Four Winds HOSPITAL
UPDATE

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Suicide Awareness: The Team Approach

By Jennifer Powell-Lunder, Psy. D.

Between the academic day and after school activities, adolescents spend more time at school than they do at home. 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.

As students spend a majority of their waking hours at school, school professionals are in position to note any signs and symptoms associated with suicide risk. These indicators include: 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, and unpredictable, bizarre or violent behavior.

Other risk factors to consider are students with known mental health issues, chronic illness, known substance abuse issues, students with a family history of suicide, mental illness, depression or mood disorders, students who have experienced or witnessed violence in their homes, and gay, lesbian or transgender students.

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

Clubs and organizations that advocate for students with differences are beneficial. For example, the Gay-Straight Student alliance is known to engender understanding and build solidarity among the student body. 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.

A strong school policy on bullying is equally prudent. Ongoing staff-development education, workshops, and consultation opportunities equip staff with the tools needed to identify and prevent student crisis situations. To ensure a true team approach, school-sponsored parent education events are important as well. When adolescents spend so much time at school, it only makes sense to provide those around them the training required to keep them safe and healthy.

Suicide Hotlines:

National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)

The Trevor Helpline Lifeline: 1-800-850-8078 1-866-488-7386 (specializes in gay & lesbian crisis intervention and suicide prevention for LGBTQ youth)

National Hopeline Network: 1-800-SUICIDE (1-800-784-2433)

Four Winds Hospital
800 Cross River Road ● Katonah, New York 10536 ● 914-763-8151
www.fourwindshospital.com

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