



American Foundation  
*for* Suicide Prevention

# More than Sad:

## Suicide Prevention Education for Teachers and Other School Personnel

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# Introduction to the Program

## Program goals

1. Increase understanding of:
  - Problem of youth suicide
  - Suicide risk factors
  - Treatment and prevention of suicidal behavior in adolescents
2. Increase knowledge of warning signs of youth suicide so those who work with teens are better prepared to identify and refer at-risk students



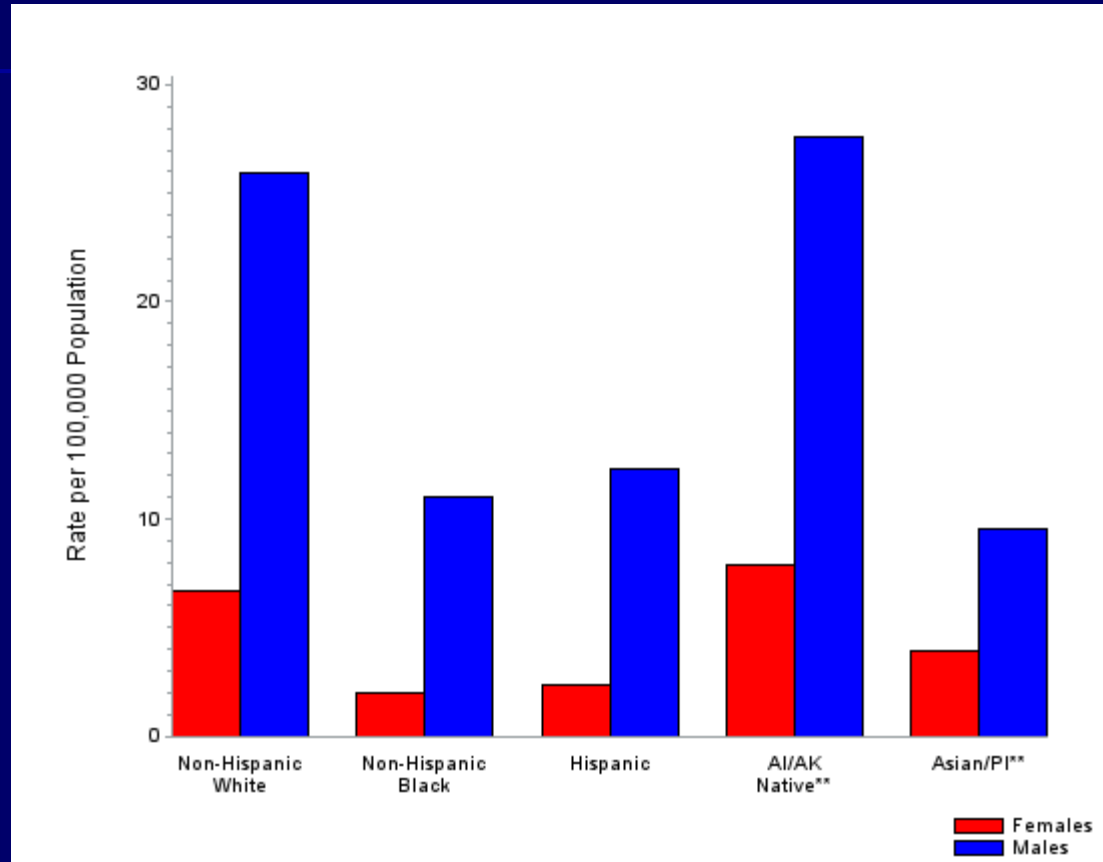
# Understanding the Problem of Suicide

- In 2008, 36,035 people in the U.S. died by suicide
- U.S. suicide rate = 11.5 (11.5 suicides for every 100,000 people)
- During 2008-2009 – 8.3 million adults (3.7% of total) reported having suicidal thoughts
- During the same time period, 2.2 million adults (1% of total) reported making a suicide plan.
- 4,324 people under age 25 died by suicide (12.5% of total)



# Trends by gender & ethnicity

## Ages 10 and older





# Youth Suicide Rates by Race/Ethnicity (Ages 15-24)



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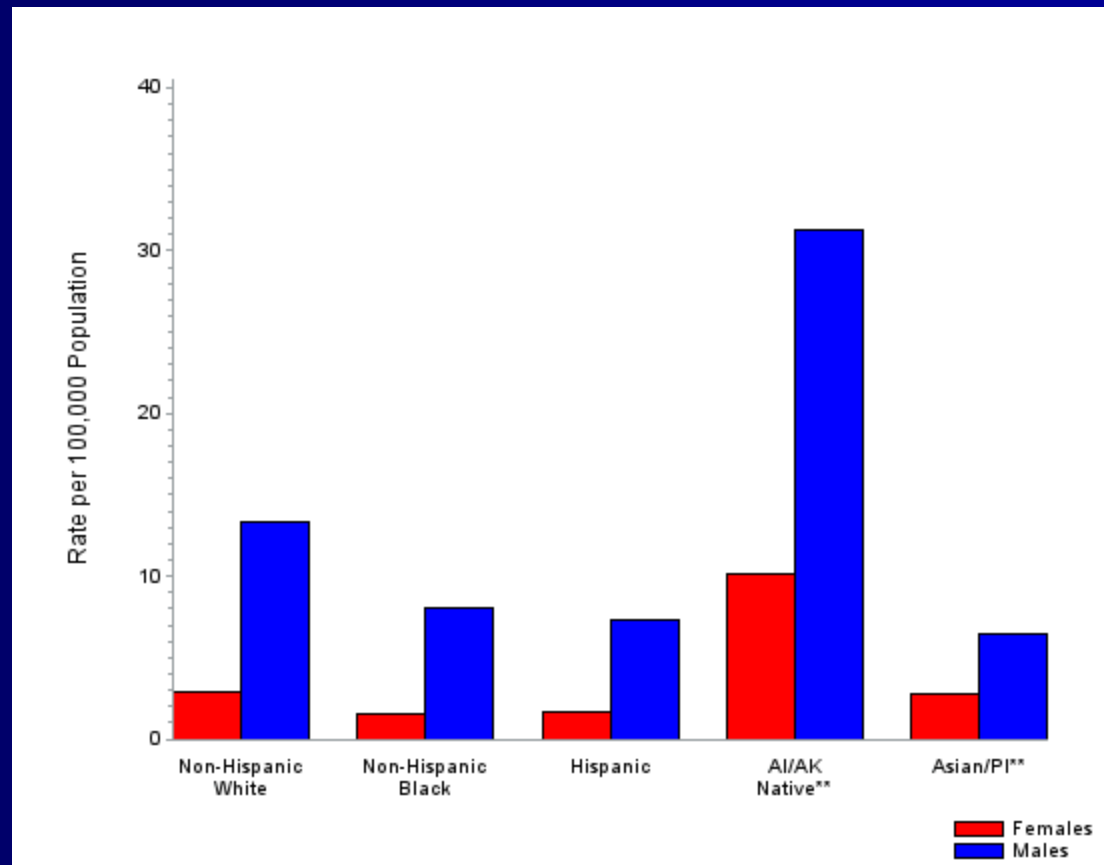
<u>Racial/Ethnic Group</u>	<u>Rate*</u>
American Indians and Alaskan Natives	20.3
Whites	10.4
Asian and Pacific Islander	8.8
Hispanics	7.2
Blacks	6.0

\*Number of suicides per 100,000  
population, 2007



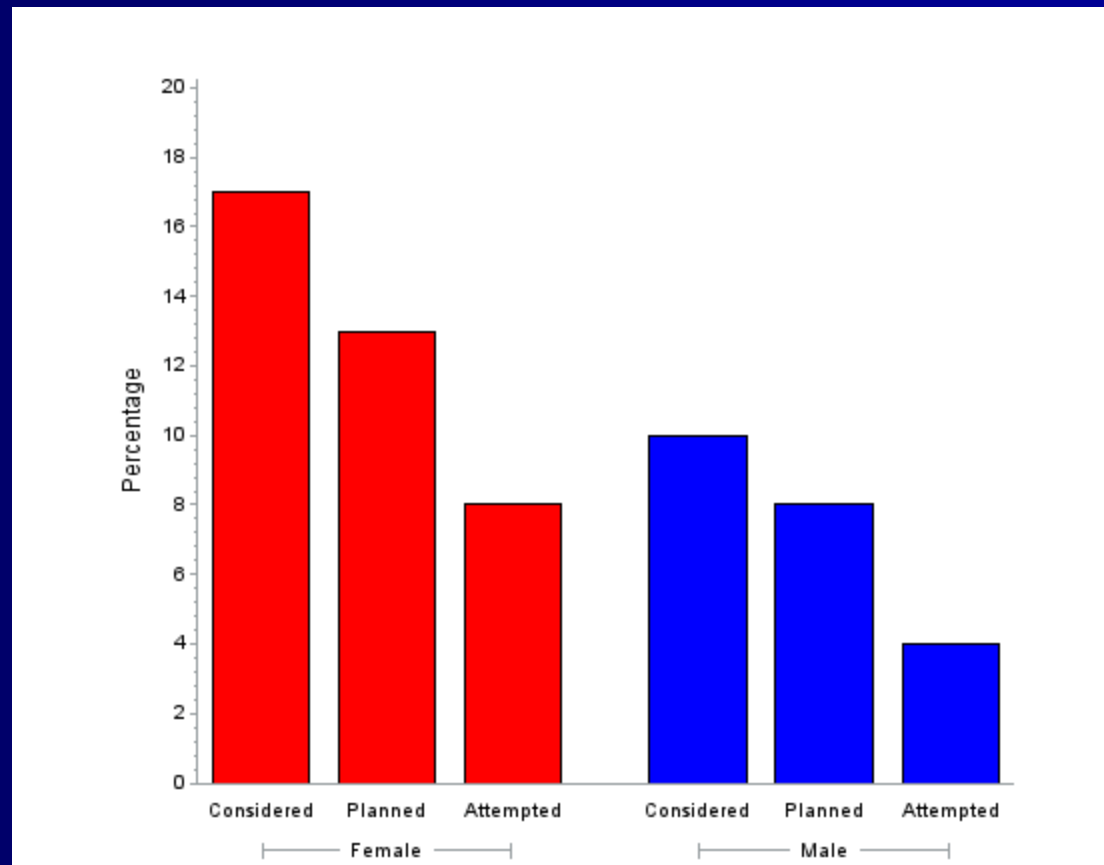
# Trends by gender & ethnicity

## Ages 15-24





# High School Facts





# Suicide Attempts

- No official count; emergency room statistics *underestimate* extent of problem
- In U.S. overall, 25 suicide attempts estimated to occur for each suicide death
- Among youth aged 10-24, 65-200 attempts for each suicide
- Among the elderly, 4 attempts for each suicide
- Adolescent girls report twice as many suicide attempts as boys



# Suicidal Ideation

- Suicide is the 3rd leading cause of death for adolescents and young adults (ages 15–24)
- “Ideation” – thinking about or planning for suicide
- About 16% of students in grades 9-12 – 1 of every 7 – report seriously considering suicide in the past year
- About 13% – 1 of every 9 – report making a suicide plan
- About 8% of students in grades 9-12 – 1 of every 14 – report making a suicide attempt in the past year
- Suicide rate for youth (ages 15-24) = 9.8



# How Can Teachers Help?

## Key tasks

- Identification of at-risk students
- Referral for assessment and evaluation, according to school's protocol or policy

Teachers and other school personnel must know how to recognize “risk” in youth

# *Film, More Than Sad: Preventing Teen Suicide*



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- Provides an overview of mental disorders in teens that may end in suicide
- Identifies behaviors that suggest a student may be at risk
- Discusses steps that teacher and other personnel can take to ensure that these students get help
- Introduces concepts that will be discussed in later sections of this program



# Risk Factors for Teen Suicide

- Key suicide risk factor for all age groups is an undiagnosed, untreated or ineffectively treated mental disorder
- 90% of people who die by suicide have a mental disorder
- In teens, suicide risk is most clearly linked to 7 mental disorders, often with overlapping symptoms:

Major Depressive Disorder

Bipolar Disorder

Generalized Anxiety Disorder

Substance Use Disorders

Conduct Disorder

Eating Disorders

Schizophrenia





# Major Depressive Disorder (MDD)

- Key symptoms in teens are sad, depressed, angry or irritable mood and lack of interest or pleasure in activities the teen used to enjoy, lasting at least 2 weeks
- Other symptoms
  - Changes in appetite
  - Sleep disturbances
  - Slowed or agitated movement
  - Fatigue/loss of energy
  - Worthlessness/guilt
  - Inability to concentrate
  - Recurrent thoughts of death or suicide, self-harm behavior
- Symptoms represent a clear change from normal and are generally observed in several different contexts



# Facts about MDD

- 8-12% of teens suffer from major depression
- MDD is more common in females than males
- MDD is caused by changes in brain chemistry that may result from stressful life events, but also from genetic or other internal factors
- MDD may occur in teens who appear to “have it all”
- MDD in teens is often expressed through physical complaints (stomach distress, headaches)
- MDD is the mental disorder most frequently associated with suicide in both teens and adults



# Bipolar Disorder

- “Manic-depression” – alternating episodes of depression and mania
- Manic symptoms
  - Inflated self-esteem/grandiosity
  - Decreased need for sleep
  - Talking much more than usual
  - Flight of ideas
  - Distractibility
  - Agitated speech/movement
  - Involvement in risky activities
- Manic symptoms last at least 1 week and cause clear social, academic or work impairment
- In many cases, manic symptoms are less severe or “hypomanic”



# Facts about Bipolar Disorder

- Bipolar disorder usually begins with depressive episode; can lead to misdiagnosis
- Bipolar disorder is less common than depression in both teens and adults
- Unlike depression, occurs as frequently in boys as in girls
- Conveys especially high risk for suicide
- Suicide risk highest
  - during depressive rather than manic episodes
  - when rapid “cycling” of manic and depressive symptoms occurs
  - in “mixed” episodes (depressive and manic symptoms present at same time)



# Generalized Anxiety Disorder (GAD)

- Key characteristic of GAD is excessive, uncontrolled worry, occurring more days than not for a period of 6 months (e.g., persistent worry about tests, speaking in class)

- Symptoms

Restlessness/keyed up

Irritability

Being easily fatigued

Muscle tension

Difficulty concentrating

Sleep disturbances

- GAD is one of many different anxiety disorders that may affect teens – e.g., social anxiety disorder, obsessive-compulsive disorder, panic disorder. All anxiety disorders share an anxious, fearful mood, leading to other symptoms and disability



# Facts about GAD

- Girls are more likely than boys to have GAD
- Teens who are “perfectionists” may be especially vulnerable
- Severe anxiety is often part of depression in teens
- Like depression, anxiety is often expressed through physical symptoms (racing heart, shortness of breath)
- Overwhelming anxiety can lead teens to feel they can’t go on and to thinking about or planning for suicide



# Substance Use Disorders

- Two main types: substance dependence and substance abuse
- Each involves maladaptive pattern of drug or alcohol use over 12 months, leading to significant impairment or distress
- Symptoms of substance dependence
  - Increasing tolerance of the substance
  - Withdrawal effects when not used
  - Taking larger amounts, over a longer period, than intended
  - Persistent desire or unsuccessful efforts to cut down use
  - Spending considerable time obtaining, using or recovering from the substance
  - Giving up activities because of the substance use
  - Continued use despite knowing it is causing problems



# Substance Use Disorders...

- Symptoms of **substance abuse**

- Failing to fulfill major role obligations because of substance use

- Recurrent substance use in physically hazardous situations

- Recurrent substance-related legal problems

- Continued use despite persistent social or interpersonal problems caused by effects of substance use

- Substance dependence and abuse may exist as a single disorder or in addition to another mental disorder, such as major depression or an anxiety disorder





# Facts about Substance Use Disorders

- Alcohol use disorders are especially common among teens, often beginning with the desire to be part of a peer group
- Although commonly used to cope with stress, depression or anxiety, alcohol almost always worsens these problems
- Other effects of alcohol and other drugs on teens
  - Increased irritability and anger
  - Relationship problems (peers and family)
  - Sleep disturbances
  - Reduced concentration and ability to cope with stress
  - Family conflict over substance use
  - Legal problems
  - Increased suicide risk due to decreased inhibition and increased impulsivity



# Conduct Disorder

- Repetitive, persistent pattern in children or adolescents of violating rights of others, rules or social norms; occurs over 12 months and results in significant impairment in functioning

- Symptoms

Bullying/threatening others

Physical fights

Using a weapon

Physical cruelty to people

Physical cruelty to animals

Mugging, shoplifting, stealing

Forced sexual activity

Fire-setting

Destroying property

Breaking into houses/cars

Lying/conning others

Staying out all night

Running away from home

Frequent school truancy



# Facts about Conduct Disorder

- Dislike of conduct-disordered youth because of their anti-social behavior may impede recognition of this serious mental disorder
- There is a strong genetic component to the aggressiveness seen in conduct disorder
- Much more frequent in boys than in girls
- Frequently overlaps with AD/HD, depression and substance use disorder
- Associated with high rates of suicidal ideation, suicide attempts and completed suicide



# Eating Disorders

- Two main types: [anorexia nervosa](#) and [bulimia nervosa](#)
- Symptoms of [anorexia nervosa](#)

Refusal to maintain body weight at minimally normal level for age and height

Intense fear of gaining weight

Disturbance in how body weight or shape is experienced, or denial of low body weight

In females, delay of menarche or cessation of menstrual cycles



# Eating Disorders...

- Symptoms of **bulimia nervosa**

Recurrent episodes of uncontrollable binge eating (at least 2x per week for 3 months)

Recurrent inappropriate behaviors to compensate for binge eating and avoid gaining weight (e.g., vomiting, misuse of laxatives, excessive exercise)

Self-evaluation unduly influenced by body shape and weight

- Eating disorders are strongly linked to other mental disorders, especially depression and anxiety



# Facts about Eating Disorders

- Far more common among females than among males
- Typically begin between ages 13 and 20
- 10-20% of people with anorexia nervosa die prematurely, often by suicide
- Women aged 15-24 with an eating disorder have a suicide rate 60 times the expected rate for young women overall
- People with eating disorders tend to use particularly violent suicide methods
- Other characteristics that contribute to lethality of suicide attempts
  - Perfectionistic, obsessive, secretive, socially isolated
  - Low weight, electrolyte abnormalities



# Schizophrenia

- Schizophrenia is a psychotic disorder that causes people to have difficulty interpreting reality
- Two sets of symptoms- positive and negative; both are abnormal
- Positive symptoms
  - Delusions (fixed false beliefs, e.g., that others are controlling one's thoughts, or are trying to cause one harm)
  - Hallucinations (fixed false sensory perceptions, e.g. hearing voices, seeing or smelling things that are not there in reality)
  - Disorganized or incoherent speech
  - Excessive, purposeless movements, or catatonic, immobile behavior



# Schizophrenia...

- Negative symptoms
  - Low energy or motivation
  - Lack of emotion
  - Difficulty expressing thoughts or elaborating responses
  - Difficulty integrating thoughts, feelings and behavior
  - Blank facial expression
  - Social withdrawal, isolation
  - Inappropriate social skills





# Facts about Schizophrenia

- Affects both males and females
- Typically begins to develop in very late adolescence or early adulthood
- Earlier onset in males (ages 15-25) than in females (ages 25-35)
- Strongly linked to genetic factors
- People with schizophrenia have very high rates of suicidal behavior
  - 40% make one or more suicide attempts
  - 10% die by suicide



# Other Individual Suicide Risk Factors

## Impulsivity

- Contributes to suicidal behavior, especially in context of depression or bipolar disorder
- Associated with dysregulated brain chemistry; may explain why some teens with these disorders engage in suicidal behaviors while others do not

## Family History

- Many mental disorders run in families, due to genetic factors
- Suicide attempts and completed suicide are more frequent in teens with a relative who has attempted or died by suicide

## Prior Suicide Attempt

- 30-40% of teens who die by suicide have made a prior attempt



# Situational Factors that Increase Suicide Risk

- Although mental disorders are the most significant cause of suicide in teens and adults, **stressful life events** and other situational factors may **trigger** suicidal behavior
- Among teens, such factors may include
  - Physical and sexual abuse
  - Death or other trauma in the family
  - Persistent serious family conflict
  - Traumatic break-ups of romantic relationships
  - Trouble with the law
  - School failures and other major disappointments
  - Bullying, harassment or victimization by peers



# Situational Factors...

- The majority of teens who have these experiences do **NOT** become suicidal
- In some teens, these stressful experiences can precipitate depression, anxiety or another mental disorder, which in turn increases suicide risk
- Mental disorders themselves can precipitate stressful life events, such as conflict with family and peers, relationship break-ups or school failures, which then exacerbate the underlying illness



# Situational Factors Most Relevant to Schools

## History of Physical and Sexual Abuse

- Controlling for other risk factors, including individual and parental mental disorders, risk of suicide attempt is 5x greater in adolescents with a history of physical abuse
- Risk of suicide attempt is more than 7x greater among adolescents with a history of sexual abuse



# Situational Factors...

## Bullying

- Common problem in schools in the U.S. and abroad
- Higher rates of depression, suicidal ideation and suicidal behavior found in both victims and perpetrators of bullying
- Female victims and perpetrators may be especially vulnerable
- Pre-existing depression may explain suicidal behavior in some teens involved in bullying
- Bullying likely leads to depression in other teens, increasing suicidal behavior



# Situational Factors...

## Sexual Orientation and Gender Identity

- GLBT youth have elevated rates of depression compared to heterosexual/straight youth, and report more frequent suicidal ideation and behavior
- Contributing factors include family rejection, high rates of alcohol or drug use and social ostracism and bullying by peers

## Trouble with the Law

- Teens with a history of problems with the law have increased risk of suicide attempts and completed suicide
- Suicide in juvenile detention and correctional facilities is 4 times greater than in overall youth population



# Situational Factors...

## Exposure to Suicide

- Suicide risk is increased in teens exposed to another's suicide
- Can result in suicide "clusters"
- Factors increasing "suicide contagion" include romanticized or glamorized reports of the suicide and idealization of the suicide victim
- Social networking websites may increase exposure among teens

## Access to Firearms

- Access to firearms increases suicide risk, especially among teens with a mental disorder





# Suicide Warning Signs

- Suicide risk factors endure over some period of time, while warning signs signal imminent suicide risk
- Clearest warning signs for suicide are behaviors that indicate the person is thinking about or planning for suicide, or is preoccupied or obsessed with death

Looking for ways to kill oneself (e.g., searching the internet for methods, seeking access to firearms or other means for suicide)

Talking or writing about suicide

Talking or writing about death in a way that suggests preoccupation



# Barriers to Treatment of At-Risk Teens

- Many at-risk teens do not get needed treatment, including an estimated  $\frac{2}{3}$  of those with depression
- Reasons
  - Neither teens nor the adults who are close to them recognize symptoms as a treatable illness
  - Fear of what treatment might involve
  - Belief that nothing can help
  - Perception that seeking help is a sign of weakness or failure
  - Feeling too embarrassed to seek help
  - Belief that adults aren't receptive to teens' mental health problems
- But – depression and other mental disorders CAN be effectively treated



# Facts about Treatment

- Some depressed teens show improvement in 4-6 weeks with structured **psychotherapy** alone
- Most others experience significant reduction of depressive symptoms with **antidepressant medication**
- **Supplementary interventions** – exercise, yoga, breathing exercises, changes in diet – improve mood, relieve anxiety and reduce stress that contributes to depression
- Medication is usually essential in treating severe depression, and other serious mental disorders (bipolar disorder, schizophrenia, etc.)



# Facts about Antidepressant Medication

- Medications work by restoring brain chemistry back to normal
- Most people experience **positive changes**; a small percentage show agitation and abnormal behavior that may include increased suicidal thinking and behavior
- Since 2004, FDA warning recommends **close monitoring** of youth taking antidepressants for worsening of symptoms, suicidal thoughts or behavior and other changes
- **60%** of teens with major depression have suicidal thoughts prior to getting treatment; **30%** have made a suicide attempt
- Risks of medication must be weighed against the risks of not effectively treating depression



# Summary Points about Treatment

- No single approach or medication works for all teens with a mental disorder; sometimes different ones need to be tried
- But, studies show that 80% of depressed people can be effectively treated
- Mental disorders can recur, even if effectively treated at one point in time
- On-going monitoring by a physician or mental health professional is advised



# Identifying At-Risk Students

- Most adults are not trained to recognize signs of serious mental disorders in teens
- Symptoms are often misinterpreted or attributed to
  - Normal adolescent mood swings*
  - Laziness*
  - Poor attitude*
  - Immaturity, etc., etc. ...*
- The film, *More Than Sad: Teen Depression*, is designed for teens but also helps adults understand what depression looks like in adolescents and recognize the warning signs that a teen may need help



# Reducing Suicide Risk in Schools

So far, we have emphasized two key suicide prevention tasks of school personnel:

1. Identify students whose behavior suggests presence of a mental disorder
2. Take necessary steps to insure that such students are referred to a mental health professional for evaluation and treatment, as needed

What else can schools do?



# Recommended Actions for Schools

## Educate Students about Mental Disorders

- Show and discuss film, *More Than Sad: Teen Depression* with students
- Use lesson plan in Facilitator's Guide
- Include school-based health or mental health professional

## Educate Parents about Mental Disorders and Suicide Risk

- Show and discuss both *More Than Sad* films at parent meeting
- Recommend other resources for parents listed at end of manual





# Recommended Actions...

## Support School Safety and Reduce Bullying

- Address sanctions for bullying and related behaviors in disciplinary policies
- Initiate programs to change school culture to be inclusive and support student diversity

## Support Gun Safety Programs

- Partner with law enforcement, public health and community agencies and parents to promote proper gun storage and reduce opportunities for unsupervised access to firearms by youth



# Concluding Steps

- Review Additional Resources
- Complete “Test Your Knowledge”
- Complete Participant Feedback Form

THANK YOU FOR TAKING THIS OPPORTUNITY  
TO LEARN MORE ABOUT TEEN SUICIDE  
AND HOW YOU CAN PLAY A ROLE  
IN ITS PREVENTION