

Module Two

Recognizing Depression and Suicidal Ideation in Students

Objectives

1. Understand the key changes in student behavior, appearance and performance that may be indicative of depression;
2. Know the specific warning signs of child and adolescent depression and the warning signs for student suicide;
3. Possess the skills to adequately identify potential cases of student depression or suspected suicidal ideation;
4. Know how to make appropriate referrals to school and community professionals to help students.

Materials Needed

1. Computer
2. LCD projector
3. A Safety and Violence Prevention Curriculum
4. PowerPoint presentation

Background Information for Facilitator

Module Two of this curriculum is designed to train educators on the topics of depression and suicide. Educators throughout Ohio who participated in the initial survey for this project reported feeling inadequately prepared to **recognize, reach out, and refer** in situations of depression and suicidal behavior in their schools. Generally, training and professional development on these topics is not included in educator preparation programs and, as such, must be obtained elsewhere. However, as required in HB 543, also known as the Jason Flatt Act, educators must be knowledgeable about the signs and symptoms of depression and suicidal behavior among students and possess the skills to identify and refer if they suspect that these issues may personally impact a student.

As stated earlier, students face a wide range of issues and concerns that can have a substantial impact on their ability to learn and on their engagement with school. Perhaps the most severe issue faced by students is that of depression accompanied by suicidal ideation. For those who have never experienced depression, it is sometimes difficult to imagine a pain so intense that someone would consider taking one's own life as the only viable option for stopping the pain. However, this is the reality for the millions of people who suffer from depression in our country.

This module will provide educators with important information on the signs and symptoms of depression and suicide and will offer suggestions for appropriately talking to students who may be experiencing depression first hand.

What is depression?

Clinical depression goes beyond ordinary sadness or typical adolescent mood swings. It's more intense than having a bad day or dealing with a major loss of a loved one — such as the death of a parent, grandparent or even a favorite pet. It's also not something that people can simply “snap out of.”

Depression is a brain disorder (mental illness) that affects the whole person — it affects the way one feels, thinks and acts. Early-onset depression can lead to school failure, alcohol or other drug use, and even suicide. However, it is highly treatable and students can be helped if early intervention is made. Some researchers have concluded that treatment of major depression is as effective for children as it is for adults.

How many students are affected by depression?

Sometimes it is hard for people to believe that kids can, in fact, be diagnosed with mental illnesses, including depression. It is estimated that 3 percent of children and 15 percent of adolescents have a diagnosable depressive disorder and that up to 30 percent of students will have some symptoms of depression at any given time. Students who experience depression may or may not have been formally diagnosed but are nonetheless experiencing the illness without any intervention or treatment. According to the 2011 Youth Risk Behavior Survey, 27 percent of Ohio teens reported feeling depressed, 14 percent reported to have seriously considered suicide and 9 percent reported attempting suicide during the past year.

Suicidal Students

You may believe that a student is depressed, or you may even have cause to believe a student is suicidal. While thousands of students across the country take their own lives each year, it should be noted that about 50 percent of students with depression think about suicide and 8 percent actually attempt suicide.

Whereas adults often arrive at suicidal behavior over the course of lengthy, stressful events, adolescents may become suicidal after experiencing an intense emotional event, such as a break-up with a boyfriend or girlfriend or rejection by friends. A student's risk of becoming suicidal increases if he or she is already experiencing depressive symptoms caused by factors including:

- A family history of mental illness and/or of suicide attempts or completions;
- Child abuse (physical, sexual or emotional);
- Self-identification as gay, lesbian, bisexual or transgendered without positive supports;
- Living alone or running away from home;
- Substance abuse disorders; and
- Bullying and cyberbullying.

Females are more likely to experience depressive symptoms than males. Girls are also more likely than boys to consider suicide as an option, make a plan to complete suicide and actually attempt suicide.

Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds. If a student says he or she is going to kill himself or herself or makes other comments about suicide, educators should always take such threats seriously, and should err on the side of caution by seeking clarification or more information.

Suicidal Students - How Do I Know What to Look For?

Adolescent girls are two to five times more likely to experience depression than boys. Additionally, the symptoms of depression vary somewhat based upon age and gender. Children who are depressed may be likely to:

- Make negative statements about oneself such as, “I hate myself” or “I am stupid”;
- Catastrophize or feel like nothing is going well, that nothing can go well, and that everything is doomed for failure;
- Show psychosomatic symptoms (stomachaches, headaches, visits to the nurse’s office);
- Lose pleasure in activities that once were fun and/or lose the ability to find enjoyment or pleasure in any age-appropriate activities;
- Experience a recent decline in academic performance or an increase in disciplinary actions;
- Create dark artwork or poetry;
- Engage in delinquent behaviors; or
- Show signs of low self-esteem.

Adolescents who are depressed may display the following signs:

- Persistent sadness and hopelessness;
- Withdrawal from friends, family members and activities once enjoyed;
- Increased irritability, agitation, volatile mood or even rage;
- School absenteeism, tardiness and/or declining school performance;
- Changes in eating and sleeping habits, such as eating and sleeping much more or much less than usual;
- Indecision, lack of concentration or forgetfulness;

- Poor self-esteem or guilt;
- Frequent psychosomatic complaints, such as headaches and stomachaches;
- Drug and/or alcohol abuse;
- Intense anxiety; or
- Thoughts of death or suicide.

It is often difficult to know whether or not a student is experiencing depression, as many of the symptoms listed above are not exclusively indicative of having a diagnosable disorder. Many of these characteristics are seen during adolescence in general—such as irritability, changes in eating and sleeping habits, and self-esteem issues. It is the combination of many of these signs, coupled with noticeable changes in behavior, appearance and performance that educators should note. Students who are considering suicide may display other behaviors, such as:

- Making comments like, “I won’t be a bother to you much longer,” or “Everyone will be happier when I am gone;”
- Giving away possessions and important belongings;
- Finding means to complete suicide (e.g., weapons, pills).

How to Respond - Recognize, Reach out, and Refer

The most important thing you can do is to **recognize** in students the signs and symptoms of distress, **reach out** to them, tell them you care and make the appropriate **referral** so that they can get the help they need to be successful in school and in life. Once aware of a student’s mental and behavioral health issues, the following key messages will assist educators as they respond to student disclosure.

1. Key messages to use with a student once disclosure has occurred:
 - Thank you for sharing something so personal with me.
 - You deserve to be safe.
 - I appreciate that you trust me with this information.
 - Allow me to explain the limits of confidentiality and of the Mandated Reporter Role.
 - Let’s talk for a little bit about our next steps.
 - I am glad you brought this issue to my attention. I may not be able to answer all your questions, but I will get you connected to someone who can help.
 - I am concerned about you. Can we talk about this more with the guidance counselor (or other trusted adult at school)?
2. Before a disclosure (abuse, mental health issues, bullying, etc.):
 - Know your own biases about these issues.
 - Practice how you will respond to a student disclosure, incorporating youth-centered and non-judgmental approaches.

- Be open to learning and incorporating new information that challenges your own beliefs.
- Know to whom students should be referred and which school supports/services are available.
- Support and appropriately refer the student; you will not be expected to investigate a student's situation/claims.
- Prepare how you will take care of yourself after a disclosure by a student of suicidal intention, abuse, trafficking, etc.
- Is there a staff-convened task force or working group on these issues? If so, does it make sense at this time to join or consult with them?

Reporting and Referral Requirements

As an educator in the state of Ohio, you are a mandated reporter of suspected child abuse. Ohio law mandates teachers, school employees and school officials report unknown or suspected child abuse and neglect to children services or a police officer. This report is confidential in civil court actions and the name of the reporting party cannot be released. The report is admissible in criminal proceedings. Reports can be made anonymously and should be made following your school district's policies and procedures.

Note that a March 2007 amendment to the Ohio Revised Code states that an educator's failure to report suspicion of child abuse is a first-degree misdemeanor, punishable by up to six months in prison and up to a \$1,000 fine.

In addition, educators should adhere to district policies for reporting incidents of abuse or suicidal ideation. Educators should be knowledgeable of their district or building policy and procedures for reporting and referring identified students. Educators should know how to report incidents of abuse or suicidal ideation. Further educators should know to whom students should be referred to make connections with social service agencies or 211 systems in your community.

There are school wide efforts to ensure schools are safe places – places where kids who are depressed or suicidal get help, where kids who are using alcohol and drugs are noticed, and where bullies, their targets, and children living in abusive homes are helped. This is the kind of school our children deserve and that we can all work to achieve. We hope that you will work with your school improvement team, or school climate committee, to create schools like this.

What can teachers and other educators do?

Addressing suicidal thoughts or behaviors with students is a very delicate proposition. Many people incorrectly believe that talking with students about suicide will “put the idea into their head.” We know, however, that talking with students about their suicidal thoughts or ideas is one of the only ways to accurately understand their subjective reality and to understand the degree to which they are presently depressed or thinking about suicide as an option. Additionally, asking students if they are feeling depressed or suicidal may show them that someone else is interested in them and cares for them.

1. What experiences have you had with students that display signs and symptoms of depression or suicidal behavior in your classroom or school building?
2. How comfortable and confident do you feel about **identifying** a student who displays the signs and symptoms of depression or suicidal behavior?
3. How comfortable and confident do you feel about **referring** a student who displays the signs and symptoms of depression or suicidal behavior?
4. What is the referral process for students in your building who displays the signs and symptoms of depression or suicidal behavior?

National, State and Local Resources

Once these behaviors have been identified and the student has been referred to the principal or their designee, resources for helping students and their families are available at the local, state and national level. Locally, Community Coalitions provide the opportunity and structure for allied groups to pursue coordinated strategies to educate and increase public awareness that suicide is a public health problem. Coalitions are committed to reducing stigma, which helps increase people's ability to seek help and ultimately prevent the loss of life. In our state, the Ohio Suicide Prevention Foundation advances evidence-based awareness, intervention and methodology strategies which will support all Ohio-based suicide prevention efforts. <http://www.ohiospf.org/index.php>

National resources include the Substance Abuse and Mental Health Services Administration. This organization provides information and resources to seek help, provide assistance, and/or implement suicide prevention programs in their communities. <http://www.samhsa.gov/>

Module Two: Content

Introduction (5 minutes):

Facilitator: *The second module in the Safety and Violence Prevention Curriculum will focus on identifying depression in students and taking the appropriate steps to prevent student suicide.*

Recognizing students who are depressed and/or suicidal does not initially seem to be something that many of us will encounter; however, with the rise in student mental health issues, including suicidal behavior, we must recognize that educators can have a role in preventing student tragedies, such as suicide.

Many educators feel they lack the knowledge and expertise for dealing with students' mental health needs, and some may feel that it is not their responsibility to address these issues in the school. While we don't expect you to provide any type of treatment to affected students, we do expect you to have the knowledge and competence to identify students affected by mental health problems and refer them to appropriate mental health services in the school or community.

*As we discussed in Module One, students might display a wide range of behaviors and characteristics that would tell us something may be going poorly in their lives. Sometimes we won't know specifically what is going on, but we will know that there is **something** wrong. Honing in on changes in students' behavior and considering that behavioral or mental health issues may exist is important to assist students.*

The objectives of today's session are: 1) to familiarize yourself with the warning signs, risk factors and protective factors that are related to student depression and suicide, and 2) to have the knowledge and skills that will enable you to identify and make an appropriate referral, should the need arise.

Quiz

First, let's start with a quiz...

Quiz (5 minutes):

If time and logistics permit, pass out quiz entitled "Myths and Facts: Depression and Suicide" and allow participants three to four minutes to complete it.

If there is not enough time to pass out the quiz and allow the participants to complete it, or if you are presenting in a large lecture hall, go straight to the PowerPoint – the quiz is covered in the initial presentation slides.

Q1: True or False? Clinical depression is something that people can simply "snap out of."

Q2: Depression is a brain disorder (mental illness) that affects _____.

- A. The whole person
- B. The way one feels, thinks and acts
- C. School performance
- D. Alcohol or other drug use
- E. Suicidal behavior
- F. All of the above

Q3: True or False? Depression is not treatable and students can't be helped even if early intervention is made.

Q4: True or False? Most people who attempt suicide are just looking for attention.

Q5: True or False? Girls attempt suicide more often than boys.

Q6: True or False? Children can't really be depressed; they don't have anything to worry about.

Q7: Suicide is the _____ leading cause of death among 15 to 24- year-olds.

Q8: True or False? Adolescents may become suicidal after experiencing an intense emotional event, such as a break-up with a boyfriend or girlfriend or being rejected by friends and their risk of becoming suicidal increases if he or she is already experiencing depressive symptoms.

Q9: True or False? Alcohol and drug use are related to depression and suicide.

Q10: True or False? Symptoms of depression do not vary based upon age and gender.

Q11: True or False? Asking a student if he or she is suicidal will just put thoughts into the student's head.

Q12: True or False? If a student says he or she is going to kill himself or herself or makes other comments about suicide, educators should not take such threats seriously.

Q13: Asking students if they are feeling depressed or suicidal may show them that someone else is interested in them and cares for them.

Quiz – Answer Key

Q1: True or False? Clinical depression is something that people can simply “snap out of.”

The answer is false

Clinical depression goes beyond ordinary sadness or typical adolescent mood swings. It's more intense than having a bad day or dealing with a major loss of a loved one — such as the death of a parent, grandparent or even a favorite pet. It's also not something that people can simply “snap out of.”

Q2: Depression is a brain disorder (mental illness) that affects

- A. The whole person
- B. The way one feels, thinks and acts
- C. Can lead to school failure
- D. Alcohol or other drug use
- E. Suicidal behavior
- F. **All of the above**

Q3: True or False? *Depression is not treatable and students can't be helped even if early intervention is made.*

The answer is false

Depression is highly treatable and students can be helped if early intervention is made.

Q4: True or False? *Most people who attempt suicide are just looking for attention.*

The answer is false. *Children and adolescents who view suicide as a way to manage their intense emotions are often just looking for a way to make the pain stop, rather than for attention from others.*

Q5: True or False? *Girls attempt suicide more often than boys.*

The answer is true. *Girls experience depression at higher rates than boys, are two to five times more likely to have suicidal ideation (a plan for take their lives by suicide) and will attempt suicide more often than their male counterparts.*

Q6: True or False? *Children can't really be depressed; they don't have anything to worry about.*

Unfortunately, **the answer is false.** *Many people incorrectly label depression as a feeling based on life events or stressors. Depression is a chemical imbalance that can impact both children and adolescents. It is estimated that 3 percent of children and 15 percent of adolescents have clinical depression.*

Q7: *Suicide is the _____ leading cause of death among 15 to 24- year-olds.*

The answer is 2nd. *Suicide is the 2nd leading cause of death among 15 to 24-year-olds in Ohio. The number of youths committing suicide has risen 18 percent since 2001.*

Q8: True or False? Adolescents may become suicidal after experiencing an intense emotional event, such as a break-up with a boyfriend or girlfriend or rejection by friends and their risk of becoming suicidal increases if he or she is already experiencing depressive symptoms

The answer is true. adolescents may become suicidal after experiencing an intense emotional event, such as a break-up with a boyfriend or girlfriend or rejection by friends. A student's risk of becoming suicidal increases if he or she is already experiencing depressive symptoms

Q9: True or False? Alcohol and drug use are related to depression and suicide.

The answer is true. Students who use and abuse substances are often trying to escape other pain. Using substances can be a temporary relief from their pain and can serve as a maladaptive coping strategy. Additionally, it can lower inhibitions, and life-ending decisions can be made while using substances. Unfortunately, the numbing effects of substances don't last, and the student is left feeling even more hopeless and helpless after using.

Q10: True or False? Symptoms of depression do not vary based upon age and gender?

The answer is false. Symptoms of depression vary somewhat based upon age and gender.

Q11: True or False? Asking a student if he or she is suicidal will just put thoughts into the student's head.

The answer is false. If you believe a student may be suicidal, you should not be afraid to engage the student in a conversation about what he or she is feeling or thinking. If a student is thinking about suicide, it is important for adults in the student's life to know this information so they can help. It may help the student feel that someone is connecting and caring about him or her. You are very unlikely to put suicidal thoughts or ideas into the student's mind.

Q12: True or False? If a student says he or she is going to kill himself or herself or makes other comments about suicide, educators should not take such threats seriously.

The answer is false. If a student says he or she is going to kill himself or herself or makes other comments about suicide, educators should always take such threats seriously, and should err on the side of caution by seeking clarification or more information.

Q13: Asking students if they are feeling depressed or suicidal may show them that someone else is interested in them and cares for them.

The answer is true. Asking students if they are feeling depressed or suicidal may show them that someone else is interested in them and cares for them.