



centre for
suicide prevention



INJURY
PREVENTION
CENTRE
KNOWLEDGE. LEADERSHIP. ACTION.

5 Things We Wish All Teachers Knew About Teen Suicide

The importance of the first frontline professionals
to note developing problems

Subject-Matter Experts

Kevin Hodgson, Manager of Programs, Hockey Education Reaching Out Society (HEROS Hockey). His 15-year career in the Human Services sector has exclusively focused on marginalized children and youth. He is also a Consulting Trainer for the Centre for Suicide Prevention.

Linda Scurr, MEd, counselling program supervisor with Adult Addiction Services Calgary, Addiction and Mental Health (formerly AADAC), Alberta Health Services. As the supervisor of the Calgary AADAC Enhanced Services for Women program Linda was awarded the Premier's Award of Excellence 2005. She is a Consulting Trainer with Centre for Suicide Prevention and has taught suicide intervention training since 1975.

Dave MacLeod, MSc RPsych, founding clinical psychologist with Western Psychology Services in Calgary, now the overseer of the WPS co-operative. Dave began work in suicide prevention in the late 1970s as a volunteer with the Distress Centre/Drug Centre and has, since then, worked in a variety of adolescent treatment centres around the world. Dave is a Consulting Trainer with the Centre for Suicide Prevention.

Secondary Research

Robert Olson, BA, MLIS, Librarian, Centre for Suicide Prevention, provided secondary research for this webinar.

Co-sponsoring Organizations

Injury Prevention Centre

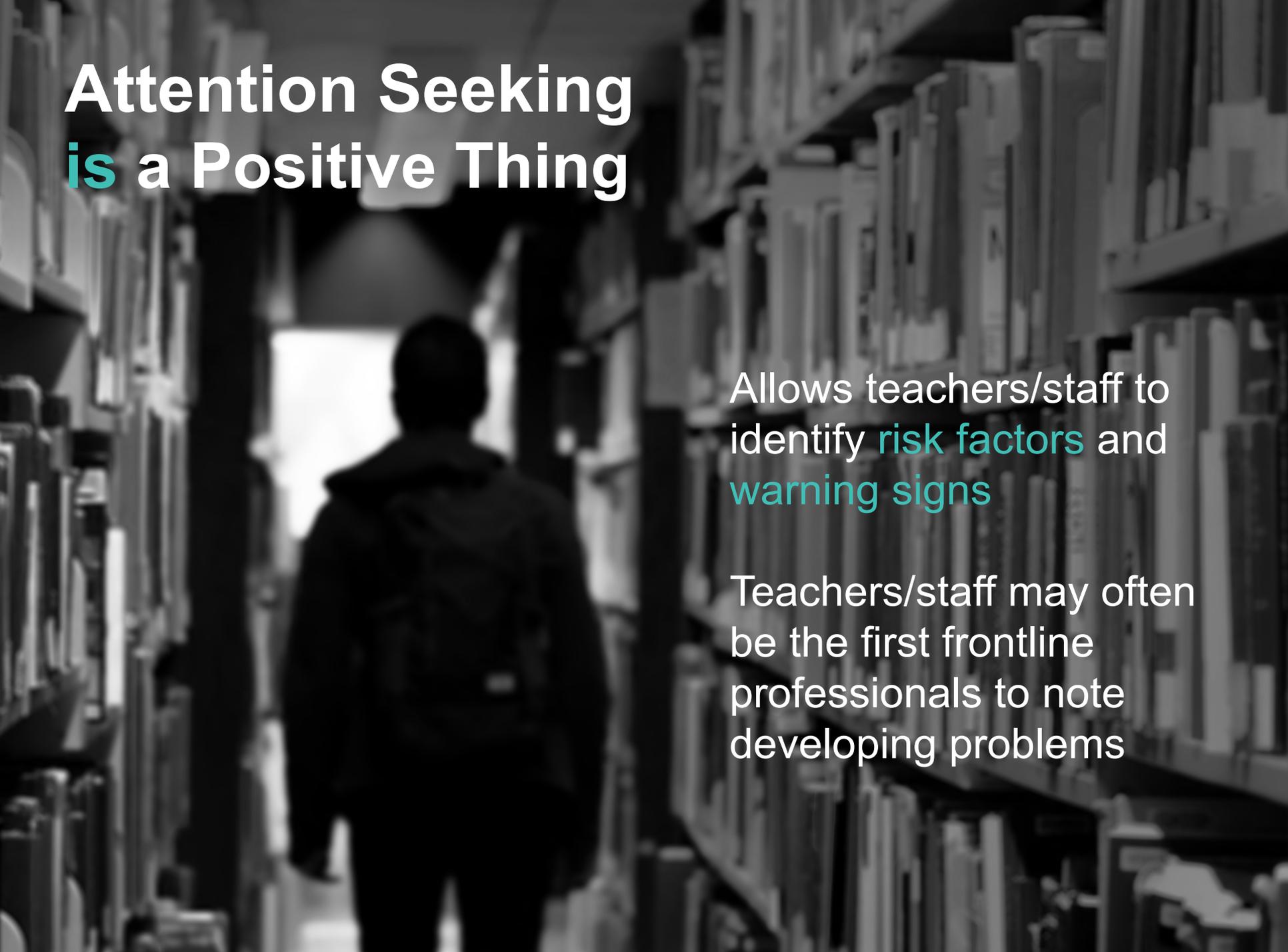
A provincial organization committed to advancing the impact or prevention, emergency response, treatment and rehabilitation of injuries in Alberta. IPC is part of the School of Public Health, University of Alberta. For more information, visit us at:

<http://injurypreventioncentre.ca/>

Centre for Suicide Prevention

An education centre committed to reducing suicide through education: information services, workshops, presentations, and webinars. CSP is a branch of the Canadian Mental Health Association (CMHA). For more information, visit us at:

<https://www.suicideinfo.ca/>

A black and white photograph of a person walking away from the camera down a long aisle in a library. The shelves on both sides are filled with books, and the lighting is soft, creating a sense of depth and focus on the person in the center.

Attention Seeking is a Positive Thing

Allows teachers/staff to identify **risk factors** and **warning signs**

Teachers/staff may often be the first frontline professionals to note developing problems

Risk Factors



Relational or
romantic difficulties



Gay or Bisexual
orientation



History of Suicidal
Ideation



Academic
difficulties



Severe anger

People at Risk of Suicide Communicate Invitations



Warning Signs:

Suicide threat

Previous attempts

Changes in behaviour

High-risk taking behaviours

Giving away possessions

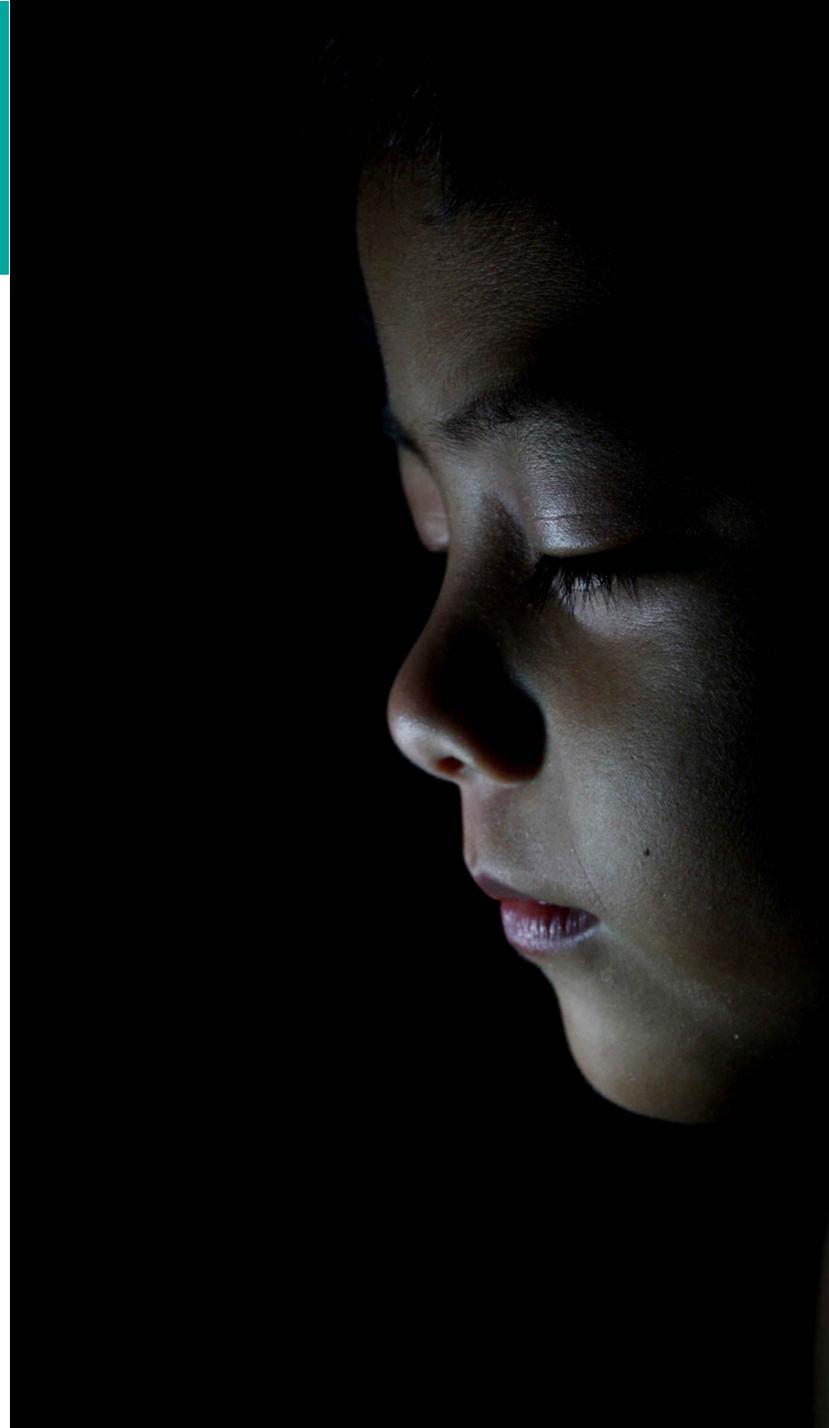
Absenteeism

Children and Suicidality

Complete understanding of death occurs between 7-12 years old

Increasing rates of suicide in 10-14 age group

Children who attempt suicide will be 6 times more likely to attempt in adolescence





Adolescents and Suicidality

Emotional maturity and control is not fully developed

Youth lack life experience to deal with multiple stressors

Limited impulse control and a sense of invincibility, youth may engage in risky behaviours

Self Injury and Self Harm are not the Same

Characteristic	Self-Injury/Suicide Attempt	Self Harm
What is the purpose?	To stop living or to stop the pain permanently	A coping behaviour to feel better, relieve pain, stress, or hard to express feelings
Duration? Frequency?	More likely to be a single episode or periodic overtime	Frequent, long-standing behaviour
What methods are used?	Tend to choose a method they believe will kill them	Tend to use more than one less lethal method like cutting arms or legs, burning with cigarettes, hitting self, pulling out hair
What thoughts motivate it?	I want to die or I want to stop the pain permanently	I want to live but I need relief, release from this growing tension
Frequency in population	Ages 15-19: 10.2 per 100,000 Ages 20-24: 14 per 100,000	10-40% of youth (Table adapted from Muehlenkamp, 2005 p. 328)

Talking about Suicide is Helpful, not Harmful

Talking calmly about suicide, without showing fear or judgement can make a youth feel relieved

A willingness to listen, and encouraging a youth to speak about their feelings can reduce the risk



➤ Having a trusted adult at school was associated with lower risk of suicide attempts

Thank You

More questions?

Contact us at: csp@suicideinfo.ca



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