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National strategy for suicide prevention: Goals and objectives for action. Washington, DC: HHS, September 2012.

This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE's recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU's policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.

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Programs and Interventions for Suicide Prevention in Schools

Program/Intervention	Publisher/Resource	Level of Intervention	Target Population	Type of research conducted (Stringent research-research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures, case studies*)	Research Sample
<p>Signs of Suicide Prevention Program (SOS) <i>Summary:</i> A school based prevention program that combines the following two components: 1) educational portion that increases students’ understanding of depressive symptoms in themselves and others and 2) a self-screening portion to assess and evaluate depressive symptoms.</p>	<p>Mental Health Screening Website: www.mentalhealthscreening.org</p>	<p>Universal</p>	<p>Grades 6th to 12th</p>	<p>Stringent Research</p>	<p>2100 adolescents at 5 different high schools from grades 9th -12th; sample was equal between males and females; sample was culturally diverse.</p>
<p>C-Care/ Coping and Support Training (CAST) <i>Summary:</i> A small group skills training intervention. Sessions target mood management, drug use control, school performance. This program combines one-on-one counseling with a series of small group training sessions.</p>	<p>Beth McNamara, MSW PO Box 20343 Seattle, WA 98102 (425) 861-1177 Ry.info@comcast.net</p>	<p>Targeted/ Intensive</p>	<p>Grades 6th to 12th</p>	<p>Stringent Research</p>	<p>Randomized design and multiple follow-ups (4 weeks, 10 weeks & 9 months) sample representative of gender and cultural diversity.</p>
<p>Reconnecting Youth Class <i>Summary:</i> school-based prevention program that targets young people who show signs of poor school achievement, potential school dropout, and suicide risk behaviors. Teaches skills to build resiliency with respect to risk factors and</p>	<p>Solution Tree 304 West Kirkwood Suite 2 Bloomington, IN (800) 733-6768 www.solution-tree.com</p>	<p>Targeted/ Intensive</p>	<p>Grades 6th to 12th</p>	<p>Stringent Research</p>	<p>106 students in grades 9-12 were randomly assigned to a three group, repeated measures design; sample was representative of gender and cultural diversity</p>



to moderate early signs of substance abuse and depression.					
<p>American Indian Life Skills Development/ Zuni Life Skills Development</p> <p><i>Summary:</i> A culturally tailored intervention that targets middle and high school students. This program builds self-esteem, identifies emotions, increases communication and problem-solving skills, receiving information regarding suicide and setting goals.</p>	<p>Teresa D. LaFromboise, Ph.D. (650) 723-1202 lafrom@stanford.edu</p>	Targeted	American Indian and Alaskan Native Students Grades 6 th to 12 th	Research	<p>Quasi-experimental design This program was specifically designed for the Zuni culture; however the cultural adaptation incorporated in this program is applicable to other populations and has been implemented with a number of other American Indian and Alaskan Native tribes.</p>
<p>Sources of Strength</p> <p><i>Summary:</i> The program is a universal suicide prevention program designed to build protective influences and reduce the likelihood of suicidal ideation. The program also addresses bullying, youth violence and substance abuse. Sources of Strength uses “Adult Advisors” and “Peer Leaders” to deliver content.</p>	<p>Source of Strength: https://sourcesofstrength.org/</p>	Universal	Grades 8 th to 12 th	Stringent Research	<p>Wyman, et al., (2010) showed the intervention increased perceptions of adult support for suicidal youths and the acceptability of seeking help.</p>

Program/Intervention References

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