



Suicide Prevention Awareness

A Toolkit for Maine School Personnel



*Maine Center for Disease
Control and Prevention*
*An Office of the
Department of Health and Human Services*

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A School’s Legal Responsibility to Provide Suicide Prevention

LD 609: An Act to Increase Suicide Awareness and Prevention in Maine Schools, was signed into law by Governor Paul LePage on April 25, 2013, following unanimous passage in the legislature. The statute requires a 1-2 hour Suicide Prevention Awareness Education training be completed by all school personnel in each school administrative unit (SAU), island, charter, CTE Region and public school that is not in a school administrative unit. It also requires all school administrative units and each island, charter, approved private and public schools that are not in a school administrative unit to have at least two staff trained in a one-day course in suicide prevention and intervention training commonly referred to in Maine as “Gatekeeper Training.”

A CTE Region must have at least one school personnel member who has successfully completed Gatekeeper training on site. The second school personnel member could be either on site or the CTE Region could have a legal agreement with one of the sending schools assigned to their region. In addition, the law recommends that schools develop and implement protocols for suicide prevention and intervention. The Maine Department of Education (DOE) has developed standards to guide and inform the implementation of this law. The final standard can be found in [Appendix I-C](#).

A *Frequently Asked Questions* document on the law is included in [Appendix I-D](#).

The Purpose: Suicide Prevention Awareness Training for Maine School Staff

This suicide awareness video and toolkit is designed to be used to achieve several specific goals related to suicide prevention:

1. Convey current statistics, beliefs and attitudes about suicide in youth,
2. Educate school staff to be prepared to recognize and respond to signs of suicide risk,
3. Promote the importance of intervention with youth at risk and connect them with the needed help,
4. Provide information about protocols and resources in your school and community,
5. Convey that suicide is most-often a preventable loss.

In crafting *LD 609: Act to Increase Suicide Awareness and Prevention in Maine Public Schools*, Maine was following an evidence-based approach to suicide prevention called the “Lifelines Program.” The Lifelines model sets out to support the development of a comprehensive safety net to identify and respond to students seen as having increased risk for suicide. The underpinnings of the Lifeline model are to develop a system of competent, confident and caring adults within the school community so that, when a student comes forward acknowledging suicide risk, the system of care is in place to address their needs and prevent a suicide act from occurring. The provision of suicide prevention awareness education to ALL school staff, the provisions of the law requiring a minimum number of trained suicide prevention Gatekeepers,

and the recommendation that school districts develop and implement protocols supporting suicide prevention, intervention and postvention are key components of the Lifelines model. The Lifelines Model seeks to support the development of a safety net within a school community composed of many layers and many people prepared to recognize the signs of suicide and intervene to get someone at risk the help they need. It recognizes that a troubled youth will approach an adult based on their comfort and fit with that adult rather than on their professional training and competence as a clinician. This includes bus drivers, custodial staff, food service personnel, teachers and ED Techs, and coaches, among others. With a basic understanding of suicide and increased comfort and confidence to intervene, these adults can act as the bridge to connect an at-risk youth to the professional help she or he needs.

Best Practice Recommendation for the Provision of Suicide Awareness Training

The best practice recommendation for the provision of a suicide awareness session is to have a trained presenter (or a pair) deliver a live suicide awareness session to staff and be available to offer the facilitation discussion and information on the components listed below. The Maine Suicide Prevention Program and NAMI Maine provide a Training of the Trainer (TOT) workshop for people who have completed a Suicide Prevention Gatekeeper training. This half-day program provides participants with the PowerPoint presentation, support documents and practice presenting an awareness session. We recommend that all school districts develop and retain the capacity on staff to offer awareness sessions as needed. If trained presenters are not yet available in your district, this video presentation can assist a school system to come into compliance with the law.

Using the Video and Toolkit

The video of the Suicide Prevention Awareness Session for Maine School Personnel is designed to be used in conjunction with this toolkit material to fulfill the legal mandate to provide a suicide awareness session to all school personnel. ***The video alone does not fulfill the mandate, but is designed to be used with the following recommendations:***

It is recommended that the video be shown in a group format with a designated and experienced facilitator present to answer questions, lead discussion and exercises and to provide the attendees with guidance on school-specific protocols and school, community and state resources.

- It is recommended that the group size be limited to a maximum of 50, if at all possible. Larger groups inhibit discussion.
- The video has designated breaks, identified by the following image:



When you see this image in the video, accompanied by an audio tone, pause the video and refer to the toolkit.

with corresponding discussion materials used to deepen the information and provide points for discussion. These discussion points are provided with information and elements that are tailored to different age/developmental groups.

- Additionally, there are [Appendices](#) which provide documents that can be tailored to the specific school or school district's needs. This includes school protocols and crisis resources. The protocols provide a clear understanding of roles, responsibilities and expected response for addressing the safety and needs of a student at various levels of risk. Protocols also provide guidance on how a school addresses a suicide attempt and how it addresses the needs of the school community following a sudden death or a suicide. A manual for protocol development is available in [Appendix I-E](#). A copy of a model protocol and a model protocol flowchart for schools can be found in the appendix, as well as a model for a school resource handout ([Appendix I-F](#), [Appendix I-G](#) and [Appendix I-H](#))
- The school or facilitator provides attendees with information about appropriate resources to be accessed during a crisis:
 - School staff who are trained as suicide prevention gatekeepers,
 - Which school and district staff to refer a student to for assessment and support. This might include guidance counselors, social workers, school nurses, school psychologists, school-based health center staff, administrators and others.
 - Outside supports include the regional Maine Crisis program, and details regarding school personnel authorized to make such a call.

****Important Note:** If your school community has had a recent suicide of a student or staff member, it is suggested that any suicide prevention sessions be delayed for at least 4 months to allow for time to grieve.

The Key Themes of the Presentation

This presentation supports a number of overarching messages that are important to underscore through discussion and repetition. These messages include:

1. Suicide is preventable.
2. Suicide is one of the more common forms of preventable loss for both youth and adults.
3. Suicide poses a considerable risk to our youth (2nd leading cause of death) and “we are taking steps to address that risk today.”
4. Suicide does not typically strike totally unexpected, like lightning out of a clear blue sky. There are often risk factors and observable warning signs we can be trained to recognize. They give us clues that something is going on with the person.
5. ANYONE can act to save a life and prevent a suicide.
6. The responsibility for suicide prevention is up to ALL of us.
7. Help exists for someone struggling with suicidal thoughts.
8. There are a number of false beliefs and stigmas associated with suicide. Open dialogue and understanding goes far to create an environment that supports suicide prevention.
9. A suicidal person often feels disconnected and isolated, and connecting them to caring supports is vital.
10. Following a suicide loss in a school community, thoughtfully implemented postvention response is good suicide prevention.

Suicide can be a highly sensitive and difficult topic to discuss. This can be especially true for people who have been personally impacted by suicide. It is important to acknowledge this at the beginning of any suicide prevention presentation and retain the option for someone to opt out for personal reasons if needed. Please, also, let people know how they can access support after the presentation if they so need.

- Be prepared for someone to have an emotional reaction and offer support as needed.
- If any staff has suffered a recent loss, either by suicide or another loss, be prepared to consider a request that they complete the training at a later date. You can also offer them the space for self-care during the presentation (taking a few moments alone, checking in with a colleague or trainers). Follow up with them after the presentation to offer support resources, or to recommend someone they can connect with.

Before the Presentation: Prepare yourself for the role of Facilitator

- It is strongly recommended that the facilitator be a trained Suicide Prevention Gatekeeper and it is preferred that they be a clinical or helping professional. Ideally, facilitators will have taken the Training of Trainers to be prepared to present a suicide awareness session. Think of the facilitator as a school/community resource that staff can access for further information, resources and support related to suicide risk and response to that risk.
- Review background information on suicide and suicide prevention. The [Appendices](#) contain multiple useful documents: a suicide fact sheet, *The Burden of Suicide in Maine and the US* ([Appendix I-A](#)) as well as a list of *Resources for Information on Suicide* ([Appendix I-B](#)) to access additional information.
- Before the session, review the video presentation and the support materials so that you feel familiar with the content of the training video and toolkit. The single most important step is rehearsal. Be familiar with your material and practice! Rehearse with the equipment you'll be using or get assistance from someone familiar with the equipment.
- Decide which handouts to use to support the session. A fact sheet on youth suicide can be found as [Appendix II-A](#). In addition, the MSPP Suicide Prevention Information Booklet is designed to support the awareness session and contains information and resources about suicide prevention (a PDF of the booklet is found in [Appendix II-B](#)). Hard copies can be ordered without cost from the SAMHS Information and Resource Center (IRC) at 1-800-499-0027 or [online](#). Allow 10 day mail delivery for materials.
- Check with your school or district administrator and plan on a method for tracking attendance for compliance purposes.
- Consider giving attendees a certificate of attendance. See [Appendix II-J](#).
- Have copies of your school's protocols, or at the least, a 1-2 page flowchart of how school staff should respond to varying levels of suicide risk specific to their school

setting. This may need to be created to cover your school or your district! There are examples of a model school protocol and a model school protocol flowchart in the appendix that can be adapted to your school setting ([Appendix I-F](#), [Appendix I-G](#)).

- Prepare a handout of the school and district resources recommended for use in your district and include the regional crisis team contact number and any other community resources staff might need to access when addressing the needs of a student in crisis. Make certain staff are aware of whose role it is to contact crisis, if not their own. (See [Appendix I-H](#) for a model resource sheet).
- Review the discussion questions and discussion topics included in this toolkit and be prepared to lead a discussion, especially if the staff does not respond with questions and discussion points of their own. Remember that you do not need to have all the answers, but you need to be willing to facilitate the discussion.
- Thank your audience at the end of your presentation(s) and acknowledge that each participant has the ability to genuinely reach out to a suicidal person.

Facilitating the Awareness Session Video

The video and discussion are designed to take at least an hour and will be better served if 90 minutes are set aside for the session.

The video has embedded cues that inform the facilitator, or the individual viewer to stop the video and review the associated discussion questions. If your audience is active with questions and discussion, you may not need to use any of the associated questions or leads. Be prepared ahead of time to choose questions or discussion points that will serve your audience and the developmental age of their students. If your group will be a mix of elementary, middle school and high school staff, choose a mix of discussions that will touch on the work of all of the participants.

Discussion Points for Video Pauses

1. ***Introduction to the Video and Awareness Session. (to be done before showing the video)*** This suicide prevention session is being held to assist all school staff to develop increased knowledge about suicide and to give you some tools to connect someone at increased risk for suicide with the help they need to be safe. This session is required to bring the school district into compliance with LD-609; An Act to Increase Suicide Prevention Education in Maine Schools, passed by the Maine Legislature in April 2013. Discuss the *LD 609 FAQ* about the new law and what it means for school staff and suicide prevention ([see Appendix I-D](#))
2. ***Talking About Suicide: Values Discussion. (10 minutes)*** One of the hidden barriers to prevention of suicide lies within each of us. Knowing your own values and beliefs about

suicide is vital; they are not right or wrong, but they may influence your work with someone at risk.

Activity: Using questions from the Values Clarification worksheet (in [Appendix II-C](#), have the participants complete the handout on their own and then discuss it in small groups. Complete the exercise with a discussion of several of the topic areas and process the information. Remember, there are not really any wrong or right answers here.

3. **Why Do Adolescents Attempt Suicide More Frequently Than Adults? (5 minutes)**

Adolescents are in a roller-coaster of emotional turmoil with lives, bodies, emotionality and stress levels rapidly changing at a time when they may lack the emotional skills and maturity to cope. Other reasons may include: Impulsivity, social stresses, bullying and harassment. Add in the fact that adults die by suicide more frequently; the ratio of attempts to deaths is at least 100:1 in adolescence and 25:1 across the lifespan.

4. **Warning Signs and Risk Factors. (10 minutes)** Using the Adolescent Warning Signs ([Appendix II-D](#)) and IS PATH WARM handouts ([Appendix II-E](#)), lead a discussion of what signs staff might notice about a youth in crisis and what to do when such warning signs are present. Consider the presence of the warning signs as invitations to intervene, to remark on the change in appearance and behavior in the individual. This is the opportunity to express concern and to ask about suicide if it enters your mind. Ask what kinds of signs they see in their students that might be warning signs, and ask what the risk factors are that they see at work in the lives of their students.

- a. The question may arise that most of the warning signs are pretty general and do not specifically indicate someone is thinking about suicide. This is an opportunity to normalize intervening with someone who is showing signs of distress regardless of suicidal thinking.

The Risk Factor Handout ([Appendix II-F](#)) is available as an optional handout for a discussion of risk factors.

5. **“What is Helpful” Activity. (10 Minutes)** One of the most important exercises of the awareness session is to have the participants verbalize the 3 steps to connecting someone to help. The handout “Responding to Suicidal Behavior ([Appendix II-H](#)) is a helpful guide for people. Using the “What is Helpful” handout found in [Appendix I-G](#), ask the participants to fill out what they might say to “Show they Care”, and one or 2 ways they would “Ask the Question” (i.e. ask someone if they are thinking of suicide). Remind them that it is most important that the question is direct and clear and that the words used feel natural coming out of their mouths. Finally, with the understanding that sometimes a person who is suicidal is unable to see that help is available, ask them how they might encourage someone to get the immediate help needed.

- Have the group fill out the worksheet alone and then share their answers in pairs or small groups
- Process a few of the answers in the large group. As a facilitator, your role is to acknowledge the appropriate use of language when asking about suicidal ideation, and to gently suggest alternatives if language is not appropriate.

Often someone will acknowledge how hard it is to ask about thoughts of suicide, especially for the first time. Acknowledge the truth of this and use it as an opportunity to encourage practice; it gets easier with repetition, like with many new skills.

6. **School Protocols and Resources. (10 minutes)** Using the suicide prevention, intervention and postvention protocol for your school or district and the resource list for your school (see model resource list in [Appendix I-H](#)) or administrative unit, inform the group how they are expected to respond to suicidal risk of varying levels and who they should turn to in your district to connect someone with the help they need. (model protocol material [Appendix I-F](#), [Appendix I-G](#), [Appendix I-E](#)) At the very least:
 - Identify all school or district suicide prevention Gatekeepers.
 - Let them know who the preferred person is to contact about a youth at risk as well as at least one back-up person.
 - Review the school and district resources, including school counselors, nurses, administrators, school-based health center staff and others as appropriate.
 - Inform participants of the state-wide crisis line and how to access it as well as whose role it would be to call crisis for a situation occurring at school. (see handout, *When You Call the Crisis Hotline* in [Appendix II-I](#))
 - Consider exploring other local and regional resources helpful in the support of at risk youth.
7. **Summary, Closing remarks and Q/A: (5-10 minutes)** This is the time to:
 - Thank your audience for attending, and remind them of further training available through MSSP.
 - Make sure that people have signed in for any tracking your school may do for compliance reasons.
 - Let them know that you are aware that suicide can be a difficult topic to address and that you (and other resource people named) will be available if anyone needs to talk.
 - For information on additional suicide prevention training available through the Maine Suicide Prevention Program, provide the audience with training brochures from the [SAMHS Information Resource Center \(IRC\)](#).
 - Open the floor for any other questions or discussion.

After the Presentation:

1. Follow-up with anyone you have concerns about in regard to how the presentation affected their sense of well-being.
2. Complete any attendance tracking required by your school.

GENERAL Suicide Questions and Discussion Points

- **I am just a _____ (coach, bus driver, custodian, teacher...), why do I need to know about suicide? It's not my job.**

A young person in crisis or under stress is most likely to approach the adult that they feel most comfortable with and who is most available to them. This may not be the school nurse, counselor or administrator. The goal of the new law is to prepare all school staff to have better understanding about suicide and to know who to refer a youth at risk to for additional help.

- **In this school, how common do you think it is for a youth to consider suicide and how many do you think attempt suicide?**

Many people are shocked when they learn how often our middle and high school students consider suicide and how many of them report a suicide attempt in their past. The Maine Integrated Youth Health Survey (MIYHS) is a self-report anonymous survey completed by many Maine students every 2 years. According to the results of the 2013 MIYHS, 14.6 % of high school students reported seriously considering suicide in the past 12 months (18% of females and 11 % of males), 12.6% reported making a plan for their suicide (15.5% female, 9.5% male), and 8.2% reported attempting suicide (8.9% female, 7.3% male). In middle school, where the questions were based on “have you ever”, 16.8% reported seriously considering suicide (22% female and 11.5% male), 11.6% made a plan (15.4% female, 8.0% male), and 6.3% reported making an attempt (8.3% female, 4.3% male). The reported rates for high school students identifying as gay, lesbian or bisexual were 2-3 times the rate of heterosexual students. These questions are not asked of elementary school students.

The MIYHS data is collected by health district and by county and you may even be able to get data for your school district through your superintendent’s office.

- **It seems like people who attempt or die by suicide are out of touch with others and help. Is there anything we can do to prevent a suicide?**

We know that people who become suicidal often feel isolated and may even withdraw from people who know them well. It may seem that there is little opportunity to intervene, but we also know that people considering suicide typically talk about their pain, despair and thoughts with at least one other person before they ever act to harm themselves. These statements are opportunities for someone to intervene and to get the suicidal person the help they need. These statements **MUST** be taken seriously. A suicidal statement or even an attempt is a very loud cry for help and an opportunity to

get someone help. An intervention that gets someone the help and the resources they need following a suicidal crisis is vital. Most young people who get help never return to a suicidal crisis again. Identifying someone at risk and connecting them with help is suicide prevention!

- **Young people often prefer to talk to a peer; a friend about the difficulties they have. How can we change that?**

Often our youth are OK talking with and seeking help from an adult who they know and trust. This is much less true for youth who feel alienated, marginalized or cut-off from the school or family. These are the ones most likely to turn to friends in a moment of crisis. Our job as adults is to strive to build bridges of connection with all our students and to also support those young people who are consulted with information and support so they, in turn might seek help from an adult. The Maine Suicide Prevention Program offers teacher training on curricula for lessons addressing suicide prevention. There are 3 Lifelines programs: One for middle school, one designed for the 10th grade health class and our Transitions lessons for seniors in high school. Each of these lessons works to encourage youth to identify caring and trusted adults they can turn to in times of need. I hope this school is offering the Lifelines Lessons.

- **If you have tried to invite someone to talk about their suicidal thoughts or even to attempt to ask them yourself, you know how hard this can be: Why is it so hard to talk about suicide?**

Suicide is a stigmatized and taboo subject, one that we are socialized to avoid. There are religious roots related to the stricture against suicide in Christian and other religions. These religious taboos later led to laws written and enforced against suicidal behavior. There is also stigma and shame about suicide that has led families to keep secrets about the cause of death for a loved one, even within the family. All this results in people having difficulty taking openly about suicide or asking someone about their thoughts of suicide. It is vital that you address the hesitation you feel and to work toward increased comfort acknowledging suicide and asking about suicide if you are concerned about their risk. Your increased comfort enables them to more easily disclose what is on their mind, and might save a life.

- **I have had a student talk to me about their self-injury and their thoughts of suicide and then ask me to keep it a secret. What do I do?**

Suicide risk is not something you can keep secret from others; not other clinical staff, not parents or guardians. This would not be fair to the student, their family or to you. Saving a life is more important than keeping a confidence. An appropriate response might be “This is something that I cannot keep secret if you are at risk to yourself. Is there any reason that I would not tell your parents?” The last part of the message holds open the door that in rare circumstances, a student may be facing abuse at home that

could support not telling a parent. In that case, you would need to consult with an administrator about calling Child Protective Services.

Preventing a suicide often requires the coordinated response of many caring adults. Be sure that you have support and that other people know of the risk and are working with the youth and you to increase safety and support. It is vitally important that you are not the only person working to support someone at increased risk for suicide.

- **Do the Warning Signs for Suicide differ between youth and adults?**

There has been an effort among suicide prevention experts to develop a valid list of research-supported warning signs that point to increased short-term risk for suicide in adolescents between the age of 13 and 19. These are:

- Talking about or making plans for suicide
- Expressing Hopelessness about their future
- Displaying severe/overwhelming emotional pain and distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the signs mentioned above. These specific changes are as follows:
 - Withdrawal from or changing social connections
 - Recent increased agitation or irritability
 - Anger, hostility that seem out of character
 - Changes in sleep patterns

If you are seeing a youth that shows these warning signs, this is a time to listen to their concerns and to ask the question about suicide if the thought enters your mind. This is a youth who is struggling and needs help.

- **We all live in a world that seems increasingly stressful, and I am sure it affects our risk for suicide. What can we do to help protect our young people against suicide?**

In the same way that we all carry risk factors for suicide, most people have beliefs, skills, resources and supports active in their lives that build resilience and help protect them from suicide and from other high risk behaviors. We call these Protective Factors, and the good news is that protective factors can be built and supported over time and school personnel are doing this through your work on a regular basis. Make sure that a youth knows you are a support and believe in them and see them for who they are. Help them build coping skills to address stress in their lives and support their social integration into a healthy school environment. Youth who lack good support at home often look back on school as a place where they received the support that opened the doors to future success in life.

- **Some of the students I am in regular contact with carry a number of the mentioned risk factors and show behaviors that were referred to as Warning Signs for suicide. Does this mean they are all at high risk for suicide?**

No one recognizes better than school staff that we have a number of our students who face some serious challenges on a regular basis in their lives. Some of their history, their mental health, their lack of support and the stresses on their lives place them at increased risk in general. The warning signs for suicide represent *changes in behavior* and because of these changes, they might be at increased risk. We see the recognition of warning signs as a red flag that signals the need to check in with the youth and see how they are doing, and if it seems indicated, to ask them about suicide or to speak to a school counselor to have her or him interview the student. We should take the presence of warning signs seriously, but not assume they mean someone is at immediate risk for suicide.

- **Are there particular times in a young person's life that increase their risk for suicide? What are some common ones?**

Periods of major transition are times of increased risk for us all. For youth, those transitions occur with the expected transitions from elementary to middle school, middle school to high school and when they leave school for a larger world. The transition from high school to college, to the work world, the military or whatever the next step is, is a high stress transition.

Other stressful transitions occur when parent's divorce, teenage relationships break-up, or other major losses are faced. Adolescence is also when the first signs of a major mental illness may appear, and this presents a time of increased risk. For many, the emotional turbulence of adolescence creates change that can increase risk as the youth explores their world. Adolescence is the time of experimentation with substances, relationships, and sexuality.

ELEMENTARY SCHOOL Level Discussion Points

- **How does the risk for suicide change from elementary school, middle school and high school.**

We are fortunate that the risk for dying by suicide is very low for youth before their teens. Unfortunately Maine has had youth as young as 8 die by suicide and we are seeing an increase in reports from school personnel seeing elementary kids in crisis and seriously considering suicide. As a child approaches middle school years, their stress increases and there is an increase in suicidality, though the actual rates of suicide remain fairly low. The highest rates of reported suicidal ideation occur in middle school, though the rate of attempts and death by suicide increases in high school and beyond.

For an elementary student, suicide risk is often seen in someone who has had multiple losses or faces major disruptions in the family. Suicidality is more common in kids who have suffered abuse or neglect as well. Younger children are often more vocal about the distress they are feeling and will tell you what is on their mind if you ask. Sometimes the barrier to learning about suicide is due to the adult caregiver not believing that a young child can become suicidal.

- **What form does suicide prevention education take for elementary level kids?**

For younger students, suicide prevention is less about talking about suicide than it is about supporting kids in learning how to recognize and cope with difficult emotions, how to feel and show empathy for others and to build and maintain healthy social relationships, and where to turn to get support and to get help. This is basic social and emotional learning. We also need adults who are prepared to respond to questions and to engage with those children who do become suicidal or who have questions and concerns about suicide.

- **Do younger students even understand the concept of death and, even more, of suicide?**

Research shows that very young children do not have a full understanding of death; it develops over time. Children tend to say things directly, simply and clearly and their stage of development influences their understanding of death. There are three concepts that are important for children to grasp:

- Death is irreversible, it is unidirectional and final; it is not a trip from which they will return.
- Death brings about non-functionality - life and body functions stop, the person is not asleep.
- Death is inevitable - everyone will die some time.

Most children understand these concepts by the age of 9 years. Children's understanding of death is related to age, verbal ability and cognitive development. Children who are bereaved before the age of seven are likely to come to a partial understanding of death earlier. This is also true of the concept of suicide. If there has been a suicide in the family or social circle of the child's family, they learn about it at an earlier age, from listening to their parents talk about suicide. This may be true even if the child has not been directly talked to about suicide. Usually by 5th grade, more than 90% understand suicide.

MIDDLE SCHOOL Level Discussion Points

- **I have seen the MIYHS reports that show that middle school youth have higher reported rates of suicide ideation than high school kids. Does this mean they are at higher risk for dying by suicide?**

The level of self-reported “ever seriously considered” suicide increases through middle school and is at its highest rates in 8th grade. It then begins dropping through the high school years (where it is asked about “over the past 12 months”). The rates for actually attempting suicide in 2013 were highest in 9th graders and fell to the lowest in 12th grade. Each year Maine loses 5-8 high school students to suicide and 1-2 students in middle school. In general the risk for suicide increases with age through the teens and twenties.

- **Does bullying cause suicide?**

There is a growing awareness that being the victim of bullying as well as being someone who participates in bullying others increases the risk for suicide. A number of high profile suicides with a connection to bullying have raised our consciousness and mobilized an army of anti-bullying advocates, celebrities and the media who have said -- or at least strongly implied -- that bullying can lead to suicide. But, mental health professionals and those who work in suicide prevention, say bullying-related suicides that reach the spotlight are painted far too simplistically. Bullying and suicide may often be connected, though the relationship between the two is much more complicated than a headline might suggest. To imply clear-cut lines of cause and effect, many experts maintain, is misleading and potentially damaging as it ignores key underlying mental health issues, such as depression and anxiety.

"Bullying is so at the top of our consciousness that we're bending over backwards to get it into the story," said Ann Haas, a senior project specialist with the [American Foundation for Suicide Prevention](#). "Years and years of research has taught us that the overwhelming number of people who die by suicide had a diagnosable mental disorder at the time of their death."

Haas argues that failing to look at the other contributing factors, from depression to family life to the ending of a relationship, is problematic from a suicide prevention standpoint. "I am very concerned about the narrative that these stories collectively are writing, which is that suicide is a normal, understandable response to this terrible [bullying] behavior," said Haas. "In suicide prevention, we tend to favor the explanation that there are multiple causes." (from the Huffington Post, 2-8-2012).

- **We are seeing an increase in cutting, and the openness of kids talking about their cutting and identifying as a “cutter.” How does self-injury differ from suicidality?**

The incidence of youth engaging in non-suicidal self-injury, also called self-injury and sometimes referred to as cutting, has grown from a behavior usually seen only in people who were either incarcerated or institutionalized to something seen commonly in middle and high school and even in older elementary students. In 2013, almost 18% of high school students reported at least one episode of self-injury over the past 12 months with the highest rates in 9th and 10th grade and females having significantly higher rates than males. In middle school the rates were almost 16% with girls reporting more than twice the rate of boys.

Most of the time, a person who is self-injuring does so as a way to cope with powerful negative emotions and stress; it is a very unhealthy coping mechanism, but can become a habit because it works. It is a way of feeling calmer, to seek a short term relief, not usually a suicide attempt. Suicide is seeking a permanent escape from life. However, people who engage in self-injury are much more likely to also consider, plan and attempt suicide. Some studies have placed the increased risk for suicide at 2-9 times the risk for those who do not self-injure. It is vital to intervene with youth who self-injure and to get them professional help.

- **What can I do to increase the skills of my students to cope with stress and uncertainty?**

The skills you mentioned are one type of protective factor and they can be built. Ensuring that the youth is seen and appreciated for who they are and thereby also is aware of the adults he/she can turn to for support is important. Teaching basic communication skills, the skills of distraction and self-soothing are vital, and helping them to develop critical-thinking skills so they can acknowledge choices to make that affirm health and avoid harm. Being a resource where they can show-up and get support during times of uncertainty and stress is also huge. Particularly for students who do not find good support at home, school staff can be a life-saving source for support.

HIGH SCHOOL Level Discussion Points:

- **I see our students being diagnosed with depression and anxiety and taking increasing numbers of prescriptions for these things. . .Can this be good?**

Many major mental disorders are first identified during adolescence and early adulthood, and appropriate treatment of things like depression and anxiety can enable a youth to function normally in school and social situations. The connection between mental illness and suicide is well known. Appropriate treatment typically includes medication and some form of counseling or therapy to learn skills to better manage the effects of the illness. This would be the same in a youth diagnosed with diabetes who

both needs medication to balance blood sugars and assistance in how to understand and manage their illness.

- **What is the relationship between substance abuse and suicide in teens?**

We have long recognized that increased or excessive substance abuse is a warning sign for suicide across the lifespan. The abuse of alcohol or drugs is an even more potent warning sign for youth suicide. Intoxication is accompanied by increased impulsivity and impaired judgment. Regular and heavy substance use is often accompanied by other negative outcomes and a lessening of connections to support and age-appropriate activities. If you know or hear that a youth's substance abuse is increased; if they are passing out at parties etc., this is a time for action to intervene.

Appendix I; Facilitator Background Information and Resources

- I-A [The Burden of Suicide in Maine and the US](#)
- I-B [Resources for Information on Suicide](#)
- I-C [DOE Standards for the new law](#)
- I-D [DOE/MSPP LD-609 FAQ sheet](#)
- I-E [MYSPP Suicide Prevention, Intervention and Postvention Guidelines Manual](#)
- I-F [Model School Protocol](#)
- I-G [Model School Protocol Flowchart](#)
- I-H [Model Resource Sheet](#)

Appendix II; Handouts and Certificate for the Awareness Session

- II-A [Suicide Fact Sheet \(Youth\)](#)
- II-B [MSPP Suicide Prevention Information Booklet](#)
- II-C [Values Clarification worksheet](#)
- II-D [Adolescent Warning Signs handout](#)
- II-E [IS PATH WARM handout](#)
- II-F [Risk Factor handout \(Grid\)](#)
- II-G [“What is Helpful” handout](#)
- II-H [Responding to Suicidal Behavior](#)
- II-I [When You Call the Crisis Hotline](#)
- II-J [Awareness Training Attendance Certificate](#)