



Mental Health Minute

Brought to you by your Cummins Behavioral Health Systems, Inc.
 Staff of Avon Community School Corporation
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Preventing Suicide

Suicide is the third leading cause of death among youth between 10 and 19 years of age. A suicidal person may not directly ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die – they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously. Parents, teachers, and friends are in a key position to pick up on these signs and get help.

Suicide Warning Signs

Verbal suicidal threats	Threats can be direct statements "I want to die," "I am going to kill myself," or indirect statements "The world would be better without me," "Nobody will miss me anyway."
Preoccupation with death	Unusual focus on death, dying, or violence. This might appear in drawings, work samples, journals, homework, or on-line postings.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped. A belief that things will never get better.
Seeking out lethal means	Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Withdrawing from others	Increasing social isolation, withdrawing from family and friends, and desire to be left alone. May withdrawal from regular activities.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't see them again.
Self-destructive behavior	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish."
Getting affairs in order	Writing a will, giving away prized possessions.
Sudden sense of calm	A sudden sense of happiness after being extremely depressed can mean that the person has made a decision to commit suicide.
Significant stressors	These include major disappointment, rejection/isolation, failure, loss such as breaking up with significant other, witnessing family turmoil, or victim of abuse.

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Suicide Prevention Tips

- **Know the warning signs.** Most suicidal individuals give warning signs of their intentions. The best way to prevent suicide is to recognize these warning signs and know how to respond if you see them.
- **Take any suicidal talk or behavior seriously.** It is not just a warning sign that the person is thinking about suicide – it is a cry for help. Do not dismiss it as attention seeking behavior.
- **Do not be afraid to talk about suicide.** Talking openly about suicidal thoughts can save a life.
- **Let them know you care.** Listen empathically to

24-Hour Hotlines

- 1-800-273-8255 National Suicide Prevention Crisis Line
- 1-800-442-4673 National Hopeline Network (Suicide/Crisis)
- 1-888-714-1927 ext.1501 Cummins Behavioral Health Crisis
- 1-866-488-7386 Trevor Lifeline for LGBTQIA+ Youth
- 741741 Crisis Support, Text HOME

Course of Treatment

When students express suicidal thoughts and feelings a crisis assessment is completed to assess their level of risk. With verbal parental consent, Cummins therapists can complete a crisis assessment for any student endorsing suicidal ideation. During the assessment, the therapist will evaluate the following things:

- the content of the suicidal thoughts (how often do they happen, how long do they last)
- feelings of hopelessness and worthlessness
- the suicide plan (what is it, is it lethal, access to the means, has the student rehearsed the plan physically or mentally, have preparations for death occurred)
- other risk factors (history of suicidal attempt or family history of suicide, other mental health diagnosis that could be factors, impulsivity, domestic violence, feeling of hopelessness).

If the student is assessed to be a high risk, having significant suicidal intent, a plan, and means to follow through with the plan, the therapist will recommend hospitalization. If a student is at low risk, having suicidal thoughts, but no plan or means, the therapist will work with the student and family to develop a safety plan. The safety plan would include specific coping skills to deal with the suicidal thoughts, a plan for supervision by family members, and access to the crisis line if the thoughts grow worse or a plan becomes more formulated. The goal is to keep the student safe and to teach them the skills to cope with their feelings as oppose to acting out. Please feel free to contact your Cummins staff members with any questions.

References:

1. Assessment of Suicidal Ideation, Intent, and Risk, 2006, *American College of Physicians, Inc.*
2. National Association of School Psychologists, *Preventing Youth Suicide – Tips for Parents and Educator* (2002) s. www.nasponline.org
3. Lieberman, Poland and Cowan (2006) *Suicide Prevention and Intervention*, Student Services, www.naspcenter.org