Assessing Suicidality

Suicidal thoughts, emotions and behaviors can be difficult to predict and uncomfortable to discuss. However, because completed suicides are permanent and devastating, educators share a responsibility to assess youth who may be at risk. Talking about suicidality makes things better, not worse. Consultation with a qualified mental health professional, such as a licensed clinical psychologist or licensed clinical social worker, is essential. In addition to facilitating a prompt clinical referral, your role is to perform a lay screening assessment to help you understand and support a student in need. The following points may be a helpful guide in that assessment.

1 Listen Carefully

Although there are fewer than 12 suicide deaths per 100,000 people, one in 25 US teens has attempted suicide. The most important thing an adult can do when trying to understand a young person's mental status is to listen. Ask open-ended questions like: "How are you feeling?" and "What else can you tell me about what's going on for you right now?" Listen respectfully to a youngster's authentic experience in the moment.

Deep down, we all wish that any distressed student we're speaking with would feel better and *not* be suicidal. This "wellness fantasy" is normal, but leads us to interrupt, downplay the distress and sidestep questions about suicidality. Avoid these common adult mistakes:

- Dismissing — "You've got better things to worry about than this break-up." or "Let it go."
- Refuting — "What do you mean no one loves you?" or "You have so much going for you!"
- Criticizing — "You're blowing this out of proportion." or "Don't cry over spilt milk."
- Minimizing — "It's not that a big a deal." or "There are more important things to worry about."
- Predicting — "You'll feel better in the morning." or "Someday, you'll look back on this and laugh."
- Blaming — "No wonder you feel this bad." or "You're looking at this all wrong."

2 Ask about Severity and Suicidal Ideation

If you sense that a youngster is in distress, have the courage to ask just how badly that person is feeling. Your sensitive, probing questions will not cause an upset person to feel worse. Specifically asking about suicide will not make a student feel suicidal. Quite the opposite. Your willingness to talk about this difficult subject can bring a sense of relief and connection. It will also provide comfort, hope and safety.

Good questions to ask about suicidality begin broad and become specific. You do not need to ask every one of the questions below, but it is good practice to cover each of these topic areas.

- Level of distress and normalization
  - "How badly do you feel right now? How badly have you been feeling lately?"
  - "Sometimes, people feel so bad they wish they were dead. Have you ever felt that upset?"
  - "Are you feeling as if you want to stop the pain or are you feeling as if you want to die?"
- Suicidal Ideation
  - "Do you sometimes wish you were dead?" "How about now? Do you want to die?"
  - "Have you had thoughts about ending your life?" "How often have you had these thoughts?"
  - "Do you ever feel like hurting yourself or killing yourself?" "When was the last time?"

Dr. Christopher Thurber
chris@campspirit.com
@drchristhurber
CampSpirit.com

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- Plans and Intent
  - "Have you thought about a way to end your life?" "Can you tell me more about that?"
  - "Are you currently intending to hurt yourself or kill yourself?" "How would you do that?"
  - "Have you ever tried to hurt yourself, kill yourself or carried out part of this plan?"
- Current Status
  - "Are you feeling safe with yourself right now or are you feeling at risk for hurting yourself?"
  - "Are you feeling tempted to act on any of your plans to hurt yourself?"
- Attitudes toward Suicide
  - "What is your attitude about suicide, from a personal or religious or philosophical standpoint?"
  - "What beliefs do you have that might stop you from committing suicide?"

3 Assess Risk

It is the job of a licensed mental health professional to assess the level of risk, but even they will be making an informed guess. Suicides cannot be predicted with perfect accuracy. However, because the consequences of mistaking a young person's risk for suicide are grave, it is best to err on the side of caution. It is always better to provide additional supports—including informing a student's parents—than to withhold supports out of expediency. Here are some risk parameters to keep in mind:

- Young people who have current suicidal ideation, who report recent planning or who have a history of attempts are at higher risk. One third of youth with ideation make a plan; two thirds of youth with a plan make an attempt (Source: *JAMA Psychiatry*; see also http://www.nimh.nih.gov/health).
- Young people with a personal or family history of a mood disorder, substance use, impulsive behavior or unhealthy risk taking are at higher risk. Access to firearms augments these risk factors.
- Young people whose values and beliefs (e.g., religion) do not prohibit suicide are at higher risk.
- Youth who have experienced a recent loss (e.g., of a relationship, of academic standing, of social status, of family admiration) or who anticipate a major or shameful personal loss are at higher risk.
- If you have any concerns about a young person's safety, then stay with that person and contact the clinician on call. Talking with you—a trusted adult—may have brought some temporary relief. However, contact the clinician on call *even if the student reassures you* that they are feeling better.

4 Discuss Barriers to Suicide

One way for adults to simultaneously understand a young person's level of risk *and* provide support in the moment *and* reduce that child or teen's risk for suicide is to discuss barriers to suicide. As with the previous questions, there is no required order here, but some good barrier questions to ask include:

- "How might your death affect your family and friends?"
- "When you have thought about suicide, what has helped you not act on your thoughts?"
- "How might your values or beliefs, such as religious beliefs, stop you from committing suicide?"
- "What are your most important reasons for living right now?"
- "In all of this distress, who or what brings you a hint of joy?"

5 Initiate a Care Plan

If the young person's behavior, appearance, or mental status makes you concerned about his or her safety, do not leave him or her. Do not call his or her bluff. Express your concerns and explain your duty to expand the circle of confidentiality in order to help keep him or her safe. Follow your school or camp's policy for contacting the clinician on call *and* the young person's parents to discuss your concerns and initiate an appropriate referral. Do this even if the person protests "You could never tell my parents." or "My parents will be so upset.") The clinician on call will help you formulate a care plan. Praise the younster for his or her candor. Reassure him or her that you will stay with them until you transition them to other supportive adults.

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