# Depression, Suicide Prevention, and Grief

## Introduction

The modules in this curriculum contain discussion topics, classroom lessons, computer lab activities, worksheets, and projects when applicable.

Activities are based on curriculums and prevention programs supported by the National Registry of Evidence-Based Prevention Practices (NREPP), Best Practices Registry (BPR), and the Substance Abuse and Mental Health Services Administration (SAMSHA). You may tailor activities to fit your center’s unique population or add additional activities you see fit.

## Activity Order

This curriculum will work best if all activities are implemented. Centers may use activities in any order they feel is appropriate.

## Getting Ready

Depression, suicide prevention, and grief education are most effective when it is part of a comprehensive, center-wide approach. We encourage instructors to follow this checklist before teaching the modules included in this curriculum:

* Check with the Center Director to see if there is a written crisis plan or SOP that includes protocols for responding to suicidal behavior.
* Remind center staff (via a short memo or announcement) of their responsibilities to take a student's suicide risk seriously and to refer to the CMHC (or other identified personnel).
* If within the past 12 months there has not been an educational presentation for center staff on recognizing the warnings signs for depression and suicide, and the steps for intervening, you should encourage the Center Director, CMHC, and Human Resources to make that a priority. Consult the Job Corps Community Website for past Webinars and tools to provide training to your center staff if necessary.
* Check with the Health and Wellness Director (HWD) or CMHC to confirm that community resources for suicidal behavior have been identified and are available for referrals from the center. In addition, ensure the HWD or CMHC are willing to make those referrals if necessary.

Immediately before completing the activities:

* Read through the modules and activities as many of the activities require materials and preparation.
* Brief the class or group on issues of confidentiality and respect. Ensure that everyone understands that discussions do not leave the room and that this should be a safe place to explore questions and differing views.
* Go into this with an open mind. Tell students that you will try to not be judgmental and encourage them to not be judgmental of each other. Encourage sharing but do not require students to reveal personal information.

## Outline of this Curriculum

* Module 1: Depression
* Module 2: Suicide Prevention
* Module 3: Grief

### Module 1: Depression

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| **Overview** | In the following activities, students will learn to recognize signs and symptoms of depression. |
| **Learning Objectives** | Students will be able to:   * Identify signs and symptoms of depression * Distinguish between depression and “having the blues” * Describe how depression affects a person * Discuss how to help a friend who is depressed |
| **Materials** | * Newsprint or flipchart (Activities 1 and 2) * Computer with Internet (Activity 3) (optional) * Scratch paper |
| **Getting Ready** | Before educating your students about depression, you will need to:   * Review group rules and confidentiality with students. * Review the background information (Exhibit 1) regarding depression symptoms, diagnosis, and treatment; incorporate to lesson plans, as needed. |
| **Activity 1** | Pose the following question: What are some signs of depression?  Have students brainstorm answers. Write the answers on a big sheet of paper or the board. After students have exhausted their answers, add the following to the list (if not already listed):   1. You constantly feel irritable, sad, or angry. 2. Nothing seems fun anymore, and you just don’t see the point of trying. 3. You feel bad about yourself—worthless, guilty, or just "wrong" in some way. 4. You sleep too much or not enough. 5. You have frequent, unexplained headaches or other physical problems. 6. Anything and everything makes you cry. 7. You’ve gained or lost weight without consciously trying to. 8. You just can’t concentrate. 9. You feel helpless and hopeless. 10. You don’t want to do the things you guys used to love to do. 11. You use alcohol or drugs more often or in larger quantities. 12. You stop going to classes or recreation activities. 13. You talk about being bad, ugly, stupid, or worthless. 14. You talk about death or suicide. 15. You think about death or suicide. (If this is true, talk to someone right away!) |
| **Post-Activity 1 Discussion** | Lead students in a discussion of their experience (thoughts and feelings) during the activity. Ask students: “Why do we feel the way we do when we are depressed?” |
| **Activity 2** | Write “Depression” on the chalkboard or flipchart. Using scratch paper, ask students to work individually to brainstorm what words come to mind when they hear the word “Depression.” These words could be feelings, behaviors, media, things, colors, images, almost anything; however, the students should not include specific people or names. Students should brainstorm 5-10 words by themselves.  After a couple of minutes, have the students work in groups of 4-5 to compare words and create a master list of five words.  Come back to the large group. Using the chalk board or flipchart, create a class list of the words each group listed. |
| **Post-Activity 2 Discussion** | Ask the class, “What’s the difference between having depression and ‘Having the Blues’?” What do the two look like? How long do they last? What feelings are present?  Explain that it is okay, healthy, and normal to be sad or feeling down sometimes (“having the blues”). This can happen for a variety of reasons, like the loss of a loved one, not making the team, or a break-up. "Having the blues' usually passes pretty quickly in a few days or less. Clinical depression lasts longer than 2 weeks and leaves a person unable to function in several areas of their lives, such as school, home, job or social life. Clinical depression is not normal. Also emphasize the importance of seeking help; if a student expresses that he or she may be experiencing depression or knows someone who is exhibiting signs of depression, refer the student to meet with the CMHC. |
| **Closing** | Encourage students to think of what ways they cope when feeling depressed and who they would talk to when feeling down. Encourage students to also think of how they’d cope with depression once leaving Job Corps. |

### Module 2: Suicide Prevention

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| **Overview** | In this module, students will learn the risk factors for suicide, signs of suicide (SOS), and learn what steps to take to help someone in crisis. The following activities build upon the depression module. |
| **Learning Objectives** | Students will be able to:   * List three risk factors for suicide * Identify three suicide warning signs * State a direct approach to asking about suicide * Identify two ways to persuade someone to get help * Identify referral sources |
| **Materials** | * Flip chart/white or chalk board and writing instruments * Printed scenarios for students * Printed role play for students |
| **Getting Ready** | Before educating your students about suicide prevention, you will need to:   * Review group rules and confidentiality with students. * Review background information and statistics on suicide (Exhibit 2) and incorporate to lesson plans as necessary. * Remind students that if they feel like they cannot help a student in crisis, they should get help and, if possible, avoid leaving the student alone. * Print scenarios for group or breakout sessions and role play. |
| **Introduction** | Suicide impacts all of us. Most of us have known someone who seriously considered suicide, attempted, or completed. That is part of the reason why this topic is often so difficult to discuss and emotional. To get started, ask students if anyone has a story about a time when you or someone else **successfully helped** someone in crisis? Have members of the class share the story. |
| **Activity 1** | Read each bolded statement below to students. Ask them to stand if the statement is true and stay seated if the statement is false. Share each explanation with students.   1. Teenagers who talk about attempting suicide are doing it for attention.  ***TRUE****, and they NEED the attention. There is something going on that's causing them to feel this way. They need people to listen, and professionals to help them.* 2. All teenagers who are suicidal are depressed.  *This statement is* ***TRUE,*** *but the reverse is not true, most people will experience times in their lives when they are depressed, but have no suicidal ideation.* 3. Suicidal people really want to die, so there's no way to stop them.  ***FALSE****. They are depressed and need help. With help, they can feel better and find other solutions.* 4. Talking about suicide will cause a student to attempt suicide.  ***FALSE.*** *It's just the opposite: not talking about it could escalate the problem. Even thinking about it makes the suicidal person feel worse. Talking will help bring understanding. Talking about it can relieve suicidal students and get them the help that's needed. Discussing the subject openly shows that you take the person seriously and that you care.* 5. If a person really wants to kill himself or herself, no one has the right to stop him or her.  ***FALSE.*** *We would help a person who was physically sick or injured; we need to help a person who is mentally ill.* 6. Once a person is suicidal, they're suicidal forever.  ***FALSE****. Teens who are suicidal can go on to lead useful lives, once they get help. Usually the suicidal feelings are for a limited period of time.* 7. Improvement following a suicidal crisis means that the suicide risk is over.  ***FALSE****. Most suicides occur within 3 months following the beginning of "improvement", when the teen has the energy to put their morbid thoughts and feelings into effect. Relatives and physicians should be especially vigilant during this period.* |
| **Post-Activity 1 Discussion** | Ask students to talk about their experience during this activity. Ask students if they need further clarification on any of the TRUE or FALSE statements. |
| **Activity 2** | Have students brainstorm some signs of suicide. Write students’ ideas on the board. Complete their suggestions with the following list.  Teens who are thinking about suicide might:   * Express thoughts of death, dying and a desire to leave this life * Give hints that they might not be around anymore * Talk about feeling hopeless or feeling guilty * Pull away from friends or family * Change normal habits, such as eating and sleeping * Dramatic weight gain or loss * Evidence of [substance abuse](http://www.teendrugaddiction.com/content/effects-of-teenage-drug-use.html) (alcohol and drugs, both legal and illegal) * Dramatic mood swings (becomes very happy after feeling very depressed) * Lose the desire to take part in favorite things or activities * Write songs, poems, or letters about death, separation, and loss * Start giving away treasured possessions to siblings or friends * Seem happy after a period of depression * Have trouble concentrating or thinking clearly * Threaten suicide directly\* * Talk about a suicide plan\* * A recent suicide in the family or friend. Teens are especially vulnerable when a close family member or friend dies by suicide. The grieving process and depression can interrupt normal thought processes. * Trouble coping with recent losses, death, divorce, moving, break-ups, etc. * Experience with a traumatic event. Sometimes a significant traumatic event can create feelings of hopelessness and despair. * Making final arrangements, such as writing a will or eulogy, or taking care of details (i.e., closing a bank account). * Gathering lethal weapons (e.g., purchasing weapons, collecting pills, etc.).\* * Giving away prized possessions such as clothes, iPods, sports equipment, treasured jewelry, etc. * Preoccupation with death, such as death and/or 'dark' themes in writing, art, music lyrics, etc. * Sudden changes in personality or attitude, appearance, chemical use, or behavior. (American Academy of Child and Adolescent Psychiatry, 2008)   Also ask students what are verbal signs of suicide. Verbal signs of suicide are known as suicide threats. The follow are just a few examples:   * "I can't go on anymore" * "I wish I was never born" * "I wish I were dead" * "I won't need this anymore" * "My parents won't have to worry about me anymore" * "Everyone would be better off if I was dead" * "Life sucks. Nobody cares if I live or die"   **TRAINER’S NOTE:** There are some signs of suicide that are especially severe; those are marked with an asterisk above. It is important if a student recognizes these signs in someone else that they should not leave the person alone. |
| **Post-Activity 2 Discussion** | Ask students to talk about their experience during this activity. Ask students which signs are the most serious. Allow students to give examples of emotional experience, but try to limit personal story telling so that no student monopolizes the group with excessive personal disclosure. |
| **Pre-Activity 3 Discussion** | Suicide impacts all of us. Most of us have known someone who seriously considered suicide, attempted, or completed. That is part of the reason why this topic is often so difficult to discuss and emotional. To get us started, ask students if anyone has a story about a time when you or someone else successfully helped someone in crisis? Have members of the class share the story.  Ask students the following questions and write responses on the flipchart/white or chalkboard: Please share the answers in italics that students do not bring up.   * What are some reasons why a person might think about suicide? Answers might include: Mental problems, depression, alcohol and other substance use disorders, history of trauma/abuse, prior suicide attempt/family history suicide, sense of hopelessness, impulsive/aggressive tendencies, relationship breakup/social loss, sense of isolation/lack social support, or exposure to suicide (glorified). * What are some warning signs you might notice in a person who is thinking about suicide? Answers might include:   + Direct Verbal Cues: “I’ve decided to kill myself”, “If X doesn’t happen, I’ll kill myself”, or “I want to kill myself.”   + Indirect Verbal Cues: “I’m tired of life,” “Who cares if I’m not around?” “I don’t see any point in going on,” or “It has been good knowing you.” Other signs could be changes in behavior or mood, withdrawal from friends/supports, decline in academics/vocation, changes in eating or sleep habits, physical problems, depression (sadness/tearfulness), self-mutilation (cutting) or risk taking behavior, fixation with death/violence, mood swings/aggression/agitation, or relationship breakup, recent disappointment, disciplinary problems, alienated from family/culture, victim of bullying/assault, and a humiliating event.   **TRAINER’S NOTE:** Risk factors tell us who may be more likely to become suicidal. Warning signs tell us more directly who is at immediate risk. When you have an individual with multiple risk factors AND suicide warning signs, this may increase the chance of suicide.  What are the helpful things you can say to someone if you are concerned because of the risk factors and warning signs?   * First, acknowledge the person’s hurt. “I’ve noticed you’ve seemed to stop doing your work and you’ve been spending more time alone,” or “Coming to Job Corps can be really hard and a lot of us miss our families. I’m worried about you because you’ve seemed really down.” Second, ask directly about suicide. Examples include: “Are you having thoughts about killing yourself?” “Do you wish you were dead?” “Have you been thinking about ending your life?” “Are you thinking of killing yourself?” or “Sometimes when people are really upset and overwhelmed they wish they were dead. Do you feel that way?” * What are the harmful things you can say or do? Answers might include: “You’re not thinking about killing yourself are you?” “It’s really not that bad, you will be okay. Just don’t think about killing yourself.” “Promise me you won’t do anything stupid and we will talk again tomorrow.” Reinforce: If you can’t ask, FIND SOMEONE WHO CAN AND SHARE YOUR CONCERN!   **TRAINER’S NOTE:** Helpful responses show you are listening to the person’s problem, feel comfortable asking directly about suicide, and are ready to take action. Harmful responses minimize the person’s problem, show you are not comfortable asking directly about suicide, and put off an intervention.   * What do you do after you learn that a friend is thinking about suicide? Answers might include: Try to get the person to agree to get help. Help the person understand that there is help for their problem and you know where they can find it (persuading them to follow up with necessary resources). Say: “I care about you and I want to take you to the Health and Wellness Center to get more help…” “Will you let me make you an appointment with…”   **TRAINER’S NOTE:** Asking about suicide is hard for most people for many reasons. Suicide is a taboo subject and we don’t want to believe that someone would actually consider killing themselves. We feel insecure about asking if we “aren’t sure” and many of us carry around the additional fear that we will “drive someone” to suicide by “planting the idea.” There is no evidence that asking about suicide leads people to attempt suicide. There is a lot of evidence that asking can save lives. People are often afraid to ask the question because they won’t know what to do if someone acknowledges feeling suicidal. Then the person has a responsibility to get help for his or her friend. Part of the purpose of this training is to help students feel confident they know how to get the person help.   * What are the resources for a student on and off center? Answers might include: Student’s Counselor, Health and Wellness Center, CMHC, Local crisis line, Suicide Prevention Lifeline: 1-800-273-TALK * What if person won’t agree to get help? Answers might include: TELL STAFF AND GET HELP. Don’t worry about breaking trust or being disloyal. |
| **Activity 3a** | Supply students with the Suicide Prevention handouts (Scenarios 1 and 2). The whole class can do the activity as a group or break students into smaller teams and have them report out answers. |
| **Activity 3b** | Supply students with the Role Play Scenario handout. Have students break into groups of three, and have students act out a positive resolution to the scenario. One student will play Rory, one will play a friend named Jordan, and the third will play an observer. The students will take turns in the roles. The observer should give feedback to the other two after the role play is over reminding them about warning signs information and the steps covered in the introduction. The student playing Jordan should ask questions about suicide, persuade Rory to get help, and tell Rory where (s)he can get help.  On flipchart write: “Tips for Jordan”   * Listen for warning signs * Let Rory know you understand his/her problems/feelings * As Rory directly about suicide * Get Rory to agree to get help |
| **Post-Activity 3 Discussion** | Ask the following questions:   * What were the warning signs? * How did it feel when you were the friend? * How did it feel asking the questions about suicide? * How did it feel when you were Rory and the friend wanted you to get help? * What will you do in the future when you are confronted with a situation like this? |
| **Closing** | Provide each student with a brochure with the contact information for the CMHC and resources in the community (such as the suicide hotline). Remind students of the importance of seeking help if they or someone they know are experiencing thoughts of suicide. |

### Module 3: Grief

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| **Overview** | In this module, students will learn that grief is the normal response of sorrow, emotion, and confusion that comes from losing someone or something important. Students will understand that grief is a typical emotional, physical, and spiritual reaction to death, divorce, job loss, a move away from family and friends, loss of good health due to illness, or a breakup of an intimate relationship. |
| **Learning Objectives** | Students will be able to:   * Define grief * Identify and describe the signs and symptoms of grief * Distinguish between grief and depression * Describe how to and where to seek help if dealing with grief * Discuss how to help a friend who is grieving |
| **Materials** | * Grief PowerPoint slides * 5x7 index cards * Pen |
| **Getting Ready** | Before starting the activity , you will need to:   * Go over the Grief PowerPoint slides with the students |
| **Introduction and Pre-Activity Discussion** | Ask students: *Have you experienced grief? If so, would you like to share how you dealt with those feelings?* |
| **Activity** | Create a Grief Support System (“Ryan’s Heart”, 2009).  Ask students to answer the following on an index card:   * Name three places that you can go that you feel is comfortable and safe. * Name three things you can do, or three people you can be with, where you can let out anger without hurting yourself or others. * Name three things you can do, or three people you can be with, to let out sad feelings. * Name three non-harmful ways to release feelings of anger or sadness. * Name three things you can do when life feels meaningless. * Name three activities you can do that will help you to express your feelings. Examples: writing, drawing, hitting pillows, singing, playing sports, dance. * Name some things that will help you get your mind off your loss. |
| **Post- Activity Discussion** | Ask student to answer why it is important to have a support system. |
| **Homework and Closing** | Have students hold on to the list and tell them to keep it in a safe place, such as their wallet or journal.  Encourage students to do this as homework or on their own time:  **Some ways you can express your thoughts and feelings**   * Express what you need to say through writing (journal, letter, poem, song), as well as music or art. * Create a photo album or memory book with your loved one. * Create a special music CD by downloading music that your loved one and you can enjoy together. * Create a family Web site for your loved one. * Put together a photo CD for your loved one. * Tape record or video tape conversations or stories with your loved one. |

## Additional Resources and Best Practices

This lists all of the school-based suicide prevention programs that are either in the NREPP or the BPR as of October 2010.

**School-Based Suicide Prevention Programs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012).**

**Programs in NREPP**

American Indian Life Skills Development/Zuni Life Skills Development

Coping and Support Training (CAST)

Lifelines

Reconnecting Youth

SOS Signs of Suicide

TeenScreen Schools and Communities

**Programs in BPR**

Applied Suicide Intervention Skills Training (ASIST)\*

Ask 4 Help! Suicide Prevention for Youth

Assessing and Managing Suicide Risk (AMSR)\*

Be a Link! Suicide Prevention Gatekeeper Training\*

Gatekeeper Suicide Prevention Program: A High School Curriculum

Healthy Education for Life

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

LEADS for Youth: Linking Education and Awareness of Depression and Suicide

Making Educators Partners in Youth Suicide Prevention\*

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel\*

Question, Persuade, Refer (QPR) Gatekeeper Training\*

QPR Suicide Risk Assessment and Risk Management Training Program\*

Recognizing and Responding to Suicide Risk (RRSR)\*

RESPONSE: A Comprehensive High School-Based Suicide Awareness Program

School Suicide Prevention Accreditation Program\*

Sources of Strength

Suicide Alertness for Everyone (safeTALK)\*

Youth Suicide Prevention School-Based Guide Checklists

Youth Suicide Prevention, Intervention, and Post-intervention Guideline: A Resource for School Personnel

\*Denotes *Staff* Education and Training

## Background for Instructors: Depression

Depression is a common, but serious illness that can affect people of all ages, including adolescents and young adults. Depression differs from feeling “blue” or sad, as it can interfere with one’s daily life, specifically affecting how an individual eats, sleeps, and feels. Depression has physical and emotional symptoms that can linger for a period of time (SAMHSA).

Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depressive disorders are illnesses of the brain. Longstanding theories about depression suggest that important neurotransmitters – chemicals that brain cells use to communicate – are out of balance in depression (National Institutes of Mental Health [NIMH], 2011).

Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. Medications, psychotherapies, and other methods can effectively treat people with depression(SAMHSA).

**Types of Depressive Disorders**

**Major Depressive Disorder (Clinical Depression)**—People with major depressive disorder are subject to a pervading sense of sadness and loss of pleasure. These feelings severely disrupt one’s ability to work, play, eat, sleep, and concentrate lasting for weeks, months, or even years. Major depressive disorder can occur in a single debilitating episode, or it can recur over a period of time. Major depressive disorder can be treated through a number of options including psychotherapy, medications, and support groups (NIMH, 2011).

**Dysthymia**—People with dysthymia derive very little satisfaction or happiness from the activities of their everyday lives. This chronic mood disturbance can last up to 4 years, often goes hand in hand with major depressive episodes, and the combination can eventually lead to a recurrent depressive disorder. Prompt treatment of dysthymia is essential since an individual may risk developing a secondary illness (NIMH, 2011).

**Minor Depression**—Minor depression is characterized by having symptoms for 2 weeks or longer that do not meet full criteria for major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder (NIMH, 2011).

Other forms of depression are slightly different, or they may develop under unique circumstances; they include: psychotic depression, postpartum depression, and seasonal affective disorder.

**Bipolar Disorder**—Bipolar disorder is also called manic-depressive illness and is not as common as major depressive disorder or dysthymia. Bipolar disorder is characterized by cycling mood changes – from extreme highs (mania) to extreme lows (depression) (NIMH, 2011).

**Depression in Children and Adolescents**

Children and teens who are under stress, who have experienced a significant loss, or who have attention, learning, or conduct disorders are at greater risk for developing clinical depression. Children who develop depression often continue to have episodes as they enter adulthood. Children who have depression also are more likely to have more severe illnesses in adulthood.

There is no difference between the sexes in childhood in vulnerability to depression. But during adolescence, girls develop depressive disorders twice as often as boys. Children who suffer from major depression are likely to have a family history of the disorder, often a parent who also experienced depression at an early age. Depressed adolescents are also likely to have relatives who have experience depression, although the correlation is not as high as it is for younger children. Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. It can also lead to increased risk for suicide (NIMH, 2011).

Other risk factors for child and adolescent depression include previous depressive episodes, anxiety disorders, family conflict, uncertainty regarding sexual orientation, poor academic performance, substance abuse disorders, loss of a parent or loved one, break up of a romantic relationship, chronic illnesses such as diabetes, abuse or neglect, and other traumas, including natural disasters (Cash, 2004).

**Statistics**

* Children and teens who have a chronic illness, endure abuse or neglect, or experience other trauma have an increased risk of depression. – NIMH
* About 18.8 million Americans experience depressive disorders that affect how they sleep, eat, feel about themselves, and live their lives. – SAMHSA
* Number of ambulatory care visits for depression: 21.0 million – CDC
* Teenage girls are more likely to develop depression than teenage boys. – NIMH
* The median age of onset of dysthymic disorder is 31. – NIMH
* Major depressive disorder is more prevalent in women than in men. – NIMH
* Depressive disorders often co-occur with anxiety disorders and substance abuse. – NIMH
* Dysthymic disorder affects approximately 1.5 percent of the U.S. population age 18 and older in a given year. This figure translates to about 3.3 million American adults. – NIMH
* As many as one in every 33 children and one in eight adolescents may have depression. – NMHA
* Major depressive disorder affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year. – NIMH

## Background: Suicide

Suicide is a tremendous problem for adolescents and young adults. Suicide is the third-leading cause of death for 15- to 24-year-olds, according to the Centers for Disease Control and Prevention (CDC), after accidents and homicide (Centers for Disease Control and Prevention [CDC], 2009). Approximately 1 out of 15 high school students attempts suicide each year (CDC, 2010).

Depression can affect a person's thoughts in such a way that the person does not see when a problem can be overcome. It can seem that depression puts a filter on the person's thinking that distorts things. This can be why depressed people do not realize that suicide is a permanent solution to a temporary problem in the same way that other people do. A teen with depression may feel like there is no other way out of problems, no other escape from emotional pain, or no other way to communicate a desperate unhappiness.

It is possible that people who feel suicidal may not even realize they are depressed. They are unaware that it is the depression and not the situation that is influencing them to see things in a "there's no way out," "it will never get better," "there's nothing I can do" kind of way.

If someone is able to get the therapy or treatment, the distorted thinking is cleared and the depression lifts.

Most teens interviewed after making a suicide attempt say that they did it because they were trying to escape from a situation that seemed impossible to get relief from bad thoughts or feelings.

Many times teens do not want to actually die, as much as they want to escape from what was going on. For many, at that particular moment, dying seemed like the only way out. Some people who end their lives or attempt suicide may be trying to escape feelings like rejection, hurt, or loss. Others may feel angry, ashamed, or guilty about something. Yet others may be worried about disappointing friends or family members. And some may feel unwanted, unloved, victimized, or like they're a burden to others.

**Statistics**

* Suicide was the tenth leading cause of death for all ages in 2010 (CDC, 2010).
* Based on data about suicides in 16 National Violent Death Reporting System states in 2009, 33.3 percent of suicide decedents tested positive for alcohol, 23 percent for antidepressants, and 20.8 percent for opiates, including heroin and prescription pain killers.
* Among young adults ages 15 to 24 years old, there are approximately 100-200 attempts for every completed suicide. ­– “Reducing Suicide: A National Imperative”
* Suicide is the third leading cause of death among person aged 15-24 years (CDC, 2010).
* Among 15 to 24 year olds, suicide accounts for 20 percent of all deaths annually (CDC, 2010).
* In a 2011 nationally-representative sample of youth in grades 9-12:
  + 15.8 percent of students reported that they had seriously considered attempting suicide during the 12 months preceding the survey;
  + 12.8 percent of students reported that they made a plan about how they would attempt suicide during the 12 months preceding the survey;
  + 7.8 percent of students reported that they had attempted suicide one or more times during the 12 months preceding the survey; and
  + 2.4 percent of students reported that they had made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (CDC, 2010).
* The prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18-29 years than among adults aged ≥ 30 years (CDC, 2010).

## Suicide Prevention Handout: Scenario 1

Malik is 22-year-old African American male who has been at Job Corps for three months. While surfing Facebook he learned that his girlfriend back home is involved in another relationship. After that, Malik gets a positive suspicion test for alcohol and is placed in TEAP. He used to play on the center basketball team, but is now refusing to go to the gym or play. One evening, he got into a heated verbal argument with his roommate and has to go before the Center Review Board (CRB). He has stopped talking much with staff or students. A couple of days later he hanged himself in an abandoned building on center.

1. What were the warning signs that Malik was thinking about suicide?
2. Given that you knew Malik, and were aware of his problems, which of the following would be the best response?  
   1. Wait and see how things go because relationship stuff happens all the time at Job Corps. He will get over it and find a new one here.
   2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the Counselor or stay with him until I could get someone from Health and Wellness.
   3. Because of his alcohol abuse and current relationship with the TEAP Specialist, I would inform the TEAP Specialist that something was troubling Malik. I would suggest that the TEAP Specialist talk to him.

**Answer Key**

**Scenario 1**

Malik is 22-year-old African American male who has been at Job Corps for three months. While surfing Facebook he learned that his girlfriend back home is involved in another relationship. After that, Malik gets a positive suspicion test for alcohol and is placed in TEAP. He used to play on the center basketball team, but is now refusing to go to the gym or play. One evening, he got into a heated verbal argument with his roommate and has to go before the Center Review Board (CRB). He has stopped talking much with staff or students. A couple of days later he hanged himself in an abandoned building on center.

1. What were the warning signs that Malik was thinking about suicide?

*Answer Key: Relationship problems, alcohol use, no longer interested in activities, getting in trouble, pulling away from others and being a loner*

1. Given that you knew Malik, and were aware of his problems, which of the following would be the best response?  
   1. Wait and see how things go because relationship stuff happens all the time at Job Corps. He will get over it and find a new one here.
   2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the Counselor or stay with him until I could get someone from Health and Wellness.
   3. Because of his alcohol abuse and current relationship with the TEAP Specialist, I would inform the TEAP Specialist that something was troubling Malik. I would suggest that the TEAP Specialist talk to him.

*Answer Key:*

* *Option B is best. Asking directly about suicide increases the chances of helping someone who needs helps. If a student says yes, it is important to stay with the student until he or she see someone who can help.*
* *Option C is next best. However, the problem associated with this option is that it could delay intervention. Remember, If someone is suicidal, the individual needs immediate help.*
* *Option A is a problem. If all students felt this way, we miss the opportunity to intervene and save a life. The results could be more deaths related to suicide (extreme statement).*

## Suicide Prevention Handout: Scenario 2

Morgan is 18 year-old, White gay female, who was only able to finish the 8th grade. Morgan has difficulties learning new skills and can’t seem to pass the GED. Because of what appears to be her “slowness” and outward appearance she is often ridiculed by peers and sometimes by staff. Everyone believed that she accepted the treatment as good natured ribbing. Morgan shot herself in the parking lot of a nearby school. Prior to her death, she gave away some personal belongings. About one day before her death, she also told a buddy that she had “had enough.” This was interpreted as simple frustration.

1. What were the warning signs that Morgan was thinking about suicide?
2. Given that you know Morgan, and aware of her distress, which of the following would be the best response?  
   1. If I had known she was angry about being “teased,” I would talk to her to see if she was alright. I would ask her if she felt suicidal. If she said yes, I would convince her to see the CMHC in the morning. After she made a commitment, I would tell her that I would go with her the next day.
   2. In Job Corps, students and staff are always joking with each other. That’s how we all deal with the stress. If you can’t handle the ribbing, you should probably not be at Job Corps.
   3. When I heard that she said that she had enough, I would immediately ask her if she was thinking of suicide. If she said yes, I would stay with her, and inform my instructor, counselor, or residential advisor. I would never leave her alone until she saw a Counselor or someone from the Health and Wellness Center.

**Answer Key**

**Scenario 2**

Morgan is 18 year-old, White gay female, who was only able to finish the 8th grade. Morgan has difficulties learning new skills and can’t seem to pass the GED. Because of what appears to be her “slowness” and outward appearance she is often ridiculed by peers and sometimes by staff. Everyone believed that she accepted the treatment as good natured ribbing. Morgan shot herself in the parking lot of a nearby school. Prior to her death, she gave away some personal belongings. About one day before her death, she also told a buddy that she had “had enough.” This was interpreted as simple frustration.

1. What were the warning signs that Morgan was thinking about suicide?

**Answer Key:** Indirect suicide verbalization, giving away personal items. Can also discuss how sexual orientation and learning differences can cause students to feel teased and bullied which can increase risk for suicide. Resource: <http://www.stopbullying.gov/>

1. Given that you know Morgan, and aware of her distress, which of the following would be the best response?  
   1. If I had known she was angry about being “teased,” I would talk to her to see if she was alright. I would ask her if she felt suicidal. If she said yes, I would convince her to see the CMHC in the morning. After she made a commitment, I would tell her that I would go with her the next day.
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**Answer Key:**

* Option C is best. Asking directly about suicide increases the chances of helping someone who needs helps. If a student says yes, it is important to stay with the student until he or she see someone who can help.
* Option A is next best. However, the problem associated with this option is that it could delay intervention. Remember, If someone is suicidal, the individual needs immediate help.
* Option B is a problem. If all students felt this way, we miss the opportunity to intervene and save a life. The results could be more deaths related to suicide (extreme statement). Expand on the role of bullying and suicide/sexual orientation and suicide. Resource: <http://www.stopbullying.gov/>

## Role Play Scenario

**Instructions:**

During your time in Job Corps, you may find yourself in a situation where you may need to help a friend in crisis, so let’s put it all together and practice what to look for, what to say, and how to respond. In your group of three, you will act out the following scenario. One person will play Rory, one will play Rory’s friend, Jordan, and the third will play an observer. (If there is a male playing Rory, he is male. If there is a female playing Rory, she is female. This is the same for Jordan’s role.)

Act out the scenario as written below, then continue on so that there is a positive resolution, that is, that Rory gets the help (s)he needs. The student playing Jordan should be a good listener to see if there are any warning signs, ask questions about suicide, persuade Rory to get help, and tell Rory where (s)he can get help. After the group acts out the scenario, the observer should give feedback. Then the group members should switch roles and act out the scenario again. This should be repeated until each group member has a chance to play Rory.

**Introduction to scenario:**

In this scenario Rory and Jordan are friends. Rory is really sad about not being able to go back to live with his/her mother. He/she thought for sure finishing Job Corps would make things better with his/her mother but looks like he/she could be homeless again.

**Your scenario:**

Rory is a 19-year-old White student and is close to graduating from Job Corps. Rory came in as a homeless student and had difficulty learning in the trade and some disciplinary problems but (s)he will graduate in about 4 weeks. A couple of days ago, (s)he received a call from his/her mother saying that (s)he can’t come live with her and (s)he got really upset. You approach Rory and (s)he states that no one understands him/her, things never get better, and that his/her life is crap.

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