



Prevention and Intervention - Recognizing Risk Factors and Warning Signs of Suicide



Suicide Is Complicated

“Multi-determined”

- Not attributable to any one set of factors or circumstances
- Not everyone who experiences risk factors will develop suicidal ideation or engage in suicidal behaviors
- We can use our awareness of known risk factors and warning signs to connect children with support services



Risk Factors

Mental Health Conditions

- Major Depressive Disorder
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Conduct Disorder
- Substance Use Disorders
- *Also recognize behavioral and emotional symptoms that may be present but have not (yet) led to formal mental health diagnosis:
 - Hopelessness; reduced self-esteem
 - Impulsivity and risk-taking behavior
 - Poor problem-solving and/or coping skills



Risk Factors

Perceived lack of social connection

- Feeling as if one doesn't fit in, is unwanted, or is in some way a burden to others.
- This may be particularly relevant for marginalized groups such as racial/ethnic minorities or those who identify as LGBTQ+
- Remember that an individual's perceptions of his/her own situation may be skewed. In such cases, it is the negative perception that carries the the risk, even if the "objective reality" appears less concerning.



Risk Factors

The presence of an immediate stressor or situational crisis

- Loss of a close/romantic relationship
- Sudden loss of a loved one
- Recent experience of trauma/abuse
- Chronic bullying
- School problems
- Legal problems

*This is particularly important for children and adolescents, who don't always have prior experiences of overcoming situational crises to draw upon and reassure themselves that they can get through it.



Risk Factors

Personal History

- Past traumatic experiences and/or exposure to violence
- Family stress/dysfunction
- Prior self-injurious or suicidal behavior
- Connection to a previous suicide



Risk Factors

Mental Health Conditions

Perceived lack of social connection

The presence of an immediate stressor or situational crisis

Personal History



Warning Signs

- Significant changes in behavior, appearance, thoughts, and/or feelings
 - Withdrawal from or change in social connections
 - Changes in sleep (increased or decreased)
 - Anger or hostility that seems out of character or out of context
 - Increased agitation or irritability
 - Substance use/abuse
- Severe or overwhelming emotional pain or distress
- Expressing hopelessness about the future



Warning Signs

- Preoccupation with death
- Talking about suicide
- Suicidal threats - direct or indirect
- Suicide notes and plans
- Making final arrangements (making funeral arrangements, writing a will, giving away prized possessions)



Responding to Children At-Risk

- Remain Calm
- Ask directly if the child is thinking about suicide (e.g., “Are you thinking of suicide?”)
- Listen (non-judgmentally)
- Focus on your concern for their well-being
- Avoid being accusatory
- Provide reassurance - help is available and they will not feel like this forever
- Provide constant supervision - do not leave the youth alone
- Remove means of self-harm
- Get help



Questions from the Community:

- How common is suicide in children K-6?
- How can we distinguish between normal teenage angst/emotionality and more significant mental health concerns?

How to Talk to Children about Death

There is no "right" way to grieve.
Don't feel guilt over any emotions.

**Their strength comes from feeling,
not from denying their feelings.**

Help students identify their support system -
an adult at home AND an adult at school.

Reassure that death is not their fault.

Help students engage in processing activities.

How to Talk to Children about Death

Re-establish routine with appropriate expectations if children are ready.

Children will ask questions over and over.

Answer with concrete answers if you know them – you should use words like “died” or “death”.

Talking about hard feelings won't increase risk, if we are afraid to say the words, so are they.

Where to find help:



If your child is experiencing an immediate crisis there is help available 24/7

Valley Creek Crisis: 610-280-3270 , 469 Creamery Way, Exton, PA 19341

Consumer Run Warm Line: 1-866-846-2722

Or your local emergency room

Understanding mental health services:



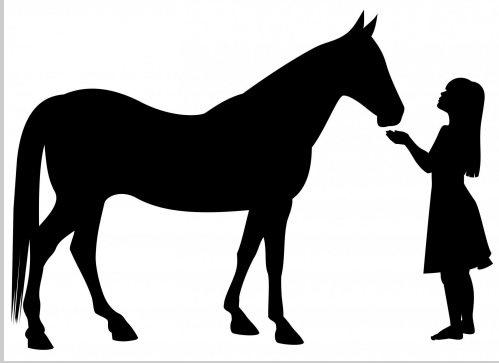
Fourth Step: Inpatient Hospitalization

Third Step- Partial Hospitalization Program (PHP)

Second Step: Intensive Outpatient Counseling (IOP)

First step: Outpatient Counseling

Other forms of mental health supports:



Equine Therapy



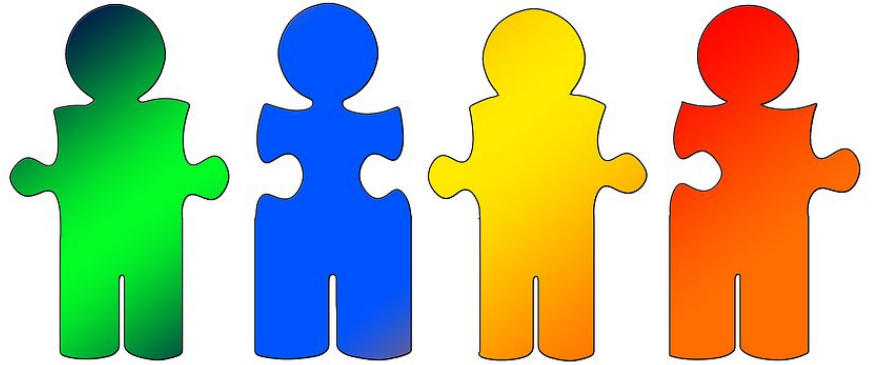
Art therapy



Group or
family
therapy



Behavioral Health Rehabilitative Services



“Wrap Around Services” also referred to as Behavioral Health Services are individualized, mental health services provided in the home, school or community that are individualized to meet the specific needs of your child.

Trained staff work one-on-one with your child to help with emotional or behavioral problems.

This service is only funded through county based insurance which families can apply. The determining factor for coverage is based on the diagnosis/disability of the child not income.

Family Based Services

Intensive in home services that usually include several hours per week of service for up to 32 weeks. This program is used to divert children from the need for a higher level of treatment, like inpatient hospitalization or residential.



Questions from the Community:



How can we support each other in the community, not just ourselves?

[AFSP Greater Philadelphia](#) The grassroots work we do focuses on eliminating the loss of life from suicide by: **Chapter contact: Mary Ann Murtha** Area Director MaMurtha@afsp.org

- Delivering innovative prevention programs – [Community Walk](#)
- Educating the public about risk factors and warning signs – [Community Events](#)
- Raising funds for suicide research and programs – [Research Connection](#)
- Reaching out to those individuals who have lost someone to suicide – [Loss and Healing](#)


Questions from the Community?



How to pull our children out of the isolation depression they are experiencing but not identifying in themselves or admitting there's a problem?

If your child is not admitting to struggling but you observe changes in behavior and mood, you can help with behavioral modifications at home.

1. Get outside and moving: family walks, playing games
2. Healthy diet changes: foods that help boost mood
3. Avoid isolating behaviors from your child by making a point to have them spend time with the family.
4. Don't be afraid to ask direct questions about your child's thoughts



Not sure what service you need?

Reach out to your child's school counselor, District SAP counselor, or building school psychologist to help guide you through the process.

WVE: Sarah Weber

OJRSD: Victoria Morgan

MS/HS School psychologist: Dr Schneider

