

Community Conversation about Suicide

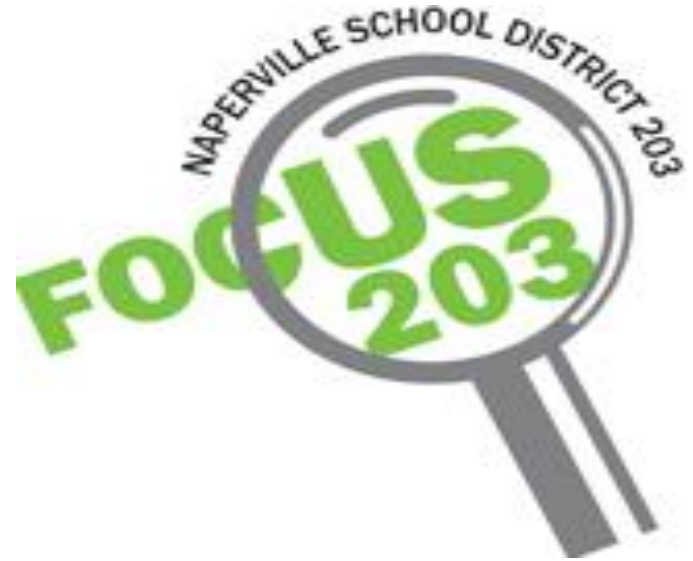
November/December 2017

Welcome



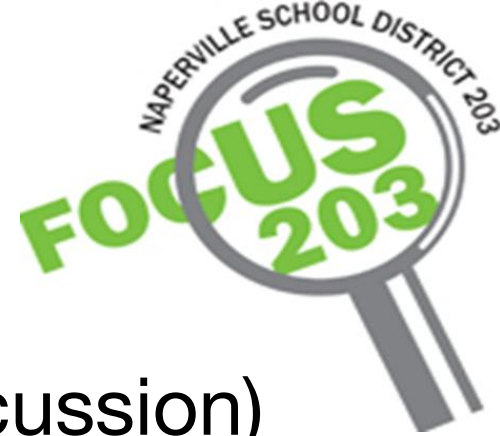
Dan Bridges,
Superintendent

Dr. Jonathan Singer,
Presenter

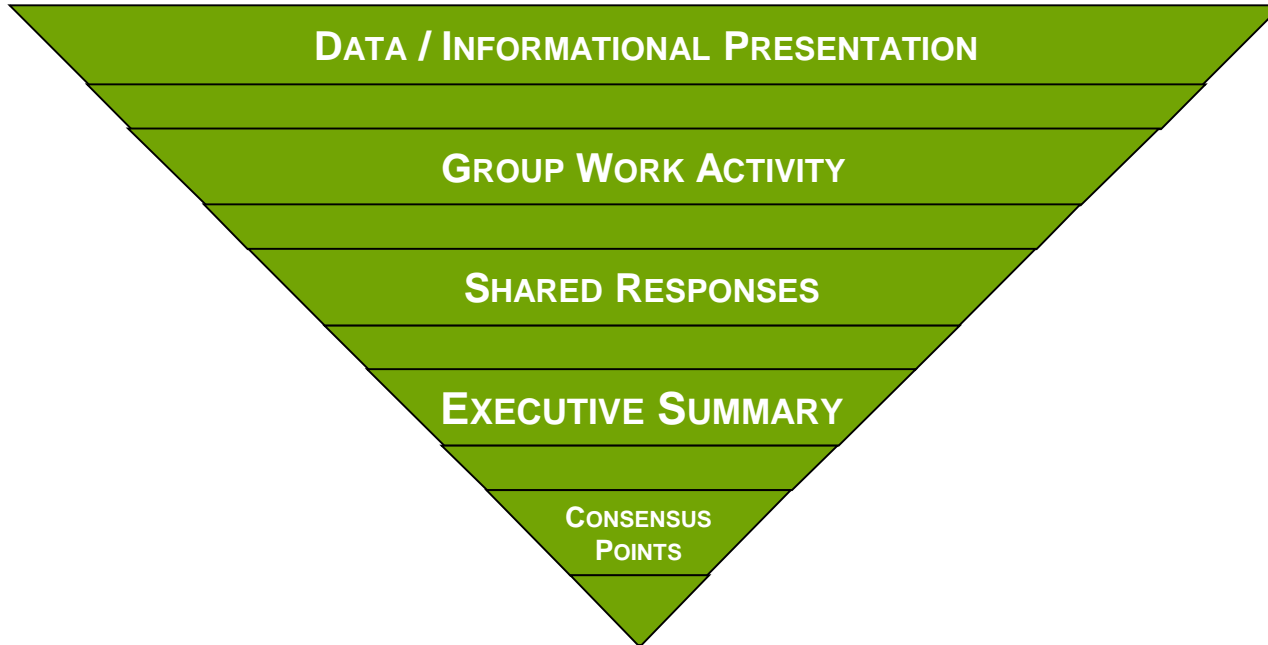


Typical Session Schedule

- Welcome
- Data/Informational Presentation
- Instructions for Small Group Work Activity
- Small Group Work (Dialogue/Discussion)
- Small Group Reporting to Large Group
- Closing



Session Documentation



Website/Social Media

Website: www.naperville203.org

Mobile App:



Social Media:



facebook

Questions/Comments



- Fill out “Question/Comment” form
- Call: 630.420.6475
- Email: Focus203@naperville203.org
- Ask questions during Small Group time



NAPERVILLE SCHOOL DISTRICT 203
COMMUNITY ENGAGEMENT PROGRAM

I would like to be contacted by a *Focus 203* community engagement representative who can respond to this question/comment:

Your question or comment may be directly related to the community engagement project or any other matter regarding District 203.

Name: _____

Address: _____

Phone: _____

E-Mail: _____

NAPERVILLE COMMUNITY UNIT SCHOOL DISTRICT 203
203 W. Hillside Road • Naperville, IL 60540
Phone: 630.420.6475
Email: Focus203@naperville203.org
Website: www.naperville203.org



Dr. Jonathan Singer

Community Conversation

Outcomes for this evening



Build common understanding of suicide:

- Myths and facts;
- Risk factors, warning signs, and protective factors;
- Resources and interventions for suicide prevention.

Myths



Facts



Photo by robin arm on Unsplash

Myths and facts

Myth: People who are suicidal are weak.

Fact: People are suicidal in spite of enormous strength and courage.



Myths and facts



Myth: All adolescents think about suicide.

Fact: Lifetime prevalence for serious thoughts of suicide is about 12% (Nock et al, 2013)



Myths and facts

Myth: If I ask about suicide I'll put the idea in someone's head.

Fact: Asking someone about suicide will not make him or her suicidal (Gould et al., 2005).

Terri A. Erbacher, Jonathan B. Singer,
and Scott Poland



SUICIDE IN SCHOOLS

A Practitioner's Guide to Multi-level Prevention,
Assessment, Intervention, and Postvention

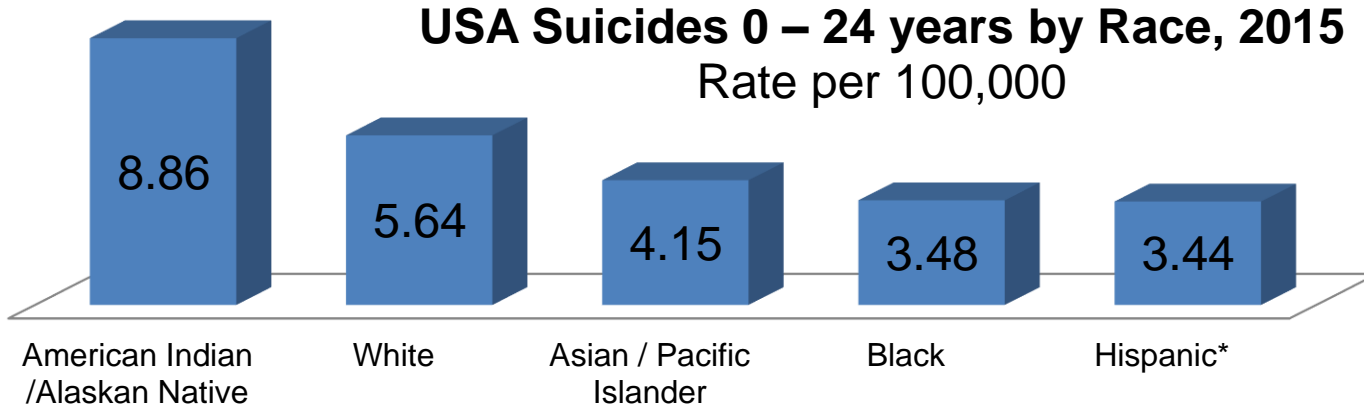
SCHOOL-BASED PRACTICE IN ACTION SERIES

Myths and facts



Myth: Suicide is a “white people” problem.

Fact: Suicide kills people of all ethnicities.



Source: Centers for Disease Control Injury Control Reports (2015) WISQARS. Accessed on January 28, 2017

Myths and facts



Myth: If someone really wants to die by suicide there is nothing I can do about it.

Fact: Suicide is preventable. Even those at the highest risk for suicide still have part of them that wants to live.



Myths and facts



Myth: Suicide is selfish

Fact: People who are suicidal often feel like they are a burden to others. They see staying alive as selfish and suicide as a giving their loved ones a reprieve.



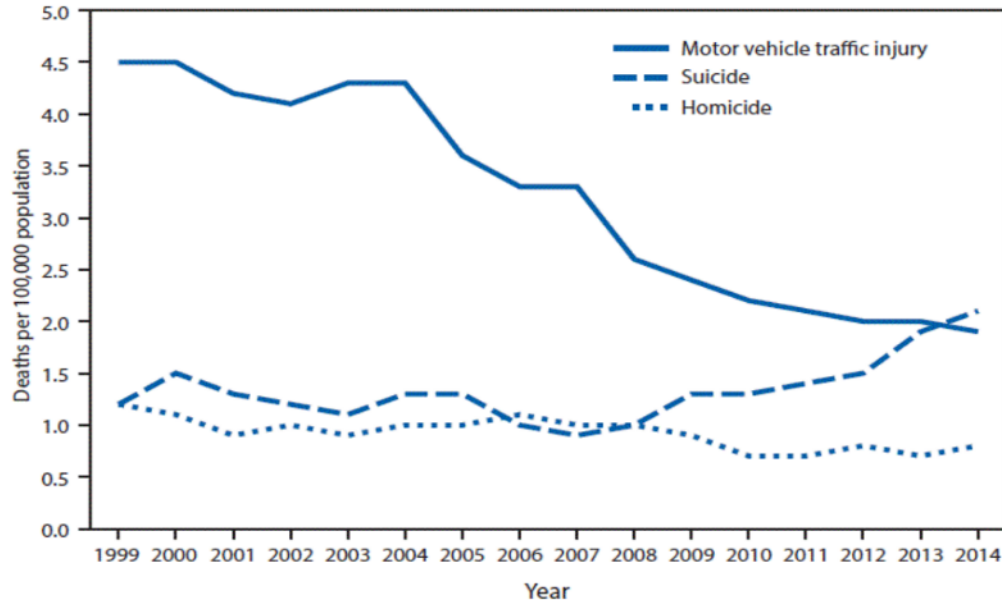
<http://www.speakingofsuicide.com/2015/10/28/is-it-selfish/>

Palo Alto, CA



- The CDC found that Palo Alto saw the highest youth suicide rate in the county -- 14.1 per 100,000 residents -- between 2003 and 2015, the time period covered by the report.
- Santa Clara County's overall youth suicide rate of 5.1 per 100,000 was similar to the state's, the CDC found.
- The suicide rate was lower than the national average.

Death Rates Ages 10 - 14



QuickStats: Death Rates for Motor Vehicle Traffic Injury, Suicide, and Homicide Among Children and Adolescents aged 10–14 Years — United States, 1999–2014. MMWR Morbidity & Mortality Weekly Report 2016;65:1203. DOI: <http://dx.doi.org/10.15585/mmwr.mm6543a8>

YOUTH SUICIDE STATISTICS: USA 2015

Suicide is the
2nd
leading cause
of death

In 2015
5,904
0 – 24 suicides

For every
suicide
918
attempt

Approximately
17%
seriously
consider
suicide

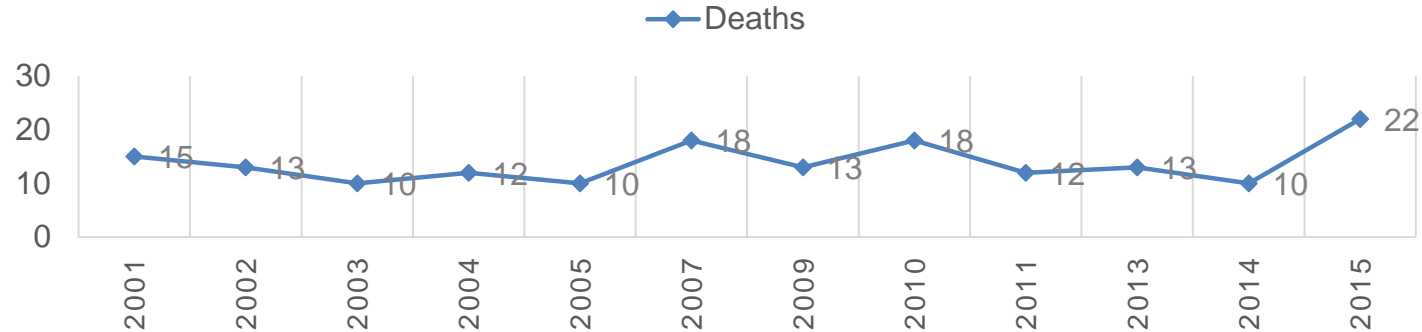
- The annual suicide rate is **5.63 per 100,000** youth.
- Among youth, there are **15** suicides, **13,850** attempts, **49,000** serious ideators per day.
- Top 3 methods of youth suicide are firearms **45%**, suffocation **40%**, and poisoning **8%**.
- Males die by suicide **4x** more often than females.
- Rural youth are **2x** more likely to die by suicide than urban youth.
- Youth suicide statistics are underreported.

Sources: CDC, 2016; American Foundation for Suicide Prevention; *Suicide in Schools* (Erbacher, Singer & Poland, 2015)

DuPage County



SUICIDE DEATHS AGED 5 - 24, DUPAGE COUNTY, IL, 2001 - 2015

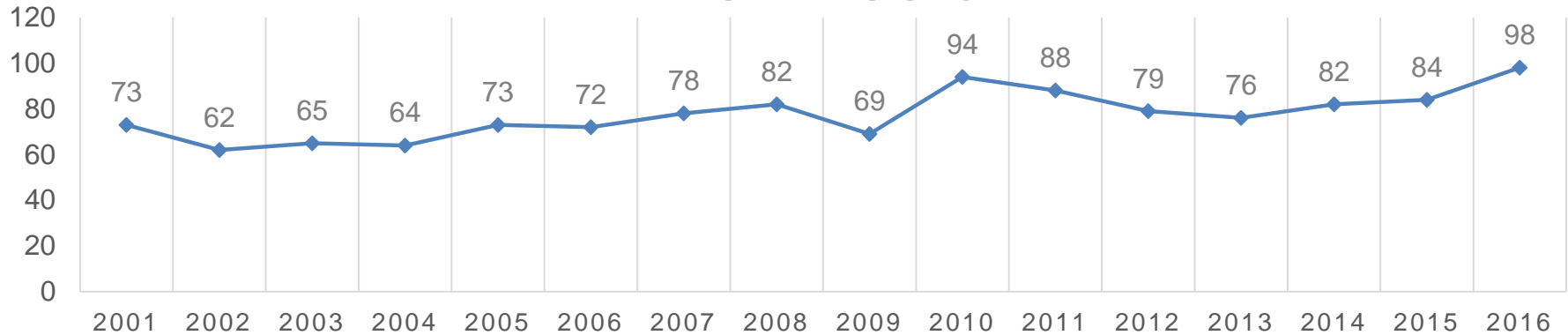


- Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Nov 4, 2017 12:46:27 AM

DuPage County



DUPAGE COUNTY TOTAL DEATHS BY SUICIDE



DuPage County Coroner Statistics

<https://www.dupageco.org/Coroner/StatsDetail.aspx?typeDeath=SUICIDE&mannerOfDeath>

Definitions



- **Risk factor:** Variables that are more common in youth who die by suicide than youth who do not die by suicide.
- **Protective factor:** Variables that protect from risk.
- **Warning sign:** Immediate (proximal) indicators of risk.
 - We're really bad at predicting long-term risk
- **Resilience:** Performing better than your risk status would suggest.

RISK FACTORS

PROTECTIVE FACTORS

Systemic barriers to care
Suicide glorified in media
Availability of lethal means

Society

Mental health parity
Safe messaging
Restriction of lethal means

Few community supports
Inadequate services

Community

Safe schools &
environment
Integrated services

Family history of suicide
Interpersonal conflict

Relationship

Connectedness
Supportive relationships

Psychopathology
Substance abuse
Prior suicide attempt
Impulsivity / Aggression

Individual

Coping / Problem-solving
Reasons for Living
Moral objection to suicide

Warning signs



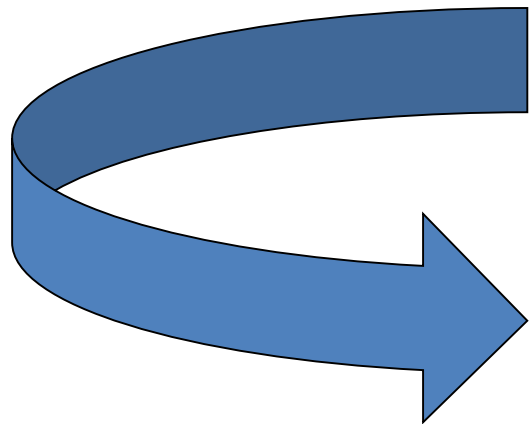
- Talking about or making plans for suicide.
- Expressing hopelessness about the future.
- Displaying severe/overwhelming emotional pain or distress.
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above.
- Specifically, this includes **significant**
 - Withdrawal from or change in social connections/situations.
 - Recent increased agitation or irritability.
 - Anger or hostility that seems out of character or out of context.
 - Changes in sleep (increased or decreased).

Resilience

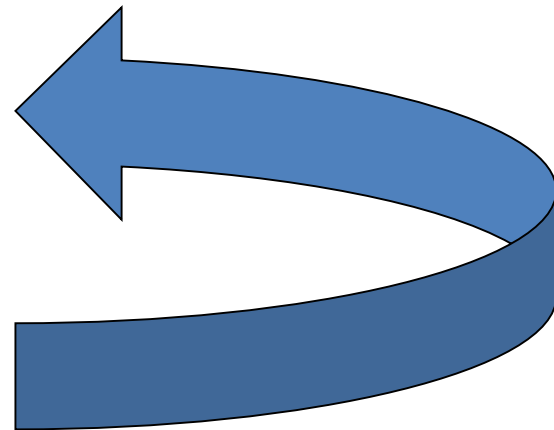
- In the context of *exposure to significant adversity*, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well being, and their capacity individually and collectively to **negotiate** for these resources to be provided and experienced in culturally meaningful ways.

– Michael Ungar (2013)





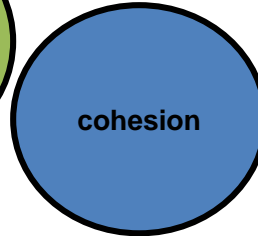
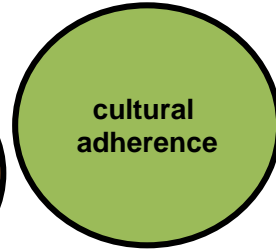
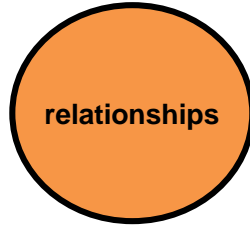
*Help People
Navigate*



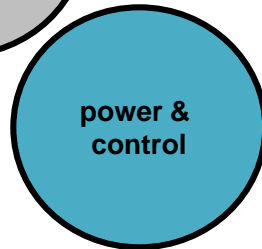
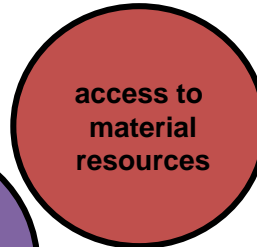
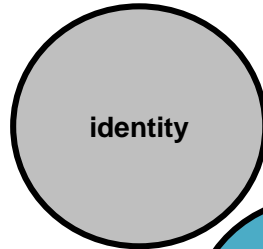
Cultural spaces,
diverse curriculum,
etc.

Mentors, teachers,
extended family,
etc.

Experiences at
School, Religious
Institutions, etc.



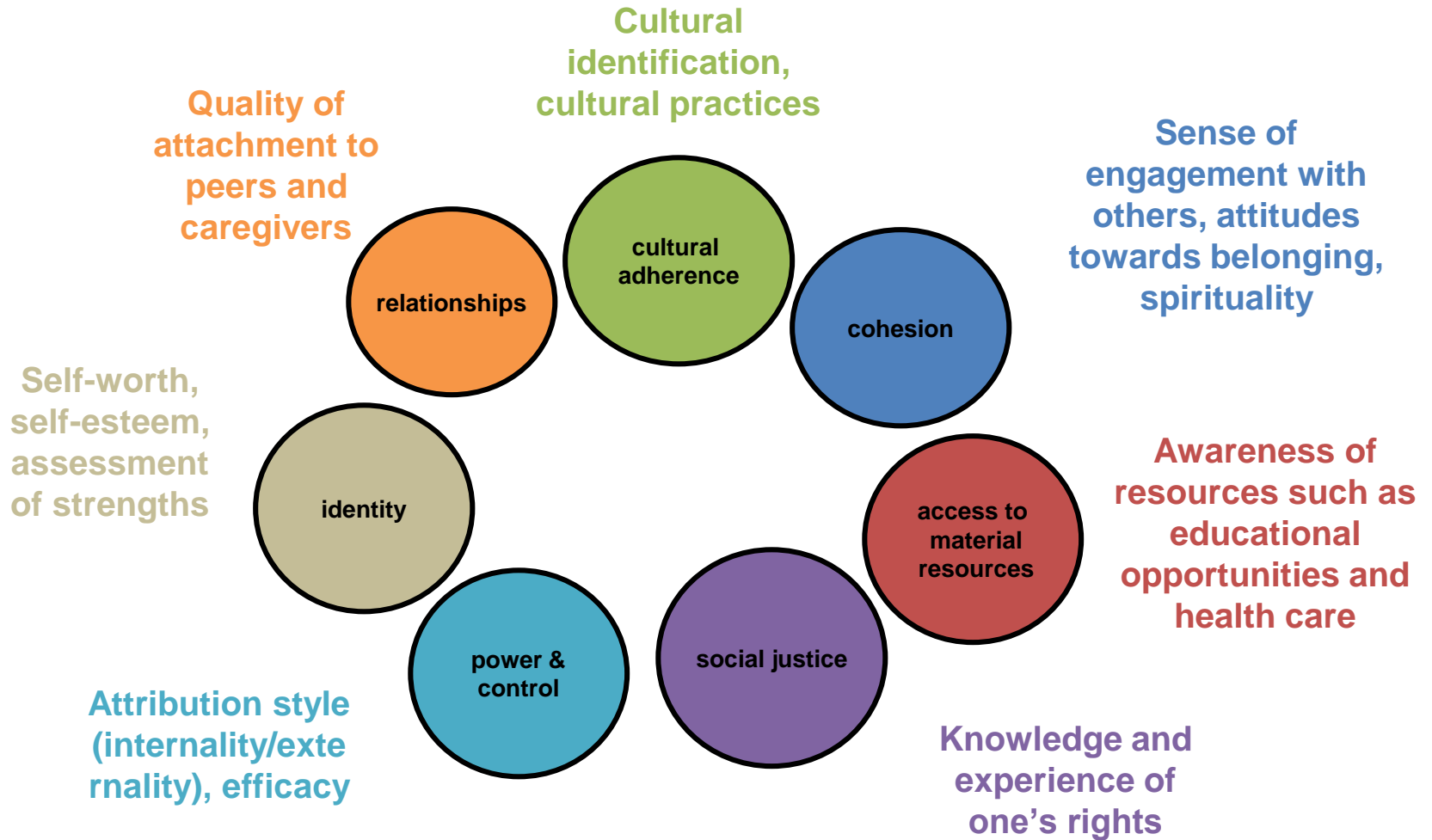
Employment,
housing,
clothes, etc.



Laws, anti-
discrimination
efforts, etc.

Opportunities to
use talents,
experience
respect, etc.

Opportunities to
participate, make
a contribution,
etc.





Tips for parents



- Make your teen sleep
- Talk with your teen
- Model mental health treatment
- Want the best for your child, not for your child to be the best
- It's you and the teachers versus your teen, not you and your teen versus the teachers
- Get a pet
- Keep Calm

Tips for communities



- Collect better data
- Invest in early intervention
- Commit to minimum levels of care
- Maximize least restrictive environments
- Improve collaborations

Tips for schools



- Conduct universal screening
- Collaborate with parents and communities
- Aspire to zero suicides
- Train staff to recognize and respond to suicide risk
- Recognize mistakes as learning opportunities
- Care for staff



Small Group Work Activities

Working Agreements for Success

- We will put the needs of students first and leave biases at the door.
- We will engage in learning and be prepared to share insights and evidence.
- We will assume a place of positive intentions.
- We will respect and value all table member contributions and viewpoints.
- We will engage in open and honest dialogue to facilitate healthy conversation aimed at identifying protective factors to build up strengths/supports in our learning community.

Activity Roles



Select a Recorder and Facilitator

Recorder Responsibilities –

- Complete the information on the group's worksheet (PINK)

Facilitator Responsibilities—

- Facilitate Discussion
- Keep Group Focused/On Task
- Report Group's Information

Small Group Activities



- Recorded information should reflect consensus/general agreement of group members
- Monitor progress to complete the tasks in allotted time
- Only group recorder's worksheet will be collected

Activity # 1



- Of the risk factors discussed this evening, which 3 are the most prevalent in our community?
- Please generate three actionable ways to boost protective factors related to the risk-factors you identified.

Activity # 2



- What additional information do you need to support individuals in our community?
- How would you like to receive this information?

Crisis Support



Text REACH to 741741

Available Resources



Chapter 12: Suicide and Schools: Resources

Find Dr. Erbacher's quarterly newsletter at <http://www.delcosuicideprevention.org>

WEBSITES



Community Conversation about Suicide RESOURCES

COMMUNITY PARTNERS	MENTAL HEALTH PROVIDERS*	WEBSITES	Other
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District Contacts



Dr. Christine Igoe, Assistant Superintendent for Student Services
cigoe@naperville203.org * 630-420-6465

Stacy Colgan, Supervisor for Social Work Services
scolgan@naperville203.org * 630-579-7127