

Youth Suicide Update

slides

www.dalewisely.com/files

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Why This Update Matters

Youth suicide = 2nd leading cause of death

Recent shifts in trends post-pandemic

School counselors: frontline role in prevention & response



Schools get blamed...

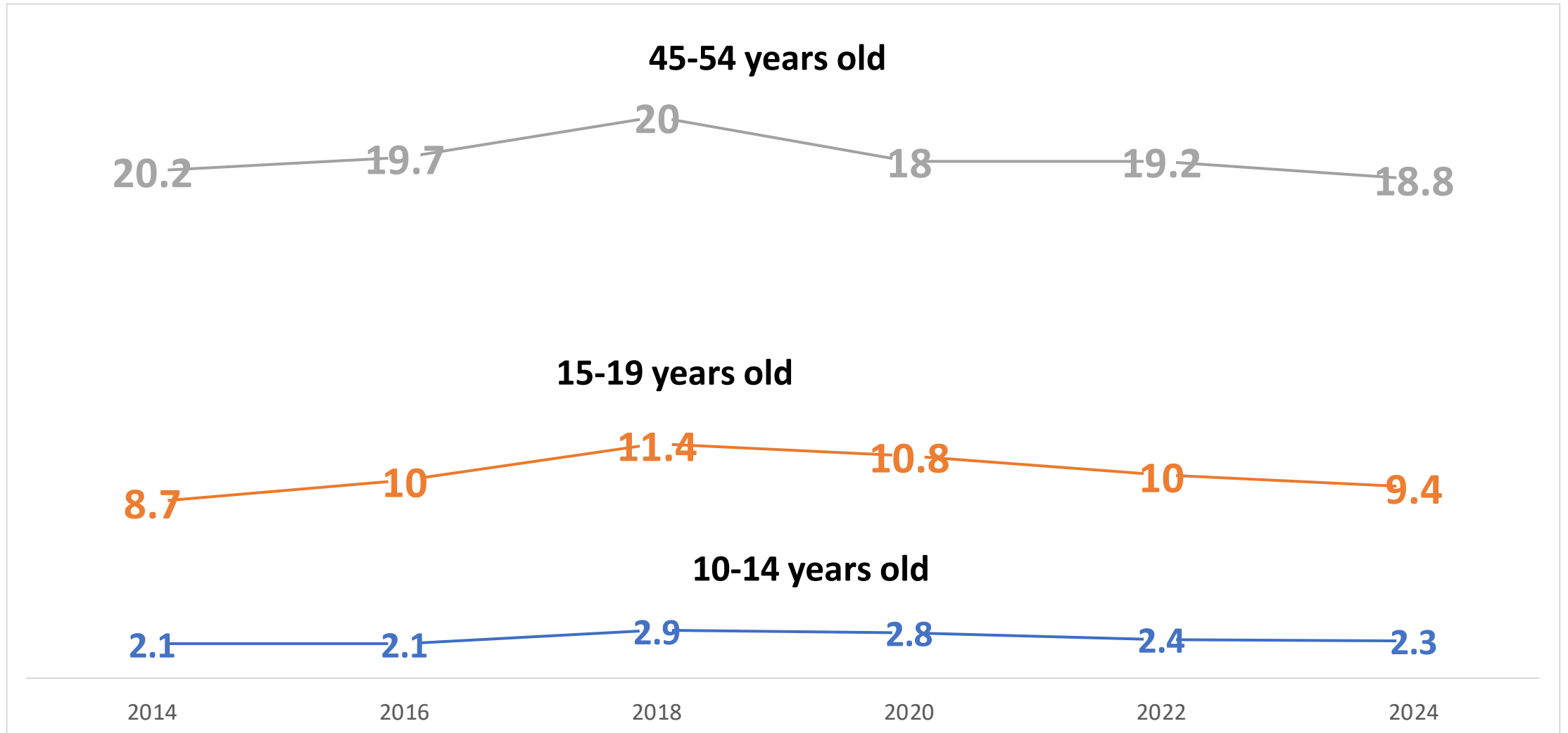
Almost an assumption:

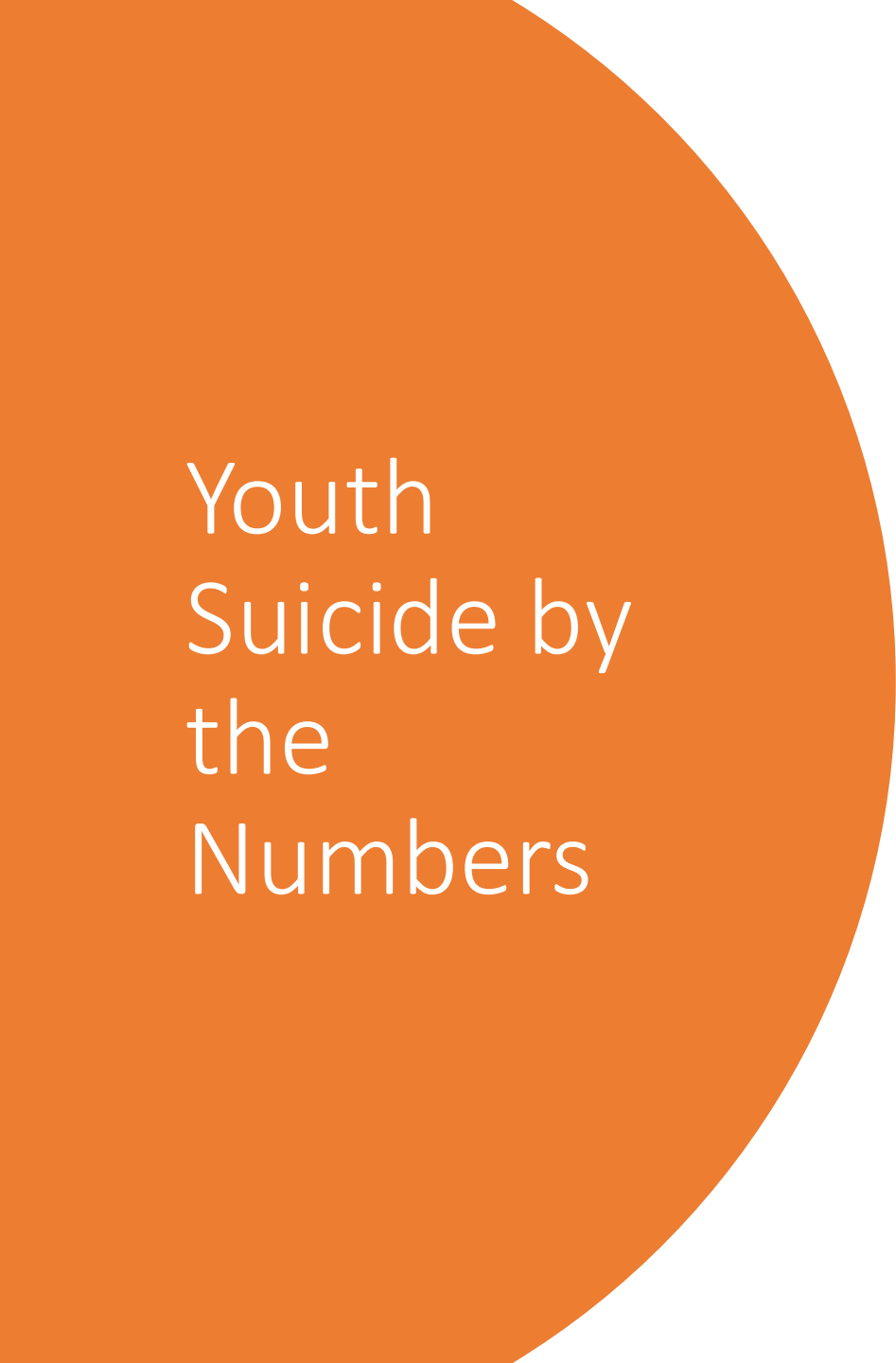
He was bullied and the school didn't do anything about it.

Bullying & Suicide

- Relationship between bullying & suicide is complex.
- Suicide rarely caused by a single factor.
- Bullying alone rarely leads to suicide in absence of other vulnerabilities, though it can be a contributing factor.
- Students *already* at risk for suicide (depression, social alienation) are more likely to be bullied, & bullying can increase risk or act as trigger.
- **Importantly, students who engage in bullying are also at increased risk for suicidal thoughts and behaviors.**

Suicide rates, 2014-2024, for 3 age groups



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Youth Suicide by the Numbers

1950 - 1990: Youth suicide rates increased

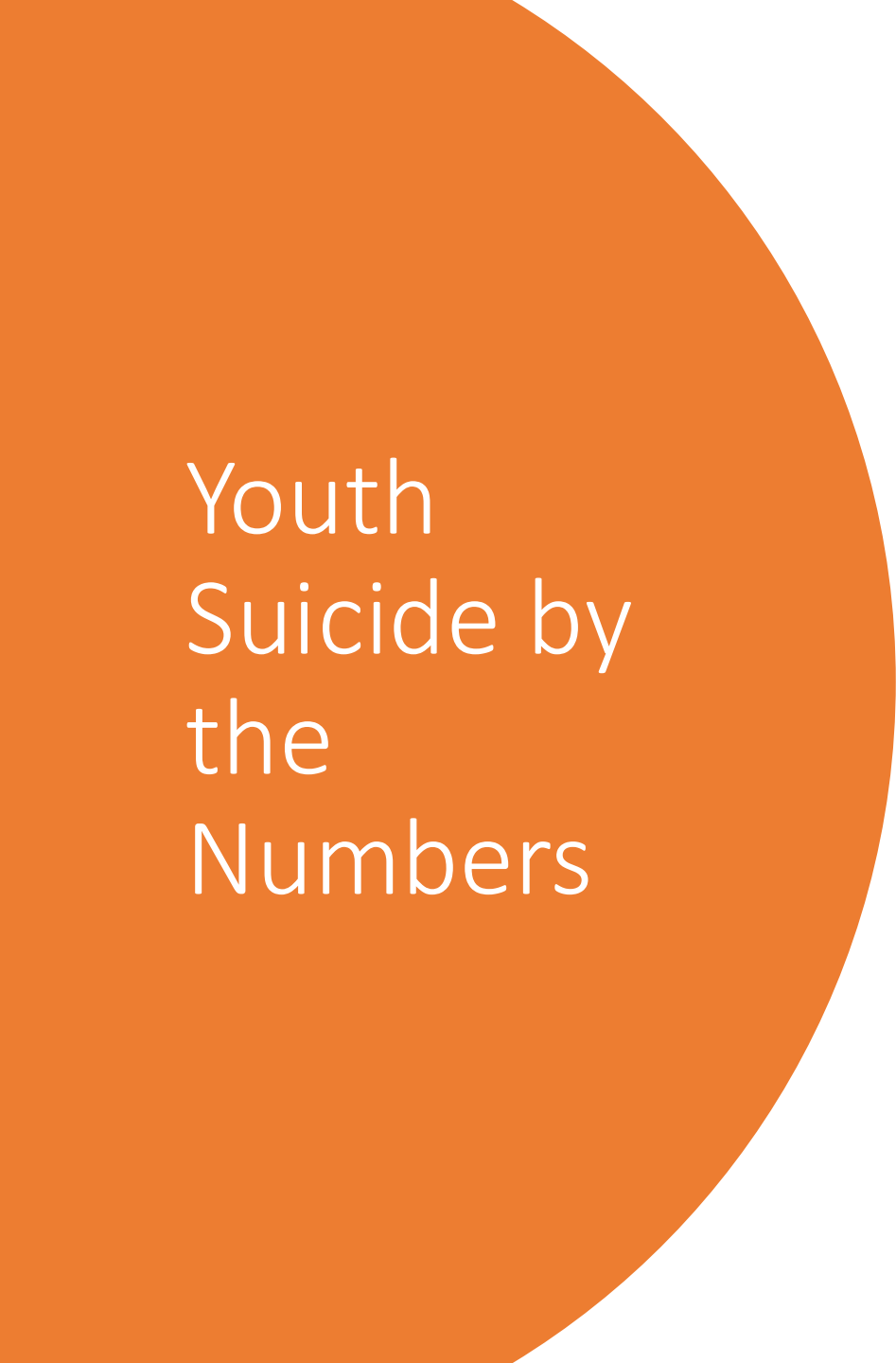
Early 1990s–2007: Rates declined

2007–2017: Renewed increase, from **6.7** to **11.8 per 100,000**.

2017–2024: Overall decline, with a modest increase in 2020–2021.

2021-2024: Rates declined, reaching **9.4** in **2024**, about **20% below 2017** but still above the 2007 low.

[cdc.gov](https://www.cdc.gov).

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Youth Suicide by the Numbers

Suicide is #2 cause of death among adolescents/teenagers. #11 in general population.

Firearms: 55% of suicides. And deaths due to firearms (suicide + homicide + firearm accidents) are #1 killer of youth.

Social Media & Youth Suicide

A contributor
but not the
whole story.

But we don't
know what the
whole story is.



A risk in OVER-emphasizing bullying
and social media is neglecting the role
of mental illness.
Youth get clinically depressed.

Risk Factors in Youth

- Prior attempt; mood/anxiety disorders
- Substance use, trauma, accumulating Adverse Childhood Events (ACEs), bullying, family conflict
- Sleep deprivation, access to lethal means

Protective Factors

Connection to caring adults

Safe firearm and medication storage, restricted access to firearms

Problem-solving and coping skills

Faith, community, cultural belonging



A SENSE OF *BELONGING*

Acute Warning Signs

Talking/writing about wanting to die

Seeking means (weapons, pills)

Escalating agitation, rage, intoxication

Sudden calm after severe distress

Screening & Documentation

Use

Use validated tools
(ASQ, C-SSRS)

Document

Document facts,
quotes, actions taken

Include

Always include
means safety in
notes

Share

Share info with 'need
to know' staff

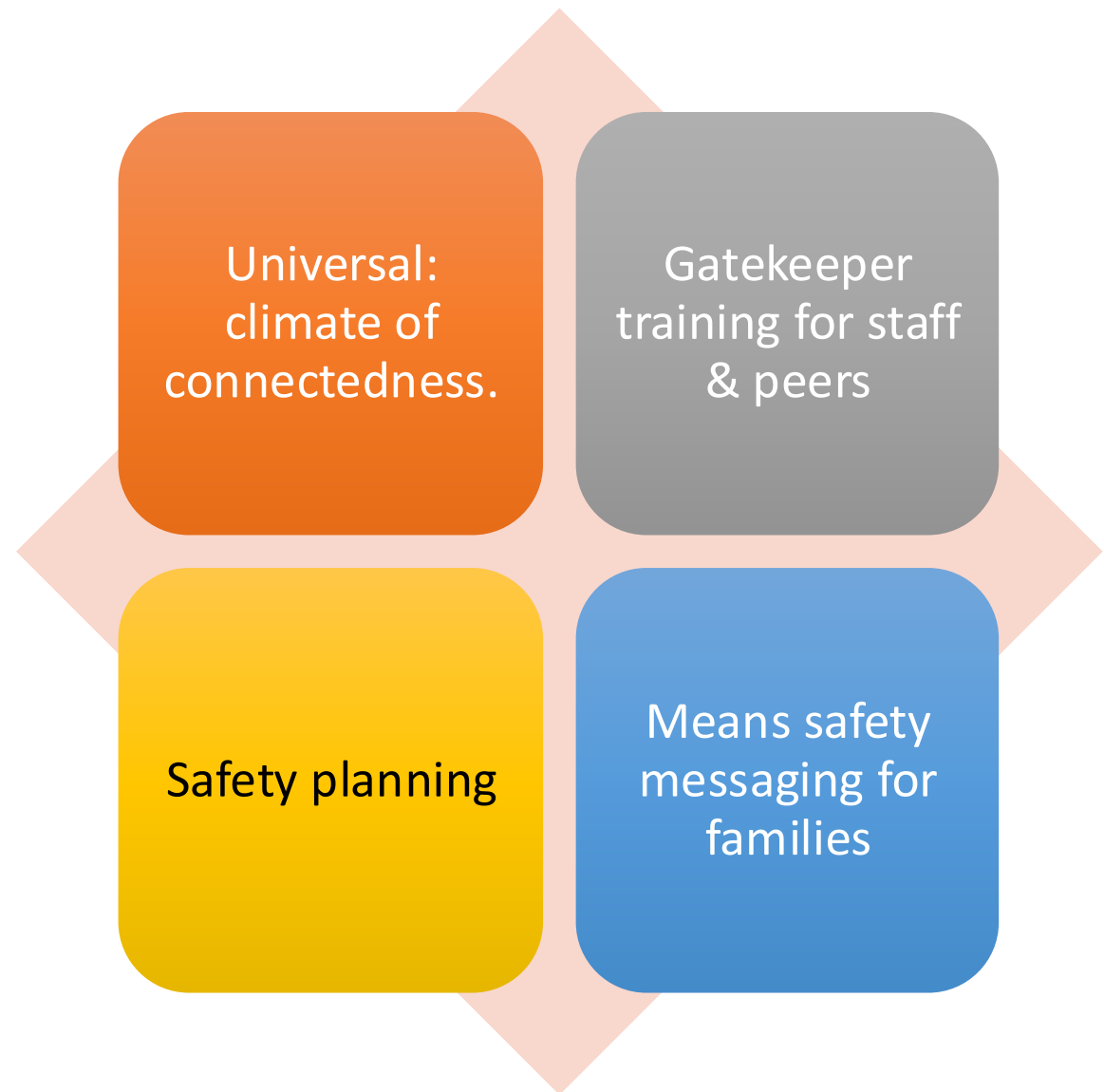
Immediate Triage Steps

- Ask directly: 'Are you thinking about killing yourself?'
- Assess immediacy: plan, means, intent, past attempts.
- Screen with brief validated tool (ASQ, C-SSRS).
- Evaluate impairment: sleep, substance use, agitation, hopelessness.
- If imminent risk: constant supervision, remove means, call 911

TWO WELL-ESTABLISHED SUICIDE ASSESSMENT INSTRUMENTS

- **ASQ-ASK SUICIDE QUESTIONS**
- **QUICK SCREENING**
- **C-SSRS: THE COLUMBIA PROTOCOLS**
- **STRUCTURED ASSESSMENT WITH RISK SEVERITY**

School-Based Prevention



Legal & Ethical Essentials

Duty to protect > confidentiality
if imminent risk

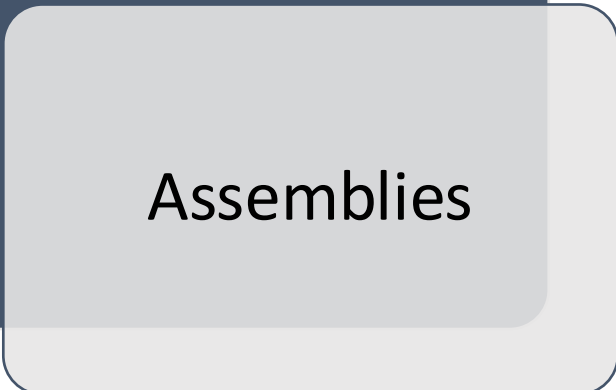
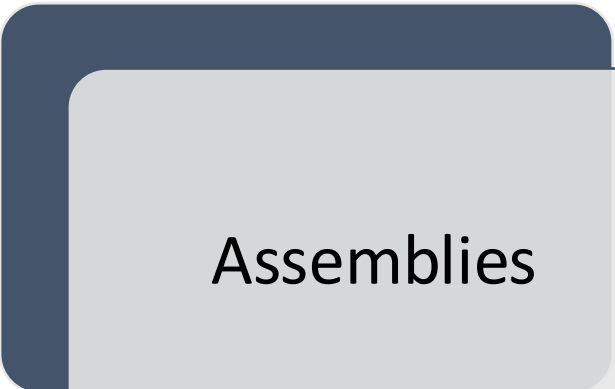
FERPA: share only what is
needed to protect

Parent/guardian notification is
the norm

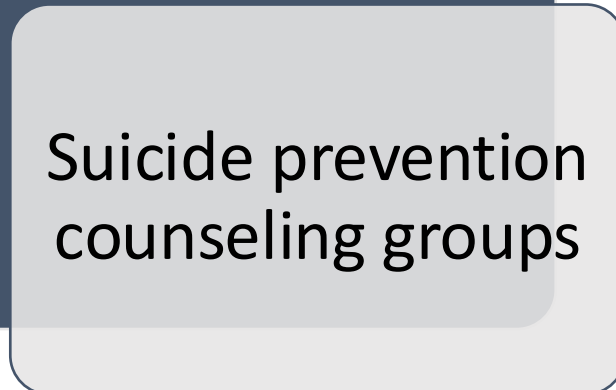
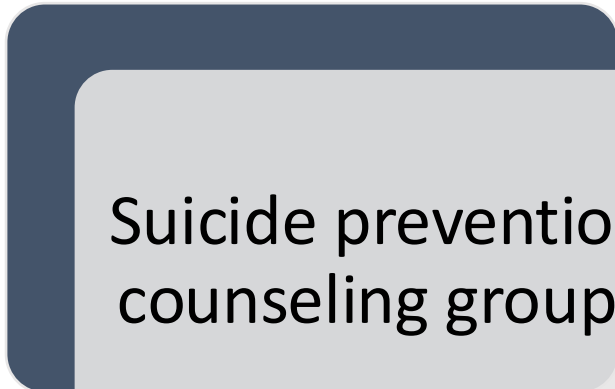
Document rationale for actions



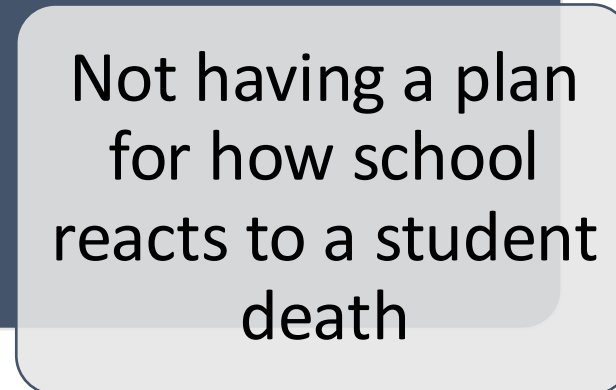
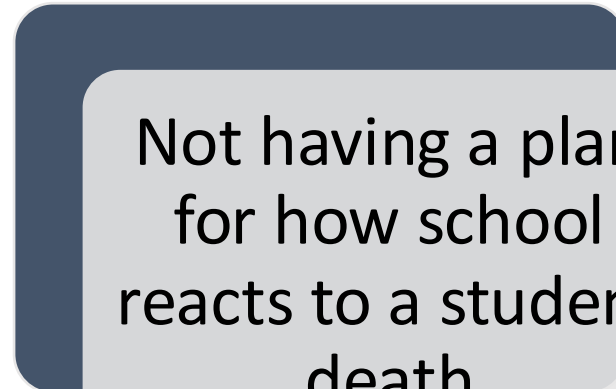
Avoid



Assemblies



Suicide prevention
counseling groups



Not having a plan
for how school
reacts to a student
death

TEEN SUICIDE RISK

A Practitioner Guide
to Screening, Assessment,
and Management

CHERYL A. KING
CYNTHIA EWELL FOSTER
KELLY M. ROGALSKI

Terri A. Erbacher, Jonathan B. Singer,
and Scott Poland



SUICIDE IN SCHOOLS

A Practitioner's Guide to Multi-level Prevention,
Assessment, Intervention, and Postvention

SCHOOL-BASED PRACTICE IN ACTION SERIES

A CULTURE *of* CARING

A Suicide Prevention Guide for Schools (K-12)



THEODORA SCHIRO

We should always have in place...

Risk triage protocols (questions, impairment, means)

Safety plan template with crisis contacts

Re-entry plan with academic supports

Resource cards: 988, local crisis, community partners

Asking about suicide: “The Gap”

Research: When students & staff are trained to ask about suicide

- They gain the knowledge of the importance and how to do it.
- They say they *would* do it
- They don't do it.



Suggestion



Training staff (and
students?) on the
power of the caring
encounter

Suicide Crisis Syndrome (SCS)

Why might someone say on Thursday that they are not suicidal, perhaps mean it, and then make a serious suicide attempt or die by suicide on Saturday night.

Suicide Crisis Syndrome (SCS)

A proposed acute mental state associated with increased risk of suicidal behavior in the near term.

Central experience: an urgent need to escape a situation that feels unbearable and impossible to escape.

Suicidal thoughts may be present, absent, or undisclosed.

Proposed diagnosis, not a DSM-5-TR disorder.
Evidence in adolescents and school settings is still developing.

Five domains of the crisis state

Entrapment / frantic hopelessness

An urgent need to escape, with no perceived way out

Affective disturbance

Intense emotional pain, panic, or sudden mood shifts

Loss of cognitive control

Repetitive negative thoughts that feel impossible to stop

Hyperarousal

Agitation, irritability, hypervigilance, or insomnia

Acute social withdrawal

Abruptly pulling away or becoming hard to engage

Response to a concerning student

Ask directly

Suicidal thoughts, plans, access to means, and past behavior

Explore the crisis

“Do you feel trapped?” “What feels unbearable right now?”

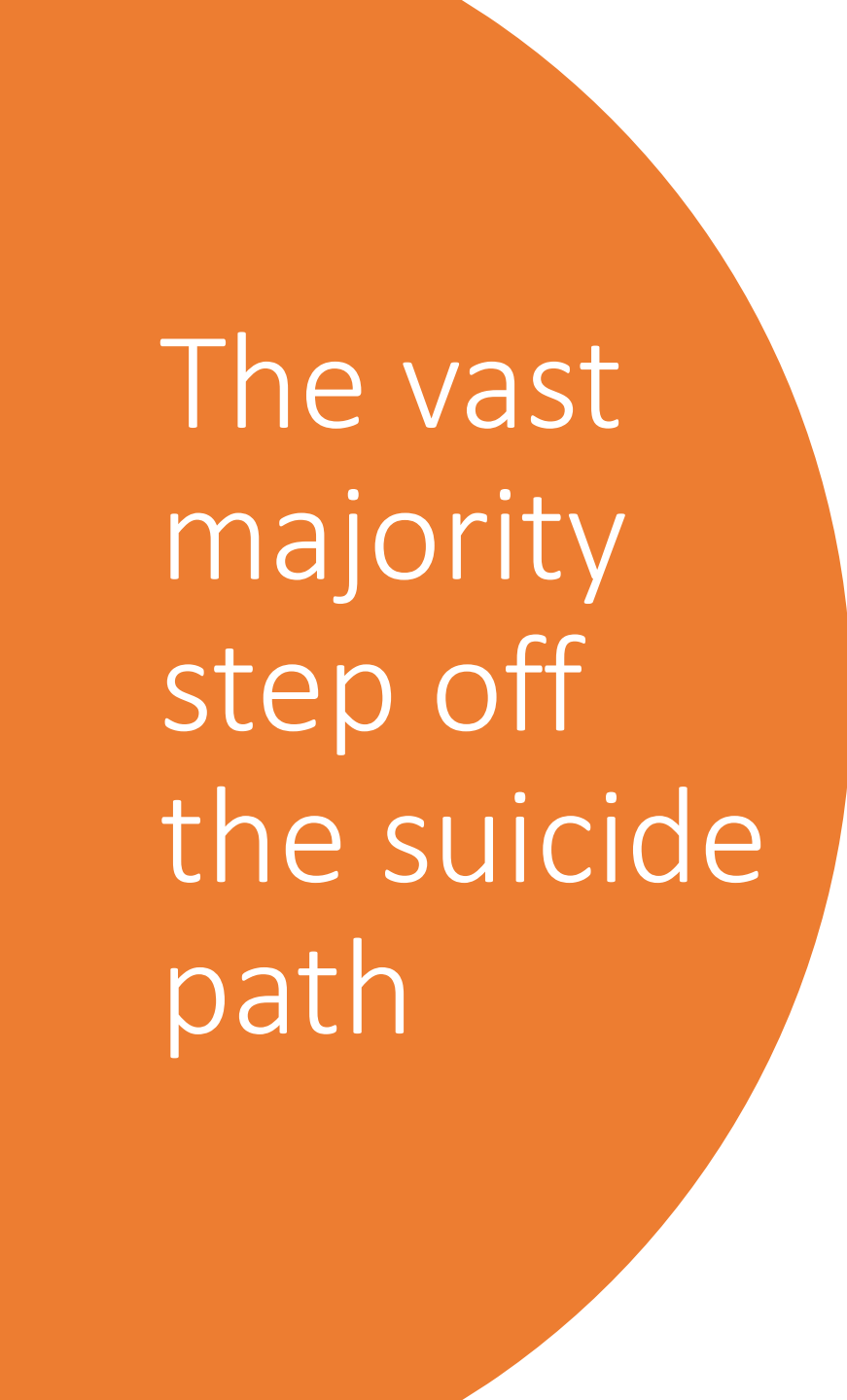
Protect and connect

Follow school protocol. Maintain supervision through handoff.
Arrange urgent evaluation when acute safety concerns arise.

Plan follow-up

Involve safe caregivers, address access to lethal means,
and coordinate a safety plan and follow-up.



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The vast
majority
step off
the suicide
path

Most people who survive a suicide attempt (85 to 95%) go on to engage in life. Even more don't act on suicidal thoughts.

A series of four yellow dashed line segments are arranged in a curved, upward-pointing arc in the bottom right corner of the slide.

Update on Nonsuicidal Self-Injury

Central message (in case we run out of time!)

- These students need a
 - calm,
 - serious,
 - nonjudgmentalresponse.
- We are better at reducing repeated self-injury than we are preventing the first occurrence of it.
- It does *not* appear to be on the increase
- Carefully designed education is feasible and does not appear to increase self-injury. But no assemblies, no groups, no graphic material. Calm, serious, nonjudgmental facts.

NSSI-injury to body without
intention to die.

WHY?

Reduces overwhelming emotion

Interrupts numbness

A response to self-directed anger

these differ in individuals

It is usually a serious error to
assume manipulation or
“attention-seeking.”

**Even if these are in play, a need to communicate
distress is important!**

Emphasize:

coping

help-seeking

recovery is *likely*

Professional treatment:

emotional-regulation

parent involvement

Dialectical Behavior Therapy

and they need to be able to “tell their stories.”

School practices

- Make disclosure easier and relieving: Be calm, explain confidentiality limits, do not JUST pass off to outside clinical care.
- Assess immediate needs: Ask about suicide. Ask about injuries, but don't insist on seeing them or on graphic descriptions. Again: CALM.
- Ask about what it does for the student, not "WHY WOULD YOU DO SUCH A THING?"
- Avoid "mutilation." Do not call it that.
- Do not go down the attention-seeking or manipulation road.
- *What can we do here to help you cope?*
- Coordinate and write out a school protocol

Protocol

- Designate the coordinator of response. The go-to. And a back-up.
- How to engage parents: Help them understand that NSSI is not the same as suicide attempt. The student may BE suicidal, but not necessarily.
- Assess for suicide risk and plan for re-assessment. Negotiate with student.
- To whom can you refer?
- When is an emergency department visit needed.
- Provide peers with a route to tell adults without making them responsible for student's safety.



*Thank You
Very Much*