

Youth Suicide Awareness Training

Pleasanton USD 344
Fall 2016

The Jason Flatt Act

The Silent Epidemic

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Clark Flatt with son, Jason Flatt



Jason Flatt

Kansas- The Jason Flatt Act SB323 Effective 5/13/2016

- On May 13, 2016 Governor Sam Brownback signed The Jason Flatt Act - Kansas in memory of Cady Housh (SB323) into law, making Kansas the 19th state to pass The Jason Flatt Act since 2007. The Bill was sponsored by Senator Greg Smith of Kansas Senate District 21. Major components of the legislation are: Requiring suicide prevention training for school district personnel; amending K.S.A. 2015 Supp. 75-2319
- The board of education of each school district shall provide suicide awareness and prevention programming to all school staff and shall notify the parents or legal guardians of students enrolled in such school district that the training materials provided under such programming are available to such parents or legal guardians.
- Such programming shall include, at a minimum: At least one hour of training each calendar year based on programs approved by the state board of education. Such training may be satisfied through independent self-review of suicide prevention training materials; and

Kansas

- A building crisis plan developed for each school building. Such plan shall include:
 - Steps for recognizing suicide ideation;
 - Appropriate methods of intervention; and
 - A crisis recovery plan
- On or before January 1, 2017, the state board of education shall adopt rules and regulation necessary to implement the provisions of the section.

Youth Suicide Awareness Training

What can you expect today?

What can you expect today?

- Not meant to make you an expert on youth suicide
- Not meant to make you a crisis counselor
- To make you aware of the problem of youth suicide and give suggestions on how to help those youth at-risk.
- To help identify a youth at-risk.
- Understand the Impact of youth suicide.

Facts and Statistics

2014 Center for Disease Control

Youth Suicide is a public health issue. “...a National Public Health Problem...”
David Satcher, US Surgeon General

Facts and Stats

- Suicide is the 2nd leading cause of death for ages 12-18.

Facts and Stats

- Suicide is the 2nd leading cause of death for ages 18-22.

Facts and Stats

- Suicide is the 2nd leading cause of death for youth ages 10-24.
- Only surpassed by unintentional injuries

Facts and Stats

- Since 1980, there has been an increase of 128% in suicide for ages 10-14, making it the third leading cause of death for those ages.
- Four out of five youths who attempt suicide have given warning signs.

Facts and Stats

- More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, together (most natural causes).
- On average, 5,400 youth in grades 7-12 attempt suicide DAILY.

Tidbits

- If Suicide was a virus, how would society act?
- How many students do we lose a week to suicide? 100 per week
- Girls attempt 3 times as often
- Boys are 4x as successful (choice of means- Guns- Girls drugs)
- Recent trend since 2001/2002- Girls are turning to more lethal means (suffocation, hanging) rate of suicide in ages 10-19 success has increased.

Tidbits- Youth Risk Behavioral Survey

Youth Risk Behavioral Survey from the Center for Disease Control and each state's department of health.

<https://nccd.cdc.gov/youthonline>

Tidbits- Youth Risk Behavioral Survey

4 questions that deal with suicide on this survey:

1. In the past 12 months, have you felt sad or hopeless almost every day in a row for a period of two or more weeks so that it affected your usual activities?
Nationally 29.9% (1 out of 4 students)
2. Have you seriously considered suicide in the past twelve months? Nationally 17% (1 out of 6 students)
3. Have you made a plan on how to commit suicide in the last twelve months? Gone from concern to crisis
Nationally 13.6% (1 out of 7 students)
4. Have you attempted suicide 1 or more times in the last 12 months? Nationally 8% (1 out of 13)

Tidbits- Youth Risk Behavioral Survey

- Based on those four questions, if nothing is done differently...
- 6.6 million students will deal with depression
- 3.7 million seriously considering suicide
- 3 million will make a plan
- 1.76 million will attempt suicide- 4,840 young people a day

Tidbits

- But what about Kansas and other individual states?
- <https://nccd.cdc.gov/youthonline>

Risk Factors

Suicide typically does NOT have a sudden onset...

Risk Factors

Depression, Mental Illness and Substance Abuse

- One of the most telling risk factors for youth is mental illness. Mental or addictive disorders are associated with 90% of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment.
- In fact, 60% of those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions, and worsens depression, are associated with 50-67% of suicides.

Risk Factors

Aggression and Fighting

- Recent research has identified a connection between interpersonal violence and suicide.
- Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.

Risk Factors

- **Home Environment**
- Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.

Risk Factors

Community Environment

- Youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her own behavior after what is experienced in the community.
- Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives.

Risk Factors

- **Previous Attempts**
- Youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.

Risk Factors

Cultural Factors

- Changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals.
- Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.

Risk Factors

School Environment

- Youth who are struggling with classes, perceive their teachers as not understanding them or caring about them, or have poor relationships with their peers have increased vulnerability.

Risk Factors

Family History/Stresses

- A history of mental illness and suicide among immediate family members place youth at greater risk for suicide. Exacerbating these circumstances are changes in family structure such as death, divorce, remarriage, moving to a new city, and financial instability.

Risk Factors

Self-mutilation

- Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the reason for this behavior can vary from peer group pressure to severe emotional disturbance.
- Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.

Risk Factors

Situational Crises

- Approximately 40% of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.

Warning Signs

Four out of Five Teens Who Attempt Suicide Give Clear Warning Signs

Warning Signs

Warning Signs of suicidal ideation include, but are not limited, to the following:

- Suicide Threats
- Previous Suicide Attempts

Warning Signs

- Sudden changes in behavior
- Depression
- Taking unnecessary risks or exhibiting self-destructive behavior

Warning Signs

- Out of character behavior
- A loss of interest in the things one cares about

Warning Signs

- Making arrangements; setting one's affairs in order
- Giving prized possessions away

What Can I Do?

But I'm not a counselor!

Take Action Immediately

1. Ask about suicide.
2. Seek more information- Keep the person safe
3. Know where and how to refer- Take action!

Take Action Immediately

1. Ask about suicide.

- Asking about suicide DOES NOT put the thoughts of killing themselves in someone's head but gives them a sense of relief that someone is finally hearing them and will LISTEN.
- Asking is the first step in Saving A Life.
- Some estimates are that a person who is suicidal will have given clues to a number of people before someone finally HEARS THEM AND ASKS ABOUT SUICIDE.
- This means that the ASKING in and of itself is an intervention!

Take Action Immediately

2. Seek more information- Keep the person safe

- Assuming they indicate suicidal thoughts, you then should collect more information about the onset, duration, and intensity of suicidal thoughts.
- This will help you understand the type of response you need to employ to ensure the person's safety is maintained.
- Ask the person,
 - "Are you feeling so bad that you are thinking about suicide?"
 - If the answer is yes, ask, "Have you thought about how you would do it?"
 - If the answer is yes, ask, "Do you have what you need to do it?"
 - If the answer is yes, ask, "Have you thought about when you would do it?"

Take Action Immediately

3. Know where and how to refer- Take action!

- After identifying someone at risk, the most important thing a gatekeeper can do is to make sure the action they take is appropriate for the level of risk.
- For high risk individuals, calling 911 may be the best action, for less acutely suicidal persons, staying with them, or ensuring someone is with them, until they can speak with a mental health professional
- DO NOT HANDLE THE SITUATION ALONE- GET HELP

Local Resources

School

- School counselor
- School psychologist
- Principal
- School resource officer
- School crisis protocol- Do you know what to do?

Local Resources

Community- 911

Southeast Kansas Mental Health

- 24/7 Emergency # (866) 973-2241
- Linn County- (913) 352-8214
- Bourbon County - (620) 223-5030
- Neosho County - (620) 431-7890
- Anderson County - (785) 448-6806

Other Resources

Phone

**1-800-SUICIDE
(1-800-784-2433)**

or

**1-800-273-TALK
(1-800-273-8255)**

or

**Text Telephone:
1-800-799-4TTY
(1-800-799-4889)**

Or

The Community Assistance Resource Line

1-877-778-CARL (2275)

Internet Resources

Websites

- **Suicide.org**
 - <http://suicide.org>
- **The Jason Foundation**
 - <http://jasonfoundation.com>
- **American Association of Suicidology**
 - <http://www.suicidology.org/>
- **National Council for Suicide Prevention**
 - <http://www.thencsp.org/>
- **American Foundation for Suicide Prevent**
 - <https://afsp.org/>