

## Youth Depression & Suicide Myths & Facts

Myths about depression and suicide often separate people from effective treatments and prevent people from supporting suicide prevention efforts. It is important for all adults to learn the facts so that we can give young people accurate information and support.

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**Myth:** Talking about suicide puts the idea in someone's head.

**Fact:** You do not 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.

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**Myth:** People who talk about suicide won't really do it.

**Fact:** Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like, "You'll be sorry when I'm dead," or "I can't see any way out" – no matter how casually or jokingly said – may indicate serious suicidal feelings.

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**Myth:** If a person is determined to kill themselves, nothing is going to stop them.

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

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**Myth:** It's normal for teenagers to be moody; teens don't suffer from "real" depression.

**Fact:** Depression affects people of all different ages, races, ethnicities, and economic groups. Just like any illness, depression can affect teens who seem to "have it all." The prevalence of teens reporting a major depressive episode increased by 37% from 2005 to 2014 (Mojtabai et al., 2016). Though depression seems to be on the rise, treatment is helping many young people cope with this illness.

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**Myth:** Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

**Fact:** Depression is not a weakness; it's a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think, change behaviors, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of therapy and medication is beneficial.

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**Myth:** It's easy to tell when a teen is depressed because they cry all the time and withdraw from friends and family.

**Fact:** While down mood and withdrawal are some signs of depression, some symptoms are not as well known. Teens may seem irritable or anxious. They may have no energy and feel tired but have trouble sleeping; or they may sleep too much. They may lose their appetite or overeat leading to weight changes. Only a professional can diagnose depression.

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**Myth:** Depression is the only mental health problem connected to suicide.

**Fact:** While depression is strongly connected to youth suicide, other mental health concerns are important too. Substance use problems are a major predictor for suicide. If a young person is using alcohol or drugs to deal with negative feelings, they are at increased risk. Some young people use non-suicidal self-injury (hurt themselves on purpose) to deal with negative feelings. While these injuries are not generally about suicide, students who self-injure are at increased risk. Early intervention and treatment for all mental health concerns are the best protection from suicide risk.

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Call the National Suicide Prevention Lifeline for 24/7 free and confidential support at 1-800-273-8255.  
Crisis Text Line Text 'ACT' to 741741 for free, 24/7 crisis support in the U.S.



## Risk Factors, Warning Signs, and Precipitating Events

Suicide is complex. There are generally a number of factors that come together to increase a person's risk. Fortunately, this gives us many avenues to intervene. Consider how you may be able to intervene if a child is experiencing some of the risk factors and warning signs below.

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### **Risk Factors**

While no student is immune from suicide, some students face increased risk.

#### **Mental Health**

Depression and other mental health concerns like non-suicidal self-injury are key risk factors for suicide. These mental health conditions are treatable. Connecting a young person to treatment is the best prevention for youth suicide.

#### **Substance Use**

Many young people who struggle with depression also struggle with alcohol and/or drug use. Teach students about the dangers of using alcohol or drugs to cope with negative emotions. Screen for substance use and intervene early to treat this mental health concern.

#### **Hopelessness, Social Isolation, Poor Problem Solving**

Some young people feel desperate and are unable to see a solution to end their suffering. Forming connections with disconnected kids and helping them to learn coping skills and build social supports are crucial steps in prevention.

#### **Adverse Life Events**

Unfortunately, too many children suffer from abuse and trauma. There are many steps to be taken to decrease instances of bullying and violence at school. Exposure to peer suicide increases risk for all students in your school, so preventing one suicide can prevent others.

#### **Access to Guns**

Suicide crises are often short-term but having access to a gun makes it easier to carry out the act in an instant. Educate your community about the danger of storing guns in the home.

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### **Warning Signs**

A warning sign is an indication that someone might be having thoughts of suicide. Most people give clues or signals of their intentions. If you see/hear a warning sign, seek immediate help.

**Listen:** "I wish I were dead" and "I won't be around to deal with this much longer" are warnings of serious suicidal thoughts.

**Read** writing assignments and social media where young people often share their feelings. Writing about death or actively seeking weapons/means to carry out the act are warning of a suicidal crisis.

**Watch** for big changes:

- Significant differences in appearance or mood
  - Extreme withdrawal
  - Increase in risky behavior (including alcohol/drug use)
  - Decrease interest in things they once enjoyed
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## **Precipitating Event**

Sometimes a major life event moves a person from thinking about suicide to attempting suicide. Certain events may be insignificant to one person and very troubling to another.

Consider what events might have a big impact on students you know. A few examples include:

- Breakup
- Bullying incident
- Sudden death of a loved one
- Trouble at school

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## Youth Suicide: Populations at Elevated Risk

It is important for school staff to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

**Youth living with mental health and/or substance use disorders.** While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Depression and substance use disorders are commonly linked to youth suicide and many youth are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

**Youth who have attempted suicide.** A previous suicide attempt is a key risk factor for eventual suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

**Youth who engage in non-suicidal self-injury.** Suicide risk among those who engage in self-injury is significantly higher than the general populations. Whether or not they report suicidal intent, people who engage in self-harm are at elevated risk for dying by suicide within 10 years.

**Youth in out-of-home settings.** Youth involved in the juvenile justice or child welfare systems often have many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

**Youth experiencing homelessness.** Homeless young people have higher rates of mood disorders, conduct disorders, post-traumatic stress disorder, and suicide attempts. One study found that more than half of runaway and homeless youth have had some thoughts of suicide.

**LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth.** The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter report having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For youth already experiencing other risk factors such as mental illness, these experiences can place them at increased risk.

**Youth impacted by suicide.** Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves. If there is a suicide in your school or community, it is important to follow postvention best practices to facilitate healthy grieving and reduce risk for other students.

**Youth living with medical conditions and disabilities.** A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

**Help is always available.**

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## ACT for Faculty and Staff

A resource for faculty and staff to facilitate conversations with struggling students.

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**ACT: Acknowledge, Care, Tell** when concerned about a student, or approached by students asking for help:

### Acknowledge

Whether a student asks for help directly, or you have concerns, acknowledge that the situation is serious and that you're worried about their wellbeing. Remember, there's no harm in asking a student if they're suicidal.

*Example: "I really value your input in class and appreciate x, y, and z, but I've noticed a few changes in your behavior and wanted to check in to see how you're doing." [As the conversation progresses] "Has it gotten so bad that you've thought about suicide?"*

### Care

Show you care by listening non-judgmentally to what the student says: observe their demeanor and avoid making the student feel embarrassed or guilty. Avoid minimizing their feelings. Don't say things like, "It'll get better tomorrow" or "It'll pass soon." Depression isn't a simple problem that can easily be fixed.

Offer words of encouragement, but do not promise to keep a secret. Acting to prevent suicide overrides any confidentiality between faculty/staff and students.

*Example: "It sounds like you are really struggling, I would never want you to be hurting like this."*

### Tell

Advise that student that you must tell your school's mental health contact and that you will accompany them to their office.

*Example: "There are people at this school who know how to help kids that are dealing with big issues like this. Let's walk down to the counseling suite together."*

Whether or not you believe a student is suicidal, alert your school's mental health contact about your concerns and your conversation with the student. Do not let the student walk alone to the office.

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## SWEETWATER #1 - SUICIDE PREVENTION AND RESPONSE PROTOCOL

	<u>Initial Contact</u>	<u>Step 1 – Ensure Safety of Student</u>
1)	<b>Stay calm.</b>	
2)	Take every threat seriously	
3)	Tell your student <i>“Because I care, I am taking this seriously and I am going to stay with you until we can get some help.”</i>	
4)	Stay with the student; <u>never</u> leave them alone until you can get them to the Crisis Team Leader.	
5)	<p>Immediately take the student to one of the following crisis team leaders.</p> <p><u>In-building Crisis Team Leader – order of contact</u></p> <ul style="list-style-type: none"> <li>○ Ryan Allen (School Cell) ..... (307) 922-4679</li> <li>○ Cassandra Vincelette (Home) ..... (307) 389-6335</li> </ul>	
6)	Stay in the office to assist the Team Leader until the other members of the crisis team arrive.	
7)	When the student is safe with the crisis team, have a member of the office staff help find someone to cover your class/duties.	
8)	Document the incident. (see Step 2 below)	
9)	Stay in the area to help until the Crisis Team Leader releases you back to class.	
	<u>Initial Contact</u>	<u>Step 2 – Documentation - Narrative</u>
<p><b>NOTES:</b> How did you first hear about the threat? How did you respond? Who did you contact and when?</p> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>		

## Your Role in Preventing Youth Suicide

Suicide is a preventable public health concern that should be addressed in schools because of the unique environment schools provide. Adolescents spend most of their time at school where adults interact with them in different capacities allowing for them to observe risk factors and warning signs. Use this guide to learn how to identify and respond to suicide risk in your students.

### Identify Students Who May Be At Risk

You may notice problems facing your students that may put them at risk for suicide. Some of the most significant risk factors:

- Depression (and other mental health disorders)
- Prior suicide attempt(s)
- Problems with drugs or alcohol
- Non-suicidal self-injury (hurting their body on purpose to reduce emotional pain)

Other behaviors may also indicate serious risk:

- Talking about feeling trapped, in unbearable pain, or being a burden
- Talking/writing about death
- Acting anxious or agitated; behaving recklessly
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Decreased interest in activities they once enjoyed

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include:

- Problems in school (academic and/or discipline)
- Family problems or abuse
- Relationship problems or break-ups
- Bullying or trouble with the law

Suicide is complex. A number of risk factors are generally present but many may be unknown to school faculty/staff. If you are aware of a student who experiences a troubling event or displays warning signs, take action immediately.

### Respond To Students Who May Be At Risk

If a student is:

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as obtaining lethal means
- Talking about feeling hopeless or having no reason to live

Take the following steps right away:

1. Supervise the student constantly (or make sure the student is supervised by caring adults) until they can be seen by the mental health contact
2. Escort the student to see the mental health contact or administrator
3. Provide any additional information to the mental health professional evaluating the student to help in the assessment process.

### Reach Out To Student Who May Be At Risk

If a student isn't displaying immediate warning signs but you believe they may be at risk, you can still help:



- Talk with your school's mental health contact about your concerns. They may decide to obtain information about the student from other school staff to determine how best to help the student.
- Reach out to the student and ask how they are doing. Listen without judging. You can mention changes you have noticed in their behavior and that you are concerned.
- Suggest that the student see the school mental health contact and offer to accompany them.

Once you have referred a student to the school mental health contact, you still have an important role to play. Continue to stay in contact with the student and pay attention to how they are doing. Also, stay in touch with the school mental health contact and provide updates as needed.

### **Helping Your Colleagues**

Suicide can occur among your colleagues as well as among students. If you notice signs of risk for anyone in your school, you can assist them in obtaining help, too.

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