



Annual Model Notice For Youth Suicide Prevention

Youth Suicide Prevention Resources are Available

To get updated information on suicide prevention, intervention, and postvention resources, visit [DPI's website](#). There are online training modules, a downloadable document on suicide prevention requirements in state law, a fact sheet on youth suicide, and an updated suicide prevention curriculum for students. Other resources include suggestions for school board policy, strategies on suicide interventions, memorial suggestions, and other topics.

Resources for emergency situations:

988

Dial for immediate assistance in a suicide or mental health crisis.

HOPELINE

Text "HOPELINE" to 741741 or visit

<https://www.centerforsuicideawareness.org/hopeline>.

TREVOR PROJECT

Text them at 678-678. Call them at 1-866-488-7396.

Visit thetrevorproject.org.

Resources for non-emergency situations:

WI Safe and Healthy Schools Training Center

www.wishschools.org

Prevent Suicide Wisconsin

www.preventsuicidewi.org

Suicide Prevention Resource Center

www.sprc.org

American Foundation for Suicide Prevention

<https://afsp.org/>

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*When youth are facing
what they believe is a
crisis and exhibit signs or
symptoms of suicide, be
sure they are not left
alone or sent home
without supervision!*

Know the Signs

Suicide doesn't usually happen out of the blue— most often, there are signs or symptoms for others to see or hear. Get the **FACTs** and know the signs of suicidal thinking in your students, friends, and family members. (see *FACTs* chart on right.)

Suicide is a Complex Problem

Multiple factors are involved when someone dies by suicide. Oversimplifying the reasons someone takes their own life is not helpful. For instance, saying bullying “caused” someone to end their life is not accurate. Not all bullying victims kill themselves. Research suggests many factors contribute to suicide. These include biological factors, social determinants of health, precipitating factors, and triggering events. Examples of biological factors and social determinants of health include mental illness, losing a family member to suicide, neighborhood violence, or food security. Precipitating factors include poor grades, attending an unsafe school, victimization, or family rejection. Crisis/triggering events include experiencing a major loss, humiliation or bullying, and having access to lethal means. Suicide is a complex problem that is often misunderstood when oversimplified. *From: American Association of Suicidology (AAS) webinar January 2011.*

Identifying the factors of disproportionate risk for youth suicide is vital to prevention.

The most common mental illness leading to suicide is depression. It is also the most treatable!

Youth identifying as Lesbian, Gay, or Bisexual (LGB): for the past several years, Youth Risk Behavior Survey (YRBS) results have shown almost half of LGB youth seriously considered suicide and are 3.5 times more likely to attempt suicide than their non-LGB peers.

Female youth: YRBS trend data has also indicated an increasing number of female students ages 16-17 years old experienced being so sad or hopeless every day for 2 weeks in a row or more that they stopped doing usual activities.

Lethal means safety can save lives.

(see [Means Matter](#) and [Be Smart for Kids](#))

Encouraging secure storage of all lethal means is a critical prevention strategy, and reducing access provides the most significant reduction in youth suicide rates. Most often, youth who attempt suicide use a gun or drugs kept in the home. Do not allow youth to have unsupervised access to firearms and dangerous medications. *(continued on page 3)*

SUICIDE PREVENTION SIGNS or SYMPTOMS (FACTS)

FEELINGS

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Feeling trapped – like there's no way out
- Having no sense of purpose in life

ACTIONS

- Acting reckless or engaging in risky activities
- Withdrawing from friends, family, society, and typical activities
- Increased use of alcohol or drugs
- Giving away prized possessions

CHANGES

- Decline in quality of schoolwork
- Dramatic mood changes
- Anxiety, agitation, change of eating/sleeping habits

THREATS

- Threatening/talking about hurting self

From American Association of Suicidology



Suicide is a Complex Problem (cont'd)

What can you do if you are concerned about a student?

Suicide is a permanent solution to a temporary problem; but for kids, their problems can seem endless. If we can get them through the crisis, there is a 90 percent chance that they will never attempt suicide. Teachers, other school staff, student peers, and family members are well-positioned to observe individual behaviors and respond using the IACTT model, if they suspect that a student may be considering self-harm. IACTT stands for **Identify, Ask, Communicate, Take action, and Take care.**

Identify the signs and symptoms of someone who is struggling with their mental health. Reaching out to others with an empathetic *"I'm sorry to hear about this. It sounds really hard."* can be the first step in helping them through their crisis.

Ask questions to learn more about what is going on and ask if the person is thinking about suicide. Use open questions (Like "Tell me what's going on.") to gather information and context. Don't be afraid to ask the hard question!

Communicate care and compassion for the student by taking the next step. Use words like: *"I'm worried about you. I don't want anything bad to happen to you or for you to be hurt."*

Take action and tell a member of your crisis team.
"Let's go talk with someone in the counseling office."

Take care of yourself. You may need support, if you help someone in crisis.



Text HOPELINE
to 741741



Common Concerns

What if I make a mistake? Can I be sued?

State law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student's possible suicide. Lawmakers found it so important that adults take action when a student is suicidal that they protected those adults from any civil liability for their intervention efforts.

Does asking about suicide cause a student to attempt it? No. This issue has been thoroughly studied. By asking a student about suicidal intent, you are offering to help them. Please do your best to reach out to students. Don't be afraid to ask the question, "Are you thinking about hurting or killing yourself?"



Seeing Urgent Signs or Symptoms? Here's What to Avoid

All children and adolescents can experience moodiness and will take time to ask life's big questions. Since they lack the perspective of time, they can become overwhelmed. The best roles for teachers are to support students, and if you see the signs or symptoms of suicide, use IACTT. Some of the statements below might make perfect sense for students who aren't suicidal; but when kids are in crisis, these things can make it worse.

Here are some actions and words to avoid when you see the urgent warning signs and positive, alternative options:

Don't Shame - Validate

NOT: "You've got to get over this. It's not a big deal."

RATHER: "You seem to be struggling with something. How can I help?"

NOT: "You're too sensitive. Grow up!"

RATHER: "I can tell something's really bothering you. What's up?"

Don't Delay - IACTT

When you see urgent signs or symptoms, *get help immediately*. Don't wait.

Don't Blame - Support

NOT: "If you wanted a better grade, you would've worked harder."

RATHER: "You seem disappointed in yourself. How can we do better?"

NOT: "Maybe changing your attitude would get you more friends."

RATHER: "Tell me what you look for in a friend. How can that be you?"

Don't Give Up - Persevere

Suicide is NOT a destiny—when people make it through the suicidal crisis, they usually go on to live healthy, productive lives!

Don't Do It Alone - It Takes a Village

Enlist other pupil services staff, administration, or the student's family to help you!



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Student Services/Prevention and Wellness
608-266-8960
dpi.wi.gov/sspw/mental-health/youth-suicide-prevention

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