

UPDATE

February 2021

Suicide Awareness During COVID: The Team Approach

The mental health needs of students in school communities is more important than ever before. The COVID-19 pandemic has brought stress and trauma to many students. It has also created new challenges as students are feeling more isolated and alone from not being able to regularly connect with friends and teachers. However, through education and modified intervention planning, schools and at-home care givers can work together to identify at-risk youth and guide them safely through this pandemic.

Since the virus has closed school doors and placed students' social lives on pause, young children and teens now spend their academic days mostly at home with remote learning. The pandemic has drastically limited the ability for youth to interact with their peers and increased their time spent on video games, video streaming and social media. In addition to their academic and social changes, many youth are also dealing with parents facing unemployment and economic hardship. All of this has taken an unprecedented toll on their emotional well-being.

The youth suicide rate has been on the rise for years. The National Institute of Mental Health performed a study in 2014 that reported 11.4% of adolescents aged 12-17 experienced at least one major depressive episode in the course of that year. As clinical professionals are aware, depression is the leading cause of suicide. Historically, teachers and school staff were among the first to report the signs and symptoms associated with suicide risk in our children. Schools and parents should be aware of these important indicators:

- Academic decline
- Talking, writing and/or drawing about death
- Marked changes in appearance (i.e. a decline in personal hygiene)
- Difficulty focusing
- Lack of motivation
- Social isolation
- Lack of interest in previously enjoyed activities
- Noticeable changes in personality
- Writing a suicide note and/or posting suicidal content on social media
- Talking about killing or hurting oneself
- Uncharacteristic anger, irritability and/or agitation
- Engaging in high-risk or self-destructive behavior
- Unpredictable, bizarre or violent behavior.

It is also important that schools are made aware of students with additional risk factors, such as those with known mental health issues, chronic illness, or substance abuse issues; students with a family history of suicide, mental illness, depression or mood disorders; students who have experience or witnessed violence in their homes; and gay, lesbian or transgender students.

As school districts continue to engage with students through remote learning, an updated intervention plan should be created for identifying and helping at-risk youth. Steps for successful intervention should include:

1. All school personnel need to be educated on the signs and symptoms of at-risk students.
2. A communication protocol should be clearly defined and include a point person to whom all staff can report and express concerns about any student.
3. Once a student concern is raised, this person should begin asking for input from other school personnel that have regular interactions with the identified student.
4. The results of the investigation should be reported to a designated administrator, and a decision of when and how to inform parents of the validated concerns should be made.
5. A trained school clinician should conduct a risk assessment of the student.
6. If there are any continued concerns, another assessment should be performed by an outside clinical professional.

Even in a virtual setting, schools can also take the lead in building the social, emotional and behavioral well-being of all students. Strategies include: Promoting structure and routines, conducting emotional check-ins and maintaining communication with students. Schools can also promote positive relationships between youth, their peers, and caring adults over phone or video chat. Teachers can encourage letter writing and pairing students with a phone buddy, or set up phone calls with students and families.

Students should be provided suicide awareness education as a part of their regular curriculum, and taught to come forward with any concerns about themselves or others. Peer-counseling, tutoring, and mentoring programs are good services for high-risk students. It is more important than ever to ensure a true team approach. It makes sense to train everyone who engages with our youth on the risk factors of depression and suicide. Ongoing staff-development and school-sponsored parent education events on mental health topics will help equip our staff and community with the tools needed to identify and prevent student crisis situations.

Citation: <https://www.sprc.org/news/suicide-prevention-schools-strategies-covid-19>