

Suicide Intervention and Prevention



LEWISVILLE ISD
GUIDANCE AND
COUNSELING

Staff Resources

STATISTICS (2003-11)*

- During 2009 13.8% of high school students seriously considered suicide.
- During 2009, 6.3% of high school students made at least one suicide attempt.
- 2nd leading cause of death for youth ages 15 - 24.
- 4,320 completed suicides for ages 10-24 (2007).
- 1 in 65,000 commit suicide each year
- In general population, there are an estimated 8-25 attempted suicides to 1 completion.
- 4 male suicides for every female suicide.
- Males die 5 times more frequently than females. Females attempt 3 times more frequently than males.
- Firearms and suffocation are the two most commonly used methods.
- 80% of people that seek treatment for depression are treated successfully.
- Suicide can be prevented through education and public awareness.

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the

SYMPTOMS AND DANGER SIGNS

Warning Signs of Suicide

- Ideation (thinking, talking or wishing about suicide)
- Substance use or abuse (increased use or change in substance)
- Purposelessness (no sense of purpose or belonging)
- Anger
- Trapped (feeling like there is no way out)
- Hopelessness (there is nothing to live for, no hope or optimism)
- Withdrawal (from family, friends, work, school, activities, hobbies)
- Anxiety (restlessness, irritability, agitation)
- Recklessness (high risk-taking behavior)
- Mood disturbance (dramatic changes in mood)

Additional Warning Signs

- Talking about suicide.
- Looking for ways to die (internet searches for how to commit suicide, looking for guns, pills, etc.)
- Statements about hopelessness, helplessness, or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.

**Personal Wellness.
Empowered Students.
Promising Futures.
LISD Guidance and Counseling Vision**

ACT IMMEDIATELY Steps You Should Take

Common Misconceptions

"People who talk about suicide won't really do it."

Not True. Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said, may indicate serious suicidal feelings.

"Anyone who tries to kill him/herself must be crazy."

Not True. Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are always signs of mental illness and are not signs of psychosis.

"If a person is determined to kill him/herself, nothing is going to stop him/her."

Not True. Even the most severely depressed person has mixed feelings about death, and most waver until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

LGBTQ – The Trevor Lifeline

TREVOR chat

www.thetrevorproject.org
866-488-7386

Suicide and crisis helpline for
lesbian, gay, bisexual, transgender
and questioning youth



"People who commit suicide are people who were unwilling to seek help."

Not True. Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths and a majority had seen a medical professional within 1 month of their death.

"Talking about suicide may give someone the idea."

Not True. You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

LISTEN, BE ATTENTIVE, BE CARING

If you feel comfortable talking with the student, do not hesitate to do so. Prompts such as "Tell me, Jill/Johnny, I feel like there's something going on?" or "I noticed some things in your work, and I was wondering about it. Are you okay talking to me about it?" can be helpful. If students feel like someone cares, it helps ground them.

FILL OUT A REFERRAL FORM

A *High Risk Referral* should be completed for any student you feel might be at risk for suicide. Forms are located on the Guidance and Counseling website on the intranet under Emergency Response. If you are unsure, please complete the form anyway. Even if you have spoken to the student and believe there is no threat, please submit the form. These forms should be turned in to a counselor the same day you become aware of the risk. The counselor will speak to the student and assess whether or not additional action needs to be taken.

AVOID

- Acting or appearing shocked
- Promising total confidentiality...a report must be made to the counselor, but you can offer discretion
- Leaving the student alone (if the student is in eminent danger of hurting himself or herself)

AN IMPORTANT FINAL NOTE

If you have ANY questions on how to address a concern you have about a student in your classroom, please consult your campus counselor, nurse, administrator, or the district's Department of Guidance Services. Help avoid a tragedy by sharing your concern.

Resources Within LEWISVILLE ISD

Enlist the help of your campus Guidance Counselor. If you are unable to make contact with your campus counselor or administrator call district contacts listed on the previous page.

For More Information and Resources

- www.texasuicideprevention.org
- www.sprc.org
- www.suicidology.org
- www.lisd.net/choices

LISD Guidance & Counseling Website
<http://bit.ly/LISDGuidance>