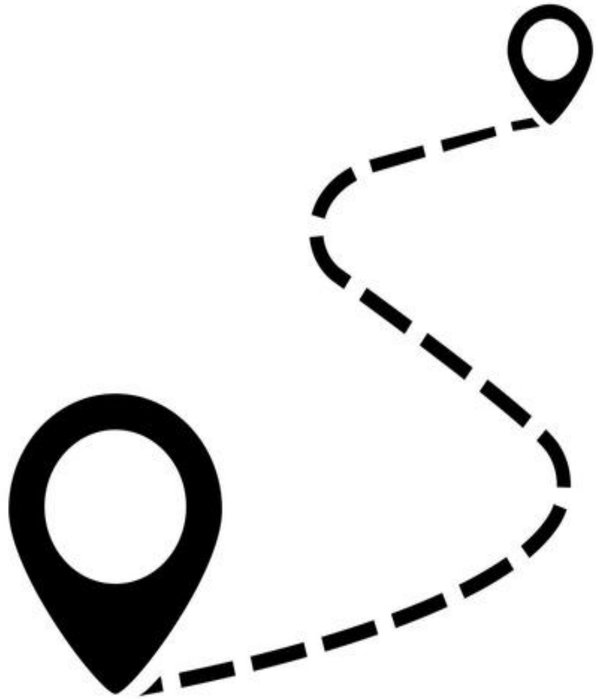
Suicide Prevention: A Guide for Educators

Suicide is Different

Not just sadness → unique crisis

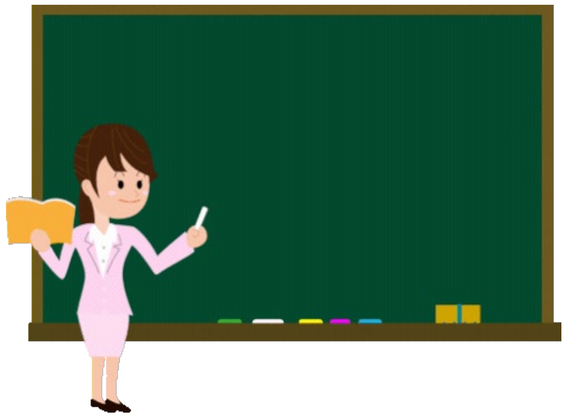
- Suicide is **not the same as depression** — it's its own crisis
- Driven by **hopelessness and perceived burden**
- Most people who die by suicide had **recent warning signs**, not just sadness
- Requires a **unique response and conversation**



Why Teachers Matter

Suicide is the second leading cause of death for teens in the U.S.

Teachers see students daily



- Students often see teachers more than parents or health care providers
- You notice small changes in behavior
- You can connect them to support

Suicide ≠ Mental Illness

Not all suicidal students have diagnoses

- Up to **1 in 3 youth who attempt suicide have no prior mental health diagnosis** (NIMH, 2022)
- Stress, trauma, and life events can trigger suicidal thoughts
- Not always depression or anxiety → can stem from bullying, identity struggles, or family conflict
- **Never dismiss risk** just because there is no diagnosis

Suicide Among Youth

- Affects all communities
- Every classroom has students at risk
  - In a typical classroom of 30 students:
    - 5 have seriously considered suicide
    - 4 have made a plan
    - 3 have attempted
- Talking saves lives

Suicide = 2nd leading cause of death for teens

Adolescence a Time of Change

Adolescence brings rapid changes

- **Brain development is still ongoing:** The adolescent brain continues to grow and mature well into the mid-20s, especially in areas related to decision-making, impulse control, and risk assessment.

- **Hormones + identity exploration:** Hormonal changes drive physical growth and emotional shifts, while adolescents begin exploring their personal values, beliefs, and sense of identity.

- **Vulnerability + opportunity:** Adolescence is a period of both risk and resilience — while youth may face increased vulnerability to mental health challenges, it is also a powerful time for positive growth, skill-building, and support.

Firearms in Montana

Firearms = leading method of youth suicide

- Nearly **60% of youth suicides in Montana** involve firearms (CDC, 2022)
- Montana’s youth suicide rate = **double the U.S. average**
- Safe storage (locked, unloaded, separate ammo) → reduces risk by **up to 70%**
- Share resources: Be SMART, Project ChildSafe, MT DPHHS

Gender Differences

Girls attempt more, boys die more

- Girls attempt suicide at higher rates
  - Nearly 30% of high school girls reported seriously considering suicide in the past year, compared with 14% of boys.
  - 13% of girls reported attempting suicide, compared with 7% of boys.
- Boys more likely to use lethal means
  - Boys die by suicide at about 3–4 times the rate of girls, largely because they are more likely to use firearms.
  - Girls more often attempt using poisoning/overdose, which is less lethal but still dangerous.
- Both need equal attention

Key Risk Factors

What puts students at risk?

➔Bullying and social rejection

➔Family conflict and trauma

➔Access to lethal means (guns, pills)

➔Stigma and minority stress

Family Conflict and Trauma

- **Adverse Childhood Experiences (ACEs)** are stressful or traumatic events such as abuse, neglect, or household dysfunction. Youth with four or more ACEs are **12 times more likely** to attempt suicide compared to peers with fewer ACEs (CDC, 2019).

- **Abuse, neglect, and domestic violence** are among the strongest predictors of suicide risk. These experiences can shape how young people see themselves and the world around them.

- **One supportive adult** can make a life-saving difference. Having even one caring, consistent adult in a young person's life can reduce suicide attempts by **40%** (CDC, 2023).

Access to Lethal Means

What needs to happen to keep students safe from dying by firearm suicide?

- Firearms involved in >50% of youth suicide deaths (CDC, 2022)
- Suicide attempts with a gun = 90% fatal (Harvard School of Public Health, 2020)
- Safe storage = 54% lower risk of youth firearm suicide (Grossman et al., 2005)

Stigma and Minority Stress

- LGBTQ+ youth are 4x more likely to attempt suicide (Trevor Project, 2023)
- 1 in 3 transgender youth reported a suicide attempt in past year (CDC, 2019)
- Racial/ethnic minority youth face higher risks from discrimination and systemic barriers

LGBTQ Students

LGBTQ youth face higher risk

- 4x more likely to attempt suicide
- Rejection and bullying increase risk
- Teachers can be affirming allies

Bullying = Serious Risk

Bullying increases suicide risk

- Students who are bullied are **2x as likely** to attempt suicide (CDC, 2023)
- **Victims** may feel hopeless and isolated
- **Bullies** are also at higher risk for depression and suicidality
- **Cyberbullying** linked to **20% higher suicide attempt rates** (Hinduja & Patchin, 2020)
- Supportive peers and adults lower risk

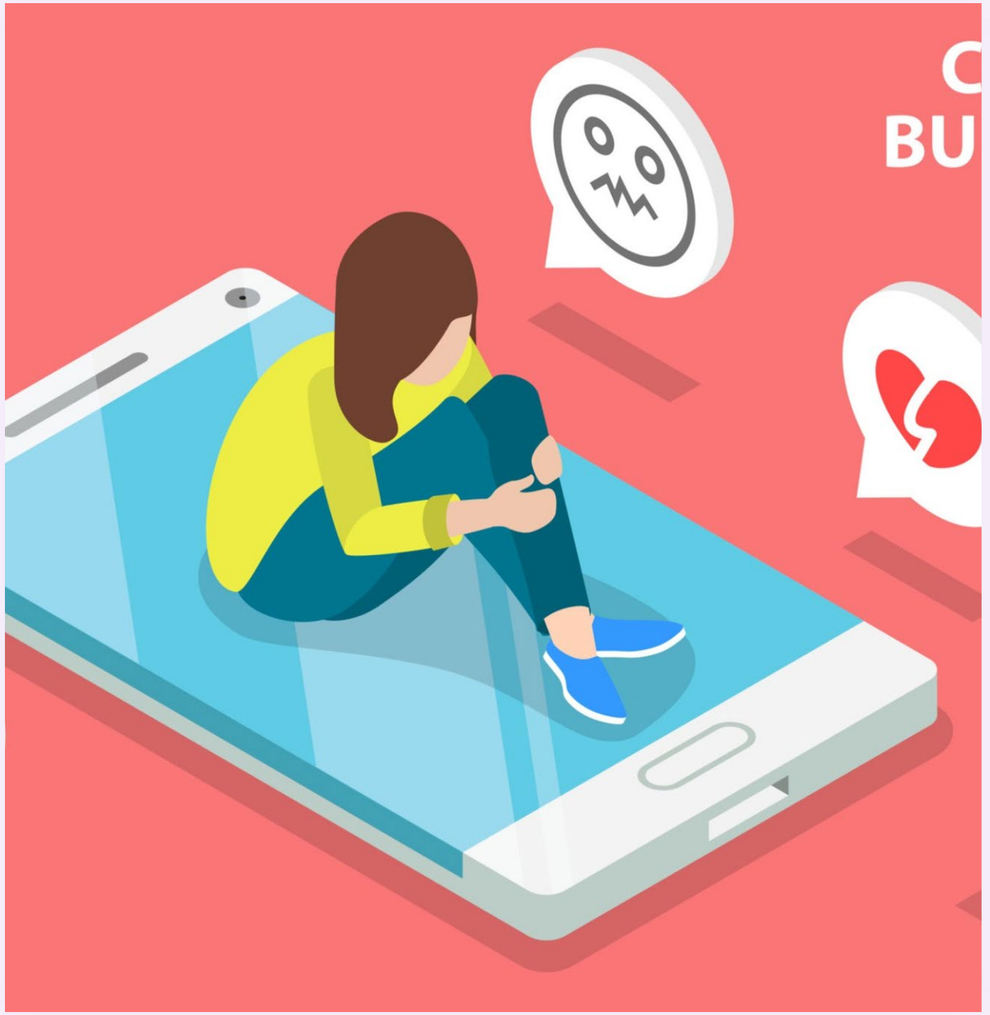
Bullying and Social Rejection

- Students who are bullied are 2x as likely to attempt suicide (CDC, 2023)
- Cyberbullying victims report 20% higher suicide attempt rates (Hinduja & Patchin, 2020)
- Peer/social connection is protective

Types of Bullying

Bullying takes many forms:

- Physical aggression
- Verbal harassment
- Relational (exclusion, rumors)
- Cyberbullying



Screening for Bullying

Teachers can ask simple questions

- **“Do you feel safe at school?”**
- **“Have you ever felt excluded or picked on?”**
- **“Is there a place or time at school where you feel unsafe?”**

👉 When students answer, **listen without judgment** and validate their feelings.

Validated Tool:

- **Olweus Bully/Victim Questionnaire (OBVQ):**
  Widely used, measures frequency and type of bullying behaviors. Helps identify both victims and perpetrators.
- **Student Experiences Survey (SES):**
  Short, evidence-based tool used in schools to assess experiences of bullying, harassment, and safety.
- **Peer Relations Questionnaire (PRQ):**
  Screens peer interactions, victimization, and social connectedness.

📌 *Validated tools provide consistent data across classrooms and schools. They can be used alongside teacher conversations to identify patterns and support students effectively.*

Exposure to Suicide

Losing someone to suicide raises risk

- **Exposure can come from different sources:** Students may lose a family member, peer, or even hear about the suicide of a public figure. Any of these can have a major impact.
- **Risk increases for peers and family:** When students are close to the person who died, their own suicide risk is significantly higher.
- **Normalization can happen:** Students may begin to think of suicide as a common or acceptable way to cope with problems. This can show up in jokes, casual comments, or seeing suicide as “inevitable.”
- **Why this matters:** When suicide feels normalized, students may not reach out for help or may be more likely to ac

What teachers can do:

- Watch for changes in behavior, mood, or how students talk about suicide.
- Don’t be afraid to check in directly:
  - “Are you thinking about suicide?”
  - “I know a lot of people are talking about [name/public figure]’s death. How are you feeling about it?”
- Create space for honest conversation — listening can reduce isolation and risk.

Asking About Suicide

Ask directly: **“Are you thinking about suicide?”**

- Avoid vague phrases
- Direct questions save lives
- Asking does **NOT** increase risk

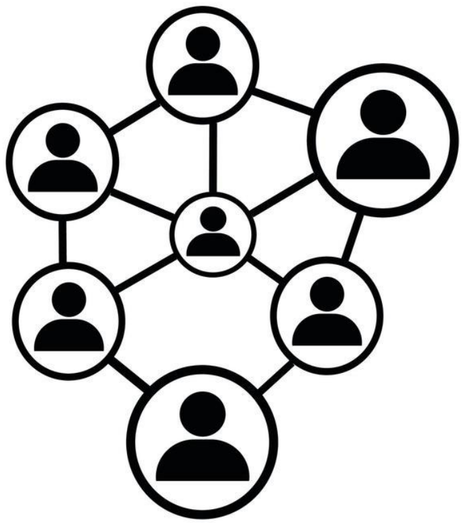
Language Matters

Say suicide. Avoid euphemisms.

- Be clear and direct
- Don’t say “hurting yourself”
- Break stigma with honesty

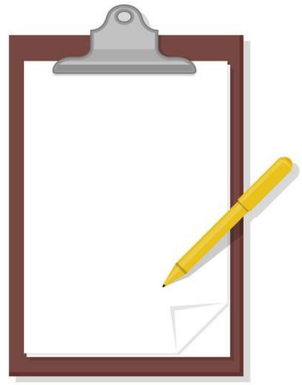
Community Impact of Suicide

Suicide has ripple effects



- **Each suicide impacts many lives:** On average, **135 people are affected** when one person dies by suicide (Cerel et al., 2018). In a school setting, this includes classmates, teammates, teachers, staff, and extended families.
- **Emotional impact on students and staff:** Survivors often experience **grief, guilt, shame, or trauma.** For peers, it may trigger questions like, *“Could I have stopped this?”*
- **Risk for peers increases:** This is called **“suicide contagion.”** When young people are exposed to suicide, especially of someone their age, they may see it as a possible option for themselves.
- **School climate is affected:** Fear, rumors, and misinformation can spread quickly. This can disrupt learning and increase anxiety for the entire school community.
- **Prevention matters:** When schools provide support, education, and open conversations, it not only reduces suicide risk but also strengthens community trust and resilience.

ASQ Screener



Ask Suicide-Screening Questions (ASQ)
A brief, validated suicide risk screener for youth and adults — takes **less than 1 minute**

Ask the patient/student:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?
   ➡️ *If yes to any above, ask:*
5. Are you having thoughts of killing yourself right now?

Screening Result and Next Steps

- **Negative Screen:** No to all → No intervention needed (unless clinical concern present)
- **Acute Positive Screen (Imminent Risk):** Yes to Q5 → Keep patient in sight, remove dangerous objects, initiate STAT/full mental health evaluation
- **Non-Acute Positive Screen (Potential Risk):** Yes to Q1–4 but No to Q5 → Conduct brief suicide safety assessment to determine need for further evaluation

If the student refuses to answer:

- For youth, refusal = *non-acute positive screen*
- Always provide resources and follow-up

Columbia-Suicide Severity Rating Scale

6 questions that assess presence, intensity, and behavior related to suicidal ideation

Helps determine severity and immediacy of risk

Commonly used in schools, primary care, and behavioral health

Quick to administer (1–2 minutes)

Free printable form & training: cssrs.columbia.edu

Sample Questions:

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts of killing yourself?
3. Have you been thinking about how you might do this?
4. Have you had these thoughts and had some intention of acting on them?
5. Have you started to work out or prepared to end your life?
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Storage Statements

Words they can carry with them

- ΠThank you for telling me you are thinking about suicide, your life is important to me Π
- Πt took a lot of strength for you to tell me you are thinking about suicide, i have hope for you Π

If a Student Says Yes

Stay calm. Thank them. Get help.

- Use storage statements
  - “I’m really glad you told me.”
  - “You’re not alone — we’re going to get you help.”
- **Don’t panic or overreact:** Your calm response shows the student they can trust you.

- **Acknowledge their honesty:** Sharing suicidal thoughts takes courage.

- **Connect to immediate resources:**

  - Walk the student to the counselor, social worker, or school nurse.
  - Call the **988 Suicide & Crisis Lifeline** together, or encourage the student to put the number in their phone.

    - Stay with them until help is secured — never leave them alone.

Protective Factors

Ask: **“What keeps you here today?”**

- **Supportive relationships** – family, friends, mentors, coaches, or pets who bring comfort and connection
- **Sense of belonging** – being part of a team, club, church, or cultural group
- **Faith, hope, or spirituality** – belief systems that provide meaning and guidance
- **Hobbies and interests** – sports, music, art, gaming, or other passions that bring joy
- **Sense of purpose** – goals, future plans, or personal values that give life direction

👉 Talking about protective factors helps students remember the reasons they matter and strengthens coping strategies.

Now Matters Now

Real stories. Real strategies.

- Online resource with real stories and lived experiences
- Evidence-based skills: mindfulness, emotion regu
- Students connect to peer voices and videos
- Free access: www.nowmattersnow.org

Teacher Connection

You notice what others don’t!

- Daily contact gives teachers insight
- Small changes may be big red flags
- You can intervene early

What to Say:

- “Are you thinking about suicide?”
- “Thank you for telling me.”
- “I want to help you get support.”

What Not to Say:

- “You’re just being dramatic.”
- “Don’t talk about that.”
- “Promise you won’t tell anyone.”

Key Point: Direct, caring, and open conversations **save lives**.

Never promise secrecy

Warning Signs

Withdrawal or isolation

Giving away belongings

Declining grades or energy shifts

Look for changes in patterns

Teacher Self-Care

Helping is heavy—care for yourself

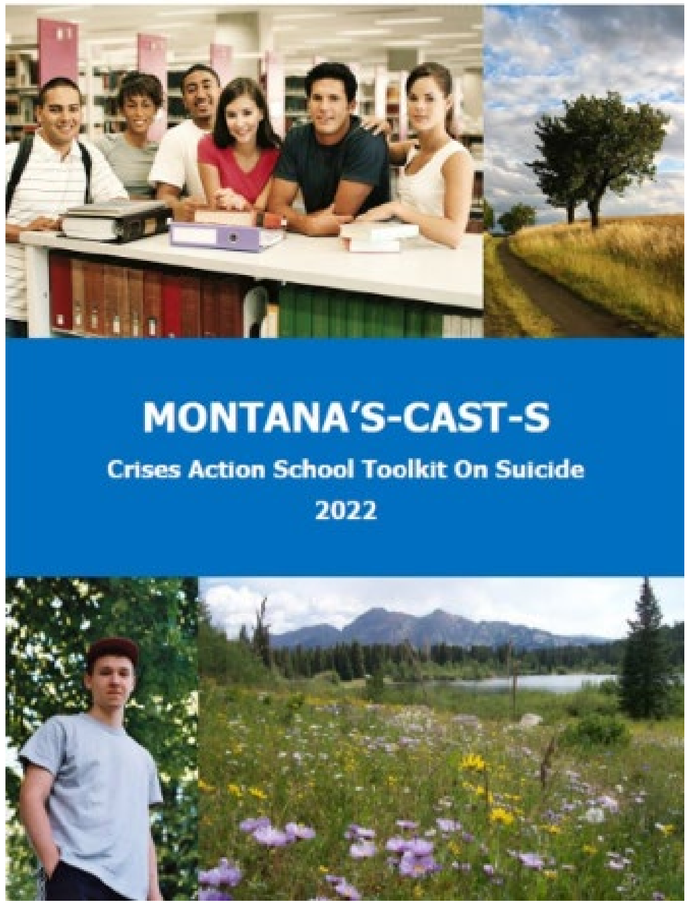
- These conversations can be draining
- Seek support from colleagues or supervisors
- Practice self-care outside the classroom

Take-Home Message

One caring adult can change a life

- Your words matter
- Your presence matters
- You can be the difference

Other Suicide Prevention Resources for Schools



Montana's CAST-S: Crises Action School Toolkit On Suicide 2022

- Assists high schools and school districts in designing and implementing strategies to prevent and respond to suicides and promote behavioral health.
- Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students and postvention guidelines.
- Available free at www.dphhs.mt.gov/suicideprevention

Resources

Help is always available

- **988 Suicide & Crisis Lifeline** – Call or text 988 (24/7, confidential support)
- **Crisis Text Line** – Text **HELLO** to 741741 (24/7)
- **Trevor Project** – Crisis support for LGBTQ youth (call 1-866-488-7386 or text START to 678678)
- **School-based resources** – counselor, nurse, or trusted staff

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